

[00:00:00] **Dr Mike T Nelson:** Welcome back to the Flex Diet podcast. I'm your host, Dr. Mike T. Nelson. On this podcast, we talk about all things to increase performance, add muscle, and improve body composition, all without destroying your health within a flexible framework. Today in the podcast, we have a little bit of a flipped script.

My good friend Dan Churchwell is going to interview me about his success losing weight. A ton of weight well over 50 pounds. I think it's closer to over 60 right now. Getting off, I think at one point he stated he was on six medications. Now he's down to one, which he may be able to go off depending on what his doc says at the next appointment.

And just a huge, massive success. And Dan is actually one of my clients in my online one on one program, the M3 program. And it was actually his idea to do this podcast, which I think you'll find a super interesting and real quickly, the podcast today brought to you by myself. I have a newsletter that goes out daily.

You can go to my website, MikeTNelson.com go to the top, go to the newsletter tab, and you'll be able to opt in there and get all sorts of great information delivered to you in a semi entertaining fashion directly to your inbox. And we'll put a link to that down below also. So that's probably where, at this point, almost like 90 percent of my content goes out exclusively to the Insider Newsletter list.

So sign up there. And then also, if you're looking for, to use ketones, but you don't want to necessarily do a ketogenic diet, Check out Tecton. They make what's called an exogenous ketone ester, which I know is a big mouthful. Exogenous meaning that it's something you consume from outside your body, like this is a supplement in a beverage can, and with ketones, you can consume this and your blood levels of ketones go up within about 20 to 30 minutes.

Research on this has shown that they can be beneficial for appetite suppression and cognitive performance. Maybe some athletic performance, again, depends on in the weeds what you're looking at for actual levels of performance. The nice part is you can get some benefits of ketones without having to do a ketogenic diet.

So check them out. I am a scientific advisor to them and I am an ambassador, so in terms of full disclosure on that. It is by far my favorite ketone beverage. And you can use the code DRMIKE, I think that'll save you right now 20%. at the link down below. So without further ado, here is the podcast where Dan is asking me questions about what it is to be successful with weight loss.

So I think with his journey, a lot of these tips and tricks and principles you can apply to yourself, or if you're a trainer or a coach you can use these with your clients. So enjoy.

[00:03:16] **Dr Mike T Nelson:** Welcome back to the Flex Diet Podcast, and today a little bit different style.

I've got good friend and client Dan, who's going to grill me in a bunch of questions. how's it going man? Hey.

[00:03:29] **Dan Churchill:** Good. Good to see you, Mike. Thanks for this opportunity.

[00:03:33] **Dr Mike T Nelson:** No problem. Thank you for the idea. Actually, it was your idea. So I want to make sure you get a credit for it. And I'm like, yeah, that's awesome.

Let's do it.

[00:03:41] **Dan Churchill:** Well, I think, that, that idea of a flipped format or flip script on this one hopefully it's helpful to you and me. You've just been so foundational to my turnaround and we'll get into that a little more, but it it's been really great. So thanks for having me on.

[00:03:54] **Dr Mike T Nelson:** No problem. Thank you for doing it.

[00:03:57] **Dan Churchill:** Well, I just wanted to introduce myself to your audience, but then share a little bit about, and ask you some questions from almost a, I guess a newbie or, some way of entering into this world as a somewhat really transformed client. And then, so I really appreciate what you've done for me.

Just a very quick background, so I grew up in the beautiful black Hills. I think you and I've been out there a couple of times and black Hills of South Dakota almost an idyllic childhood and writing in the streets and, and I have all these pictures of me as a young kid Polaroids and those, back in the early seventies, mid seventies.

And I was skinny, I had a shirt off running around, doing the thing and then about puberty. Yeah. I like became the chubby kid and essentially, you can see it like in school picture, every year there's a school picture and my mom kept, all 12 of them. And about yeah, about puberty, I really began to like chub out.

And so, I got into a lot of different sports I played, but ultimately it's funny that the two or three where I really excelled and really did a lot of good for my body, mental health, friendships was mountain biking and swimming. And so believe it or not I competitively swam for four years. five years.

And so I have these pictures, I'm every year the team had a team picture like out in the park or, whatever. And I'm the chubby kid in the suite Speedo, I'm the only one, everybody has that classic swimmers build, but I was actually competitive. And I actually swam fairly well.

And then out there, most people don't think of the black Hills as mountainous, but we have the highest peaks east of the Rockies until the Swiss Alps, so, we would do great mountain biking, climbing. Really three or four of my good friends were, they did a lot of climbing out in the needles in the black Hills and usually as the big guy, I was on belay, I was using the guy on the bottom on the rope as the anchor, but overall, I'm very active, super act, big guy, but active.

Yeah. And then went to college, did that thing. Probably the healthiest of my life was college. My, my junior and senior year, really heavily into mountain biking. And I didn't really watch my diet if you will, but I think it was just the amount of exercise and movement I got.

[00:06:04] **Dr Mike T Nelson:** A mountain biking can be very intense if people haven't done it.

It's a hell of a workout.

[00:06:09] **Dan Churchill:** Oh, yeah, this is real. Yeah. Yeah. I was out there. Yeah. Yeah. Over 100 miles a week. Just mountain biking. And the road bikers won't think that's a big deal. But, mountain biking consistently. Yeah, there's like a competition between road bikers and mountain bikers.

But having Those summers I worked out at a mountaineering camp in late my senior year of college and then into my first year of grad school in just south of Jackson, Wyoming, in the Wind River mountain range and our base camp, I was the program director and kind of a counselor at a teen camp and our base camp was at 8, 500 feet.

Oh, wow. So we would climb and move and do all kinds, all summer. Yeah. Yeah. And the staff had to arrive two weeks early just to acclimate and get, their blood. It was pretty wild. And I got my lean and meanest during those two years. And really one of our longest hikes we went on was a one day 17 mile hike and ascent of one of the largest peaks in Wyoming.

Brutal, like hardcore. And that's probably the most exertion I've ever had in my entire life. It was great. in a one day period. And so then I went to grad school, or was in process of grad school then. And as it's a lot of reading and writing and sitting and my weight fluctuated.

I went, I got probably at my leanest, I was 240. And that was a healthy, I'm six, three Danish stock. I have a picture of my grandfather. I'm actually the smallest guy on my mom's side. My grandfather, like six, seven, six, eight, these guys played collegiate sports. My grandfather was an engineer for Burlington Northern railroad.

And then there's a picture of me and him and I'm in the crook of his arm. And he's just this big Danish man. I just love that picture. So, whether, I know it's not big boned. I know that's all been, I, we just have a bigger

[00:07:58] **Dr Mike T Nelson:** Structure like joint size and everything else. Like you're built like a larger mammal.

[00:08:03] **Dan Churchill:** Yeah. Yeah, totally. And and so, two 40 for me was like fit and lean. And then when I got into grad school, I just, just to watch that stuff, wasn't moving and then went out and did some cool things in the world, worked at Denver, then worked in Southern California and stayed pretty healthy.

But then when I moved to the Pacific Northwest and became a professor again, a lot of sedentary teaching, writing, that, that kind of thing and worked on a beautiful campus about 10 years ago in the Pacific Northwest. And I remember the first feelings of walking across the quad. Our business building was the farthest building on campus.

And so we'd walk across to, go to get something to eat or a coffee shop. And my foot would begin to drag like a foot drop. And I really felt some hip and nerve deadness. And so I went through orthopedics and they're like, man, there's nothing here for a year. I dealt with a really weird back pain.

And and then I went to a neurologist. a year after the orthopedist just wasn't doing anything for me. And the neurologist said, Hey, when can we schedule surgery? Because if we don't like in the next week, you're going to be damaged for life. And so I don't, that was my first foray into, Oh, wow.

I'm actually having, I couldn't swing a driver. I golf too. And I got to the point where I couldn't swing the pain in my spine, lower like buttock spine area was just. I couldn't just do it. It was not fun at all. And so within a couple weeks, I was in surgery and they did a laminectomy, disectomy on those low part.

This was about 11, 11 years ago now. And man, that, that set me back, right? I was in a year of aquatic therapy. They did two discs and what I loved about the Pacific Northwest is they had The this PT, she built this woman studied somewhere in Europe. I forget the man's name. There's some famous guy, that pioneered a certain kind of aquatic physical therapy.

And she went and studied with him, came back and opened three pools. So the pools were built specifically for physical therapy. So there are handholds underwater. They'd force you underwater. Do crazy, but you could, I was a big guy, but all kinds of people were in there, but they would offload you.

And they could do different kind of movements being a really hot environment, warm, floating environment. So that was really great. But I almost not over nine months, I was there getting fully back into it. And then, and all along the way, people were like, lose weight like for a deck.

Everybody's always that's been reinforced and I went through fits and bouts of that. But then about two years ago, I, I suffered and some people called it post COVID. I don't know what it was, but an embolism. And it was pretty bad. And it went on a bunch of medications to try to get that cured.

It manifested itself in really weird shoulder pain. I slept in a chair for four months.

[00:10:52] **Dr Mike T Nelson:** Oh, that's so horrible.

[00:10:54] **Dan Churchill:** I couldn't lie flat. And they, two different doctors, two different specialists were fighting it. And they were saying one, it was this like weird, like one in a million people have this one thing.

And they said, I had this. But the moment it was ultimately diagnosed as embolism and I got on blood thinners, That all the neck manifestations, the

tightness, I looked like Quasimodo, like I couldn't stand up straight, all of that went away. Seriously, like within 10 days of being on, I think it was Eliquis, the blood thinners, and all of those, the symptoms went away.

And I could, I laid down flat for the first time in four months.

[00:11:29] **Dr Mike T Nelson:** That must have felt amazing.

[00:11:31] **Dan Churchill:** It was, I never thought, sleeping in a chair was never, a dream of mine, obviously. And it just, and then when you sleep that way, you slunch and you're like my whole back and hips, I was just out of whack completely.

And so I went from that to then I think that Exacerbated some of my back pain and that for about a year continued to work on more and more having more back pain that you have to go through insurance, right? So you do the physical therapy first, then the injections. They went through that whole process.

No success. And all the while, my current job, I work for a think tank. So my current job is sitting. Like I sit on airplanes. I sit at conferences. I sit in, I was just simply not happy. So

[00:12:10] **Dr Mike T Nelson:** you're not just in the office all the time. You're on the road a lot.

[00:12:13] **Dan Churchill:** Yeah. Yeah. Yeah. Yeah. A hundred days a year probably in airports and bed different beds and you know that kind of thing.

So So my lifestyle wasn't helping but then of course all that pain and sleeping in a chair I was probably getting maybe Mike two thousand steps a day To 3000, maybe, and now, we'll get to that point in a second, but I, we weren't tracking like I am now, but I was just not mobile. And so I, I remember right before I had my next surgery and I had surgery in October of this last year, late October, I came home from a trip from Houston.

Something slipped in my back and I'd been to the ER three or four times that month already. And they had to give me muscle. I had these spasms in my lower back that were just, I mean paralyzing. And so, but I was still traveling. So I'm on muscle relaxers. I'm on blood thinner. I'm on all these kinds of things, man.

I'm a mess. And the spine team that the neurologist that had been working with me, I went to the ER for the last time. And I remember it was midnight. I had just gotten home. My wife had to take me in after I landed from Houston and I get on the scale. And I saw, this is raw man for me to be honest, but I saw three 97 on that scale and something just broke in me.

And and, It also broke that in a half, within a half an hour of me they said, look, we're admitting you and you're having surgery tomorrow afternoon.

[00:13:41] **Dr Mike T Nelson:** Oh, wow.

[00:13:43] **Dan Churchill:** And so it was just like, just over there. We're not screwing around with this anymore. The spine surgeon saw your MRI and we're just doing this.

So I had to clear my schedule from, November, December, no travel night, just gone. And so the two months in bed, I was thinking a lot about this. And I think I shared with you briefly. And I thought it was the fentanyl, but what was the drug you thought I had this vision.

What did you think it was?

[00:14:05] **Dr Mike T Nelson:** Oh, they might have given you ketamine too. Who knows? Ketamine. Yeah. Yeah. So

[00:14:09] **Dan Churchill:** maybe it was the ketamine, maybe it was the I don't know. And, but I came out of my spine surgery and I had this vision, I'm 48 right now, and I'm like, I want to be two 50 by 50. It literally I woke up from spine surgery and that was my thought.

I don't know what was going on, whether it was the drugs or what, but um, and then that just aligned. And then Julie my wife and I were talking and she recommended, again, your services. And so I think that was our first formal call. Our real call was in December. And then I, I. I took you on, I asked you to take me on as a client knowing I probably wasn't your main folk, like my type of needs, weren't your main focus, some of the clients you work on your, with your company.

And so you took me on January one to one and I'll just let everybody, right for right now, I've dropped as of last week, 60 pounds.

[00:15:02] **Dr Mike T Nelson:** Yeah. That's so awesome. That's so cool.

[00:15:05] **Dan Churchill:** And I just, man, I've just have been transformed by your work. And so let's get into some questions here for you.

Thanks. Thanks for giving me some time. Just wanted to get, some setup, some background context of my situation, because I'm not and if this is offensive, I don't mean it that way, but I'm not a gym rat. And you work with guys that are, men and women that are highly involved in the super technical, all these super things.

But essentially what you started with me is, I'm not your normal type of plan or am I perceiving that rightly? When you looked at my situation, when we had our intake call and you, you took me on what were your thoughts going through your head, about my situation?

[00:15:40] **Dr Mike T Nelson:** Yeah. So I'm one of those weird people where like, When I first started, I worked with almost all general population, worked as a trainer in the gym, that kind of stuff. And then over time, I don't want to say advanced, but just worked with more advanced people because for me, that was more high level problem solving.

So it was more interesting. Sure. Right. They have more things going on, more things to manage, that type of thing. But in terms of client selection now, the main thing I look at is one, well, three things. One, do I think I can actually help this person? Because if I can't help them, then if it's out, somebody comes to me and says, I want to be an Olympic weightlifting champion.

I'm not your person, right? So can I actually have the skill set to help them? Two, do I actually want to help them? Because there's some people you talk to on the phone and you do assessment and you do forms, you do the whole intake process. And I'm like, well, I definitely could help this person, but there's something personality wise.

It just doesn't mesh and it doesn't mean they're a bad person or anything like that. It's just to me, like one of my criteria is if I saw this person, I was in their city, would I want to go hang out with them at dinner? Would I actually really want to see them and hang out? If not, then at this point in my career, I'm like, eh, it's just not a fit.

Well, you go find somebody else. And then the third one is, what is the readiness to change? Are they at a point where they're like, yep, I'm ready to do this thing? And if they meet those three categories, then we're good. In some cases, it's more general population. Some cases, it's more advanced athletes.

So, right now, I think like 60 percent of my clients are female. It's normally like 70%. Most of them are trainers or advanced athletes, but not everyone, so that's the criteria I use.

[00:17:25] **Dan Churchill:** No, that's great. And then, one of our, I think maybe the second call, first one was intake.

And then second one was, for you to work with me, you'd like me to get on a couple apps. And I didn't, other than my iPhone, you, I'd never really tracked steps if you will. And so I got a Garmin watch, a nice watch and then, and chronometer, you sent me up with this.

I don't know. There's probably multiple brands that's the one I'm on. And for me, so essentially, I guess it just seems I'm going to combine two questions into one. The chronometer, like just learning what a portion size It just seems so I'm an, I worked for a think tank, right? I research, I read, I speak, I could take in information and I've always heard about servings that like, I'm not simple, but I never really thought about if you're going to have a hamburger.

If you're going to have, you obviously know you shouldn't drink a six pack of Mountain Dew. It just seems innate. Like you, you shouldn't pound a bag of Cheeto. Like you just shouldn't do that. Right. Or. The whole pizza. So I knew those basics, but learning the macros and micros, the chronometer helped me see serving size pro.

So you helped me with that. And then you also upped significantly in that my protein intake. Why do you think those tooth like understanding macro micros is so obtuse? It just doesn't seem, it seems both obvious and obtuse at the same time. And for me, it was a watershed moment learning what my food is and what it's doing to me.

So what do you think? Why is it that dichotomy?

[00:19:01] **Dr Mike T Nelson:** Yeah, it's a weird, it's a weird thing because on one level, do I think most people know the basics of what to do? I would say probably yes. At one level, are they good at executing them? Not really. But I think it's not an intentional thing.

It's, food is a weird thing because you eat all the time. And if I ask people what they ate yesterday, like on recalls, they're okay to get in the ballpark, but not very detailed. The longer you go back and have to recall what you ate, the more

inaccurate it is. It's just something you do every day, and it becomes this sort of semi conscious thing.

And so one of the reasons I like Pronometer, which is similar to MyFitnessPal, but I like it quite a bit better, is we do just a simple seven day, log everything, you eat and drink. For some people that may be getting out of scale, taking pictures, whatever. And I do that, one, because I want to know where the person is at what do we need to do?

What do we need to change? We need to know their baseline. But I also don't give them any other instructions, because part of that is a massive awareness test. Because for a lot of people, like you were saying, It's the first time they actually had to weigh something out. And if you look at like nuts can be great, but a serving size of nuts is usually way less than what people think it is.

[00:20:21] **Dan Churchill:** Oh, geez. Yeah.

[00:20:22] **Dr Mike T Nelson:** I had a client the other day. Email me a new client and she's I just realized I've been eating seven servings of nuts thinking they were one Which sounds crazy, but it's super easy to do, right? Yeah and it's those things that you realize over time and all those things do compound and do add up and then The second part to that in terms of high protein Usually I'm just looking for like, where's the most amount of leverage, right?

So I call it coaching leverage, which is the new physiologic response to something times a client's ability to change. So does it physiologically move the needle to get them to their goal? And then two, what is their willingness to actually execute the thing? And ideally you want to find something that's higher in both of those.

And so we're protein, protein has a lot of benefits, muscle recovery, and it also helps with satiety. So if you just say two whole chicken breasts. The odds of you falling face first into a birthday cake go down significantly it still may happen Right, but we've probably reduced the risk of that quite a bit And it also has the benefit of telling somebody to do more of something So if I tell people like don't think of a pink elephant like oh shit I just thought of a pink elephant, but you said don't think of the pink elephant Like if I tell you don't eat oreos, you're like oh oreos.

I like oreos. They sound good right now Even though you cognitively know Not to do that, but it's your brain thinks very visually. So I try to use that to their

advantage where, okay, let's actually bump protein up so that they're actually looking for protein, different things, looking to add more protein.

And if they do that, it pushes a lot of other stuff out of the way. They don't have to live their life. Ooh, I can't eat this. I can't eat that and try to, white knuckle their way through a couple of years, which isn't really going to work so well.

[00:22:12] **Dan Churchill:** Well, what I love about and tell me if I'm wrong your general approach, I don't feel, I honestly have never felt I'm on a diet.

[00:22:20] **Dr Mike T Nelson:** Perfect.

[00:22:22] **Dan Churchill:** Seriously, not a single day. And that's what I want to get across. Like when I tell people I've almost become an evangelist for a new way of life, even though it's, but I'm like, I don't feel like I'm on a fad. You're just. Helping me see what good food is. And I still, I'm a what I realized, one of my issues is I never really, I didn't grow up around alcohol very much.

So alcohol wasn't, giving that wasn't a big deal. I probably drink one or two a year, and so that, that wasn't a thing. And I wasn't really a pop guy. I liked a cherry Coke here, but I, that just wasn't my thing, but teas, iced tea, fruit juices, and you look at the back of a Lipton, blackberry iced tea, and it's, what is it, 45 grams of sugar, 48 grams of sugar, yeah, and I just love, I love those, and fruit juices in the morning, you'll get a lot of juice and sugar And then I never grew up around, right?

I didn't grow up. My dad loved coffee, but I didn't. Coffee was gross to me growing up, so coffee was never a thing. But if the kids want to stop by Starbucks and my wife loves coffee, well, I'm not going to get a coffee. Then what do I get? I get a blended, a milkshake, essentially. And I never conceived of liquid calories.

That was something for me. I know. Let me go. You just pee it out. That was literally how basic I thought, you drink it and you pee it. It's nothing. And to see those sugar numbers and that kind of thing. So, so I, I don't feel like I'm on a diet. For me, it was a mindset.

And I heard you say that a couple of times. Do you find in a lot of your clients that ultimately, this almost seems like a psychological. Obviously, it's physiological, duh, but there's a lot of psychology built in here because I also found I'm a stress eater and food became like a, and you and I had several talks

and some of our one on one meetings, but I found it you're like, well, why are you eating?

Well, no matter, even if it's another steak or like, why do you want to eat? And and I've noticed that too. So have you found in multiple clients, not just clients like myself, but it, is it usually a heavily psychological?

[00:24:22] **Dr Mike T Nelson:** Yeah. If I could wave my magic wand and change anything about a client, it would actually be more on the psychology side.

And unfortunately I ran into this when I started coaching clients. Oh God, almost two decades ago now. I remember the first few clients I had. I remember looking at one guy in particular is eating like a sleeve of Oreos a day. And I'm like, Oh, this is coaching nutrition stuff. So easy. I'm like, all right, man, don't need a sleeve of Oreos every day.

Does that make sense? He's Oh yeah. Okay. I got it. Yeah. I definitely shouldn't be doing that. As you can imagine, fast forward for six weeks, I'm berating him about his Oreo intake and he feels bad and he is eating more Oreos than ever before and had similar thing happened with another client, different foods.

And after the first few months, I was like, Oh my God. Like I. I should have been a psychologist, not an exercise physiologist. What am I doing? I picked the wrong degree path here, and then I realized, so I went back and started taking classes on neurobiology. I'm like, okay, well, how does the brain work from a neurology perspective?

Like, how does it make decisions? How does it store stuff? What about memories? What about, habits and everything else? And the biggest thing I realized is you have to do some form of education to provide first awareness and then give the person some constraints, but still allow them to have a semi flexible approach.

So for example, if you eat more protein, odds are you're probably gonna eat less things. If you start tracking things, now you become aware that, oh wow, this iced tea has 50 grams of carbohydrates that I didn't even know were there. Now I get to make an adult decision of Is that something I really want to have or not?

And again, there's no right or wrong per se, but each decision you make is either going to get you closer to your goal or farther away. And at the end of the day,

it's what I found is best is for me to figure out how do I self empower clients to do that decision making process on their own, right?

Instead of giving them, here's the naughty versus nice list of foods, never eat these things, only eat these things, right? So it's beneficial to eat, certain things more, but rarely do I ever tell someone, oh, never eat this or never eat that, right? Because in reality is if you're doing a good based program, you're doing some exercise, you're doing some movement.

You can have other things once in a while, and it's not going to be the end of the world. Like you, probably can't have the whatever. Crazy drink from Starbucks like every day for the rest of your life and still fit it in. That's probably not gonna happen. So yeah, it's definitely more on the psychology side.

And then the trick is, if there is any trick, is trying to, as a coach, I think about moving more into the background and figuring out, okay, where do they get stuck? So for example, you said like a lot of people eat for emotional. So if you think about the body, you're generally going to do something to modify your state.

So your options there are going to be, there's three B's biomechanics, like some type of movement. I would say biopsych, so psychology, and then the third would be biochemistry. So people are going to pick one of those three areas to try to alter their state. And most people, the only one they ever learned that they use for most of their life is biochemically.

I'm gonna have this drink or I'm gonna eat this piece of cake or have chocolate or whatever it is In terms of altering their state and then the question is like you're asking. Well, why are you having this food again? There's no right or wrong The question then is there a better option to do if you're not hungry and you just want to feel better maybe there's another better option.

Maybe you can go for a walk. Maybe you can do a crossword puzzle Maybe you can call a friend right but it's just educating people on You The other options so that they still get the outcome, right? You're not you don't want to feel Horrible for the rest of the day But what are the other options that are in play and having them kind of self navigate their way through?

So have you enjoyed that? When you work with your one on one clients or so, you know in some of these scenarios Do you enjoy that more now or trying to help figure out maybe what are those some of those psychological? Roadblocks

Yeah, because the thing I realized I probably didn't realize this till about five years ago is that if I'm not One, feeling like I'm useful or solving some complex puzzle, I get bored and then that's not good.

So with clients, the part that's always good is that I always have new challenges that I probably wouldn't subject myself to otherwise. Right. So from a marketing standpoint, many marketers have said, well, why the hell do you still even work with clients? You have certifications, you have all this other stuff.

Like you don't need to work with clients still, but I don't ever want to be one of those people that's just giving out advice without any real world experience. And then also, I know I will run up into things that I've never ran into before. And I have a pretty big reason to get it figured out because one, their results depend on it and they're paying me a lot of money, right?

And so that also forces me to continuously solve problems that I never even would have thought about otherwise. And that to me is the interesting part. Because on paper, it looks simple, right? Hey, just control your calories. Do some more movement. Hey good. You're good but the reality is there's lots of intricacies what the person likes.

What are their habits, macros micro Every person is a uniquely different journey to figure out what's going to work best for them Long term so that yes, they can reach their goal. But more importantly once they reach their goal they can sustain Where they're at because you can you know what I call the cnc diet of Cigarettes and cocaine and lose a whole bunch of weight But not recommended not the best for your health long term success of that is basically almost, Zill so people can knuckle their way through lose a bunch of weight But they haven't learned anything in the process and they haven't set themselves up to be successful and to sustain that weight loss.

[00:30:32] **Dan Churchill:** Well, I don't want to be, I totally get you there, but I think what, I think we started off, I should have looked this morning. But I think you started me off cause then you had me do chronometer and then what's the the The

[00:30:42] **Dr Mike T Nelson:** I use true cards for training. Yeah.

[00:30:43] **Dan Churchill:** True. Good. So you set me up there too.

And so we I think it's four days of walking and two to three that we alternate, but generally isometric, I'm a big guy. What do you call me? A big mammal.

Yeah. Large mammal. I love that. And Because you're not wrong, and I, some of that had, I just had to come to grips with and when you said that, and then you set me up, I think we started with 6, 000 steps.

It was where we started a day. And then some push ups, some squats those hip extension, working on hip movement and lubricating those hips, so they move and your RPR starting some of those basic therapy is there to get me, my muscles activated. I love that. And, but again, for me, To it was progress for me to see on the app.

I needed that and to see where I went from six thousand Then we upped it to seven and then 70 and i'm hitting these goals and up until last week. Yeah I had a minor setback with a foot, my i'm walking no good deed goes unpunished, right? I'm walking so much. I got like a callus on a callus and cut it off.

And but I was hitting almost 14 000 steps a day You Yeah. And this is in seven months. And now I'm back to, I'm hitting up to 10 now post I've healed the foot healed really nice. And it took about six days. And now I'm getting back up to that 12, hitting 12 every day. And so between that, and those weight exercises and food, so that when I tell you that I'm walking.

I'm walking like this seems so like I'm not running a marathon I'm not in the gym seven, and for me this like literally I had it made me reboot like I've several times I've thought about it looks like literally it's just me getting out of my chair and walking And it's good brisk.

Like I've learned my paces, my neighborhood. I know where my thousand step, 2000 step 3000 step routes are, and especially this last week with my, we have a an Australian shepherd and this last week when I was down, she's just staring at me. Let's go like she's like ready, she's been such my partner in, in walking.

But it actually is energizing, Mike. That I've, and it's, that's where I said it's both simple. And I know maybe you said, you didn't want to get bored, but I think there's more people out there that need to hear, like you work with really technical people. And I know I've seen, I've followed your work, for the, especially in the last seven months, listen to your podcast just out of interest.

Right. You have, what I love about you too, is your network. Like when you wanted me to do blood work. You have a blood work guy. When we talk about breathing and maybe CPAP and some of that stuff, you have a, a breathing guy and I just love your network. That seems so powerful in your work.

But I'm pretty mainstream. I'm pretty vanilla. Like I was a fat guy who needed to eat less or better, probably a little bit of both and move. And I think there's more people out there and maybe we are vanilla, maybe we are boring. But I, am I, do you think, is so 60 pounds down in seven and a half months, I've been actively doing this.

Is that nor could most people, I don't want to, I hate the lifestyle influencer. I don't want to be an influencer, but it's real. I do want to, it's fun to share my story. And to share how you have helped me in the three or four things specifically, but if I don't want to speak in generalities, maybe I know everybody's different, but it, these seem like pretty general principles move more.

It, do you think most people could benefit from this kind of?

[00:34:21] **Dr Mike T Nelson:** Yeah, I would answer that on two levels. So would most people benefit from it? Yes, because at the end of the day, physics and thermodynamics still works, right? No one has ever been an exception to that. The caveat is, are most people at a point and willing to put in the work like you did to actually execute it?

Yeah. And is the thing that they're doing the best thing that they could do, right? So, for example, if we told you, well, you got to go run five miles every day. You'd be like, this is stupid. I'm going to destroy myself. Right. But a lot of people, when they start, they think they over index on exercise intensity, especially if they're at a place where they haven't exercised formally for a long time.

They have a fair amount of weight to lose. They may have some biomechanical issues, right? So, if they can walk and they don't have pain, great. So a lot of it on my end is figuring out what are the things that one that they can do and two can they sustain doing those things and walking is a great one protein is great isometric exercise.

For some people I use the rower a lot or even a bike because they're unloaded during that movement. It's mostly concentric movement, but they can get some pretty good power output. There's different ways you can modify it. And after you've worked with people long enough, you can get a pretty good idea of, okay, this direction is going to work because at the end of the day, yeah, calories in calories out and still matters.

The tricky part is how are you going to do that? And then the calories in also affect the calories out affect the calories in. And humans don't live in this nice, perfect closed ecosystem, right? They're living in an open environment with, food cues and family responsibility and jobs and all of these other things.

So it's figuring out what is the best path for that person. And the last part is it seems counterintuitive, but the easier and simpler it is, if it's working, that's actually better, right? There is a, almost a human need to over complicate things. And when I first started coaching, I know one, I way over complicated stuff.

And two, my, my innate fear was, Oh my God, if I don't give this person like something really complicated, they're going to think I'm an idiot and I don't know what I'm doing. And they're going to fire me. And what I realized was, I'm actually making their life harder unnecessarily. That it was my own neuroses that was actually getting in the way.

[00:36:58] **Dan Churchill:** Is that kind of like an Occam's razor of, yeah, exactly. Yeah. Well, I just, I think there's more, I know you work with a lot of trainers and things and I, we might, I don't know, I just see there, there seems to be culture. I get stuck on the cultural and psychological. I come from the social sciences, a lot of philosophy, economics and theology.

In fact some people attribute it to Augustine, the church father from the fourth century, but it's actually Diogenes, the Greek cynic. But he he has a famous Latin saying that translated, it's solved by walking. Yeah, Salvatore Abulando, this idea and I think Augustin quotes Diogenes, but it, this idea, you follow and you read literature and there's all these quotes.

You and I could talk for an hour about just walking. Yeah. And it's, and now all the tech bros, let's do the walking meeting, it's like a thing like, like the fleece vest, that's like the new cool thing, but it's been something for, millennia. What do you and do you have a you and I've talked briefly.

Do you have a book on walking coming? Is that a what? What are your what? What's your interest in that topic? Just walking.

[00:38:08] **Dr Mike T Nelson:** It's one of those things that when I started, I knew was important, but I don't think I ever really understood. So like way back in the day before, even watches were pretty accurate.

I was one of those people. Yeah. Nut jobs. It was buying pedometers and sticking them on clients and telling them to walk, move, move. But the pedometers would always fall off or they go through the machine or they go through the washer. It was just a pain in the ass and at some point I just gave up and went. It's probably not all that important. And then when the more nicer smart watches first came out I had a watch and it was called Basis, which is one of the first ones that would try to measure heart rate and step count and all this stuff I remember sticking a little sticky note over it. I was doing my phd at the time and I thought I'll just see how many steps I get per day and granted I was working online doing my phd. So when I was outside of the lab if I was at home I think I don't even think I got 1500 steps by the end of the day. I don't even know if I crossed a thousand. It was freaking miserable.

And if you would have asked me like how many steps per day I probably would have said, Oh, easy 5,000, and the reality no. And so over time I've realized that just from a caloric standpoint, like people do burn a fair amount of calories walking because it's something they can do every day.

If you mentioned cognitively, like I've lost count now of how many clients I've told them. Just increase your step count and miraculously like the brain works better, shock. Yeah, like that's you know, that's gone back for I've noticed talking about like my energy.

[00:39:38] **Dan Churchill:** juices. Yeah. Yeah.

[00:39:40] **Dr Mike T Nelson:** Yeah when you get stuck just go for a walk, right?

And then we do have a book coming out on it with my friends dean and jeb. And so we went through the whole history of. From a body composition standpoint, we touch a little bit on the cognitive part that you look at, for example, Amish society, and this has been well documented. Their nutrition is high calorie meat pies, desserts.

There isn't a lot of, Ooh, let's do keto or, whatever the diet phase is. It's pretty old school, high caloric foods, but they move a ton because they don't use anything really mechanized. So their amount of movement they get per day is astronomically high. You can look at I think it was a British postal worker study.

There's some other studies from, I think, factory workers in India, and there's Herman Ponser's work looking at different African tribes without technology,

how much do they walk, and pretty much all the way across the board, you find that the more they move, the better their body composition is, the reduction of disease, cognitive function is better, and so we're trying to make this argument that yes, calories in, calories out does matter, but over time, if you can get to what's called a higher flux rate, You can run more calories in and burn more calories out.

It's just going to be a lot easier to exist in a free living society. That's really pushing calories. Like in theory, if you're a smaller individual, like you may be able to do okay and lose weight on, let's say 1200 calories per day, but that's going to be very hard to execute compared to someone who maybe is weight neutral at 2, 800 calories per day.

Right. So our argument is that these higher flux weights rates moving that up with doing especially more light intensity exercise like walking. Not only are you going to get a better result. It's going to be much easier once you have those habits built in order to maintain that long term Especially in the face of kind of a modern society

[00:41:40] **Dan Churchill:** And I think you're onto something like the habits like this last week when I was down a little bit with that foot thing I got antsy.

Yeah, it feels weird It does it's like I should be moved like I want to be doing something like that But it so here's the thing One of my specialties, what I teach and speak on a lot is technology and the future of work and so AI and all that, you know, all the inner engagements there with work vocation.

But I've started to think a lot about architecture. I've started to think a lot about with my walking. Our desks and one of my physical therapists, I think first said this to me, but something along the lines of our modern way of working is killing us was how he said it, but it like sitting. I think he was referring to sitting and text neck.

We're always hunched over these kinds of things. Is that is that too dramatic? Is our office culture killing us? Is that, but I'm beginning to lean that way in general, in thinking, and what, what's your reaction to that kind of phrase?

[00:42:43] **Dr Mike T Nelson:** I would say yes, but the caveat is as it's currently done, right?

Meaning most people are not doing anything to offset that. And so I think about the process of being able to reciprocate. Can you're probably never going to get

around the fact that you have to do in modern society, some type of computer work for most jobs there might be ways you can modify it, standing desk, moving desk, walking meetings.

There's ways you can definitely change it and make it better. But the more you do of stationary not moving, you probably need to reciprocate or offset that with more moving. And this doesn't mean you have to go run marathons, this means like maybe you just walk farther to the bathroom, park your car farther away, take a walking break for lunch, walk in the morning, walk in the evening, do more exercise, do more cardio.

I think the more you're sedentary and in a single position, you have to offset it more. So the other thing I do with programming for clients, especially if they're up to doing more exercise. Even if they're exercising say four days a week, which is on the higher side Almost in most clients almost every one of those days.

They're doing some type of shoulder extension They're literally taking their hand and their arm and they're getting it behind their body So some type of rowing some type of pulling because everything they're doing is their arms are statically in front of their body So we're trying to offset that by moving their upper body behind their body They're probably doing some version of that lower body Trying to get their leg back behind themselves again because their leg is, stuck in front of themselves when they're, standing or sitting all the time during the day.

They're probably going to do more walking. They might be doing more formal cardiovascular training. So we're doing all these things in the background to try to offset their movement patterns because the reality is changing the current cultural environment is something that would be beneficial and something we should definitely look at, something we should definitely do.

On an individual basis, most people don't have a ton of leverage to do that. They can do smaller things, they can get up, they can get a standing desk, they can do squats, they can drink more water, so they walk farther to go to the bathroom. But I think it's up to an individual right now to program in the things to offset it, which does take more work.

However, as you've also noticed too, when people start to feel better and they actually realize the benefits of doing it is still effort, a violent consistency, but it, You have more of a reward. I think when you start, the assumption is, Oh my God, 12, 000 steps a day. That's insane. I'm never going to be able to do that.

But then you slowly get to that point over several months, you feel better. It becomes more of your habit. It becomes more of your lifestyle. And like you said, when you have a downturn, You actually miss it. So now you have that positive reinforcement to get back to that level. And yes, it takes effort, but it doesn't feel like as much of a Herculean effort as if you were to start and go from 2000 to 12, 000 overnight.

[00:45:46] **Dan Churchill:** Yeah, that's true. And I'm back to your habits, this idea of habit and the want to the drive to do this is what I what's really changed. It's changing the way I think about my work, my family. I have four kids. I run an active house, it's just, I have a busy lifestyle, but Like you said, parking your car, like habits, like simple things.

We go to Costco every Sunday after church. We do church and then we go to Costco. It's on the same side of town. But I park instead of, circling the lot to find that closest. I park in the very back corner. I can gain like 300 steps just in, in doing that kind of thing. Right. And walking the cart back to the cart corral, I'm adding and everywhere I'm going, like airports, you and I, we're airport hounds and we And I got 20 minutes, if I get to my, I'm one of those guys who gets to the airport just in the right amount of time I hate sitting in there but when I get there, as of now, right, I'm a Delta guy, love Delta, but it, the delays have been, I don't know, the last year or two has just been wonky.

And so if I get to a, I was just in Minneapolis, catching a connection last week and all of a sudden, oh, we're changing gates. And in the past, that would have killed oh man I just want to get, I'm like, oh sweet, I can get like another 800 steps in. And instead of taking, the tram, I'm walking.

And so I'm like, I can do it still. I can make it in plenty of time. And it's, for me, it's just the mindset of, or airplane, like traveling, like food, how to order food when you're out. I think for me it was a big change to what I can order. Most restaurants will modify stuff for you. Oh yeah.

[00:47:24] **Dr Mike T Nelson:** Especially nicer.

[00:47:26] **Dan Churchill:** Right. And you just don't think that, I can just get a chicken breast and steam broccoli or a steak and steam, or, I just had to think about of those pro especially on the protein side, what am I getting for protein? What and again, you mentioned protein and it makes you feel more full, but isn't it?

What was your ratio again? I forget. Is there a ratio of depending on what you weigh, how many ounces or grams or whatever you should get versus it's actually good. Like the protein is good for you too. It's not just makes you more full. It's full of, maybe explain, for my people, your people will know, your audience are going to know these.

These are super basic. I'm going to send this out to a lot of my network too. Micros and macros, is what I'm getting at. What's the difference or why is it important to know the distinction there?

[00:48:14] **Dr Mike T Nelson:** With protein, the amount, if you look at the formal studies that have been done, around 0.

7 grams per pound of body weight. Now, if you're an extremely large mammal, yeah, you could probably go lower than that. You don't necessarily have to hit that number. But if we look at an average number based on the research 0. 7 grams per pound of body weight. So if someone is 200 pounds, that's about 140 grams of protein per day.

If people don't like math, I do have what I call the simple 4 by 40 approach. Like four meals hit about 40 grams of protein in each meal, and you're for 98 percent of the people listening, you're gonna be fine. If anything, for smaller individuals, that might be a little bit high. So you could drop to four meals at 30 grams.

The reason for that, the higher amount at once has to do with the process called the losing threshold. So for your body to take protein, it strips them down into the building blocks, which are amino acids. And then for muscle recovery, or trying to keep As much lean body mass as you can, we need a sufficient amount of a protein or amino acid called leucine, and then you need these essential amino acids also.

So think of it like if you're gonna have an assembly plant and you're gonna start building some stuff. You're gonna need energy to run the assembly plant. You're gonna need to turn on the assembly plant. And you're going to need the raw materials to make whatever it is you're making from the assembly plant.

So for adding more muscle, we're just trying to keep as much lean body mass as you can. You need some form of energy, which most people have covered pretty easily. And then you need to turn on the machine, which is going to be this amount of losing. And then you're going to need these essential amino acids as the raw building materials.

It turns out if you hit 40 grams of protein even if you're using like a vegan protein like a rice protein or a milk protein or steak or chicken or fish or All, almost all different types of proteins, you will fulfill those two requirements. So, from a standpoint of just making it easy that makes it pretty easy.

And then you're also correct that there are other micronutrients that people don't think of. So, for example, in red meat, you have more something called creatine, which you can take as a supplement. Creatine helps with recovery of ATP or generation of energy faster. It may have some cognitive benefits.

It may help people cognitively do better when they have very low levels of sleep. Now granted, you may have to take a supplement to get to those levels of creatine. But that's one compound. You have iron? No. Can I stop you there real quick? Yeah. On

[00:50:53] **Dan Churchill:** cre, on creatine. I remember growing up, I, the thero rage, in the nineties there were all kinds of tropes, and creatine doesn't that shrivel your man parts or, all these, there were all these memes about like creatine and steroids and then it's all evil.

And when I hear, when I originally heard from you creatine, that was my cultural I was like, wait, what? You want me to take what ? And that's just been proven wrong. Is that right? Or what's the cultural thing there?

[00:51:21] **Dr Mike T Nelson:** Yeah. So creatine at first was discovered many decades ago, but no one really heard about it till around the nineties.

Some researchers, one of the main ones, Dr. Roger Harris had this idea of Well, we know this compound is useful in creation of energy. Could we give this as a supplement? And would that help with more energy creation? Right. So for lifting people at a heavy load, could you get a few more reps? And it turns out you could.

The downside is initially it was very expensive. Like a buddy of mine did research early on and creatine. And I think. Was a pound of creatine was in the several thousands of dollars, right? It was just ungodly expensive. Well, now it's very inexpensive. But there was also some shady things of companies.

Maybe spiking it with other, anabolics or other things that shouldn't be in there. But at the end of the day, creatine isn't even a steroid. If you look at the molecule, it's not even in the same classification. If you want to use a classification technically by biochemistry, Cholesterol and vitamin D are

considered steroids although they're vastly different than, anabolic steroids and so now we've got, last time we looked at PubMed, I want to say 575 completed peer reviewed studies on creatine as a supplement.

There's more studies on creatine than like the ketchup in your refrigerator by an astronomical amount. So it's one of those things that we have a lot of really good data on. There's not much of a downside and we just keep finding more and more potential upsides. So, which is, I think in the future it will be common for even most physicians to recommend creatine to patients.

Probably almost everybody.

[00:53:08] **Dan Churchill:** Oh, interesting. Are you seeing doctor to be honest, you have been more helpful than almost all of my physicians. And I hate to say that I really do. I like my spine surgeon. I appreciate what they did. Obviously 'cause that, if I couldn't have gotten that spine surgery in October and it actually get me.

I couldn't have been moving like, Oh, totally. Right. So obviously, I want to, I guess do a caveat there real quick, but overall, all the positions I saw over the last two years, as they were trying to figure this stuff out, they'd say lose weight. But there was never any engagement.

And I just saw my doctor. I was telling you about my foot, this last week and he saw my scale and he's wait a second. And this was just my general practitioner. And he looked and I had all my blood work done just this last week. And he's holy cow. And he just stopped for a second.

And that was the first substantive talk. And all I did was talk about what you and I have been doing. And I'm, I was on eight medications at the highest that when I was at, and I'm only on one now and he reduced that one and he thinks in the next quarter I can get off, so I will be on no medications.

[00:54:21] **Dr Mike T Nelson:** Awesome.

And, but I just find it fascinating as you, you're talking about doctors prescribing. I've never, it seems like the patient or the client has to ask the doctor. And if they're uneducated, naive, to some degree, like I was, or am, no, who's going to know what to ask.

And I found that I just found that profoundly frustrating. And I, in fact, I told one of my cardiologists thought I had congestive heart failure and they put me

through all these tests and they all, fat guy on the on the treadmill, I had to do the full treadmill that was called, in the lab and do the deal and hit the button, so I didn't die.

And it all came back within range, which is still hard for me to be like, how can this possibly be true? But my cardiologist released me and I email, I was emailing her my charting with her, over the last month or two. And I shared with her my weight. story and I'm like, Hey, you know what?

Conditioning. It seemed to be a conditioning. I know I'm not having these hard. None of this is true. And there was just crickets and I know everybody's busy. Everybody's got time, but just nobody's saying anything about anything until this doctor, just this last week saw those numbers. And to be honest, that's been a frustrating thing for me.

And but both, Thanks, thankfulness for you and what you do because initially, like you said, I had to choose personally, I had to spend some money. I had to hire you. You recommended some apps. I got the watch. They're not super. There are cheaper. I got a nicer watch. Yeah, but then the food invent.

But I have not seen like it. The investment makes total sense to me. Now. I don't go out to eat, really. We go on Julie and I'll go on nice dates, we'll go to a nicer restaurant where I can get a steak and, there's good food, but the fast food stops are just gone running out to lunch at work, gone.

I plan my meals. I plan, and so I've recouped those monies or those efficiencies and I'm able to fund better food. Cause food, it does seem as, is it right? Your client, better food is a little more expensive. Is that, I've seen that, but then I'm not spending on crap.

[00:56:34] **Dr Mike T Nelson:** Yeah. Yeah. And

[00:56:36] **Dan Churchill:** I just, I don't know for you to say doctors will be prescribing creatine.

I'm personally skeptical of that just because of my experience, but I think they need to be. So anyways that's just my commentary.

[00:56:48] **Dr Mike T Nelson:** Yeah. And my sidebar on that is that it's. I know a lot of good friends who are physicians, and unfortunately, a lot of them have just left because Without going down too far of a rabbit hole the way the system is set up is More of an insurance based system.

And so what I do is obviously we're not trying to replace any of your physicians But i'm one of the rare people that looks at it from a systems point of view and like you said over the years i've been able to partner with someone's hey, you got hit in the head a bunch of times We'll do a few basic tests.

Okay, you need to go see this, clinical neurologist or functional neurologist or You know get a sleep test if your doc can't prescribe you one. We'll get a different one You I have a buddy who can look at it and be like, Oh yeah, make sure to ask your doc about this or blood work or breathing or all these other ancillary areas because physicians have very limited time.

And it's just human behavior that if you look at a bell curve, most people are going to be average, right? So that applies to all professions. And then you may have 10 minutes to see a person, that's not even enough time to even review all their blood work or say, or even ask them, what are they doing?

All right. So a lot of it is just, okay, we got some basic stuff. Cool. Okay. Now you probably want to ask about this or asking about this or ask about that. And that physicians generally are stuck dealing with just pathologies. They're just not trained in exercise, nutrition, and what it would take to do more of a preventative type thing.

And I get that most of their patients are not really interested in that either. Okay. I think just as a whole educational system, we've done a very poor job of providing them a skill set to do anything preventative. And I think in the future, that'll be more, trainers and coaches and people that are trying to do a more integrative approach, working in conjunction with the medical system.

That's probably the fastest way to get people better results. In the meantime,

[00:58:52] **Dan Churchill:** yeah, no, I just really see that they're the incentive. It doesn't seem it's To medicate. I guess oh, yeah, that's the main incentive.

[00:59:02] **Dr Mike T Nelson:** That's the economics of the whole system Unfortunately,

[00:59:05] **Dan Churchill:** yeah, it seems the more i'm into this big pharma, and I understand medications are good I've benefited obviously I needed eloquence like I said earlier and I did I but it's not an incentive Soon to get you on it, but then not to get off.

What is it, what can we do for the average bird to get off the medications if you can? And so, yeah, man, that's just been an area for me that's, uh, noodling around as a frustrating piece, as I've had to see a lot of doctors over the last two years, much less so man. And in the last, And I just wanted to thank you for the connections to some of those other doctors that you've had, or people that are experts in those fields.

And it's just really helped me understand and invest in what I'm doing. My kids see it, my wife sees it a guy at work, and another thing about office culture is going away parties. Or any kind of celebration. Everything's food, man. It's food, but it's terrible. It's always the best donut shop in the city, right?

And they're doing good, or it's all pizza, or it's all ice cream. They had an ice cream social here the other day, it was going, and it was all ice cream. But what I, what is really cool, there's a guy in my office, and he's really into this too. And he came up to me a month or so ago and he's man, I love seeing less of you every day.

And we can kid back and forth but HR has noticed that they're usually who sponsor these parties, right? And she'll, she's really great. She'll put out like, she'll get like a berry, she'll have blackberries, blueberries, strawberries, and she'll buy like for the three or four of us that she just knows we don't eat anymore of that stuff.

And so we've actually had to, been able to change microculture a little bit here at our own work just, and we're not advertising it. This is a little vulnerable for me. Because I haven't, other than people noticing, they're like, Hey, you're looking better. And oh, thanks.

And I really don't, it's for guys, especially, who is it? The social psychologist, Brene Brown, it's hard for men to be vulnerable or empathy, especially around this. I was talking with another guy who I highly respect and he interact, I interact each week and he's man, I haven't wanted to say anything.

But he goes, you are looking good. You're looking better. I can notice this. And so it, it's just a few every now and then we just need to, I think. For dudes. And again, outside the gym rat, like Chad culture, where everybody's ripped, which I'm not. And I just, I, and I respect guys that do that for a lifestyle.

That's cool. That's great. But there's so many ways of having progress, little, baby steps, progress. And we just don't speak into each other's lives. A lot. And I know I'm getting into the social psychology side of things that, but it it's just

been great having a few people and you've been a sounding board and in the connections, it's just knowing that there are people out there willing to talk with you about these things and that want to see.

I I've just felt for, to be honest, for you and me, I felt that you honestly wanted my good. I'm not, I know you call me a client. I get it. But it's wow. You've, and you've, You interact with me over text and email, as the, as a one to one client. And I just, I really appreciate what you've done for, and I just wanted you to hear it in the last seven and a half months working with me through these different steps, man.

And I I've just really appreciated your work.

[01:02:21] **Dr Mike T Nelson:** Yeah, thank you. It's one of those things I realized over, over time working with clients more that. A huge portion of it is just being someone who's supportive and is going to help you figure this shit out, which I mean, sounds so basic and even just accountability too, because at first, if you're not accountable to anyone else, it's easier to slip, but then over time, then it becomes easier and easier.

And I think of it as it's for my taxes. I hire a CPA, I ask him basic questions. I don't need him to read the tax code to me. But I, I want to feel confident that, okay, if something comes up, we can figure it out. Or you talk to your attorney, or your physician, or whatever. But it, with movement and food, it's this weird thing, because again, it's a semi conscious thing.

And I think a lot of people think that they should know what to do, and they just need to try harder. And I'm rarely did try harder ever solve anything. You probably just need a better approach and it's okay to hire someone to help you. We hire people to help us with all sorts of other stuff.

It's no different.

[01:03:28] **Dan Churchill:** Yeah. Well, Mike I I have a dozen other things to ask you and talk. I think you're so, knowledgeable in this field, but I just thank you for the opportunity to flip the script, letting me a newbie to this world, but somebody who's seen profound success and just really motivated to keep going.

And I appreciate you letting me do this today.

[01:03:48] **Dr Mike T Nelson:** Yeah. And thank you so much for being such an awesome client and, doing all the work because it's as you realize that's the

violin consistency kind of day in and day out. And it does take effort and it does take a different mindset and a willingness to do it.

So that's been awesome to see along the way too, which is great.

[01:04:06] **Dan Churchill:** Alrighty. Well, thanks, Mike. And it's good to chat with you and let's let's obviously stay in touch.

[01:04:10] **Dr Mike T Nelson:** Yeah, sounds good. Thank you so much.

[01:04:13] **Dr Mike T Nelson:** Big thanks to Dan for all the wonderful questions. Huge shout out to him for just crushing it on the program, which is so awesome to see.

It's been an amazing journey he's had so far and he's still going, which is great to see. So big thanks to him for the idea of doing this podcast. I thought it was really fun. If you're interested in more stuff from me, check out my newsletter, go to link below. You'll be able to hop onto the newsletter for free.

Right now it's about where 90 percent of my content goes out. Like I said, it's free. It goes right into your inbox and you'll get content that most of the time is not distributed anywhere else. And I try to make them very informative and also entertaining. So if you're looking to add some muscle, increase your metabolism, improve your body composition, but you don't want to destroy your health in the process, the newsletter is definitely the best place to go.

And if for some odd reason you If you don't like it, you can just unsubscribe, and I'll never email you again. So, go to mikejanelson.com, you'll see a tab at the top for newsletter, and we'll put a link down below here in the podcast also. If you're looking for ketones check out my friends at Tekton.

Go to the link down below, you'll be able to save 20 percent off with the code DRMIKE. Right now I'm primarily using them for longer periods of fasting or days I'm just a little bit slow and just a little cognitively off, but I don't really want to consume any more caffeine or it's even later in the day.

Today's one of those days as I got to see Metallica and Pantera. This past weekend and getting ready as of this recording to go see Metallica for night two again So I definitely had some ketones today a little short on sleep last night, but it's all good. I'll check them out below And use the code dr.

Mike to save 20 Thank you so much for listening to the podcast. Again, big thanks to Dan for the flipped style here. Really appreciate all the wonderful questions, all the hard work he's been doing on the program. If you have any questions for me, you can hit me up via the newsletters. Probably the best thing, just hit reply to any of the newsletters that come out your way and thank you so much.

If you find someone who may benefit from this podcast, feel free to forward this over to them. Shared on the old social media. You can tag me and that way I can say, thank you so much. Appreciate it. And we'll talk to all of you next week.

Personally, I don't care for puppets much. I don't find them believable. I don't believe you!

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