Ivor (00:00:07):

It's Tuesday, April 14th and we have another excellent discussion with a super smart researcher and full MD, Dr. Paul Mason and a, I'll just say up front, by the way, guys, this free podcast is supported by IHDA.ie and you can really support us right now by going to www.ExtratimeMovie.com that's all one word, extra time movie. And we have a brand new movie coming out. Fairly big budget and it covers how you stop and reverse heart disease. So it gives the answer to that question is that only like vegan diets are something that supposedly reverse heart disease? Well, no. So it reveals all of the strategies in a very entertaining hour long movie $3.99 as so we really help us if you share and go there and enjoy that movie. So Dr. Paul Mason, you have a new talk out yesterday, haven't caught it yet on metabolic disease and exposure to risk from this issue that's going on at the moment. And it looks like you can massively affect your risk of complications or even tragically dying, uh, just by doing not too complicated things, perhaps hundred percent

Dr. Mason (00:01:23):

It's great to see you again by the way. But basically this whole concept of coronavirus infection, we know about 85% of people will never have a sore throat when they get some people that don't even know they have the infection and yet 15% of people will end up with a serious disease and end up in hospital. So the question is what separates these two groups of people and one of the biggest risk factors that everybody cites is age. But when you take a closer look at it, I suspect the only reason age is significant risk factor is because it's associated with other comorbidities, other health problems like diabetes and heart disease. And my view is that a healthy idea old is going to be in a hell of a lot better position than an unhealthy 50 year old. And the thing is, and I know that you'll agree with this, is that these risk factors, the metabolic risk factors can be easily and effectively corrected with a healthy diet.

Ivor (00:02:30):

Yeah, and I'd agree. Absolutely. Paul, we've talked about this before. It's stoning to see the risk profiles for serious I had comes from this virus. It's, it's unbelievable. And people might are realize you're at least 10 times more likely, possibly way more to have a poor outcome if you're a metabolically unhealthy compared to truly metabolically healthy. And imagine I said the other day to Vinnie Tortorich, which actually yesterday I was on this podcast and I said, before I start talking about this thing, imagine I told you I could reduce your risk by a factor of 10 in the coming years for heart disease by doing X, Y, Z, w well, now imagine I could tell you, you could reduce your risk of this virus poor outcome by a factor of 10 or more by doing pretty similar X, Y, Z, w and people need to internalize that. We're talking huge shifts and risk, not that you can do it in five minutes. You know, but days and weeks you can dramatically affect your physiology and your immune system and your resistance to this. So anyway, I went on a bit but no, go for it Paul.

Dr. Mason (00:03:44):

Well I, I would actually argue, and I mean this is something we'll talk more about, but you can actually reduce your risk overnight purely by normalizing your blood sugar levels, which you can almost do overnight if you go on a strict low carb diet. But the point is, it's one thing to say yes we can make you healthier. So the corollary is also true. If you're metabolically unwell then you're going to place yourself at much greater risk of the complications. They're kind of ours. So when we see this, so New York was the first city where we started seeing even a couple of other countries, but on the scale, a lot of younger people being affected and we all stood up and paid attention to that. And then new Orleans happened

and the younger involvement was even greater. And we're sort of looking at it and going, what's going on?

Dr. Mason (00:04:34):

And now all the SIC national data is coming out is that the metabolic health of the new Orleans population appears to be even worse than that. Uh, the general American population, and remember there's a study that actually showed that only 12% of American adults when metabolically healthy in all five metrics of metabolic health. So these are, when I say these five metrics, these are the five things that we use to assess whether somebody has metabolic syndrome. So that's whether you have high blood sugar levels, whether you have high blood pressure, there's a, whether you have what we call central adiposity, which is a reflection of a visceral fat. And then the two blood markers, which are triglycerides, which is high, is bad and Heights gel, which low is bad, and only 12% of American adults were healthy in all five metrics. But get this for the over sixties 2%.

Ivor (00:05:34):

Wow. Yeah, the figures are stoning. Now, if you used insulin measurements, you'd probably get more accuracy and maybe it'd be 18% reasonable or 21 with proper measurements. But either way, like you say, once you get older in America, you're Rougned. Now we're going to get into the five on their effects. But just one quick thing that was on my mind and that's the age thing that you mentioned at the start. So my suspicion is if you're older, I'm metabolically healthy for sure you're out a much lower risk than a younger who's metabolically unhealthy. But I think that if you're metabolically on the healthy and say over 50 it's probably much higher risk ratio than say being metabolically unhealthy in general and being 38 abso. So would that be fair to say that if you are going to isolate the vulnerable, you'd go over 60 fives in general because that's a broad brush rule. And then you might say, look, a bull 50 with metabolic disease are also very high, but maybe a 28 year old, what metabolic disease is not relatively so high.

Dr. Mason (00:06:44):

Yeah, well I'm not sure that we've absolutely got the evidence for that. So, I mean, it's fair to say over 60 fives as a rule simply because so few of them actually are healthy and actually are truly metabolically healthy. So that's fine to take a broad brush approach there. Um, but I'm not sure that we're saying the evidence to show that an unhealthy person who's all of the is, uh, you know, significantly more risk than an unhealthy person who's younger. And the case in point would be if we're looking at expected lifespan. So if you had a healthy 80 year old who was destined to live to a hundred, they still got 20 years of life ahead of them. If you're got an unhealthy 50 year old who's headed for a heart attack by 70, still 25, 20 years lifespan, then both got 20 years expected lifespan. Would that then not put them in the same, in the same risk profile? And I suspect, yes, but we really don't have the evidence.

Ivor (00:07:40):

Yeah, I, and I guess, no, we'll finish with this topic pretty quickly to get into the meat. But I suppose if you look at the U K there's going to be a massive amount of people in their thirties and forties exposed to the virus. Um, but you're still seeing relatively few in their thirties and forties with metabolic ill health, really succombing versus a large amount in their fifties and sixties with metabolic ill health. So I'm only in firing it, but you're right, we don't have the data. It's more my perception or read on us. So let's get into

Dr. Mason (00:08:13):

what truly happens is that as people age, they tend to get less healthy. Insulin resistance is quite relentless across the population. It gets worse as the cohorts get older.

Ivor (00:08:27):

Yeah. And that's the key point that the age for the simple takeaway, it's not really the age that's the risk factor. Even though it correlates amazingly with poor outcomes. It's that age is twinned with metabolic poor health. So really the root cause is the poor health, let's be honest. So let's get into that. And it's insulin resistance syndrome or hyperinsulinemia syndrome or metabolic syndrome. Call up what you want. Right. But the reality is it's the five measures that we use are the best way to take a look at it.

Dr. Mason (00:09:04):

And insulin resistance is, and I know this a warm, the cockles of your heart, insulin resistance is the root cause. All five of these and that has been demonstrated time again in studies both using a biochemistry, looking at the biology of it. And then empirical, you know, looking at empirical data from research. So whichever way we slice and dice it, insulin resistance is the root cause. So we probably one bang on too much about how insulin resistance causes the features of metabolic syndrome, but maybe have a look at what the consequences of that ah, on the immune system. Cause basically what happens, how do you catch coronavirus? So basically for most people it's inhaled and lodgers in their throat and then it can into cells and know through however pathway we've heard that it's angiotensin converting enzyme protein, which is how it enters a lot of cells and then your immune system can have a crack at it.

Dr. Mason (00:10:08):

And if your immune system is functioning properly, it might contain up to the throat. And you might end up with a bit of a soul throat and fairly big flurry for a few days and get over it and you'll be one of those 85% who go very, very well. The alternative is that your immune system doesn't really get a good handle on it and it can go down the wind pot that your Kia into the lungs and then disseminate through the body, in which case you know you're in for a bit of a Torrid time. So the immune system is basically, if you're exposed to it, the immune system is key to whether it's going to be a mild or a severe illness. And there was a very interesting recent paper in nature journal and I actually took people that were insulin resistant and compared them to non insulin resistant people.

Dr. Mason (00:10:58):

And these people were not diabetic, they didn't have elevated sugars, they just had insulin resistance and they followed them for a long period of time and they measured something like 41 different metrics in their blood, what we call cytokines and growth factors. And these, uh, two things that are absolutely essential for the appropriate functioning of the immune system. Certain ones will get released for viral infections and they're meant to be released at certain stages and the concentrations are very, very important. And they followed those people up for long enough that they had, a lot of them actually had several upper respiratory tract inspections, basically viral infections involving the airways, which is basically how coronavirus enters. And I had a look at a cytokine response or the growth factor response and of these signaling pathways that are essential for knocking out a viral infection. I looked at uh, five of them and all five of those that were in this, uh, NYCHA study.

Dr. Mason (00:11:59):

The response was significantly attenuated in the insulin resistant subjects. But then it gets interesting because you might have heard of a cytokine storm. So cytokines have tiny little proteins that cells use to send a signal from one cell to another. And the basically the messenger, the communication system of the body and certain cytokine basically they regulate inflammation on a bunch of other things. So this study, they looked at cytokines as a group and saw the cottons storm refers to basically uncontrolled levels of Cytokines leading to uncontrolled inflammation, which can be fatal. And this has been a documented cause of fatality in numerous cases of coronavirus. So this is pretty important. Now when you actually have a look at the total cytokine levels after an viral infection in insulin resistant and insulin sensitive or the healthy populations, they were very similar. But then you have a look at the delight response and what you found is that the insulin resistance subjects had an inappropriate and a prolonged increase in cytokine activity when you know weeks later and even in the period when that were meant to be recovered, they still have this persistence of cytokine activity.

Dr. Mason (00:13:21):

So I, to me this would be suggestive that there's something about insulin resistance that is increasing the risk of Assata Khan stone. And if you're infected with kind of virus, that ain't good.

Ivor (00:13:33):

I too, just to emphasize Paul, that it's not only not gold, but it may be the linchpin that truly decides with a 10 X or more risk re relative risk, whether you really get a severe case or our death. So this, this thing speaks to the heart of this issue. So the root cause of this issue, you can simplistically say it's a virus, right? But viruses are always in nature. They're going to call them, they're going to go, there's going to be more of them. But the real engineering route calls for me is exactly your question, what mediates whether the virus is just a moderate impact or a major one, our debt, that's the big game. So hopefully people internalize this and what you're saying, just to briefly rephrase, in insulin resistant people, not only as the gold effect of parts of the immune system that you want, uh, attenuated or reduced, but the cytokine storm that really drives the deaths with this particular virus and maybe many others that is enhanced in the insulin resistance. So the bad side of the immune system is actually enhanced.

Dr. Mason (00:14:49):

The night just started. He didn't actually it a Sadik Khan stone, but I did. But I did certainly show that there was prolonged and excessive activation of cytokines that, you know, it doesn't take much of a leap to say, well this is, you know, if that was worse, that could be a cytokine storm. They didn't use those words. But it certainly gets me thinking.

Ivor (00:15:11):

Yeah, for sure. And in fairness, yeah, often the people who write papers, they find really fascinating things, but they always, they don't always attribute them or have the broad or knowledge to put them in full context. And that's no criticism. It's just the nature of research. But also dr Ron Rosedale the other day I released, I think you saw him, similar discussion and again, the hyper leptin leptin resistance, which is kind of almost analogous to insulin resistance.

Dr. Mason (00:15:41):

Well, there's a lot of ways.

Ivor (00:15:44):

Yeah. And leptin is a cytokine itself that can be overactive in the storm. And it also triggers six, a very key cytokine, which can be overactive in the storm. So these pathways, while you're going to go through the detail, but they're intimately related to too many or most of the aspects of what really drives poor outcomes for this.

Dr. Mason (00:16:07):

Exactly. I mean there's the commonality. So you mentioned [inaudible], so we know this comes from adipocytes or fat cells and we know that. What's the consequence of that? You know? Well we know that's associated with an elevation of something called CRP, C reactive protein, one of the major inflammatory markers in the body. And when we have a look at data on all cause mortality, having an elevated CRP is not very good. If you'll see RP is very high, you probably should think about starting on your wine cellar because you know you, you better get through it while you got the chance. But the really interesting thing is here is that these profound effects on the immune system were found with normal blood sugar levels. The individuals who were insulin resistant, but who ostensibly had normal fasting glucose levels, who would have passed the standard testing for diabetes.

Dr. Mason (00:17:00):

And the reason that's interesting is because that can be no doubt that once you get elevated sugar levels, then all bets are off. The immune system gets absolutely smashed on all fronts. So we have glycation, which is where glucose molecules will attach to a different proteins and they basically, they function it. If we take for instance, something called natural killer cells, which as far as the immune system goes, is basically, you know, the first one defense against viruses, the effectiveness of natural killer cells is absolutely squashed into the ground when they glycated when you're diabetic. So then you imagine somebody who's insulin resistant has already got this retarded immune response and then they're hypoglycemic and it's just a second insult. So is it any wonder that diabetic patients, we know, you know, how do we diagnose you with diabetes? We asked you, you have urinary tract infections. Why? Because especially for a mile, you shouldn't be having too many of those. You'll have certain kinds of fungal infections, you'll have non-healing ulcers on your feet. There's so many aspects of the disease of diabetes that are associated with infection and poor immunity.

Ivor (00:18:17):

Yeah. And I mean, I posted a video last week and it's like literally screaming at us. It's so frustrating to see the media not covering it. But there was one specialist and viral diseases and MD in New York. And he was interviewed and actually just shocked. He was visibly shocked and he said how 23 out of 24 of his significant Corona cases were diabetic or prediabetic significantly. And the last one was the 94 year old man and they weren't even sure if he had Corona and he was absolutely stoned. He said, I have never seen this before and I'm trying to research my colleagues. The diabetes is ultimately true, the patient population who are more severe. So this is getting out a little in media, but to be quite honest, it's lost in the media screeching. What all the other aspects,

Dr. Mason (00:19:08):

you know, one of the other things that I find interesting too and something I'm always preaching about the benefits of ketogenic and low carbohydrate diets and the benefit of that with regards to lowering blood sugar level is obvious. I mean, I can literally drop somebody's blood sugar levels overnight. So earlier when I alluded to, I can make pretty quick changes to somebody's immune function. That happens by, if you don't put sugar into the system in the forms of carbohydrate, complex carbohydrate,

what have you, then the next morning your blood sugar levels will be significantly lower. So that's a no brainer. But then

Dr. Mason (00:19:51):

people get worried about what happens to the LDL level, what happens to their total cholesterol level? And you know the be at, they've got their family doctor, their general practitioner in their ear and their personal trainer, they've seen it on TV, what have you, so that so many people are afraid of going on a ketogenic diet because of what it will do to their cholesterol. And what I'm going to say is that having a high cholesterol level is probably gonna be a good thing if you're wanting to fight infection. So we know for a fact that, so the other two blood tests we already talked about, sugar, triglycerides, height, GL, three blood tests, they all move in the right direction on a low carb diet. But people get hung up on, well, what happens if your LDL goes up? So, so what if your LDL goes up?

Dr. Mason (00:20:42):

So we've got this systematic review from 2016 so they had 19 cohort studies I looked at with over 68,000 participants. All of those 19 studies, 16 of them found an inverse relationship with cholesterol levels, LDL levels, and all cause mortality. So what does that mean? That means that people with the highest LDL level, they live longer. And then we've got a race and Piper. So it was in a, it was in JAMA, a 2019 and that showed, looked at, uh, the association between LDL cholesterol and sepsis. So sepsis is basically an uncontrolled infection. And what I found that people with the lowest LDL levels were about 50% more likely to suffer sepsis than people with the highest levels of cholesterol. So, and I mean, you know, we've got other studies that have shown exactly the same thing going way back to 1997 looking specifically at the very elderly population. So they basically found that it's um, you know, there's this inverse relationship. Um, you know, whichever way we slice and dice it, we look at LDL, there's evidence of benefit. We have a look at height steel. This absolutely evidence of benefit with that being higher. We have a look at total cholesterol on all three metrics. It seems to be that when they're higher, people are better protected from infection. So, uh,

Ivor (00:22:12):

and you know what Paul, the five criteria for insulin resistance syndrome, metabolic syndrome that you listed. And there's a reason they didn't even put LDL in there. Only HDL cause LDL was so useless to predict metabolic disease in general and even heart disease that it just doesn't get included. And people may not realize that. And other things like if you're worried about LDL, well it all depends. If you have metabolic disease, sometimes your LDL can be relatively raised. So it's a proxy for the disease. And sometimes it can be high and has absolutely no problem whatsoever cause you don't have metabolic disease. And a recent study just this year actually, or maybe it was 19 came out and analyze the Misa with the calcification scan, which truly shows the level of arterial disease. And when they looked at the people with an LDL of around five millimoles or one 90 milligrams U S units, this is ultra high, they found that they didn't have any real extra heart disease over the general population. And nearly 40% of those guys had a zero calcium score at middle are at an age of 60 I think it was or 61 so people really need to realize that LDL in terms of being a problem is almost meaningless on its own. And as you say, in terms of being strongly connected to lack of frailty and resistance to infections, it's, it's a good thing when it's high. So it's kind of a no brainer during an issue like this where you want to be. Right,

Dr. Mason (00:23:49):

exactly. And the, and still, this doesn't mean that we still can't look at it with nuance. We can still appreciate there's a difference between the small dense LDL, which is glycated and oxidized and atherogenic. And the non modified LDL, which is just basically, so I think it's normal physiological function, which is what I do.

Ivor (00:24:09):

Yeah. And you know, one other thing occurs to me, someone pointed out recently reminded me that DL as well as LDL actively partakes in immune response and immune function. So if you become insulin resistant, your HDL becomes a less effective, it becomes basically more dysfunctional. So you're hitting your immune system there at your LDL as well. Drops like a stone when you get these diseases. And one of the reasons is put forward in the science is that LDL supplies energy to immune cells, right? And white blood cells. And it's part of supporting the immune response. So kind of makes sense that it drops when you're, when you're under thrash, right? Because it's partaking. So LDL is so important. It millions of years of evolution did not make an LDL particle in its trillions because evolution was an idiot. And they often say this to people. It's crazy.

Dr. Mason (00:25:08):

So, and, and as you said, when you get infected, your cholesterol levels drops. We've seen this in chronic virus patients. So we see that, you know, over a period of, you know, seven or 10 days, we just see this persistent drop in height, GL, LDL, total cholesterol, all private as a cholesterol drop. And what happens when they recover, okay. Goes up again. And some of the research I've done on the capacity of LDL to help find infection is absolutely fantastic. And I don't know who comes up with some of these ideas, but I had mice who they gave up by infected with bacteria and then they objected human LDL into them. And I found that when they're able to inject enough human, I'll be able to mask, could survive. I mean, I don't know who comes up with this kind of stuff and I don't know that it has much applicability for us. Um, but it certainly, um, demonstrating that it has a physiological function with regards to immunity.

Ivor (00:26:07):

Yeah. And basically when all threads of proper metabolic science and the different branches of the science point in one direction, it doesn't prove it 100%. There is no real, a hundred percent proof. But it tells you, you know, what roughly is the situation. And the only problem I see it is the science that says all the positive things about LDL is essentially ignored. And any junk paper that shows a bit of an association with a negative outcome is lauded to the rooftops and hits all the media. And it's a conspiracy. It's just the way the world works. People need to realize this. You do a bunch of trials for a drug and one or two come out Loki and the other ones came out negative. You just ignore the negative ones. And you know, the world just wants to get the proof to prove the cognitive bias and what suits everyone. So anyway, that's a bit of a around, but people need to realize that the published literature has all the jewels in it. It's just you're never going to see them in the paper because they're uncomfortable. They don't fit any narrative. They call into question things, they're uncomfortable and they just get passed over and ignored.

Dr. Mason (00:27:25):

Well, let, let's speak of a couple of, you know, things that might challenge narratives. So I've been getting some people, uh, asking me questions on Twitter about fasting and whether that's worthwhile. And I, and I don't know if I've spoken to you before about fasting. Personally. I don't do it. I think if you're on a healthy ketogenic diet, um, I mean I want to support my physical performance. I want to

keep training. I mean for me, fasting I don't think is necessary, but there seems to be a role of fasting in helping with infection at least in some studies. So, uh, they have been, uh, fasting in, uh, base subjects has been shown to improve what we call natural killer cell activity and also antibody secretion. And I don't know whether that just means that these are based subjects where insulin resistance, and this was a two week long fast.

Dr. Mason (00:28:19):

And I suspect that fasting for long enough duration was actually able to correct the insulin resistance. And uh, this study, it was done in 1983. It's called fasting enhanced immune effect, the mechanisms in a base subjects. So it's quite old, but they had actually very significant findings. So I suspect that if you're insulin resistant, it's not so much that fasting is magical, but correcting the insulin resistance might be magical. And if we go to our favorite person, a mr Ansul Keats, so he ran the Minnesota starvation experiment, but um, and they, uh, they, that went for 24 weeks and I'll like 50% calories or something very low. They lost a lot of body weight over a 24 week period, but they found that there was no increase in risk of for spiritual viral infection, which is absolutely fascinating. That was actually documented in the, uh, in the books that they published on that.

Dr. Mason (00:29:16):

And then if you go, uh, if you have a look, uh, some old Lancet, um, reviews and 19 from 1970s, um, there was this couple, I forget. Then I have John and Ann Marie and they were practicing in Africa where they had a lot of famine and now we're actually re feeding a lot of the, uh, the starving local populace. And I actually had documented multiple times that grain based refeeding appeared to reactivate whiten infections. So you'd have paper with a tuberculosis infection that was queer center. It was in the body, but it was under control. It was in check. Um, it wasn't causing any draining postures or anything like that. They might have had some large lymph nodes or something like that, but nothing too much going on. And reliably, if they had passion cyclists, if they fit them cryings they will not like to stopping the disease would take off.

Dr. Mason (00:30:13):

And I'm wondering whether it was basically because the grains were carbohydrate rich that they will then inducing insulin resistance and basically impairing the efficacy of the immune system that we have no absolute proof of this. But it's certainly interesting. And there is actually some other, uh, interesting studies too. So there's been some, uh, a paper that was published in 2017 and it was looking at patients who are ventilated noninvasively, which means they weren't, I didn't have the tubes down their throat. They basically just had a pressure Moscow, something like that, or just plain oxygen. And they found that, uh, if these patients couldn't fade normally and presumably because are too breathless, they either had the choice of giving them nothing or giving them fades through a tube, usually a nasal gastric tube through the nose or otherwise they can see this. Um, the, I actually found that if I fed them it, if for the first 48 hours, if by fostered, they actually did better than if they were artificially fed. And again, I suspect this probably reflects the fact that these fades that they give people in hospital throw tubes is basically ultra processed junk food. It's nothing but sugar and vegetable oils and that, you know, was going to be the most insulin resistant in deucing substance known to man. So I'm not particularly surprised. That's um, they had worse outcomes when they are actually fed rather than being fasted, at least in this study.

Ivor (00:31:47):

Yeah. Paul, and you know what, we're streaming all the people at most risk into the hospitals and like you say, we're then pouring the worst possible components into their mouths are intravenously as well. I believe the drips that they use and seriously affected, they're basically sugar water. As Ron Rosedale said, their feet mainlining them sugar right when they're at their most vulnerable, which is kind of tragic by anyone's standards. You mentioned TB there and you triggered a memory, so a Dr. Joseph Kraft, a good friend of ours, father of the insulin assay who discovered the massive iceberg of diabetes in the population 40 years ago by testing insulin properly. Well, he told me a story. He was actually actively engaged as the young pathologist in the TB epidemic and the doll and the found two Biotics and he was actually involved as a young guy in the first antibiotic tests and he told me a story that there were some fascinating things relating to fasting and one was the March of Bhutan, German world war two where all of these Americans were basically starved and abused and they had one guy they had scanned with significant TB, a risk case, big risk case, and he went off to the war and five years later they were lucky enough he came back alive on like Manny and they're absolutely stoned.

Ivor (00:33:10):

When they looked at a new scan and he had the exact same TB level, it had not even progressed. And he just said, there's something to do with being starved that can even impact diseases like this. Now, he didn't know what, he wasn't an expert on that, but it had triggered his curiosity seeing things like that and he was fascinated. So it's kind of, it's anecdotal, but it's anecdotal from a brilliant man.

Dr. Mason (00:33:36):

Yeah. Well, and I actually like to go back to a lot of these Israeli old medical journals and case reports because a lot of you can't do research on this, but there's a lot of wisdom. You know, we, we tend to think, I think that we're, we're more intelligent and we've got more insight now than previous generations didn't. That's bullocks. I mean, some of the insight of a, you know, some of the historic carotids that are just absolutely magnificent. And I think too often, if it's not the [inaudible] published in the last 10 years, we disregard it. And some of the best research and the most insightful research I've ever read has been historic.

Ivor (00:34:17):

Yeah. It's on tragically, a huge amount has been lost. And when you go like you have an, I have you go back, I mean an example, and I know you're going to talk and touch on seed oils, but an example is the reality is in the 90s they were really suspicious that excessive Omega six and C Doyles could be pro crown. Sir, you know, kind of carcinogenesis. So guys did studies, they were good animal model studies. They found out that at 1% of Omega six kind of seed oil type components, they had got whatever, a progression of mammary tumors, you know, breast cancer tumors. And as they went up to two, three, 4% they got a greatly accelerated tumor agenesis and progression. But beyond 4% calories in the diet of these seed oils, they didn't see much increase and they actually observed that. Well wow. It looks like certainly in animal models that the Omega six excessive beyond 1% in calories drives and encourages carcinogenesis, which is a big deal.

Ivor (00:35:24):

But at the bull 4% there's no extra increase. And they noted that the time that the average intake was five or 6% so if you look at the population for a signal, you won't see it cause they're all a, both the threshold, they're all taking way more than the evolutionary 1% so you're not going to see a signal. And now the seed oils in America, I think there are 11 or 12% of calories a order of magnitude bigger than

the evolutionary standard for those signaling molecules. So it's [inaudible] dystrophic I think. But tell us about seed oils on this current issue.

Dr. Mason (00:36:02):

Well, I mean, well let's look at why say oils are so bad and let, let's be very clear, I'm not just pointing the finger at seed oils, I'm pointing the finger at any oils. So I mean if we have a, we have a, I'm a fat and it's got a, a carbon backbone. So the bonds between the carbon will tell us whether that oil is liquid or solid. So if you've got a lot of double bonds, that means it's an onset to oil. If you have a monit one set Toto oil, you've got one. If that's a Centro oil, you've got more than one, more than one double bond and these double bonds are what confers the physical quality of liquidity. So saturated fats will be solid at room temperature and because the saturated fats lack these double bonds which are prone to oxidation, they are not oxidation prone.

Dr. Mason (00:37:00):

So essentially if you're having any fat that's liquid basically an oil, then you will be ingesting oxidation products and we know that those oxidation products will get absorbed into your body and we know there's no better than when we have a look at the effects of what happens when we give people enteral feeding TPN, total parenteral nutrition, which is basically oxidized. You know what they for a long time they probably still do it. I a black plastic and foil around the giving sets if some of these fats, because they know that if they block the light that'll actually reduce how much oxidizers. It just oxidizers that readily and we've got good evidence. We know that they get to the liver, they cause fatty liver disease, they directly contribute to insulin resistance, liver dysfunction, what have you. There is a whole plethora of side effects. I mean if you're on these artificial phase for long enough, it's not a question of will you get liver failure or liver disease?

Dr. Mason (00:38:00):

It's a question of when, how long will it take before it happens? I mean we absolutely know this a combination of high blood sugar, the Novi lock agenesis and you know, direct oxidative stress to the liver. It's um, it's absolutely catastrophic. Um, I mean that's, that's the mechanism. But here's the thing, there's no reason we need to be giving people this kind of crap. Now to their credit, the dietetics profession, there has been some awareness of this and we now have a lot of mono unsaturated fat formulas coming up. Basically oleic acid, which is 70% of what phone's olive oil. And because it's only got a single double bond, it's less oxidation prime than Napoleon's had tried to offense. But Eddie still print oxidation. It would be far better to have saturated fats in the mix. And now we've also got a lot of low carbohydrates, um, fades as well, which is good because I've spoken to a lot of people and basically if you're on a standard formula in hospital, they often give up trying to control your blood sugar levels.

Dr. Mason (00:39:04):

And when I say they often give up, they often even stop measuring your blood glucose because it's damn near impossible to absolutely control it. So that, that's the label they advice it literally sugar and vegetable oils in a lot of these foods will be ingredients number one. And number two, I mean this is ultra processed junk food to the extreme. So this, there's no reason if you go to a lot of countries around the world, like in Europe, Pakistan who don't necessarily have the funding for what we do in the more westernized countries that will use home formulas. And there's no reason we couldn't make these formulas in hospital here. If we had the, uh, the cooperation of the medical team and the dietician team,

there's not raised and we couldn't do it. Uh, you know, in a, in a claim and claim matter, we don't have to have bugs in there at all.

Dr. Mason (00:39:55):

There was one study I came across a a while back and that was looking at how they said burns patients because we know they have a lot of cholesterol leads. I have high fat needs that have high protein needs. So their diet was 35 eggs a day, you heard me correctly, that's three, five eggs a day. And they couldn't get that many eggs in during the day. So they actually fed them. 10 of those eggs were fed at, not through an Isaac gastric trip down into the gala. So really there's no, this has been proven this, the group that did that move did literally hundreds of patients. I've, uh, uh, the ears. Um, this study was only a month duration that they had a, a historical practice of doing this and they did it very safely and they had cholesterol levels for what it's worth from 19 range in normal cholesterol levels, 35 eggs a day, and they didn't have high cholesterol levels. So you know, that chose have much mythical always business about AIDS and all dietary cholesterol and all of that is, but the point is they can feed them eggs, which is a perfectly healthy food through nasogastric tubes. There's no reason for expensive toxic formula.

Ivor (00:41:06):

Yeah. Appall on, you know what, that resonates so powerfully. I find this whole thing insane. And it's like in an engineering escalation or complex problem, I've seen it a million times. People just go down the wrong alley and they end up doing completely the wrong thing and they're convinced they're right and they're, when they do learn how it actually works and the light bulb goes on, they go, Oh my God, but we not getting the light bulb and medicine. Now there was a pediatric study, I forget who brought it to my attention exactly as you say. They found out with no question that the Omega six type oil parental feed for these pediatric patients was damaging their liver big time. And they verified that using older components meant there was no damage. That paper was published, completely ignored. And you know, the other thing that just caught my attention there, everyone gives out a bed, junk food and ultra processed food. And we know it underpins the modern chronic disease epidemics. I mean, that's not debatable at this point, I would say. But junk food, ultra processed food is defined by sugars, refined carbs and seed oils. Forget about the numbers and all that crap. At the end of the day, it's sugar, refined carb and seed oils. It's what makes junk food junk. Right? And like you say, that's what the most vulnerable in hospital get. Mainlined they get mainline liquid junk food right through the toughest times in their lives. Isn't that just insane?

Dr. Mason (00:42:36):

That's negligent.

Speaker 4 (00:42:39):

Yeah.

Ivor (00:42:40):

Shocking. So anyone listening here, try and ask your hospital on behalf here. Relations are in there, if at all possible. Feed them real food or even just loads of eggs. We were just saying the other day, but dr Rosedale eggs are the quintessential superfood. No carbohydrates or sugars, really. Coleen fats, proteins, the perfect source to create a new life. Perfectly balanced by nature. There are super food, but no one thinks a feat.

Speaker 4 (00:43:10):

Hmm.

Dr. Mason (00:43:11):

I call them Natchez multivitamin. I know. And when people say, Oh, well, you know, do you have enough of this view trend? Do you have enough calcium or what have you? And it's like, well, does a chicken have a skeleton? It's like, well, that didn't get made off of nothing. You know, there has to be calcium in there. Right? And you can, you can pick any organ system of the body and the required nutrients for that. And it must be contained in the yoke. The yoke is where the business is that, you know, the, the, the white is just protein for energy. You know, I'm going to sound Stripe. What have you, I mean, the words good, but the, the yuck, you know, that, that, that's the pointy end of the egg. That's what everybody should be going. So, you know, you know what I like to have now I like to have egg yolk omelets.

Ivor (00:43:56):

Yeah. I'd, you know, uh, yet again, we resonate. This is ridiculous. We're just, we're just vibrating at the same frequency on every bloody point. But, uh, yeah. You know what I do actually because I don't really need the more carby protein eat why you did the egg. So we put that aside for other purposes and I cracked four or five eggs any day. I have a breakfast, I crack them, drain them like a Baker, you know the white out into a bowl, put the yolks all in a small dish quickly, uh, cooked them. And uh, I just have myself an egg yolk omelet. Not even that cause I'm so of a hurry. I'll just cover it and salt. And I just have egg yolks fried basically.

Dr. Mason (00:44:35):

But you, you have a four regular yolk. But I in Australia we have eight egg yolk omelets.

Ivor (00:44:41):

More like now the reason I have four or five is I think that's a good burst of incredibly good nutrition. And I don't particularly want to eat too many calories cause I enjoy my wine. I'm a gourmand in the evening I have a huge meal. So I'm kind of a little conscious of not horsing in calories even though it's not calories that are the problem driving obesity epidemic or metabolic disease. But at the same time, I do keep some mind on it and four or five eggs a, that's an incredible multivitamin to throw into yourself casually.

Dr. Mason (00:45:15):

And I'll tell you what I have actually found anecdotally in my patients with egg yolk omelets because we not eggs rich him something called phosphatidylcholine. Now that the mucus that lines the gastrointestinal tract, 70% of that is phosphatidylcholine. And in people with autoimmune disease having an intact gut barrier, a more resilient gut barrier is actually incredibly beneficial. So a lot of people with auto immune disease actually find that a high intake of egg yolks is actually very, very settling. And uh, it certainly saves taking a lot of these, uh, phosphatidylcholine supplements, which are often, uh, soy derived anyway. So,

Ivor (00:46:00):

and you know, Paul, again, you're triggering memories here. I'm going to pull out a double barrel shotgun to fire the people. Now I'm going to pull one trigger after the other. All right, so here we go. Animal studies back in the 90s. And the ones I mentioned about the carcinogenesis would seed oils at. They never got any traction and nowhere, no one ever went back to do them or look at them because there were an embarrassment because they were telling us all to eat these. And then older science was saying they cause cancer. So they just don't that research. But in animal models, they looked at liver damage, I think it was rats from excess alcohol. And one team did a series of studies and they found that if they only gave beef tallow to the animals as the fat, they could not achieve liver damage from huge excess alcohol.

Ivor (00:46:50):

They actually couldn't make it happen. They only got very mild, not even cirrhosis, just very mild liver pathology with tones of alcohol. But if they fed them two, three, four and up to 18% of seed oils, linelaic acid, they increasingly got massive liver damage for alcohol. And they actually named the paper. Linolenic acid is required for liver damage from excess alcohol, some title [inaudible] wow. And the second barrel, I'm gonna pull now they got rats and they damaged them with alcohol and they were Coleen deficient. And then they compared to Coleen sufficient at rats. And it was chalk and cheese so they can negate the alcohol damage massively just by having Coleen versus Coleen deficient. To your point, this work was all dumb and ignored, ignored.

Dr. Mason (00:47:48):

Let's talk on that point for a moment. So anybody who has just a casual observer of, you know, health columns in the newspapers and what have you, we'll still get the blades that set tried to fat. So harmful. The simple fact is there's been multiple measures. There's been over 10 men or analyses done on these topic and almost all of them find in favor as I tried to fast. And the ones that don't are fundamentally flawed. They do things like group cohort studies and blinded randomized controlled trials together and compare them. And then these are chalk and cheese. This is good quality evidence and crap evidence. So the, the meta analyses that supposedly, you know, set the bar for, uh, what medical evidence is. I mean the, the ones that, uh, there's some that have just been absolutely atrocious. And on the background of all of this feeding into this, we have had three very, very large randomized controlled trials that specifically look at the question of asset traded fats, dangerous or are polyunsaturated fats with where the harm is.

Dr. Mason (00:49:00):

So the first of these, so it was run between 1966 and 1973 it was the city diet heart study that was a randomized controlled study. So they had these, they got these blokes that had coronary rands, heart attacks, and then they basically have them, any group, whether you're had a lot of saturated federal, while they're probably on set, tried to fast. And what I actually found is that the people that got put into the polyunsaturated group was 60 to 80% more life, let it die. But here's the thing, do you think these results were published by weren't published? They were, there was a publication, but these little details were just sorta left out. And it wasn't until 40 years after the study concluded that they are actually published. So it was a guy called Christopher Amsden. He did some fantastic detective work and he got these old nine track magnetic tapes that he sort of dragged out of a basement somewhere and I actually decoded them and went through a whole rigmarole, a lot of Plava to do that.

Dr. Mason (00:50:01):

And then this, this guy actually does a Lara, you know, some kind of, um, uh, metal or something because he did the same thing again with what we call the Minnesota study, the Minnesota coronary survey. So that ran between 1968 and 1973 and that was on either 9,000 institutionalized, you know, meaning not run over, you know, facility or care facility or what have you. Men and women, they compare to high saturated fat diets and onset to fit dots. So they actually published 16 years later, but even when they published, some of the data was missing. Now they actually, before the laid off the Dodd, he was actually interviewed. And I said, well, why did you wait six, 10 years to publish? And he said, because the findings were disappointing. That is, I didn't fit the narrative. They didn't get the result they wanted. And here's something that most people don't know.

Dr. Mason (00:50:54):

And so keys was a co-leader in this study, but when it was published, his name wasn't on. It wasn't on the authorship list. It's so funny that that might have been a reason, but still this guy Chris Ramsden, he dug out from all punch cards and magnetic types. He did this old trick again and he got the original study data in its entirety. And so, and I confirmed, sure you go on a polyunsaturated fat diet or a high polyunsaturated fat diet, your cholesterol levels, Paul, that's fantastic. You don't want us, I found the more your first fell, the more likely you were to die. So, and then we come closer, you know, move into the modern era. We have the women's health initiative study, the world's most expensive studies, 700 million us dollars. Those are the 48,000 feet miles. And this is really, this should be the final nail in the coffin for this.

Dr. Mason (00:51:50):

Um, but if you made the paper, you wouldn't not, because I remember coming out and looking at it and you look at the results table and all the findings were non-significant. There was no seafront read the conclusion. Nothing, you know, so it's a real nothing burger. But if you go to the text as it was on that page, 661 buried in obscure wording, they actually basically a sentence that intimated that females, if I had a previous history of a heart disease, if they were randomized to the low fat group, they were 26% more likely to have events like heart attacks. And that was statistically significant. And that was the only statistically significant finding of the whole study. And you would think that for a $700 million you could buy a bit of editorial oversight and maybe make sure that, I mean this is, let's be honest, what, what this is, we're not talking about some, I don't think in a simple mistake.

Dr. Mason (00:52:50):

I think we're talking about deliberate deception. And in each of these three studies, people say, we don't have longtime evidence. We don't have big studies, we don't have Minnesota study. It was even, it was blinded and randomized 9,000 people, long time we've got the evidence, it's been deliberately shell put to one side and these papers haven't entered the scientific discourse. The simple fact is we shouldn't be arguing about this. The investigators in all of these studies clearly went in with their own narrative, the lipid heart hypothesis. They wanted to find that high fat increased cholesterol that killed you. They found the opposite and they did their damnedest to present, prevent the public from finding out. And so here's the thing, you know, this form the central tenant of my nutrition, medical education, if I as a medical doctor, you know, and to see if like this, how can I expect a patient to listen to me when it comes to nutrition, when this is the foundation of my own medical education, my own formal medical education at least.

Speaker 4 (00:54:04):

Yeah.

Ivor (00:54:04):

Well, yeah, Paul, I'm sorry to say and that's a great summary of those three biggies that closed the case. Uh, I'm sorry to say it, but they have alternately poisoned the well in terms of nutritional science with the kind of behavior you describe and that shouldn't have been on page six 61 that dramatic significant finding should have been obviously on page one in the abstract, the abstract should have said, look, the only thing we found was this. It's very unusual. It goes against our beliefs and we're going to work more to find out why that showed up in the abstract. And of course [inaudible].

Dr. Mason (00:54:38):

So they had all these press conferences, this was a big deal. You don't spend 700 million us and not expect, you know, I get a bit of a press conference out of it. So basically they doubled down and I said, what this proves is that a fat reduction of between eight and 10% is not sufficient for benefit. This proves that people need to reduce the fat in their diet more. Yeah, it's just unfathomable.

Speaker 4 (00:55:05):

[inaudible]

Ivor (00:55:06):

it's amazing what they were willing to do back then and those crazy fat phobic days, anything to not look like idiots for their previous 20 years. But as a result by doubling down and they are still doubling down, they're just going to make themselves look like idiots for 50 years because eventually it gets out. It still is, but they know they'll be retired and moved on and not care. That's the problem really. But you know what? I'm going to add in one more and it's a fourth one that a lot of people don't know about the enthusiasts than this who know what you and I are saying and it's one I found back in 2012 I don't know how I found it because no one talks about it, but I was obsessed to it research back then on this and I found the Helsinki businessman's trial from Finland and they jumped on the lowfat bandwagon too and did a good human RCT with middle-aged businessman across Finland and it was done beautifully and they took out all the saturated fat and all the butter and all this stuff and they gave them all the good polys you should have seen the graphs of the results were shocking all cause mortality was massively true.

Ivor (00:56:19):

The roof for the intervention group. We've got all the polys and they basically did what the others did. The spotlight of media wasn't on them because it was just Finland. So they just quietly mumbled in the abstract and on on tiaras does to Hawaii. It had gone wrong and they didn't come up with anything and they just let it slide. Shocking.

Dr. Mason (00:56:41):

Well even some of these, I was going through the Sydney diet heart study. They, they had about non publications that came out from that and they're all on random topics, not really addressing any questions and they'll publish in medical journals in Israel and all around the world. And you know, this is pre internet days when if something was published in the Israeli medical journal for instance, the chances of that actually being read by an Australian doctor, but probably not that great.

Ivor (00:57:13):

Well, I just have one other point on rank corruption. Um, and it was based on the cock grain analysis of the 15 RCTs or so on saturated fat versus poly. And our conclusion was, yeah, it's all over the shop, but they still tried to say, yeah, we're still not wrong. But you know, in that trial there was any wound trial, the veterans administration, which kind of did appear to show a reduction in cardiac events or our debt, barely significant. And they pulled that one out and gushed about it in the review. But the reality is that was the only trial where the intervention didn't lower the cholesterol. So they appeared to get a result. But it was the longer, the cholesterol didn't lower at all anyway. So it was a farce. And I'll tell you another big thing about the veterans administration. They saw a small cardiovascular death rate reduction supposedly, apparently, but they saw no all calls mortality shift and quietly a year later they published quietly. And they noted that actually because the cancer death rate increased to balance the apparent cardiovascular reduction. That's why there was no all cause mortality. And they mumbled about, well we don't really take the polys increased cancer bolt. Well you know like uh Hm. I don't know. And that was the end of the matter.

Dr. Mason (00:58:44):

It is a, it's a, I mean we can use whatever adjective we want, but it's a real shame. So I mean this is really, this is really hurting people, but this might be a bit of a stretch here, but can you imagine, so I came across this, uh, twist I serve, I had the other day. You might be familiar with it. What, what would the impact be of, you know, people changing their diets and being in good metabolic health on not kind of ours around the world motivate them. They are authored by your good self. But the simple fact is, can you imagine if everybody was metabolically, would we be requiring shutdowns? Would we be devastating the economy? Now I'm not for one second saying they're not necessary because in our current population, I think we're left with very little choice with the, with the, with the health status of our population. But wouldn't it be lovely if we didn't need that?

Ivor (00:59:43):

Yeah, I'm Paula. I think it was me actually on, I knew I was going to get some abuse for it, but I said it anyway because the truth will out. I gave a thought experiment, um, of sorts and I said, okay, just a thought experiment guys. Imagine everyone from today for the next three or four weeks only had access to meat, fish, eggs and such like just for four weeks, you know, they're not going to get a heart second 40 weeks. Would you expect a very large mitigation of Corona impacts a medium or a low and okay, the answer came at the survey very high because a lot of people who follow me are quite aware. But Ron Rosedale said the same thing. You said the same thing. I believe the same thing within days you are going to dramatically impact the primary factors that are causing hard outcomes for this disease within days, within a couple of weeks, eating real food, low carb, fair enough. But even trolling the load of vegetables, they're, once they're non starchy, you're gonna within a couple of weeks dramatically change the metabolic profile. And we know that some Virta and from everywhere else. And if you dramatically resolve the metabolic profile, when I questioned in my mind, you would from that point on dramatically, uh, influence in a positive way, the outcomes data and no one wants to face that. No one wants to touch you with a barge pole. Crazy.

Dr. Mason (01:01:16):

That, that's to accept responsibility. That's totally, that's to admit that people have been wrong. That that's to let people's personal agenda be pushed to one side and you know, to, to not be proud about it. And unfortunately the assignments, skin in the game, people who've got careers that have invested on

this, they've got finances invested on this. They've got their reputations vested on this whole liquid hypothesis being true, um, that unfortunately the public good, it doesn't weigh very highly in terms of importance.

Ivor (01:01:51):

Well, you know, Paul, I think it hardly weighs at all because these people, I don't, unfortunately, they're the great and gold who are respected. Some of them may have an inkling of what we're talking about and it would mean they're kind of evil. But I think the vast majority believes their own BS. It's not so much a conspiracy. Decades and decades of fully accepted, anti-science have become so endemic now at this stage that most of these experts actually believe their own BS and it's only if you get them in a room on a bit like clockwork orange, I don't know if you saw Kubrick's masterpiece where they have to get the guy and hold his eyelids open so he can watch and see. You need to get each one in and show them the data and that's the only thing that a break true. The permafrost off their ignorance I think so.

Dr. Mason (01:02:48):

Say you know, pretty much every day I'm consulting with members of the general public who understand and have insight into this. I mean I think we've really digressed into a bit of a tangent, but I think the solution to this has to be grassroots because with the internet now we're, we've got capacity for people to be educated about signs, light. People have a greater understanding of a lot of scientific topics. Then do a lot of doctors and I think that this is where the fault the change is going to happen. It's going to be a grassroots change. It's going to be education of the masses because I can tell you that the average patient in my room who I consult with has a better understanding now, maybe not before the consults, but certainly at the end of the consults. I understand a lot of these issues much better than most doctors.

Ivor (01:03:45):

Yeah, and that's, that's a great way to kind of wrap it up. I know he wants to keep this tight and it's, that is the way to go. And you know what I always said while I was there was around one or 2% of doctors now would really get this, but it's growing. I want to hit seven or 8% of doctors getting this because doctors are so crucial and younger doctors now, my daughter's in first year medicine and it's incredible. She's laughing of what they're teaching them. It's, it's still going on, but the young are more aware of ed Quito about what works about metabolism and their lecturer in biochemistry doesn't admit it, but it's clear. And all of his lectures of carbohydrate and lipid metabolism. He's a Quito had no question. So when these young doctors on the internet spreads, the doctors become aware of seven or 8%, they're gonna start tipping the profession. And I think there's a brave new Dawn calming. But you know, yeah, that's probably that. Maybe we just finish actually on what would you eat in the next couple of weeks if you are currently eating a, a crappy, a Western diet and you wanted to really save yourself Rolf and tough in 60 seconds, what would you be doing?

Dr. Mason (01:05:01):

I think I'd focus on protein, fat and cholesterol rich foods. I mean, you really couldn't go wrong if you're having a fish heavy. There are lots of oily fish, you know, throwing some red meat, have some eggs, you know, if you're gonna, if you really want to some fruit and veggies, then you know, something like other Kado, those kinds of things may be thrown a few berries if you want a little bit of a sweet yet. But I wouldn't have anything more sugar than that. And I don't think in small amounts. And, um, you know, if you, uh, if you tolerate dairy then you can, uh, yeah, that's beautiful. That's a cheese has got a lot of

protein, has got a lot of fat in it. It's very low carbohydrates in it. So I mean, you go into these staples, these un-processed staples. When I say un-processed, I'm obviously meaning, you know, without added sugar and vegetable oils. It's okay if you're trans and butter or what have you. But um, I'd be just going back to the food that our grandparents ate.

Ivor (01:05:56):

Yeah, the meat and TUV edge, if you will. The wisdom of the past ironically trumps all of the pseudo science and crop that we just went through. So there you have it. Anyway, Paul, it's been fantastic and I will ask everyone out there, you know, it's been over a year now, 68 podcasts, a ton of free material, but we're really asking everyone to help. And for $3.99, www.ExtratimeMovie.com you're going to see a fascinating entertaining movie reversing heart disease, www.ExtratimeMovie.com to download. And it would really help us if people you know, supported that and shared it with friends and family and also the fixes we deploy in the movie as you'll say, are essentially the exact same stuff that we're talking about right here to increase your chances of not having a poor outcome in this difficult time. So it all ties together. So last words, Paul,

Dr. Mason (01:06:52):

I'm going to be keen to have a watch of that one. I think either. And uh, as an aside, um, with all these travel restrictions on, I've had a couple of conferences canceled so, uh, I know, uh, over the next couple of weeks I've got a little bit of extra time that's opened up in clinics. So, uh, I'm doing some uh, teleconferencing teleconsult so if anybody's interested, uh, I've got some more information about on my Twitter handle, if I can, uh, put in that little plug there.

Ivor (01:07:22):

Super Paul, that's great stuff. And I know I was really looking forward to going over to Australia, Melbourne and Sydney in may. So that's gone on. Someone asked the other day on Twitter, Oh, are the conferences counseled? Which is a bit naive. And I said, no, I believe they want to take a kind of highly contagious Irish people into Australia right now. Not so

Dr. Mason (01:07:44):

just Metro. Do you have a criminal record either? That's okay. You don't mind. Do you still need them to get it? That's an old joke.

Ivor (01:07:58):

One last really quick thing. Interesting. Yeah. The Irish populated Australia way back on this kind of this myth that they're all criminals, but the reality is a lot of those people were stealing across to bread for their starving families. And a lot of them were politically active to overtrade the oppressive, which was going on for a hundred years. So the reality is a lot of those people were pretty upstanding people who are very unfairly ass sent away. So there you go. So the Ozzies are not descended from a criminals, per se. You could say they're descended from leaders.

Dr. Mason (01:08:33):

Well, we're proud of our convict roots. Very proud, as would I be.

Ivor (01:08:40):

Great stuff, Paul couches soon. We'll circle back in the next week as all this stuff unfolds.

Dr. Mason (01:08:46):

Perfect. Look forward to seeing you again.

Ivor (01:08:49):

Great stuff, God, man, by now, stay safe. Thanks for tuning in guys. If you're watching on YouTube, you can see my subscribe button in the middle of the screen and go to extra time, movie.com to see our fascinating new documentary on stopping and reversing heart disease.