



Reed ([00:00:00](#)):

Welcome back to this event. I have the amazing and wonderful opportunity to present to you Dr. Bryan Walsh. He's a guy I'd like to call a friend. You know, we've known each other a long time, at least a dozen years. We go back to mutual friends and Dr. Walsh was there at the very, very beginning of my course. You know, when I started teaching a good friend of ours, Bill Woolcott and Dr. Walsh and I used to get together like every week and just go over stuff and just talk openly.

Reed ([00:00:30](#)):

And he's been studying human physiology and nutrition for over 25 years and educating others, other people in the health business for 20 of those. When he's not teaching, he spends his time pouring over the latest research and synthesizing his findings into practical information for health practitioners. And if you've ever seen Dr. Walsh, you know, it's true. You know, he's pouring over this stuff, new stuff, old stuff, whatever it is. And it's also that we can have things in our hands that will be useful with patients and clients. He's lectured to members of the healthcare industry around the world and consistently receives positive feedback in his seminars and courses. Especially from my graduates. They love Dr. Walsh. And, doc, I just can't tell you how glad I am to have you here. Let's just chat for a while about it.

Dr. Bryan ([00:01:18](#)):

Yeah, man. Whatever you want.

Reed ([00:01:21](#)):

Well, if you don't mind, I have to go through the standard, you know, how'd you get into the business thing? Just so people can know you a bit. Like 25 years, did he have a health problem or you just like the field or you know, what was your deal?

Dr. Bryan ([00:01:33](#)):

No, listen, it's isn't that, that's, people either get into this because they had a health crisis and it was fixed by whatever you wanna call it. I mean, what is, what do you even call this industry anymore? It's integrative complimentary alternative nutritional functional medicine industry. Or somebody they knew had a health crisis and got well, or they just had an interest in it. And I don't even know how far back I've told these stories before. But when I was a little kid, I was a boy scout and I used to get Boys Life magazine and they had Charles Atlas. You probably remember Charles Atlas and the sand, getting kicked in the skinny kid's face. And I saved up cash in the mail, mailed it off, and I got my Charles Atlas kit and I started doing those isometric exercises. And I got one of those, one of those exercise machines that had the springs on it. You remember the chest expanders?

Reed ([00:02:22](#)):

Yeah, yeah.



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Dr. Bryan ([00:02:22](#)):

And I would use that. And then I got a couple of dumbbells and, and I was, so I was into, and when I was 12, I think I asked my mom to buy me a nutrition book, believe it or not. And I, so I have just been interested in health, fitness, and nutrition, and the human body and how it works. And in college, my bachelor's was in psychology because, not only was I interested in the body, I was interested in human behavior, just all of that really fascinated me. I was, I was a fitness professional, added massage therapy to that so that I could, you know, orthopedic type stuff for my clients. And honestly, what it led to, so all these years of reading, what happened was, is my clients would ask me nutrition questions or supplement questions and I read a lot.

Dr. Bryan ([00:03:11](#)):

And so I knew a lot of the answers. But it was outside of my scope and I've always, I've kind of been like a law abiding citizen. I follow the rules and stuff. So, I looked into it and I became a naturopath, that seemed to be the next best thing was, was this umbrella degree where you learned acupuncture, and manipulation, and herbs, and homeopathy, and nutrition and all this stuff I had been spending all these years reading about was a degree. And I thought, well, that sounds good. And so, I did that. And, anyhow, I guess where I am now is I love Western science. I love Eastern science. I just, I think a lot of industries have problems and I'm trying to sort of bring to the surface those problems. Also a lot of these, these related industries kind of fight and if you look really closely, they're not that different from each other.

Dr. Bryan ([00:04:06](#)):

And I think that we all can get along better if we all bring to the table a little bit more humility, a little bit less egos. And so, I think that that's kinda my role now. I don't love naturopathic medicine. I don't love conventional medicine. I think that all, really what it comes down to is all of us, regardless of if your health coach, or nutritionist, or a nurse practitioner, or a chiropractor, we all got into this to help people. Yet somewhere along the way we kind of get lost in that and we start focusing on what, you know, what form of magnesium's the best. Arguing about it and who, who's more right about it. And, you know, you've been in the industry long enough. If you, if you stand back, I mean good Lord, how many diets have come along that have been THE diet?

Dr. Bryan ([00:04:50](#)):

Oh, this is finally the one. Or a test. This test blows that all the tests that have ever come out. Or a supplement. And if you just take a step back and you see these same patterns that exist for awhile. I mean, we were talking just beforehand, we're both 39. You said we're both 39 or 38 years old, but we've been around long enough where you've seen these patterns, right. And it changes your views on things. So, who I was when I entered naturopathic school, not, you know, however many years ago, 12 whatever, 15 years ago. I'm a very different version of that today. And it's just a consequence of being in



the industry for a while, and reading a lot, and thinking a lot. So, that's a sort of long introduction, but hopefully that helps.

Reed ([00:05:33](#)):

No, that's good. Cause it, it kind of explains who you are. And I'm going to add that you're an amazing family man. You recently you took your whole family on a tour of the whole country to give lectures around and some of my students attended, but I know a lot of other people did who just want to hear you teach. And it's a style. I mean, it's the kind of person you are. I think what you were saying is, you know, us arguing over which test and which protocol, how much and you know, things like that. It's really just the truth. We just seek truth cause we, we do want to help others. That's kind of why a commonality to and everyone watching now is they want, they at least want to do that. And another thing about you that I noticed, you try to walk the talk, you know, you're in shape. You're not munching potato chips between health talk videos. You know, so I think it's very commendable.

Dr. Bryan ([00:06:29](#)):

No, sipping on coffee. I do like my coffee. I've researched it a bit though and I feel like it's pretty safe to be drinking coffee at two in the afternoon. My wife, we met in naturopathic school. And so, I've known a lot of people where one partner was into health and the other one wasn't. And I mean, that's like almost having two different religions than being married. And our kids, I mean, we're, listen, we're not perfect. I mean, you know, I make a lot of stuff at home, so like I do bake cookies and I do make treats for the kids because they're kids, man. Like I met this one couple one time, they were feeding their, their like three and five year old paleo lettuce wraps. And if someone does it, that's cool. I'm like, man, being a kid, you know, I used to ride my bike down to 7/11 use my allowance money and buy Twinkies.

Dr. Bryan ([00:07:19](#)):

And like, there's just something about being a kid and enjoying it a little bit. So, anyways, but our kids eat really, really well. We, I'm, I'm really fortunate. I'm blessed beyond anything I can say. So, we all kind of walk the talk. In fact right behind me where I am right now, we have our home gym. I just pieced it together and you know, like we have a rower and so we'll have all seven of us quite honestly, even the three year old, he'll be jumping on the little mini trampolines. We're, we try to, we try to model it for everybody. We do try to walk the talk but, but not be crazy about it either because I think that that's a little dysfunctional, when it comes to health, too. And we don't want to screw up our kids.

Reed ([00:07:59](#)):

Yeah. And you're homeschooling too, which is another thing that a lot of health coaches do. But you've been doing it before the sequestering or, or voluntary, whatever we call this.



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Dr. Bryan ([00:08:10](#)):

Oh, yeah. So, yeah, our oldest one is 11, so I mean, I guess 11 minus, he started when he was four or five. We just, and it wasn't, it wasn't intentional. My wife just, you know, it was time for him to go to school and listen, we're not, we don't, we don't like the labels, you know, like, um, that there's like the attachment parenting or the, like what the heck does any of that stuff mean? Like we've had a kid, but this is a little piece of trivia for you. We've had a kid in our bed, for the past 11 years. There's the three year old still in our bed, basically like one leaves and another one's born. And then we, so we've constantly had children, and some people will say, "Oh, you co-parent or co..." No we don't, just the kid's in our bed, we don't, we don't have definitions about those kinds of things. So, anyways, my point being is, is, is we just kind of, we just kind of roll with the punches and started out homeschooling. Not because we thought it was the way, we just gave it a shot. And it's been so awesome that, you know, here we are later, five kids in homeschool and we're still, we're still here.

Reed ([00:09:19](#)):

Nice work, man. I mean, I really do feel you and health coaches are into anything that's natural and useful. But you, one thing that stands out about you besides that you, like we just said, you want to help people, you're willing to walk the talk and you've become this great teacher. Now I'm not here to stroke you, man. You know, I, I know you, you're very humble and we all should be, you know, but, you've got a style that takes very complex stuff and you break it down. You've helped me. I've watched some of your videos. I go, oh, so that's how you explain it, you know. And we've had, we've had some of the same mentors, but I'm curious, you know, who, like how do you get that style? Like you're a blackboard guy and is that from some one old professor, you know, or is it just all the books you've read or, you know, is there some mentor you had?

Dr. Bryan ([00:10:15](#)):

No, no. In fact, there's not. The story about the whiteboard though, this is a true story. So, I mean, I don't know how many, how much details I'll start with, but I kind of had a little change of career at one point in this span that I've been doing what I've been doing. And, my wife, she said, you know, why don't you, why don't you look to teach locally, you know, you like to teach. And you know, I started out, I taught inner city, eighth graders right out of college. So, teaching has kinda been a thing for, I actually got my California teaching credential back in the day.

Reed ([00:10:48](#)):

Oh, really.



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Dr. Bryan ([00:10:48](#)):

Teaching has kind of been the thing. I've always, I've always had, it just has always seemed like a really noble profession to me. Anyhow, so I got a job teaching anatomy and physiology to local community college, which, you know, is, is kind of humble and not really exciting or flashy.

Dr. Bryan ([00:11:03](#)):

And I was, I was getting ready and I had my PowerPoints and I was gonna, I was gonna blow these. There, they were, it was a prerequisite to a nursing program. So, it wasn't just A&P, it was, but I had all my PowerPoints ready and I swear to you, man, the night before I was like, PowerPoints suck. They're so boring. Everybody does PowerPoints. What could I do differently? And I just, I winged it. I was totally nervous. I just winged it. I had some, some markers and I did whiteboard and the rest of it was just it. I haven't done any other way. And so, that's just how it started. I just, you know, what part of it is, man, is evolution, innovation, technology are great, but when we do that, we usually let something go that shouldn't have been let go.

Dr. Bryan ([00:11:53](#)):

And so I really, I'm very old school man. I mean, it does, it hasn't served me well necessarily in my life, but I believe that a handshake is your word. I believe that a man should open the door for a woman every day of his life, whether it's the car door, the house door. I just, there are things that I think that, that just and that old school way of teaching, of, of drawing on the board and sort of that Socratic method of asking questions and like, it's, I just feel like that's been lost when you have a pre-written PowerPoint presentation. And like, is that teaching at that point? Or is it just reciting. Versus, you know, real time dynamic drawing on the board type of thing, unplanned. I don't, I don't know the answers, man. I didn't have a mentor for teaching. I just, I just teach the way that I think. So, I'm glad that that comes out well for people.

Reed ([00:12:45](#)):

Yeah.

Dr. Bryan ([00:12:46](#)):

No, that's just how I've done it from the beginning.

Reed ([00:12:49](#)):

It comes out well and I think what drawing it out in front of you does, at least what I noticed is, that you deal with the, the hierarchy of function and physiology and anatomy very well. Cause you can't get to here, from over here without, you know, the metabolic processes are so damn complex. And your, your method makes it followable you know, that you can actually follow. But before we go there, because I would like you to do a little teaching. I'm going to ask you to teach a bit. And then I'm going to ask you



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about some of your courses, cause they're just some of the best that anyone could take. And then we're going to talk a little bit about this place for health coaches. And, you know, I was gonna tell you before we started the recording that the purpose of this event is to get together some of the, what I consider to be the leaders, including thought leaders, not just the best at, you know, gut function or something like that.

Reed ([00:13:51](#)):

Like you said, that can get a little tedious, you know. But how we think, how we go about doing things and it has to be logical. I'm very old school, too. I open doors for women and even for guys, you know, I just like opening doors I guess for people and being polite to say, "Hey bro, how you doing?"

Dr. Bryan ([00:14:12](#)):

Conscientious. Totally.

Reed ([00:14:12](#)):

So, see that's that old fashioned stuff. I know that we have some, some common ancestors somewhere, man, that just taught a lot of right from wrong. But, we're going to, I want you to do some teaching and we're going to talk about your courses and how this came about or what you think, you know, why we need to use that stuff? And how can health coaches apply it? And then what are some of the leadership qualities you look for from the health coaching field?

Reed ([00:14:39](#)):

Cause again, that's the purpose of this event is to get the thought leaders together, talk about standards, and ethics, and code of conduct, and professionalism and, and being real and not doing stuff because you can make a living selling stuff. You know, you, you could do that, but it's not rewarding, you know. So, let's start with, with some teaching.. Tell us about the hierarchy. Like I use some of your verbology, you know, cell tissue, organ system. We try to have an effect on the whole system at one time simultaneously. Teach folks a bit about that, cause you can do it better than anyone.

Dr. Bryan ([00:15:17](#)):

Well listen, I mean it'd be nice if I could hop on the board and do that.

Reed ([00:15:23](#)):

Yeah, your crutch.

Dr. Bryan ([00:15:23](#)):

But so listen, the story, the story of this is totally legitimate too, man. I mean, so it's called the levels of organization. Sometimes it's called the levels of structural organization. And I was teaching, and I was looking in a physiology textbook and it's chapter one of every single physiology textbook that you find



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pretty much anywhere, whether it's, you know, Guyton or Marieb or anybody. And I looked at it one time and I, you know, when you have those moments where, I don't know, I don't if everything slows down, speeds up, lightbulbs go on. I'm not sure what happens, but you just get that, you get some insight and, and I don't even think it's from yourself. I think it's just some, something kind of from the universe, or God, or whomever kind of plants it for you.

Dr. Bryan ([00:16:06](#)):

And I looked at and I thought, Holy cow, this is, this is the key to practicing. And if I could just take a step back and tell you what led up to this, why it was so significant to me. Was because, so I've been in functional medicine, whatever you want to call it for kind of a long time. So, prior to, in fact, I mean I was, I was seeing Bill Timmins in BioHealth seminars, you know, well before I was a naturopath. And so, I've been doing this, whatever you want to call this for a long time. And I was incredibly frustrated, dude. Because I'd go to one seminar on, you know, let's say it was the gut, you just bring up the gut. And for two days they, they paint this amazing picture of how important the gut is and 80% of your immune system's in the gut, and has its own enteric nervous system, and the vagus nerve talks to the brain, and your gut microbiome dictates your, your satiety, and your cravings, and your mood, and your behavior and all these things.

Dr. Bryan ([00:16:59](#)):

So, you leave the seminar what, you're like I need to fix and focus on everybody's gut. I'm going to be a gut expert. And then like a month later you go to another seminar and this one's on the brain, and then they show all these studies that the brain runs the gut and that if you don't fix the brain, your gut motility is going to be off and your microbiome is going to be off and all these things. You're like, well, wait a minute, I just heard that the gut runs the brain. Now this guy is telling me that the brain runs the gut. Who's right? You can do that with the liver, you can do that with the thyroid. If you don't have a healthy thyroid, the brain's not going to work well and the guts, not going to work well.

Dr. Bryan ([00:17:33](#)):

So, then you have to focus on the thyroid. And so, I'm just being honest, man. So, as a practitioner I was really frustrated to the point so much so if I'm just being really honest, that I would, I would question if this is really what I wanted to do. I love the body, I love the pathways. I love trying to help people. But in the industry when I was listening to other people, it was just this, it was like a bunch of chickens like clucking at each other. Like I'm right, I'm right. Keto, vegan, vegetarian, paleo, carnivore, you know vitamin D it's good for you. No it's not curcumin. No, like SIBO. I mean all this stuff. And I was like, I didn't know where to start with people. And then, and I looked at this levels of organization and I thought this is it. Like this, this is a truth to me that is almost irrefutable compared to all the other, the noise in the industry.





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Dr. Bryan ([00:18:27](#)):

And basically what this levels of organization is it just describes what we are on a physical level and it starts out on the periodic table. We're all just a bunch of atoms, chemicals of an element. Which I, if you want to talk about from like an esoteric point of view, that that's the stuff of the universe. You know, carbon and hydrogen and oxygen and all these different things. That we're the same, sort of like celestial dust. But anyhow, so we're a bunch of carbon, bunch of nitrogen, bunch of hydrogen, we have little bits of calcium, magnesium, iron, selenium, boron, arsenic, all that stuff is us, right on the smallest level. And you could break that down but not in nature.

Dr. Bryan ([00:19:03](#)):

So, then if you take two atoms, chemicals or molecules and you put them together, it's called a molecule. Atoms, chemicals or elements, sorry. So, you take two oxygen molecules, you get molecular oxygen. You know, H<sub>2</sub>O. Water. Is a molecule because it's two or more atoms chemicals or elements. And so, then you have a molecule. And listen, and you know why I like teaching this, man? Is because we talk about this stuff all day long, but we don't even know what we're talking about. So, like what is a fatty acid? It's a molecule. Why? Because it's carbons and hydrogens and oxygen. What's glucose? Glucose is a molecule. It's not an atom. It's a molecule. An amino acid is a molecule. And then if you take two molecules and put them together, then you get what's called a macromolecule. So, you've heard of glycolipids or glycoproteins.

Dr. Bryan ([00:19:46](#)):

So, if an amino acid is a molecule, a protein is a macromolecule. If glucose is a molecule, then glycogen is a macromolecule. Why? Because if you follow the definition, it's a molecule is two or more atoms, chemicals or elements off the periodic chart. A molecule is, that's what a molecule is. A macromolecule is two or more molecules put together. And then if you take macromolecules, glycolipids, glycoproteins, phospholipid would be a macromolecule, or molecule, then you can get organelles. And organelles, then, then this is the stuff that people kind of get used to talking about. Like the mitochondria, everybody loves the mitochondria. Endoplasmic reticulum, the rough and smooth, the golgi apparatus, lysosomes, peroxisomes, all the machines, all the parts inside of a cell that we learned in high school biology. Then if you take organelles, and if you follow this so far, what are we, we are just a bunch of atoms, chemicals or elements that are turned into molecules.

Dr. Bryan ([00:20:42](#)):

If we get two or more, chemicals, atoms or elements bond together. Two or more molecules together is a macromolecule. Then we can start to actually form these things inside of a cell, the mitochondria, the golgi apparatus. Then if you just wrap all those together in a phospholipid bilayer, then you get a cell. And what's really cool about this is, at this point, a cell, unlike anything else prior to it that we know of is the first element on this that can sustain life. And I'm telling you, this is a legitimate, dude, like this was,





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I'm not going to say I generated these ideas. I mean I did, they came from me, but, but like I feel like it was something kind of helped me out with this.

Reed ([00:21:22](#)):

There's a source.

Dr. Bryan ([00:21:22](#)):

So, I looked at that. I was like, wow, yeah man, I totally believe in the source. Good Lord, I believe in the source. So then on the levels of organization, if you put a bunch of cells together, it's called a tissue. There's only four different tissues in the body. There's epithelial tissue, connective, muscle and neural tissue. And then if you put two or more, and it's usually all four, two or more tissues together, you get what's called an organ. Well, I definitely have heard of organs, so the heart, the heart is, it's lines, there's chambers, right. There's epithelial, it's muscles, cardiac muscle, it has its own electrical system. So, there's neural tissue in it and there's connective tissue holding it all together. So, what, if you go forwards and backwards on this. So, what is an organ? It's really just a bunch of tissues. What's a tissue? Just a bunch of cells. What's a cell? Is organelles wrapped up in a phospholipid layer.

Dr. Bryan ([00:22:09](#)):

What's a, what's a macromolecule or an organelle? It's a macromolecule. What's a macromolecule? A bunch of molecules. What's a molecule? A bunch of atoms. Okay. See how this just flows together.

Reed ([00:22:18](#)):

Yeah, it flows.

Dr. Bryan ([00:22:18](#)):

So, then an organ, if you take two or more organs that all have kind of a similar function as one another. Like you could say the tongue, esophagus, stomach, large intestine, small intestine, pancreas, liver, and gallbladder. That's the digestive system. That's an organ system. You can take an organ like the lungs and toss it in with the, the trachea, the bronchioles, and then all of a sudden, and the nose, then you get the respiratory system. So, these are, an organ with a bunch of other organs that have a similar function, becomes an organ system. And then you take all the organ systems and put them together and then you get the organism or the human body.

Dr. Bryan ([00:22:53](#)):

Now I've done, I'm going to go two ways with this because that's where I stopped like 10 years ago. And I looked at this and I'm, this is again, this is a God honest story. I looked at that. I thought, well wait a minute. So, if somebody comes into me, they're going to have symptoms of some kind. And those symptoms will usually be in a, in one of the organ systems. So, you can take a woman who has menopausal symptoms, you can have another woman that's younger and maybe she has endometriosis



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or PMS or polycystic ovary syndrome, or she's having a hard time getting pregnant, infertility. Or you can have somebody that, a kid with ADHD. And what we do naturally is we think of the system, right. So, if you have a woman who's having a hard time getting pregnant and you're like, well, it's probably not a respiratory system.

Dr. Bryan ([00:23:36](#)):

It's probably not her musculoskeletal system. Her nervous system, probably not. It's probably her endocrine system.

Reed ([00:23:43](#)):

Yeah.

Dr. Bryan ([00:23:43](#)):

But if you, and Dude, this is where, cause then I was like, well, wait a minute. It's not the whole endocrine system for this woman. The levels of organization says that an organ system is really just a bunch of organs. So, it's not her thymus. I'm just going to go ahead and say, it's probably not her pancreas. It's probably her ovaries. And then an ovary is an organ. But what was an organ was a bunch of tissues, right. And then I was like, well, which of the four tissues in this woman's ovaries are probably causing the biggest problem? It's probably not the connective tissue. There's barely any muscle in the ovary, there's a little bit. It's probably not the neural tissue. It's probably the, the epithelial tissue, because that's the hormone secreting cells inside of an ovary.

Dr. Bryan ([00:24:24](#)):

So, if you go back, so this woman comes in and says, she's having a hard time getting pregnant, or she has PMS, or PCOS, or whatever it is. And you say, well, it's probably your endocrine system. I'm going to work on your hormones. But it's probably not just her whole endocrine system. It's organs, right. So, it's probably your ovaries. Well, it's not just the ovary, it's probably a tissue. Which tissue is it? It's probably epithelial. And what is tissue really? Is just a bunch of cells. And again, I keep saying this, I swear to you, I saw that and I was like, Holy cow, let me do it with something else. And someone comes in with, you know, senior moments. Well that's the brain, the nervous system. Well, what's that really? It's an organ. But what's that really? A bunch of tissues. Well, it's not the astrocytes probably.

Dr. Bryan ([00:25:01](#)):

It's probably, you know the the neurons. It's probably cells. I thought, geez, so you mean that with all these seminars that I was going to and all these things that I was listening to, which I've stopped by the way, it just made me crazy. It's largely because of this too. I was like, I just have to be a cellular expert. I don't have to be an, because anybody that walks through my door is a cellular dysfunction. And then I went the other way and this was really cool. If you have healthy cells and I'll tell you what, I'll quiz you



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just to make sure you're paying attention. If you have healthy cells according to the levels of organization, what's next? You have to have healthy...

Reed ([00:25:39](#)):

Tissue.

Dr. Bryan ([00:25:39](#)):

Tissues, very good. You failed my quiz. Tissues, right. If your cells are all healthy, your tissues are going to be healthy. If all your tissues are healthy, your organs have to be healthy. They're made up of tissues. Tissues are made up of cells. If your organs are healthy, the organ system is going to be healthy. And if all the organ systems are going to be healthy, the organism is going to be healthy. And that's when I thought, you know what? It's not about the supplement of the month, or the test of the month, or the diagnosis of the month. And I say that in this industry, we love pathways and protocols. Tell me a new pathway or a new protocol and I'm happy, but it's not about those things. It's not about genetic testing. It's not about SIBO or vitamin D or curcumin or lyposomal nanoparticalized or whatever curcumin to get it. It's not that, we need healthy cells. And so, and that's when, honestly, man, that changed it for me.

Dr. Bryan ([00:26:32](#)):

I was like, I don't have to be an expert in all these things. I have to be an expert in healthy cells. And so, then what I did, and this was fun, I was like, well, what does a cell need to be healthy? And that's the next extension of this, right. So, if you need healthy cells to be a healthy person or if you're unhealthy, it's because your cells are unhealthy. Then what do cells need to be healthy? I thought, well they need fuel, right. You need to be able to make, they make ATP a cell, and I just made some videos on this recently that currently are free on YouTube. I don't know how long we're going to leave them up there. Call it the Science of the Cell Blueprint. But I walk through how all the dysfunction in the cell can happen if there's low ATP.

Dr. Bryan ([00:27:12](#)):

How specifically mechanistically, I'll send you the link after this. It's, it's mind blowing. It's so...

Reed ([00:27:18](#)):

We'll put it in the show notes.

Dr. Bryan ([00:27:21](#)):

Yeah. If a cell doesn't have enough ATP, how that causes cell dysfunction and cell death. And I thought, well number one it needs, a cell needs to make ATP, period. If it can't make ATP, I don't care if it's a parietal cell, you're not going to be able to make hydrochloric acid or intrinsic factor. If it's a, if it's a leydig cell in the testes, it's not going to be able to make testosterone. If that makes sense. Like if a cell

can't make ATP, it cannot do what it does. Whether it's a neuron, or it's a skeletal muscle, or whatever it is. So, I was like, well, okay, so it needs to have proper ATP.

Dr. Bryan ([00:27:56](#)):

And then I thought, well what if it has proper ATP, what else can go wrong? And understand this has been, it has been like a decade in the building of this thing. This is just constantly thinking about this. Is what if something damages the cell? Well, a damaged cell is going to cause cell dysfunction, cell dysfunction, tissue dysfunction, organ dysfunction, organ system dysfunction and organism dysfunction. And that's who's going to walk into your office and say I don't feel well. And it's because their cells aren't working well. And then that person, it might be because there's damage to the cells. Maybe it's toxins, maybe it's infections, maybe it's immune system dysregulation. And then I thought, all right, well let's say somebody has healthy cells that are making plenty of ATP and let's say nothing's damaging them. Is there anything else that a cell possibly needs in order to run properly?

Dr. Bryan ([00:28:43](#)):

And that's when I thought of the environment. And so, if a cell, let's say, let's say your cells are making beautiful ATP, nothing is attacking them or damaging them, but they're dehydrated, it's not going to work well. Or the pH is off, they're not going to work well. Or cells are only as healthy as they can communicate with other cells. It's kind of like we as people is, this is, this is interesting because it's an extension of us. Think about this, how productive are you if you, if you don't have the energy to do what you need to do, if you're being attacked by something or if the environment isn't right, how productive are you? How good are you at being Reed Davis?

Reed ([00:29:22](#)):

Not so good.

Dr. Bryan ([00:29:22](#)):

Yeah, if you don't have the fuel, and like attacking you might be something mental, you know, you might be, you know, someone posted a bad article on you or something and that's just attacking. You can't be productive cause something's attacking you. It's damaging you. Or let's say you're in this really loud environment, you can't be productive. So, if somebody wants to be healthy or if they're feeling unhealthy, you need healthy cells and cells need three things to be healthy. They need to make optimal amounts of ATP. They need to not be damaged by something and the environment has to be right. And then I'll just finish this bit if I haven't gone on too long yet. Where I extended this out with some research I was doing, probably in the past like three or four years. It turns out there's some really awesome work that's been done. I mean, actually volumes of literature I'll say. And this idea that if you don't know who you are in this world, your place in the world, your purpose, if you're not connected to others, if you feel lonely, for example, and purpose was the big one, is if you don't have a purpose and you know, if you have one or you don't. That can negatively affect cells also.



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Dr. Bryan ([00:30:38](#)):

So, I took it a step further. Instead of stopping at the organism, you put two or more organisms together. That's called a population and you put two or more populations together. That's called a community. And that exists, that's not me making this up. This is, this is in the biosphere levels of organization. And so, it turns out you may have totally healthy cells making perfect amounts of ATP or theoretically not damaging your cells. But if you feel lonely, if you don't feel connected, if you don't know who you are, if you don't feel like you have a purpose in this world, then that can be the driver of dysfunctional cells, and what is causing symptoms in somebody that brings them into your office. And this is, I'm making up these numbers now. In this industry, I believe, and this is my own personal experience, that about 50% of the clients and patients are biological. Meaning, parasitic infection, I mean, whatever, you know, hormonal imbalances, you know, liver issue, whatever it might be.

Dr. Bryan ([00:31:42](#)):

And 50% is, I'll just call it psychological. But what I'm saying is they're not happy. They're not happy, they're not fulfilled, they're not self-actualized. And I can tell you, and hopefully this helps somebody somewhere, you will never get that person well. There is not a test that you can run, a supplement that you can give them, a diet that you can put them on, a lifestyle program that they can do that will make them happy. It's only temporary, if it does, it won't last and they will never, ever, ever get well until they identify, acknowledge and address the fact that they aren't happy, that they are lonely, that they don't feel connected, that they're not being authentic with themselves or they don't have a purpose. And I will tell you also, that if you find that with that person, then you saved them thousands of dollars in tests, years of coming to different, different practitioners who, you know, one of them does keto, the other one does vegan, the other one loves curcumin and the other one loves glutathione. So, anyhow, that's just, that's kind of, I mean, you asked me to teach a little bit on levels of organization.

Reed ([00:32:42](#)):

Yeah, I asked you, thank you for going through that. And you did it without your whiteboard, you know, and probably, exactly the same talk because it's the truth. It's how things were. And I absolutely love how you took it from the atom to the molecule, to the macromolecule, to the cell, to the tissue, to the organ and the system, the organ system, and then the entire organism. Because that's our world. That's what we're dealing with. And here's, here's something that struck me, is that the same emphasis that you put on the entire organism, how it will be dysfunctional can be compared to the cellular disruption or dysfunction because of that source. That connection was sourced, that purpose. Because what I've used, and I used, you know, a level of organization like that. Maybe not quite as detailed but what I talk about all the time is how the cells don't need to be taught what their job is. You know, there is a source of knowledge, the architecture, whatever it is. Like how come, how come cells don't have to be taught what their job is? And, and you know, it's just such an interesting question. They already know that they're an adrenal cell or a Leydig cell or a muscle cell. It's so interesting.



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Dr. Bryan ([00:34:11](#)):

Well, listen, this is, this is really, you'll know where this is going. So, there is a type of cell, however, that stops listening to apoptotic signals. So, it gets the signal to kill itself. That's normal for a cell in apoptosis. It's programmed cell death. It doesn't listen to it anymore. It hijacks nutrients from surrounding cells. In fact, it's so greedy that it lays down new blood supply to it. So, it doesn't listen to the communication that from other cells before it starts hogging and hoarding things, which at the time of this recording is kind of interesting given the events of toilet paper. It starts hoarding things for itself. But you know what kind of cell that is? That's a cancer cell. And so as, and I get, I get chills when I start talking about this, because I believe, and I have this, so I have a new course called The Cell Blueprint, where I map all this out.

Dr. Bryan ([00:35:05](#)):

This is, all of this is within this thing. But purpose. So, I say when a cell loses it, like cells need to know their purpose and there, it turns out are cells that have, that don't play along with the rest of the cells anymore. And I just, there's a whole list of about six characteristics of this cell and it's a cancer cell. And it's a selfish, greedy cell that doesn't communicate. It doesn't listen to what the other cells are telling it anymore. And then, and you're, and this is what I'm saying, I thought you'd like this because it's no different than us, man. Like if we don't listen to our, our people around us, if we get greedy, if we start to hoard things, if we essentially cut ourselves off from the rest of the community that we're supposed to be a part of, then that leads to dysfunctional health.

Dr. Bryan ([00:35:54](#)):

In fact, actually you might enjoy this too. There's, there's two, two ways for sort of well-being. There's one that's called hedonic and in the literature and one that's called eudaimonic. And hedonic is just, what it sounds like that is seek self gratification. Well that, no, that's seeking gratification by, by serving oneself. I buy shoes for myself and I'm happy. I post something on Facebook and everybody likes it and it makes me feel good. Versus eudaimonic is living for a higher purpose other than you. Hedonic is living for you. Eudaimonic is living for a bigger purpose other than you. It turns out, and I and I talk about this in great length in a couple of programs too, that your immune cells know which way you're living. So, if you're living in a hedonic way, it's the same immune dysregulation that one has if they're lonely.

Dr. Bryan ([00:36:52](#)):

I'll say that again because this is powerful stuff, man. If you're living hedonically, for yourself, self gratification that your immune cells, you have higher inflammation, less, you're less likely to be able to fight off an infection, especially viral. If you're living hedonically, your immune profile is the same as if you were lonely. And if you're living in a eudaimonic, for a bigger purpose, a higher good, you have lower inflammation, more antibodies, more natural killer cells, more interferon, better at fighting off an infection, as if you weren't lonely and you were connected, which is super cool. And so, it turns out that,



and this is, this is a genetic expression by the way. So, just to give you an example, if somebody's like, well, I serve, I serve food at the soup kitchen locally, which sounds like a eudaimonic thing, right. But if they take a selfie of themselves while they're at the soup kitchen so that they can post it on Facebook, that's hedonic.

Dr. Bryan ([00:37:52](#)):

So, you could be the nicest person in the world doing all sorts of charity work. But if you're taking pictures of yourself so you can post it for the world to see, where I donated blood today kind of thing and posting it everywhere. That's hedonic. I don't care what anybody says. That's hedonic and your cells, your immune system is the only thing that's been studied so far, responds. Which is like, so anyways, getting back to what you're saying about if our cells know our purpose, and I wasn't going to go ahead and say, I think we do too, but I think living this life in this world that we do, we lose it, if that makes sense. We become cancerous in a sense. We're like that cancer cell that no longer has its own purpose. And it's living for itself and not for the community. And I think that we, we need to make sure that we're living for a higher good and not ourselves, because our immune system in our body and our cells reflect that. Super cool stuff.

Reed ([00:38:43](#)):

It is super cool stuff. And I love where this has gone. And, let's just see if we can take it one little step further. Aren't there other cells that aren't cancerous but are also nascent cells, like they're useless cells. They're not doing their job anymore. They're just hanging around, but they haven't gotten cancer yet. I think the term is nascent or they're just cells that really should, your body should have gotten rid of long time ago, but they're still there. They, I don't know how much they're consuming. And isn't that like some people, where they're not really cancerous, they're not, they're not, you know, burdens on society, they're not out there stabbing and killing and costing us, but they're, they're pretty useless, you know, like, you just made me think of that.

Dr. Bryan ([00:39:24](#)):

Well, yeah. Yeah. And I would, I would suggest that physiologically or biologically, the reason for them is because the body has lost the ability, you know, I mean, people talk about autophagy, for example. It's kind of a hot topic. The body's lost the ability, I mean, so what, okay, let me just take a step back. So, in the levels of organization, remember there's three things that a cell needs to be healthy. And, and in that video I walk through all the specific mechanisms of it. You need to have ATP and something, you can't have something damaging you and the environment has to be right. If a cell loses ATP or doesn't have enough, it doesn't die immediately. It becomes dysfunctional first. And that's, that's what you're talking about with these cells is..

Reed ([00:40:09](#)):

Or senescent I think the word might be senescent.





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Dr. Bryan ([00:40:14](#)):

Yeah, that makes more sense. Senescent cells. Senescence is to age. That's the normal process of senescence that somebody, for some reason we're all afraid of. I mean if you have a branch of medicine called anti aging medicine that tells you were afraid of that. But, but to senesce is normal but a dysfunctional, so you can have a healthy cell. It doesn't just die, it doesn't just go through necrosis. It goes through these phases where it becomes less and less functional and can't break down. It's almost like it can't, we can't go, we can't move forward. It can't go backwards. It can't do anything until, until something pushes it. And it needs to either be, there's a point, and this is really cool too, is some cell injury is reversible. If you take away the thing that's damaging it and, and the body has what it needs, these cells can repair themselves.

Dr. Bryan ([00:41:01](#)):

There's also a point that I talk about in these videos. There's also a point where it can't be resuscitated anymore. It's gone. It's irreversible damage to the cell. And I think that some of those, some of those... But senescence is normal. But you know what happens though is, and this is true as we age, those that are still working become more efficient at what they're doing. So, you may not need, I mean this is, this would be a topic for a different time. One thing that I've sort of pontificated about, I guess, is as we age, does a man need as much testosterone as he had in earlier years? Let me put it a different way. Is it possible that a man, an aging man has lower testosterone levels but has totally normal testosterone symptoms, or I should say no low testosterone symptoms? Because the receptors that are still working on the cells that are still working are so efficient that they don't, they get away with lower amounts of testosterone.

Dr. Bryan ([00:42:00](#)):

And I can tell you my answer to that is I think the question is that it's absolutely yes. That we can become very efficient with neurons, that's well known. But I think that we can have a certain efficiency with the immune system. I think we can have a certain efficiency, with the endocrine system as well. And so, this idea that all these levels have to be normal all the time, even as we age, I think is, is wrong, because I think that in a healthy body as we senesce, that some of the cells, we don't energize them anymore and they become senescent cells, but we don't need them anymore because the cells that are still there... Like, I mean, I know for myself, I'm far more efficient than I ever used to be as I'm aging, which you shouldn't be, but it's, it's the cells that are still working as long as you use it. So, I believe anyhow, I believe that, that it's okay for us to lose cells because the other ones can pick up the slack as long as they're healthy.

Reed ([00:42:58](#)):

Yeah, I feel you on that, that, like less testosterone. I mean, I know I'm quite a bit older than you and probably it's lower, but it doesn't seem to affect me because I've, I'm healthy enough to where the cells



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that are there, that have the receptors are just acting really well. You know, they're, they're like, okay, just keep it coming. You know, don't stop producing it, but give us what you got and we'll take it from there.

Dr. Bryan ([00:43:26](#)):

I need a little more, right. I'm not gone yet. Well, I know that's something that you, that you talk about is, is treat the person, not the lab. You know what, what if your testosterone levels were below what one would consider to be optimal, but you're fine. You have zero low testosterone symptoms and then all of a sudden someone's like, well your testosterone's low. Then you start thinking that it's low and then all of a sudden you might start feeling these symptoms that you didn't even experience in the first place...

Reed ([00:43:50](#)):

Yeah. The placebo.

Dr. Bryan ([00:43:51](#)):

The power of suggestion, somebody said it to you.

Reed ([00:43:53](#)):

Yeah. The placebo effect. Yeah. Very, very true. Well, a little bit about your courses now, Dr. Bryan, because you got so many and I know you've ended the tour, right. So, I'm sure you recorded it. Maybe those are available. You talked about The Cell Blueprint, which I recommend to everybody and what else? And we're going to put all the, contact information and things like that in the show notes. But what are, what can we look, look forward to starting today and then what's coming down the future that you're working on?

Dr. Bryan ([00:44:24](#)):

Yeah, yeah. So, The Cell Blueprint's pretty new, when we're doing this interview. And that's kind of the, I don't want to say it's the capstone course, but it's really the course that kind of helps guide. I mean, listen, the feedback, you know this, you make something and you don't know if it's good or not. You don't know how it's going to be received. I've had, you know, FDN fitness professional types, to seasoned chiropractors who... You know what's funny, is when you say something and then all of a sudden everybody else comes out of the woodwork that's saying yes, I felt the same way for that. I talk about how frustrating the functional industry is, and then all of a sudden I get these people that are like, yeah, I basically gave it up because I couldn't figure it out.

Dr. Bryan ([00:45:04](#)):

And you know, all the same frustrations that I had turns out a lot other people had. And they're finding a lot of utility in this, in The Cell Blueprint model. Then is, you spoke to this earlier on, one of the big



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problems in the industry that I've always, always felt is that there's not a really, there's not really good science that's taught without any bias. That's just, it's just biochemistry, just physiology. And so, I have metabolic fitness courses called level one, level two and level three. Level one is biochemistry. It doesn't sound fancy, but I've had people that have been in the business for 20 years that say that that was one of the best courses that they've taken. Just learning the electron transport chain and how it works or glycol. I mean, just, it doesn't seem fancy to me, but it's so missing, that people, people devour that biochemistry course.

Dr. Bryan ([00:45:58](#)):

Level two I'm recording right now as we speak. In fact, it's up there on my board. Is physiology. It's going to be a level two A and two B. And it's physiology, dude. Like it's just, it's just really good physiology. And all I can tell you is, and this is from my experience and the feedback of others, is the better you know biochemistry and the better you know physiology, it just makes everything make sense. You can take another course or you can listen to a podcast, or you can, you can read a published scientific paper and make sense of it when you know these background courses. And nobody that I know of is teaching these things well. And I'm not saying I do, I just love to teach these things. I'll just give you a hint. I'm getting, I don't know why I'm getting better as I get older. My drawings are better, dude, the explanations are better. I think I'm more comfortable in my shoes then when I started, you know, 15 years ago, whatever it was.

Dr. Bryan ([00:46:52](#)):

These courses are killer. I love them, I love them so much. Level two is turning out crazy, crazy good. And then level three we recorded the tour. So, level three is blood chemistry. And, and again, I say this humbly because I know it's out there. It's, it's blood chemistry like you've never seen it before. It's the first evidence-based reference ranges in the industry before people ripped me off on, on my papers that I have on those. It's the physiology behind the markers. It's not just, you know, if albumin's high or low this is what it is. It's what is albumin in the first place? If you know what iron is or how it works, or ferritin, or transferrin, or all these different things, when you know what they are, then you don't need a book to interpret a lab, if that makes sense.

Dr. Bryan ([00:47:37](#)):

So, that's level three. Yeah. And so, once level two is done, I'll have The Cell Blueprint level one, level two, level three. I have a 16 hour course on the mitochondria. I think it's maybe a seven hour course on detox. I have a probably a seven hour course on glucose regulation. And then I'm just going to start turning out courses like that. So, I'm going to be doing one, I think on the adrenals at some point. On thyroid, autoimmune, I have some pretty, autoimmune has been kind of overdone in our industry, but there's some topics that people aren't talking about with autoimmunity that I think need to be brought to light. So, just keep, as long as I'm standing, as long as I have my whiteboard, I'm just going to keep making courses.



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Reed ([00:48:13](#)):

Hey man, and we're going to be the beneficiaries of that. And you deserve all of the praise I've seen heaped on you. I can go back to just some of our original conversations, which were, you know, 12, literally 12 years ago. Man, if you can believe that, I think we both had hair back then. I'm not sure. You know...

Dr. Bryan ([00:48:32](#)):

No, no. It's been. No, it's been like 25 years for me.

Reed ([00:48:37](#)):

Just kidding. My barber knows your barber, I'm sure. By the way, how'd you get a haircut in this sequestering? You must have your wife do it, Julie. You do it yourself?

Dr. Bryan ([00:48:50](#)):

Dude, no listen, we, okay. So, this has not affected us that much because we already homeschool. I basically work from home and so we, we have, except for, you know, food scarcity and all the things, but, you know, we, we haven't really, I mean I'm blessed. I feel so grateful for it. I think there's a lot of people suffering and I hate that. But no, we have, we have two sets of hair clippers. We've, we've been cutting, we've been cutting our kids hair forever. We did a hack job. We have a dog. It's a hack job. My God, it's a Bernedoodle this thing is, it looks horrible. But other than that, no, we're...

Reed ([00:49:32](#)):

Good. You're self reliant. Yeah. Well I've been working from home too, for forever. It was, and actually the last thing we'll talk about here is health coaching in general as a growing profession. You know, I feel a bit of a pioneer because I knew Bill Timmins, I was at his very first seminar when he started BioHealth back in 1999. I was at the last one just a couple of weeks before he died, you know. And kind of cut my teeth on that, plus all the other great mentoring things and knowing Bill Woolcott and stuff I learned about metabolic typing and the diet was incredibly changing for me. And then you know, you and a couple other folks, I got some really good serious mentoring and you don't lose, you don't lose that stuff. You know, just the inquiring mind and always questioning.

Reed ([00:50:26](#)):

And you were one of the first ones to question like adrenal fatigue. And matter of fact, my students were sending me this letter, but I have, you know, we've told this story before too. Where I just like to call people and go, well, what do you mean by that? You know, I'm open to learning. Like I might be passing along what, it was a great construct by the way. I loved the construct of adrenal fatigue because



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it was easy to sell the clients. Oh God, I've got adrenal, I better do what Reed says, because, you know. But so it was a good construct. It just wasn't accurate, you know. And that's one of the darn things about some of these constructs that we come up with. You know, that like pregnenolone steal and these sorts of things. I still have people tell me that the, you know, I'm in a pregnenolone steal, you know, and thank you for, for sharing about it. You and Thomas Gwayempson and some other folks have been really influential on me.

Reed ([00:51:20](#)):

Your course, Fat is Not Your Fault. You know, it was like, I think your first best piece on the whiteboard thing. It was incredible. And you, you can't go wrong with the truth, you know, cause with health coaches it's a, what I'm trying to do with, is provide some leadership in the area. I feel like I'm kind of the senior citizen health coaching because the term didn't exist 20 years ago. It's kind of a new phenomena. But I'm a non-licensed practitioner who wants to do some good in the world and understands what my backyard is, how to work around the edges. If someone has a true medical condition, go see a doctor. If you've been diagnosed with this or that, that's between you and your physician. You know, I'm here to help you work on every cell, every tissue, every organ, every system simultaneously.

Reed ([00:52:11](#)):

That's what a holistic healthcare program is that a health coach can manage very well or help a client to self manage and self do. If it's medical, you know, you need that oversight. But if it's anything else and many things that even that are called medical aren't, they're just, it's just dysfunction on the cellular, tissue, organ or system level. Well, how can we bring order to chaos without crossing lines? Well you treat everything at once. So, if you could just have a word for the health coaches about holistic protocols and how you can have that effect when you consider mind, body, spirit, you know, every cell, tissue, organ and system at once. And those influences. The epigenetics I guess.

Dr. Bryan ([00:52:58](#)):

Yeah. Yeah. I mean I'm not, I'm not sure specifically what your question...

Reed ([00:53:03](#)):

Well, I guess the question was...

Dr. Bryan ([00:53:04](#)):

What's within the scope of...

Reed ([00:53:07](#)):

Yeah. I mean health coaches, can they do it...

Dr. Bryan ([00:53:09](#)):



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Or how they can affect people?

Reed ([00:53:11](#)):

Yeah. I mean, and do a damn lot of good. And, you know, what makes them professional versus, you know, just hobbyists, you know, like...

Dr. Bryan ([00:53:20](#)):

Yeah. Well, so you know, the difference. I think the goal should be to be a professional. Now whether you do it as a hobby or a career is up to the person, but you should always, I think always seek to be professional. I have some, I have some real struggles with the industry in general, quite honestly. Whether it's you're talking about like a functional medicine medical doctor or you know, there's some unlicensed people that, you know, in these Facebook groups that I've seen, where, you know, somebody has leukemia and they're being, you know, you get someone who's like, well, have you tried, you know, bergamot essential oil. Like that's, the amount of examples I have, I can't even begin to tell you. Somebody will say, well, you know, I think I'm not going to even mention just so anybody knows, I'm not talking about them. But you know, we'll say something like, you know, I have a so and so client that has, you know, the following lab markers that may have this diagnosis. You know, do you think the supplement will help?

Dr. Bryan ([00:54:27](#)):

Are you kidding me? Either send it to the doctor or if you're, if you're licensed like rule out that diagnosis first man, like. So, you know, you know honestly what practitioners generally, now this is a big generality, get it right that I've seen, are nurse practitioners. Physician's assistants as well because they are trained in the bad stuff. They're trained in disease. They're trained in, yeah, like the, like the bad stuff. I was, I was teaching, I was a guest lecture for fourth year medical students one time and I was, I would think functionally, right. I showed them these labs and I was like, what, what can cause, and I forget, it was like low white blood cells? They're like HIV, cancer. I'm like, good Lord, you guys think of the worst things first. This is so morose.

Dr. Bryan ([00:55:15](#)):

Anyways, the problem in our industry is we're not taught the diseases. We're not taught to look for it. It's all, you know, candida, or SIBO, or parasites, or heavy metal toxicity, or all these different things. And the reason why, and I'm not saying nurse practitioners and physician's assistants are superior. They don't miss the bad stuff. And the ones that are trained in functional medicine, they rule out the bad stuff first. And then they say, all right, let's do the mind, body, lifestyle, diet, all this stuff. Because what you don't want to do is have a, you know, a type two diabetic with undiagnosed congestive heart failure come into your office and you're like, well, let's do a parasitic heavy metal keto cleanse. And if you, and then if you're, if you're flirting on that fine line of looking at their labs where it may have been clear to a seasoned practitioner that there was some stuff going on, but you're not taught that stuff.



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Dr. Bryan ([00:56:19](#)):

And I don't know if this makes sense. And I've switched on this. I will tell you that like I rule the bad stuff out first because you do not want to get caught with someone that has those bad things because lawyers and this, that's the world we live in today. They will go after everybody and their mother. If something bad happens to somebody and somebody missed something, if that make some sense? And so I'm all, I'm all about the rest. So, what I'm saying is, and this is easy, rule out the bad stuff first and then do whatever you want to do, and then do the diet and the lifestyle and the mind body. And I totally agree with you. If you work on one system or one pathway, you already know this, you're going to have limited results. But if you work on the whole person simultaneously, or at least in some kind of system, with a plan. Even if you might start with immune, but in a month you're planning on switching over to, you know, the endocrine or detox or whatever it is.

Dr. Bryan ([00:57:14](#)):

As long as you have a plan, it's not, all at once is too much for most people. Anyhow, so that's one of, that's one of my big issues today. You know, I'm not saying this is a prediction. My fear is that I've seen this get worse, and worse, and worse, is that the government has so many other big things to worry about that this industry, I mean you have all sorts of people that are recommending all sorts of things and it's not until you get huge that the government will come down and say something like, so and so got busted for that for colloidal silver recently or something. But if all of a sudden if enough people get harmed, then the government's going to turn their head our way and be like, Oh, you guys have been doing that for that long. Well, you're not going to anymore.

Dr. Bryan ([00:57:58](#)):

And just shut it all down. And so, that's why I think we need, we don't need to be, we need to be responsible. And so, when I said be professional, that means know your limitations. And if I can also add, I don't know how much you've seen this in this industry. We start out wanting to help people. But I honestly think this is, this is a slight tangent. I don't know if we have time for a tangent, but...

Reed ([00:58:24](#)):

Go ahead.

Dr. Bryan ([00:58:24](#)):

Is we, there's a lot of, there's a lot of broken people out there. There's a lot of people that are unhappy that lack a purpose, and they find this industry and they want to help people, which is great. That's perfect. But then all of a sudden it becomes, I don't know how to explain it.





Dr. Bryan ([00:58:49](#)):

There's so much theft in this industry, that they steal someone else's idea or they won't credit somebody else's idea or you know, like I'll post a study and then I'll see someone else take the study that I posted and they posted it. Well, I found it like, give me credit for founding that. Like, you know how long it takes to find a good study and summarize it and post it and then someone else just rips it off and takes it as their own. And I feel like there's a lot of broken people. So, what I'm trying to get around to saying is we need to, I'll just put it this way, check your heart, check yourself, check your purpose and into why you're doing this. Because what happens is we get too big for our britches in this industry and we try to be all things to all people, and we try to fix all things in all people because for whatever reason, and God, I don't understand this in this industry, we have to be perfect.

Dr. Bryan ([00:59:36](#)):

We have to have more letters after our name. We have to look perfect. We can never get sick. Our skin has to be perfect. We have to be, can never be wrong. If we credit somebody else, then for some reason we're not smart. I don't know what it is, man. I don't see it in other industries and in other industries, people are so giving and they're so generous. And in this industry I feel like it's this, like, this is my idea and I'm not going to share it with anybody else. And I, you know, I just, I think we need more humility. So, with that professionalism, I took that step back to say that we need to give credit where it's due, we need to be humble. We need to let go of any egos. We need to know what our limitations are.

Dr. Bryan ([01:00:22](#)):

And it's not just about referring out, it's that, that's the easy one. Well, you have congestive heart failure. I'm gonna refer out. It's, it's knowing your limitations and, and that you don't know all things and you can't help all people. I don't know if that makes sense, but that I feel like is one of the things that's missing. And so, I guess to summarize, summarize all that stuff is to check yourself because it's that feeling hollow on the inside. That's what makes people do the things that they do in this industry. Oh, I'll help you with this too. Or I'll give you this advice. I'm going to help them. I'm going to save all these people. I'm gonna do all these things because it makes me feel whole. Well, you need to feel whole first, before you do this because it's a trap and it will suck you down into it and next thing you know, you're just one of these, the crowd of, of these people that are, it's this, I don't know man.

Dr. Bryan ([01:01:19](#)):

It's a beautiful industry in its intent, but I feel like something happens along the way. And so, anyway, I don't mean, we can, we can end on a positive note, but I'm just from my heart. What I'm saying is it's not about HIPAA standards and it's not about all this stuff that you can have a checklist of standards for a health coach. This is great that you fixed, I'm glad you fixed your health. That's great. If that was why somebody got into this field, but you need, you need to check your heart, your intent, your purpose, and have God, I think humility is one of the biggest things that people can have in this industry that will, will



elevate the industry. And I don't know if you've seen the way that my wife and I sign our emails, it was her idea, but it's raising the bar. We're trying to raise the bar, raise the expectation, raise the standards and not give frivolous health advice where it's not, where it's not appropriate. Not to be all things to all people, not to have to, to admit that we don't know something sometimes which you and I do it. But I feel like that that's rare for some reason. So anyhow, that's my very...

Reed ([01:02:24](#)):

Well stated, Dr Bryan. Very well stated. And you, you know, you always speak from your heart and it's appreciated and it's right and I really feel like we're on the same page and that that's what the part of the movement or the leadership I'm trying to provide is exactly what you're saying. And to be professional and understand what is your backyard and not, and stay in your damn backyard. You know, the issue that pops up for some health coaches is they, the way that it works. People want them to be the hero and they want to be the hero. They want to run the one test or find the one thing that was the trick, that hit the home run. You know, and, and then there's all these product companies and lab companies that go, this is your home run test, this is your home run product.

Reed ([01:03:12](#)):

They're torn, health coaches are torn by both sides. The client is saying, I just want someone to get rid of my migraine, you know, whatever it is, and then you got, so they want to be the hero and then you got the other six saying, here it is. Here's the secret. You got to run this, you got to do... And so, you really do have to be humble and have foundational principles to work with. Like understanding the levels of organization. That part of physiology, the anatomy, the biochemistry things are, are a great foundation and let doctors be doctors. But when someone comes out of that, like you said, rule out this or that, well a lot of them already have had it ruled out. Like they've been told there's nothing on your blood work. You're fine, Mrs. Smith, just go do some diet and exercise. Come back when you're really sick.

Reed ([01:04:00](#)):

Well, that is our wheelhouse. We're the ones who can work, you know, and, and just start improving on a cellular, tissue, organ, and system level. With epigenetics, you know, it's, it's the entire environment. It's everything you eat and put in your mouth. It's going to bed on time. It's exercising, it's reducing all the stressors, all the, what I call it, contributors to metabolic chaos in every way they can be defined. And supplements are important. I don't sell any or have my own brand or anything, but I know a few things about them. And you know what? If the person's healthier and happier after working with us, then who cares who gets the credit? I'm so glad you're better because we are professionals. We are getting paid and that's just where the chips fall sometimes. So, man, thank you for sharing these common ideals and, I knew you'd be a great guest and thank you for giving us your time, cause I know how valuable it is and we'll be putting things in the show notes so people know where to find you and you just can't go wrong with Dr. Bryan Walsh folks.



# HEALTH COACH CERTIFICATION SUMMIT

Reed ([01:05:00](#)):

So, thanks again brother.

Dr. Bryan ([01:05:03](#)):

Thank you man. It was good to see you again. Thanks, Reed..