

Michael:

All right. It says we're live. Steve, are you there? Okay. Hey everyone, can you hear or see myself and or Steve on the webinar right now? And let us know what you see or hear.

Steven Wright:

Yeah.

Michael:

Is it back? You're there.

Steven Wright:

I'm talking now.

Michael:

You're talking.

Steven Wright:

This is Steven.

Michael:

Hi, Steven. We apologize. This is ridiculous. I'm going to turn my camera off a little. I can hear you but not see anything. Hear yes, see no. Yes. Maybe we just do an audio webinar. I don't really have...

Steven Wright:

I mean I can turn mine off.

Michael:

... the patience. All right, split screen with both. Great job, Michael, hear you fine, don't see you, can hear, no see, looking good, see if they can see us but our cameras are off, that's amazing. Hear yes, hear yes. Okay. So well this is a lesson in improvisation. Steve, would you like to have a chat about these things?

Steven Wright:

Yeah, I guess we'll do-

Michael:

I just-

Steven Wright:

You want to do cameras off?

Michael:

My camera is off and everything is working right now. Click on the screen, I can't see, please send some sunshine, let me see. Everybody seems to be hearing just fine, but it's when we turn our cameras on that everything gets weird. Says, "Can hear and see you," but my camera is off. That's amazing. All right. This is unprecedented in my 100 plus webinar hosting, so I'm not really sure what exactly to do right now, but I want to talk about these things. So if that's the way we have to do it, that's the way I'm going to do it.

Steven Wright:

Okay.

Michael:

Can hear you, not see you. Everybody can hear, so let's roll with that. We can push buttons in a little bit and see if it works better, but I want to get talking. Is that all right with you?

Steven Wright:

Yeah man, let's do it.

Michael:

All right. We're sorry everyone, technology sometimes just trounces us and there's nothing we can do about it. Just I don't know what to do but laugh. So if everybody can hear us, they see Steve but can only hear both. I see a picture of Steve. I'll roll with Steve's picture and pretend like it's actually Steve. So hi Steve. How are you today on this Thursday?

Steven Wright:

Hey Michael, I'm just filled with improvisations now.

Michael:

Yeah, let's do it. Awesome. Well this is really exciting, so I want to just roll into it. Guys, we've not had Steve on a webinar before with Rebel Health Tribe, so I would like to give a little bit of an introduction. I've known him a long time. Some of you guys probably do too because I think a lot of our audience definitely came from or crossover with SCD Lifestyle, and that's kind of how you got started in the functional health nutrition world, correct?

Steven Wright:

Yeah, yeah. So we started SCD Lifestyle, which is now healthygut.com back in 2009.

Michael:

Oh, wow. That was like the beginning beginning.

Steven Wright:

Yeah. Yeah. A little OG.

Michael:

Yeah, that's very OG. You are also trained by Dr. Kalish, correct?

Steven Wright:

Yeah, yeah. So I was basically just really sick. I was having panic attacks, depression, I was like 60 pounds overweight, tons of really stabbing pain gas and alternating IBS, and that's when I was a consultant for KPMG and kind of traveling, doing the cool life in Chicago, and no one could basically explain my symptoms, and everybody I went to said, "Hey, this is genetic lineage stuff."

And so we basically started SCD when we figured out that diet was powerful and that it could remove IBS symptoms really quickly. And we were just angry, because at that time there wasn't anything on the internet regarding this kind of stuff around gut health and IBS and nutrition. And then over the years, it's just become a constant curiosity. Like, "What else? Why do I have to not eat dairy? Or why is wheat such a big deal?"

And so I just go to random trainings, kind of like you do, Michael, and I went through the Kalish Institute back in 2013, I think, and then saw clients for 18 months. And then since then I don't see people one on one, but continue to explore and do that kind of thing.

Michael:

Yeah. Your website was the first place I learned about a lot of that stuff back then too, which I think I told you the first time I met you guys at that mastermind, it was like meeting the people who started the internet. Well it's because I was working with clients in nutrition work and a lot of them had gut issues, and I dove into the internet to try to find what was out there, and your guys' website is what I found. And I found Dr. Kalish, and I've interviewed him a couple times. Super nice guy. He was one of the pioneers too out there, the first ones training people.

So you went through SCD and then you guys started training practitioners in building practice and expanding their reach and their audience. I know Joe and I did some work with you guys to help us grow Rebel Health Tribe, which has happened, and thank you for that. And then when we talked last year, I don't want to speak for you, but our audience knows, I'm seeing the chat not going now. I want to make sure. If you guys can still hear us, throw some stuff in the chat. We just want to make sure everybody can still hear us. Let's see, I see you typing.

Steven Wright:

That's good.

Michael:

Let me see. I'm going to keep going as if the audio is still going, and it's all good. All right. We'll roll with that. Yes, Ken is still here. Thank you everyone, and thanks for your patience. We've actually had no drop off, considering what just happened, and that's because you guys are all awesome. So thank you.

And I don't want to speak for you, Steve. I don't know a ton about specifics of things or how much you want to talk about, but they know that I went through some pretty difficult stuff a year, two years ago, and we learn out of necessity a lot of times, unfortunately. The fire gets lit under your ass so you start looking at new things that can help when the things that you were doing don't.

And mine has kind of led me down more the emotional, mental, spiritual, energetic kind of path. And when I checked in with you, you had been doing a lot of that as well, plus you said, "I created this really cool, unique thing on accident because I was researching so many new types of medical treatments and breakthrough technologies, things like that." Can you just share your version of what that little journey, what happened and how you ended up doing what you're doing now?

Steven Wright:

Yeah, so I want to get to some meat for the people who are really hanging with us.

Michael:

Yeah. We're going to.

Steven Wright:

The short version that will come through me now is I reached a pinnacle of what functional and integrative medical people had to offer back four years ago. Every health personality you can think about except for like Mark Hyman was on my care team. I had done every test, I had tried everything, and my background is electrical engineering, and I've also been taking supplements back when the only place to order them was bodybuilding.com. So I had been experimenting with crazy things like creatine, which isn't even that-

Michael:

I was just going to say creatine.

Steven Wright:

Yeah, yeah. Back then, creatine was like really scary, and now it's like the number one researched supplement ever.

Michael:

Yeah.

Steven Wright:

But basically I had reached the pinnacle of when I looked around, everybody either wanted me to start training them on gut health, or everyone who everybody thought was cool and amazing and was healing so many people, I was paying them and they couldn't get me any further, and I was still having stabbing gut pain on and off, like a few times a month. I felt like general malaise. And we had built Healthy Gut or SCD Lifestyle, we had built that to a couple million dollars. Apparently I was really helping people, but I didn't feel like I was really helping people. And I had a successful business and a team that loved me, and I didn't feel anything. I felt empty, I felt lost, and I was still really mad that I would have these IBS flare ups and one could explain it, the science couldn't explain it, and that started me on an emotional spiritual journey of the last four years.

And we'll dive into that, but yeah, it turns out I had a lot of trauma that I didn't know about, and that's probably the origins of a lot of my issues. And I've been unwinding that. And meanwhile, while I've been sort of on this integration around my trauma, emotional, and spiritual healing, I kind of destroyed Healthy Gut, if you will. Like we destroyed SCD Lifestyle. I stopped posting, I stopped writing, I didn't know who I was, I felt very lost, and I felt like the science didn't have the answers, nutrition wasn't that powerful. Now I know it's all true, but partial. But I just felt like I wasn't sure I knew what I thought I knew just a couple years ago and who I was, and I wasn't sure that my programs really were helping people anymore. I was so confused.

And in that sort of dark times, things were happening. People in my family were getting depressed, people in my family were getting suicidal, getting diagnosed with weird autoimmune conditions, really, really dear friends got nasty concussions, nasty mold illnesses, and cancer. And I was sort of drawn back

out of while I was on my own learning, people that I love were really struggling with these odd conditions. And when I looked at the advice they were receiving, it was really inadequate. So I would just go off on these research rabbit holes for like three days and produce a treatment plan that's just based on what I know about the gut and systems theory around health, and now this new understanding of trauma and emotional healing. And lo and behold, it just kept leading me down weirder and weirder rabbit holes.

One day like a year ago, so I basically realized that I had massive treatment plans for all these really intent conditions like heart disease and stroke and all these things that were just wasting away. And people would say like, "Hey, you helped so and so with that concussion. What did you do?" And then I would hop on the phone and tell them what I did and send them the email and stuff and I was like, "Why don't I start to own this and talk about this?" And that's how we got here.

Michael:

Yeah, it's really unique, man. The first time you kind of mentioned it to me when we talked on the phone, I think it was in the fall, I didn't really even, I did but I didn't, I didn't know what you were talking about. And then when you sent it to me to check it out, we're going through something similar here. I can relate to just about everything that you just went through, and desperately looking for new things and researching and going down rabbit holes and then helping one person and then 12 people message you like, "Hey, you helped this person."

So when I looked through your library there, there were a bunch of things that I kind of knew about, like sort of a little bit. I'd heard through the grapevine or I'd found a little research. A couple of them I'd tried myself. So I thought it was perfect. It's something that's desperately needed. People could spend hundreds of hours on the internet going down rabbit holes and finding these things eventually, because everyone had hundreds of hours of free time, lots of free time these days. Or what you put together is really valuable. So I was hoping we could kind of jump into a few of these things. There were some that really caught my eye that I either have experience with myself or am investigating for my wife, who's battling some really stubborn, complex autoimmune, strange mold, who knows issues that we're still working on. So I don't know, you want to just jump into a few of these and talk about a few things that a lot of people on this webinar have probably not heard of before?

Steven Wright:

Yeah, yeah, definitely. I think it's important to say though, look, the way I wrote the Maverick Healing Library and the Confidential Journal is really, I tried to, and what I'm going to try to do right now, and Michael, you can help guide this-

Michael:

Sure.

Steven Wright:

Is be super frank and be like, "Look, a lot of this stuff, I try to pull as much research and data and lay out the professionals and cons." Some of it is not necessarily legal in the United States at the moment, some of it's in some sort of gray, illegal zone. So you just have to know that what I'm committed to is using the least risky, most powerful tools to get someone better. And it just so happens that my path has led me into these weird countries around the world and experimenting on myself. So I'm going to do my best to share from my personal experience and what the research says, but also know that at the end of

the way, what I've found is like you just have to try some things if you're at that point where nutrition and regular supplements aren't cutting it.

Michael:

Yeah, and it's Rebel Health Tribe and Maverick Healing, so I think we've got the bases covered and I think we've got the audience of people who aren't going to be scared away by your disclaimer. Also, we're not doctors. I'm just going to throw that out there right away too. This is not medical advice for you specifically to everyone who's listening here. This is what Steve has researched and found. A lot of this stuff actually has way more research behind it, when I started looking through your journal, than I expected it to. And so these are legit, researched, evidence based therapies and treatments, modalities and things that just maybe haven't quite made it to the doctor's office yet. And I'd like to just preface it like that, and I'm down to learn. So what do you want to throw at us?

Steven Wright:

What was the most interesting one you wanted to ask me about?

Michael:

I think because I have some personal experience with it myself and I know we just talked about trauma and I have some other friends who have been through this, is the MDMA situation.

Steven Wright:

Yeah. Yeah, so the first big breakthrough for me was in my trauma healing, and I had been doing therapy and coaching for many years, and business coaching and blah blah blah, and I did a one on one guided journey with a high dose of MDMA. So in the MAPS protocol, so if you're not aware, MAPS is the nonprofit that is bringing MDMA therapy through phase three trials. They'll be complete probably by the end of this year. So you take MDMA and you get therapy along with it, that will be a legal prescription for PTSD probably next year.

Michael:

Do you want to just do a bit, what is MDMA?

Steven Wright:

Oh right, yeah. So MDMA, you might have heard of it as ecstasy or molly. Most people have heard of it from the DARE campaigns, like it's this quote unquote street drug or whatever. But the pure MDMA is a synthetic psychedelic, if you will. It's not considered a classic psychedelic. But basically what it does is when you take it, I believe or they believe, we all believe there's at least three modes of action. And one of the modes of action is that it causes a ridiculous serotonin dump, like 100, 200X, no one knows. But it floods your body with serotonin. And if you're not familiar, serotonin is sort of the love chemical, the feel good chemical. It also causes oxytocin release, which is typically like the bonding love chemical as well. It spikes BDNF and it interacts with someone called the NMDA receptor, which is involved in all kinds of gut related issues.

So you take this pill and it floods your body within like 30 minutes usually, with this crazy, warm, lovey, gooey feeling that no matter what you've ever experienced, even if you've gone on 10 day or 30 day meditation retreats like I have, it's not even close to that. You can only have the experience when you have the experience.

The other thing it does is it powers down your default mode network. Your default mode network is the network that allows you to talk and drive the car at the same time, it's the thing that's running your life when you're like, "Wait a second, did I just drive to the gym and I don't remember anything?" That's the default mode network. It's basically like your safety, your repetitive network that sort of runs your life. And when your default mode network is not flexible, it is believed that that's part of depression and or anxiety, PTSD, and addiction. You need to default mode network that can go to upper ranges of sympathetic drive and lower ranges of parasympathetic drive. If it gets stuck in one area or the other, every day you just wake up, your set point is what it's called, your set point of your nervous system could just be very anxious, or very depressed. This is really common in trauma. Well MDMA as well as all the rest of the psychedelics power down the default mode network.

Michael:

So you're rebooting your computer.

Steven Wright:

Exactly. Exactly. So all the science is focused on the serotonin stuff, but the idea that if your phone messes up, the first thing you do is power it on and power it off. We're an electrical being. What if all we need is a hard reset every once in a while, or a few times? So that's what's happening with MDMA and ketamine and psilocybin and all these other things.

Now the third thing that happens when you get both of these scenarios, so you're feeling really good, you have a lot of these amazing brain chemicals flooding your body, your default mode network is not on the fight or flight. It's totally mostly powered down, which is why you want to do this in a one on one setting on a very safe setting. Set and setting are so important. Not a great idea just to buy something on the street and take it.

Michael:

Yeah, don't do that.

Steven Wright:

Yeah. Get help, because you're in a very vulnerable state if you do this correctly. That's where you want to go. You want to be in a powered down, safe place, because then what happens, and it doesn't happen every time, and so even listening to this right now, I'm priming you that something could happen, but it might not. But usually if you take a strong enough dose, 150 milligrams to 250 milligrams, which is a lot, the MDMA trials with MAPS to 125 milligrams. So you need to do at least that much, usually.

But what will happen is experiences in your life will come into your awareness, and you might see them from a different perspective than you've ever seen them before, or you might notice things you had never known before when you replay those events. Typically it feels like you're watching your life from a third party perspective, but you're watching this event, usually it's a highly emotionally charged event or a traumatic event, from the third party perspective with like 1000... is between the default mode network reset and this reprocessing of emotion bathed in basically love, you're re encoding your memories, whatever comes up for you, in a totally different way that has your nervous system believe different things, potentially, when you are off of the experience.

And so this is one of the reasons why MAPS is showing two or three MDMA sessions, 67% reversal, or cure, whatever word you want to use, of PTSD. We're talking not just any PTSD, not just regular PTSD, treatment resistant, meaning they've done everything, they've already been in therapy for months on

end, they've already tried every drug we know of. These people couldn't have gotten to this step with MAPS and with the FDA unless they were the hardest cases that we know of. And it's gone, 12 months later follow up, 67% gone.

Michael:

They're doing a lot of this with veterans, right?

Steven Wright:

Correct. Yeah, a lot of veterans. Not all veterans though.

Michael:

Yeah, no. I have done an MDMA session myself, one on one, 230 milligrams, and the way I describe it to people is I kind of did about three years of therapy in a day. And the color, I don't mean literal color. Everything looked the same when I got done, but the lens from which I saw my life was different. And you talk about the default mode network. That doesn't just operate as you drive to the gym and don't remember how you got there. It's like your tendencies and habits and reoccurring thought patterns and beliefs. It's the whole ball. And it was just different. Everything was kind of different. And it helped me a lot, and it's something that I know people in MAPS, I know people that are involved in the trials, I know underground therapists doing this, so it's something I'm pretty passionate about that I'm going to be talking a lot more about publicly soon. So I was really happy to see it in here and to hear you talking about it. What you said there about a few months, I don't know the latest. It's probably early or mid 2020, or do you think 2021 that it will have FDA approval?

Steven Wright:

It should be fully approved by the end of 2020 here, but it could stretch into 2021. However, they just opened up a breakthrough drug therapy designation, meaning if you or someone you love has PTSD, you've tried some treatment options, you can apply for a waiver to do it now. Like right now.

Michael:

Wow.

Steven Wright:

So it's already spreading.

Michael:

They don't do that very often either.

Steven Wright:

No, no. You and I and many people in our industry like to really bash on some of the regulation entities we have in this country.

Michael:

No.

Steven Wright:

And they deserve a lot of it, they really do. But on this front around psychedelic therapy, they are leading the charge. They are fighting the DEA, the FDA is fighting the DEA.

Michael:

Yeah, I've been stunned man. I've honestly been stunned.

Steven Wright:

It's amazing.

Michael:

At how hard they're going at it, and psilocybin received the breakthrough designation as well.

Steven Wright:

It did.

Michael:

That's two. I think it was like two out of five drugs that have received it in the last however long, I don't know, it was a while, were MDMA and psilocybin, which is from mushrooms, for people who don't know. Like psychedelic mushrooms. And so yeah, I'd love to be a fly on the room where the FDA and the DEA are arm wrestling over this, but I'm glad the FDA is winning. And it's the first time I've said that out loud. That's probably the first time I've ever said that sentence.

Steven Wright:

Yeah. Yeah. And if you're wondering who is this an option for, my answer is everyone. Honestly you should feel called to it, you should feel intrigued me it, but other than that, like for me, like you said, it changed my life. I got rid of about 50% of that leftover, random, knife stabbing pain in that one eight hour journey. It's called visceral hypersensitivity, and in approximately 30%, but it could be as high as 50% of people with IBS have it. If you don't have it, again, you don't quite comprehend it.

What's really interesting is my business partner, Jordan, he has had celiac disease and IBS his whole life. He had no idea, really, what I was talking about until he got traveler's diarrhea once and he got really sick, and he was like, "Oh my gosh, I finally understand what you're talking about when you're called up and you feel like knives are stabbing you in the gut. That's terrible." So if you have that, I just want to let you know that I wish there was some science or some nutrition that you could take to get rid of it. It didn't work for me. What worked for me was dealing with my trauma and doing psychedelic trauma.

Michael:

Yeah, trauma work now, my audience kind of knows that I'm kind of working on something pretty big in that region, in that world, I don't even know what to call it. We'll have you back on there, too, on that platform to talk about some of this stuff, because we'll go way down the trauma rabbit hole over there. That will be fun, and I'm excited to show you that. I think you're going to dig it.

Steven Wright:

For sure.

Michael:

The psychedelic therapy is huge. I think there was one more on your list. I'm trying to bring up without screwing up the whole internet, the list that I had queued up. I closed even the things I wanted to have open for the webinar because I'm trying to make us not go away. So let's switch gears a little bit.

Steven Wright:

Okay.

Michael:

There's a lot of people in our audience who are knowledgeable around root canals and the impact of oral infections and dental work and fillings and mercury and all of that around toxicity, the infections in the blood, like how conventional dental work and dentistry pretty much as a whole, a lot of them wound up how they are after situations like that. And there was one in there that caught my attention around a certain type of dental scan.

Steven Wright:

Yeah. Yeah, so there's something called a 3D cone beam scan, and it can only be basically this thing. It's got to be called a 3D cone beam scan. Out of pocket, it normally runs 300 bucks to 500 bucks, depending on where you live. This scan, I think should be done by anybody who's been experiencing ongoing, chronic illness for a number of years, and especially anybody who believes they have Lyme, Borna, or EBV, or any of these weird illnesses, like SERS. Any sort of like weird, chronic thing that you think you're the only one in the world and nothing works for you and you're super sensitive. You should really invest the money in this test.

Because what I found is I had a dear friend who had a concussion, solid, super bad concussion, triggered terrible things, and she could barely function as a human. And as she was trying to get her life back, nothing was really working. Even some of my ideas and stuff weren't having the effects you would assume. She just wasn't really getting better. And she was already a very healthy individual, organic living, trauma therapist, like she has a lot of stuff going in her favor. And then she found out about mold, she got her place tested, sure enough she had mold. And so she was down on these rabbit holes, and finally I told her about this 3D cone beam. She got it done, and sure enough she had an infection in her jaw. It's called a cavitation.

And basically it's an infection that can happen, usually from a root canal, but it could happen due to a bridge or an implant, or like a removal of a tooth. So cavitation is basically like a hidden infection in the jaw area. It's just one of those things, you can eat and drink and supplement and do the coolest stuff, including MDMA, if you have one of these, you will not get better. The craziest thing is she did like a seven day antibiotic protocol when they found this, and literally she was turned back on as a human.

And we're talking, like I threw a lot of things in the Maverick Healing Library, there's like 84 things right now inside of the journal and the library together, and she had tried many of them. And some of them helped, but it was just like not responding. Kind of like some people who have this ongoing mold toxicity. And it was this dental infection.

Michael:

Yeah, cavitations are something I'm pretty familiar with because I probably have some myself. I was about to do a ton of dental work with a functional dentist, or actually they're called biological. Someone asked you to spell that, or what it's called again, if you could say it. If you could either type it in the chat or say exactly what you're talking about while I get my act together here.

Steven Wright:

Yeah, it's a 3D cone beam scan, and people out there who are in the Rebel Health Tribe-

Michael:

Okay, there it is.

Steven Wright:

Yeah, other people will be like, "Well that's a lot of radiation." Well yeah, also living a life full of chronic illness sucks.

Michael:

Yeah, yeah, yeah. I get it. I wouldn't want to have an X-ray of my head every day. I probably wouldn't do that every day. To do X-rays and scans and MRIs and things as infrequently as possible would be my general recommendation, but in our group there's been people who cavitations and working on these type of things has been their key to their thing that they tried 700 other things and that was the thing. And these can be opened up and cleaned out too with a biological dentist. Where do you find someone who would use this type of scan? Do you have any advice with that?

Steven Wright:

Inside of the Maverick products, there's some certifications, and I can't recall them and I'm afraid if I open my documents, I'll crash the audio.

Michael:

No worries.

Steven Wright:

But usually, like you said, if you look for a biologic dentist near you, I think one of the organizations that sort of believes in this kind of technology is IOAT, or IO-

Michael:

It's IAOMT.

Steven Wright:

IAOMT.

Michael:

I think.

Steven Wright:

Yeah, something like that. But the other thing you can search for, like if you search for like a nontoxic fillings, any doctor who, yeah, you got it right there. So if you look for a dentist in your area who is going to use non mercury fillings, and call their office if they talk about that on a website near you and ask them if they have one of these. It's a very specific radiation or X-ray machine, I mean, and they'll either

have it or they won't. And if you go to them and they don't have it, you can't get it. You got to find a place that has one of these devices.

Michael:

When [Mira] first got sick a couple years ago with her first flare, we thought it was rheumatoid arthritis, which it's technically not, but I knew there were connections between oral infections and rheumatoid arthritis, so I found one of these dentists in San Diego, and we went and had it done, and she had the 3D scan. You know those weird images of unborn babies now that people have that are like next gen from the ultrasound? I don't even know what they're made of. But the ones where you can like see the entire, I don't know. Do you know what I'm talking about or is it crazy?

Steven Wright:

Yeah, yeah, yeah, you kind of [crosstalk].

Michael:

Yeah, it kind of was like that. The images were pretty crazy. Because you're used to seeing those typical 2D black and white oral scans, and yes. I believe it was Dr. [Chan]. I can get you the name though for sure. Just send me an email later. But-

Steven Wright:

Yeah, and I used Dr.-

Michael:

Dr. Marvin, his name was Dr. Marvin in San Diego. He was in North County somewhere. Marvin was his first name.

Steven Wright:

I used Dr. Adler in Boulder, Colorado.

Michael:

Okay.

Steven Wright:

That's who I use.

Michael:

Yeah, and getting tested for biocompatible dental material is very good because they have a lot of options they can put in your mouth, and your body is unique, and you'll react to some, you won't react to others, and really good biological dentists will test those things on you. I think it's a blood test that they do for that. But cool. Yeah. This is something that's the missing piece for a lot of people in really complex illness situations, because if you have this infection in your jaw, it's in your whole body, because the blood stream goes to the jaw. I've even seen connections between heart attacks and strokes and oral infections. So this is definitely something to look for that's good. Carol, it's not a book, you got to hop off. So I'm going to just post not necessarily a book. I'm going to post the link so they can kind of peruse while we're talking a little bit.

Steven Wright:

Yeah, it's just a ton of PDFs, everybody. That was it's searchable and you can pull the studies up so you can see those.

Michael:

Yeah, it's very easy to use. It's like going down a YouTube hole. Like you go to look at one thing and then an hour and a half later, you're watching a video about badgers and you don't know how you got there. I did that with your library the other night, and now it will not copy over, so I am going to get it over in the sticky message. There we go. I just posted it at the top. It says, "Check out the Maverick Healing Library here." So we'll talk about that in a minute, but I want that to be there for Carol because she's leaving. So she wants to click on that and check that out. Do you want to do a couple more of them, Steve? Would that be cool?

Steven Wright:

Of course. Yeah, yeah, yeah.

Michael:

All right. I want to do one really weird. Let's do lithium.

Steven Wright:

Oh, I thought you were going to go with Kambo.

Michael:

I was kind of saving that for the finale. I'm interested in the lithium and I'm interested in... yeah, yeah. There's so many and I know we can't talk for like four hours.

Steven Wright:

Okay, well let's-

Michael:

I think the lithium and then the Kambo, or if there's another one you want to put in, I'm totally game.

Steven Wright:

Yeah, let's do lithium, we'll do Mexidol, and we'll do Kambo.

Michael:

Okay. Cool.

Steven Wright:

Okay. So lithium, if you don't know anything about it, its main claim to fame is in high doses in psychiatric cases. Usually bipolar, schizophrenia, different sort of personality related issues. At those doses that they use it in, it's typically toxic, and if you use it for decades, it does weird things to humans. And so if you were to talk to someone who's ever been on those high doses of lithium, and high

meaning, I think it's 300 milligrams to like 1200 milligrams. Again, I'm not a psychiatrist, I'm not trained in how to use prescription lithium. But that's typically where they're at with the dosages.

Now this came from Dr. Jonathan Wright at the Tahoma Clinic. He's like one of my mentors. I always look at that guy. That guy is way ahead of his time all the time. And so if you search Dr. Jonathan Wright and low dose lithium, he's got some great articles, and that's how I originally heard about it. And basically, it turns out that lithium is one of these super important minerals, that almost like scurvy, if you don't have enough vitamin C you get scurvy like the sailors did, and they basically died.

It turns out that if we don't have enough lithium, our brain shrinks, the capacity for a lot of our cellular functions is degraded, and so Dr. Jonathan Wright started using lithium orotate, yeah, for sure. It's lithium orotate. It's a supplemental form, it's a non prescription form, and basically it's not as well absorbed. And so that's why it's a supplement. It's a different compounded form. But it's available to us, and so I think Jonathan, Dr. Wright puts people on 20 milligrams across the board for anybody dealing with any sort of mental illness, and or anybody who wants to keep their gray matter while they age.

Michael:

That sounds nice.

Steven Wright:

Yeah, yeah. So when I started reading some of that stuff, I was like, "Oh, that's pretty cool. I'm going to try this." And so I typically hover between 10 and 30 milligrams. Most people don't go above 40 milligrams of lithium orotate. And some people of course, just like everything, are super sensitive, and so five milligrams might be enough. But I just generally found that my moods are more stable with it. I have a history of concussions and some other brain traumas.

Michael:

Me too.

Steven Wright:

Yeah, so I'm just like, "You know what, whatever I can do to make sure my brain is functioning as good as it can." And this is like, what, like 10 bucks a month or something like that? It's a great little supplement if you do suffer from depression, anxiety, addiction, PTSD, those types of things.

Michael:

That's interesting. This came across my radar about six years ago. A really good friend of mine asked me to help him get clean from addiction, and my first response was, "That's above my pay grade, you should go to a professional, I don't know how to do that." Once that was rejection and he wanted our help, I did a lot of research over the course of about a month, and low dose lithium came up then. And that was the only time I'd ever come across it. It was like five to 20 milligrams a day helps reduce frantic craving type things that would come up and kind of level things a little, and not as erratic, more stable. Is that kind of how you would explain? I've never taken it, so I'm curious. Is that kind of accurate in what you've experienced?

Steven Wright:

Yeah, yeah. It sort of helps me stay away from the peaks and valleys. Let's be clear. Low dose lithium is not MDMA, low dose lithium is not NDA+-

Michael:

No, it's very mild, probably.

Steven Wright:

Yeah, it's very mild. But if you're someone who needs a low cost option here to help balance things, or if you're on the optimization anti-aging train, this is like a no brainer to you. This is like vitamin D3. I think everybody should be on 10 milligrams. 10 to 30.

Michael:

Cool. I have a lot of concussions too and a lot of brain history and want my brain to work. Yeah, it's cheap too. I think when I bought it once, it was Seeking Health, and Ben Lynch's company, and I think it was like 10 or \$15 or something. And you've got research. The doctor's name is Jonathan Wright?

Steven Wright:

Yeah, Dr. Jonathan Wright in Tahoma. And so yeah, I just-

Michael:

No relation?

Steven Wright:

No, no, no. Although it would be pretty cool if he was like my great grandad.

Michael:

Tahoma, Jonathan Wright. Cool. Anything else on lithium that you wanted to share? There was always this big bad, like when you say lithium, the first thing I think of is like someone stoned out in a straight jacket, like drooling in a corner in a rubber room, because I think high dose lithium was used in psych hospitals, right?

Steven Wright:

It was, yeah. And it's hypothesized that if you're familiar with going to, oh shoot, mountain springs and hot soaking springs-

Michael:

Yeah.

Steven Wright:

It's hypothesized that one of the things other than the nature experience and the getting away from technology and the warm water and all that stuff, usually those springs are really high lithium content springs. And so if you've ever done those types of soakings, you kind of know, you're so chill afterwards. You're like, "Oh my gosh, this sleep is so good." And so one of the theories, it's always a multi factorial, pleiotropic situation when it's something like that, but one of the theories is you're getting a high dose of lithium, and you might be depleted in it.

Michael:

Yeah, because it's probably just like everything else. It's something that probably was once abundant in our food supply, and isn't.

Steven Wright:

Exactly.

Michael:

Because minerals are gone and we have a limited number of harvests left in our soil before our food doesn't exist. But that's a whole other webinar, and let's not jump off a bridge today. So is there anything else on that one that you want to share?

Steven Wright:

No, no. I just think people should just generally understand that MDMA is like a big gun, if you will, it's going to do big things. Low dose lithium is a mild sort of thing like vitamin D3. If you are deficient in it, it will feel like a miracle. If you are not super deficient, you're just moderately deficient, you may not notice much. But the research is that it seems extremely safe and extremely important for anti-aging and brain health.

Michael:

Well I do turn 40 this summer. Are you older than me?

Steven Wright:

No, no. I'm a little younger.

Michael:

Oh. Weird. It's weird because I learned stuff from you, so you automatically project that somebody is older than you. Yeah. So 40 this summer, so I should get on some lithium. I'm going to try that out. And I will report back to everybody. We'll do that as a little experiment. I'm not going to do a show and tell MDMA session, but I will do, not yet, maybe on the other platform. We'll see. That's a little off grid for Rebel Health Tribe's audience.

Steven Wright:

Let's go into a more powerful supplement in the middle that's also pretty cost effective for everybody to try.

Michael:

Okay, cool. Let's do that.

Steven Wright:

So Mexidol.

Michael:

Yeah, I've never heard of this. Just so everybody knows, I've never heard of this, I have no idea what it is, I didn't read this one, and I'm really excited. Go ahead.

Steven Wright:

Okay, so if I could be like Johnny Appleseed and like dose the world with things, in one pocket I'd have MDMA, and in the other pocket, I'd have Mexidol. And so what I've seen with Mexidol is probably one out of 100 people might have a jittery reaction or a harder sleep, but I have seen some of the most amazing turnarounds with this.

It's actually a Russian drug. So in the United States, it is in a gray zone. So it's technically not legal for you. Okay, I'm not a lawyer either, so this could be totally wrong, but I've tried to research this really hard, and what I believe is that because Mexidol is an approved drug in Russia, it's gone through the Russian version of the FDA with safety trials and double blind placebo controlled trials, although it's Russian and the quality may not be the standard, but it's gone through way more testing than low dose lithium, or almost every supplement, including creatine, although creatine actually probably has better data at this point. But most supplements, 99%, Mexidol has better safety data and efficacy data than those types of things. However, because it was filed in the 80s, it's a B6 derivative, so Mexidol is a B6 synthetic derivative, because it was developed back then, it really can't be patented as a drug here. If they brought it here and they went through the FDA's trials to prove that it's a drug here, it could be immediately knocked off as a generic.

Michael:

So that's not profitable.

Steven Wright:

Right. And so technically I don't know if you're allowed to import it unless it's for personal use and it's a small quantity. However, if you happen to be good at the Google bar and you might type in M-E-X-I-D-O-L, you might find some websites including some yellow but black labeled ones around the world who will ship it to you in 24 hours. So it's very widely available. Its safety data is extremely safe. It was WADA, who is the people who do the drug doping for the Olympic athletes, WADA investigated it to see if it would be a performance enhancing drug, should they ban it? The answer was it's pretty safe, we don't think it should be banned, it doesn't really do much.

However, what I've seen is number one for me, my experience was it completely changed my life. Literally, Michael, I was in a dark place, this was two and a half years ago, I was super strung out on caffeine, I was fight or flight, I was very sympathetic tone, I was having a hard time balancing my life, and I was using a ton of uppers and downers. And when I started Mexidol, now one of the things it does is it extremely up regulates SOD. SOD is a...

Michael:

Enzyme, yeah?

Steven Wright:

Yeah, it's an enzyme, kind of like glutathione. It's one of your master antioxidant enzymes, and super found mostly in the liver. And so what they use it for in Russia is they use it for strokes and they use it for alcoholics. So if you take Mexidol, normally it comes in 125 pills. The dosing is three per day. That will basically take away much of alcohol's effect. So in other words, if you're used to having like three drinks and being like, "Oh, I feel pretty good," you'd need like six or nine drinks. It's really wild. It basically removes alcohol's capacity, kind of. Almost like Naltrexone is used for opiates. It's not the same, it's not as strong, but it really affects alcohol consumption, so know that.

But what it felt like to me is it felt like every day was like my best day of the week. If you're one of those people who has like one day of the week where you're like, on fire, you're getting so much done, it's almost like every cup of coffee you're wishing was this good. If caffeine was only this good and you could have the best day of your life every day, that's what happened for me with Mexidol. I was on six out of seven days, and I was just crushing.

Michael:

That sounds awesome. What's the catch? Are there side effects? Is there contra indications other than alcohol? I just want to be really transparent with this, and I'm sure you've done tons of research into it. So is it a cycling thing? Like take it for a little bit, don't take it anymore? Is there anything to be concerned about that way?

Steven Wright:

Yeah, so 12 weeks on and then take a break. There's no data beyond 12 weeks of usage. There is no data about what else it's doing or long term side effects. What I have found is I think it's safe enough that I put my parents on it. My mom goes, "What are you giving us? Dad can't have more than one cup of coffee. He gets all jittery now." And my dad is like, "This stuff is great."

Anyways, it's also helped really sensitive people with sound sensitivity and light sensitivity. It's really good for brain disorders. So it also improves blood flow to the brain. So concussions, any mental illnesses, or any over sensitivities, Mexidol seems to just crush. It's amazing. If it's not going to work for you, you basically won't feel anything or you'll have some night time sleep issues. It should be cycled, there is no long term studies, and what I've found using it-

Michael:

You're taking it in the morning?

Steven Wright:

I take it all throughout the day. I take it [crosstalk].

Michael:

Three doses, you said, right?

Steven Wright:

Yeah. Yeah. And what I found is that whatever it's doing, whatever it's correcting or up regulating, it seems to lose that effect over time. So I've done probably six or eight cycles of it now, and I don't even have any in the house right now because it's almost like it took me from a low-

Michael:

But is your baseline different than it was before, you know what I mean?

Steven Wright:

Right. Yeah, yeah. Exactly.

Michael:

[crosstalk] not need it anymore, it's just like, "Oh."

Steven Wright:

Yeah, exactly. So it's almost like my baseline is so high now that I don't even really feel it.

Michael:

Well if I didn't think it would crash the internet, I already would have looked it up. So I will do that when we're not in this precarious webinar situation.

Steven Wright:

Yeah. Yeah. As far as safety profiles go, the only thing it doesn't have is long term data and total understanding of what it's actually doing.

Michael:

Well you started it way before I will, so I'll just pay attention to you.

Steven Wright:

Thanks.

Michael:

I'll text you every two weeks and be like, "Steve, still good? What's going on?"

Steven Wright:

Yeah, it's safe enough I put my parents on it. It's just one of those things that again, it's like the 3D cone beam scan. A 12 week cycle of Mexidol is like 200 bucks, depending on what website you get it from, and it may actually change your life. You wrote in your email, I don't want to use the word miracle loosely, I don't want to use the word cure or mission loosely, but there actually are these things available, and doctors and the medical system, and whatever is actually in charge of reality is stopping the flow of some of this stuff to us. And that's part of this project for me is to say, "There actually are compounds out there that have decent data on them." Way more data than say... what's a good one out there right now? I don't know, some of the newest miracle supplements don't have shit for data. People are just taking them [crosstalk].

Michael:

Because they had like one study that was done by two people with a group of 10.

Steven Wright:

Yeah.

Michael:

Yeah.

Steven Wright:

Yeah. So Mexidol has studies on stroke and heart disease after heart attacks, 30 to 50% increase in walking time, verbal fluency, different things like that. So there's a lot of data that it works for really messed up humans, and so that's why I think it's got to be on your short list of things to try in 2020 if you have any sort of brain issue or sensitivity issue.

Michael:

I'm definitely going to check it out. So this one, I will report back on. I want to know what's doing what, so maybe I'll do this first and then add in lithium later.

Steven Wright:

Well add in lithium first, because Mexidol might make you feel so good that nothing will touch you for the next six weeks.

Michael:

Oh, that sounds awful. All right.

Steven Wright:

[inaudible] for longer.

Michael:

All right. Well it might take a little longer to get here if it's coming from Russia. So the lithium I could pick up at the store. So cool. Well let's get super weird on the last one. And we'll do one more. You got time for one more? I got time for one more, and then I got to actually get to the city to go to an event, that for anybody who tuned in last week to the webinar we did last week James Maskell on community based medicine, there's a live event like round table forum discussion with a bunch of functional medicine doctors in San Francisco tonight about building huge, community based medicine groups in San Francisco in the bay area.

So I'm going to that when we're done with this, which is cool, but I got time to do one more, and I'd like to get super weird. And this is something that I'm familiar with because I have strange hippie, plant medicine, shaman friends. And I have a bunch of friends who have done it or used it and experienced it. Not myself. But it is something that I'm looking into, I know it has potential benefits for rebooting the immune system, infections, autoimmunity. I'm kind of a wimp, which surprises people because I have a lot of tattoos and I participate in combat sports, but there is something about lining up to do something that I know isn't going to be fun that I am a baby about. So I think you probably know which one I'm working towards here. If you would like to jump in and we can push the weird out a little bit.

Steven Wright:

Yeah, you're talking about the frog poison, right?

Michael:

I am talking about the frog poison.

Steven Wright:

Okay, yes.

Michael:

Yes, it's poison.

Steven Wright:

Yeah, it literally is. It's called the Amazon inoculation, or the Amazon vaccine, typically. So it's called Kambo, and I did it three year ago, four years ago. Something like that.

Michael:

Oh, that was before it became like a super popular thing to do.

Steven Wright:

Yeah, yeah. It was very, very rare back then. It was hard to find anywhere to get it. It just happened to come through Boulder and I took advantage of it. And yeah, so this one has way less studies on it, and we know way less more about it. It's sort of like in the middle of Ayahuasca meets some sort of something else, I don't even know. I don't know, like masochistic ritual. What they do is they harvest the poison off of a frog, an Amazonian frog.

Michael:

So those cute, green tree frogs, right?

Steven Wright:

I think so, yeah, I don't want to-

Michael:

At least that's the one they always use in the pictures.

Steven Wright:

Right. I don't want to misstep because I don't know the actual frog and which species. I'm not a frog expert.

Michael:

Yeah, that's fine. Not important. I just see that in the pictures when I hear references, that bright green tree frog that everybody sees and goes, "Aww." Until they get stuck with the poison.

Steven Wright:

Right. So basically what they think it is is neuroimmunological. So Kambo is intersecting with the body in the middle of the immune system meets neurology and your immune system. I might have just misspoke there, I'm not sure.

Michael:

No, I get it. Neuroimmunological.

Steven Wright:

Yeah. Plus there's some emotional, psychosomatic stuff happening. And so basically you can't take a pill for this, you don't get to get a cool injection. You must get burned, and then they will spread the poison on the burn. The poison enters in the lymphatic and as well as the burn, and basically causes a poison reaction. My experience was it felt like hot, intense burning through my whole body. It was very unpleasant. It's not psychedelic at all. You don't have visions or insights.

And I would highly recommend if you do it, that you work with a different shaman than what I did, because she gave me no interactions, and so I thought I was supposed to do vipassana breathing, because they say you get burned, you get your dose, you go and you sit, and you meditate for about a half hour. Many people will have diarrhea or vomit, they'll purge up bad energy, is the theory from the Amazons. Who knows if it's both that and just your body's reaction to poison. But they say go sit quietly, and you're near the bathroom. And so that's what I thought I was supposed to do, but-

Michael:

Go sit quietly and puke your guts out in the corner.

Steven Wright:

Yeah, yeah, but I didn't understand, and actually what I've heard from decent shamans now is that you're supposed to meet the energy of the frog. So if your experience is that if the dose you're given is really intense like mine was, you're supposed to breathe really hard, almost like you're fighting the energy of the frog, in a way. And so I was doing this little neat vipassana breathing, and basically passed out, smashed my forehead, and got all cut up because I was in a meditation position. So I don't recommend that. But the people who had a better time than me met their dose with the right around breathing.

Michael:

Way to be the naïve pioneer. I appreciate you being that person and not me.

Steven Wright:

Yeah, man. Yeah. That's part of learning.

Michael:

So more of like a breath of fire type thing, for any yogis out there that are like, like a faster, more aggressive type breathing when the medicine gets really strong.

Steven Wright:

Yes. Exactly. Exactly.

Michael:

Would kind of meet the energy so it doesn't just destroy you.

Steven Wright:

Exactly.

Michael:

Okay. [inaudible] that's the correct spelling.

Steven Wright:

Yeah. That's it. So Kambo is typically done three times, a series of three. Like sometimes there's a day off and sometimes there's not. And there's several studies that have been done on the compounds, but we're talking about a poison that we don't even understand as humans. We don't even know how to measure what the hell is in the poison. So the idea that we know what it's doing or how it's doing it is just absurd.

Michael:

Well I've heard there's a relation to peptides of some kind, which peptides are now being, cutting edge in functional medicine talk is peptides. This is just what I've heard. And Steve, I don't know what your research is or what you talk about, but that's what I've heard is peptides. And I've heard that it's kind of like a high power systemic flash antibiotic in some kind of way with infections and things, and I've also heard that you mentioned the equation of rebooting your phone with the MDMA for the default mode network, that this stuff kind of does that for that immunoneurological network.

Steven Wright:

Yeah, that's what I would say is that it is a bunch of peptides, there are chemicals that are like morphine in it, there are opiate like chemicals in it. There's all kinds of chemicals in it when they've analyzed it. But I do believe it's more of like a, like you said, an immune system reset. Like somehow it is causing a neurological and immune system reset.

And I have to say, I felt terrible the day that I did it. I've experienced quite a bit of different things in my life. As you can tell, I just sort of hear about something, do a little research, decide what the risk profile is, and then decide to try it. And that's what I did here. But the next day, I felt so good despite having a cut on my forehead and a really bad sunburn. It was like Mexidol, but better. I felt so euphoric. It was really crazy. And from what I've read now, it's very common when you do Kambo to not feel super good the first day, but the days afterwards and the weeks afterwards, you just feel some kind of change. And maybe that's what it's doing, because it's causing a massive flood of endorphins. So maybe it does something to reset the endorphin system. I'm not sure.

Michael:

Yeah. And you're not the first one that's described it to me like that either. And for people who are out there and have not seen, I have friends who do this, so I see the pictures on Instagram. So the burns are like tiny little dots. And from what I've seen, it's like an incense type thing that's used. I don't know what yours was, Steve, but that's what I've always seen is like tiny little dots, either three dots, five dots, like however many dots they're going to do. And then the frog poison gets put on the dot, and then it ends up black. Like it looks like little black dots on the skin. Is that the way you did it?

Steven Wright:

Yeah. Yeah. It was a little fatter burn tool that they used, but yeah, I got six dots the first time because I'm an idiot, and I don't recommend that.

Michael:

Yeah, I've been told definitely do three dots the first time, but way to go, Steve. You are a go getter. No, but I'm kind of the same way. I hear about something, I think, "All right, that sounds kind of interesting," and then as they're still explaining it to me, I'm like taking it or doing it, or whatever, and I don't really wait for the other. And some people are like that. I think we kind of share that in common. Other people are much more logical. Or not logical, like rational, let's really look at this, let's do that. I'm kind of a, "That's interesting. Gulp," kind of person. So we're not saying everyone that's listening to this needs to go and do frog poison medicine, but it is fascinating stuff.

I think in your library, correct me if I'm wrong, you mention in relation to autoimmunity that I know some people, and that's why this is on my radar, because we're dealing with some pretty stubborn autoimmunity over here, I know some people who had complex multiple autoimmune conditions, and they tried a lot of stuff, and they did a few of these sessions, and it put their autoimmunity into remission. And I'm not comfortable claiming that's a thing. I'm not going to say, "If you have autoimmunity, go do Kambo and you're going to be cured." That is not at all what I'm saying. But the stories are there. The anecdotal stories are definitely there around autoimmunity. Did you find that?

Steven Wright:

Yeah, yeah. I think that's one of its greatest uses, probably, is that for people who have autoimmune disorders, it is doing something to the immune system and the endorphin system that we don't understand yet, but it does seem to reboot it, almost like ketamine or MDMA does the to default mode network. And I have also seen and heard of people who are very chronically sick for 10, 20 years, they do organic everything, they have a supplement cabinet bigger than most, they've seen a lot of functional docs, maybe they haven't done a lot of the stuff that's in the Maverick journal that I wrote, but the Kambo, three rituals or six rituals, and they are different humans.

Michael:

Yeah. This is like a fine line type thing where I'm willing to put my name on certain things and recommendation on certain things. I want to be really careful to not give people, like I wouldn't use the word miracle in my email, or cure, or secret. I don't like to use those terms.

There was a yoga instructor when I lived in San Diego that came over to our house and would do yin yoga in our house with us, and she showed up one day and was like, "Dude, I was at the craziest thing last night. I was at this house and this girl asked me to go with her to this house to do this medicine, so I was like, 'Okay.' I thought I was going to go and people were going to be on mushrooms or something." And instead, she got there and this happened, and she wasn't prepared for it, had no idea what it was about, watched the little burning with the poison, the girl she went there with was throwing up, whatever. That girl had like fibromyalgia and some other, quote, all in your head type conditions that she'd been to like 12 doctors for, all these other things. That was two years ago. The girl that dragged her to that, do they call it a ceremony?

Steven Wright:

Yeah.

Michael:

The girl who dragged her to that ceremony is now a practitioner of Kambo medicine in Southern California because it changed her life, and that's what she does now as administer this. Now as far as people are wondering, probably, legality on this, as far as I know, it's not illegal. It's not lumped in with mushrooms and LSD and MDMA and even cannabis is still illegal, which is silly. I forget because I lived

somewhere where it's not for so long that I went back to Illinois and it was, and I was confused. Like man, if I got arrested for that at this point, I would just be like, "Dude, don't you have something better to do?" But it's not illegal. It's also not something you can just go sign up for at the local YMCA. Is this a gray area thing? Because I know friends who are practitioners of it, and they seem to market it. They do talk about it on like Instagram and things and have websites and stuff, so I think it's...

Steven Wright:

Yeah, look, it's definitely a gray area. It's not legal, technically, it's not illegal because technically it would be-

Michael:

Because you don't eat it?

Steven Wright:

Well the FDA or the DEA would be the jurisdiction that it would be under, and so-

Michael:

It's a topical, technically. I guess.

Steven Wright:

Yeah, but it depends on if you call it practicing medicine or not. So there's a lot of weird things that could happen with it. It's probably out of all the things we talked about here, it's one of those wild card ones, kind of like the 3D come beam, but this one is more painful, and probably the same price. Probably around 500 bucks.

Michael:

Probably throw up more.

Steven Wright:

Yeah, yeah. It's definitely a lot more painful. But it's just one of these weird things. I tell everybody all the time, "If you're dealing with fibromyalgia, rheumatoid arthritis, SERS, chronic whatever, it could just be Hashimoto's or Celiac disease, you've been pushing the diet, you've tried organic, you've tried keto, you've tried paleo, you're going to try carnivore soon, you've been vegan, whatever. You've tried probiotics, prebiotics, [crosstalk]."

Michael:

It's exhausting. It's exhausting.

Steven Wright:

Yeah, you've tried all these things, you are not going to get a breakthrough buying another supplement. You're not going to get a breakthrough from trying a different diet. Everything follows statistics. You can't escape statistics, you can't escape power law dynamics, you can't escape the 80/20 rule. If you've already put a lot of your time and money for years into functional medicine, into pills, conventional or nonconventional, the law of diminishing returns is keeping you back. And you got to pivot, and you got to choose something else.

And so the Maverick book, the library, which is the first program, the journal, which is all the more, like Kambo is in the journal. The library is all the super reference, very double blind placebo controlled, but also kind of weird stuff like ketamine and MDMA and NAD+. A lot of people know about that these days. That's all in the library. This weird stuff is in the journal. That's for people who are into even the other things.

But what I can tell you is you're not going to get your breakthrough, you're not going to win your exploration on trauma and stuff by just sitting with a therapist and doing more cognitive behavioral therapy if you've already done 100 hours of it. You need to pivot.

Michael:

It's not. The things that aren't working aren't going to all of a sudden be working. I can attest to that. I did put the link up as a sticky link there. It should be at the top of the chat box for everybody to check out the Maverick Healing Library. You just did a little bit of like what that actually is. My experience of it is that it's very well organized. I think I'm looking at volume two. So that's the total. There are, what, 69?

Steven Wright:

Yeah, so that's the journal. So that's like the unconventional journal.

Michael:

Okay, [inaudible].

Steven Wright:

69 of those things. And then the Maverick Library is the first product. There's 15 in there. The 15 PDFs in the library are at least 10 pages each. There's about 120 pages in that. Kratom is not illegal everywhere. There are only a few states and a few cities have made it illegal. [inaudible] Kratom is great stuff. It is an opiate.

Michael:

It's definitely in there.

Steven Wright:

Yeah, there's like a 10 page report on Kratom in the second product in the journal. Kratom is awesome shit. Do not combine it with alcohol. Do not combine it with any other depressant. You can have issues.

Michael:

And it can be habit forming.

Steven Wright:

Yes, and it can be habit forming. It's no joke, but it's super powerful for chronic pain. I actually use it as a stimulant. So you know what I use it for? I take like 2.5 grams in the afternoon when I don't want to use caffeine anymore.

Michael:

Interesting. Is it a shorter half life, or it doesn't cause the same jitter or sleep issues, or you just like it better?

Steven Wright:

Yeah, it doesn't cause me any sleep issues.

Michael:

Cool. I just took a little note there. I've never taken it before.

Steven Wright:

The only brand I use, there could be lots of cool brands. The only brand I use is Etha. E-T-H-A-. Etha.

Michael:

Okay. And so the library that I put the link to, those are longer reports. 15 of them, it's about 120 pages, longer reports. Then after the library is the journal.

Steven Wright:

Yeah.

Michael:

And the journal has, I'm looking at, there's 69. And these are shorter reports, more things, some things a little further out, some things a little quicker. There's some stuff in here I recognize, and then others that I had never heard of before and was like, "Where did he find this?"

Steven Wright:

Yeah, basically the journal is what I call, it's like my confidential journal. This is not stuff I recommend to everybody because its variance about whether or not it's going to get a positive result is much wider, as well as the research and the safety profiles are a lot less known. So the library is really powerful as hell stuff, HBOT, hydrogen therapies, NAD+, ketamine assisted therapy, MDMA assisted therapy. It walks you through what is all the research, how do you use it, what are the cons, how do you prepare for it, who do you trust to use it with you? That stuff is all known. That's not known for Kratom. That's not known for Kambo. It's not known for even lithium.

Michael:

So the library has got heavier research. The journal is like your personal stash of things that didn't have enough research to go into the library.

Steven Wright:

Exactly.

Michael:

Like a bonus. And if you guys click there, you'll see the offer with the library. What is it, like \$37 right now?

Steven Wright:

Yeah, I think we put it out at 50 bucks, or put it down 50%.

Michael:

Yeah, it's very, very affordable. What I kind of look at if I'm going to sell information, which we do. We have educational products and we have webinars and we have things that we package together and sell. It's the time. It's the time, it's the energy, it's the discernment and expertise of being able to read through things and make sense of them.

The internet, people will say the internet knows everything. That's like the funny joke, right? Like, ask the internet, the internet knows everything. The internet also knows a bunch of bullshit too. And the internet does not discern for you when you're looking up things. And you can go down holes where you're finding thousands of conflicting information about all this type of stuff.

And to me, the time and the energy alone, like saved by having something like this put together, it's hours and hours and hours and hours of my life, which is really valuable to me. The more that life is hard and that I go through challenging times in life, I realize that time is actually far more important than money. And it's just a gift.

This thing is really cool, man. Cheers to you for putting this together. I know what went into creating it because I can see all the references and the resources and all the things in there. So I appreciate it, first off, and I think anybody who checks this out is going to dig it. I'd love to, yeah, you need a bullshit meter on the internet. That is true. And we could create like an app, or like a plugin. It's really unique. I've not seen anything quite like this, honestly, at all in the health space. I've seen it in investment world and things like that. You pay money and then somebody gives you their research. I have not seen anything like this in the health space.

And the rebel side of me really loves it because you don't really give a shit. You talk about some things in here that I know there's people in our industry that they tap dance around it. Dude, you probably get the same messages as I do. You get those secret Facebook messages and emails from people in the functional medicine space asking you questions about the things they don't want to post publicly on Facebook?

Steven Wright:

Yeah, yeah, look, I didn't pull any punches. So inside the journal, not the library, there's different types of modalities around sexual healing where there's hands on sexual work, there's stuff around cancer that is really controversial that I'm using with my partner right now. We're overcoming breast cancer together. There's ridiculous stuff around addiction. There's also kind of little tips like on how to beat SIBO or migraines or what I personally use for insomnia that nobody wants to put their hat on because nobody wants to admit that look, if you're really struggling with insomnia, you can read all you want to read, but what I found is that no one knows. And so these are kind of my weirdo rituals and my weirdo things that I've gone in and done. There's all kinds of Russian drugs, there's some peptides in there. Things that are super useful in Asia or Russia or Germany that are not available here, and people don't want to talk about that stuff. But the truth is we live in a global society now, and at some point, this is all going hopefully going to come through and be more available to people. I hope, anyways.

Michael:

Yeah, I think so, and this is a step in that direction. I just know there's so many in our space, our industry, that still are kind of worried about, "What are people going to think, or is this okay to talk about?" And I

am not one of those people, in case anybody hasn't picked that up over the last few years. But I love this thing. And I just scrolled through the Kratom. It's like 10 pages of stuff. I just scrolled past one on here too that saved my ass when I was having anxiety attacks last year, was frankincense. So yeah, this is awesome.

So guys, check out the link. Head over there. You guys know if you attend our things that I don't bring people on here to talk about their things and I don't promote things very often. I never promote things that I don't personally use or want or think are awesome, but I don't re promote that many things in general. And I really dig this, and I think we have an audience here of a lot of people who are what you described. Of people who have tried this and that and this thing and that thing, or their family, someone. And now, being the husband of someone with a really tricky, chronic, complex disease situation, we've tried a lot of things. And some of it works, some of it doesn't, and stuff that I've recommended to clients, they're like, "Done, better, great." Doesn't work for the wife. And then it's like, "Oh." So I could really resonate with what you were saying earlier where it's like frustration around does what I'm teaching work? I'm right there, man. And also with your partner, we're all sending you guys tons of love with that too.

Steven Wright:

Yeah, so [crosstalk].

Michael:

It's a scary situation. And I know you've got an awesome support network in place. That's been a key to my own recovery too. And I know you know how to lean on it. So you guys will get through that and find your way through. This is a gift. So everybody please check it out. The offer is there. We will post this in a couple days. We're going to transcribe this if the audio recording works, and we're going to transcribe it and make it into a post so you can watch that, and we'll have the link there too. And if you have any questions, email me. michael@rebelhealthtribe.com. I'll try to get them over to Steve, and we'll get questions answered if you have any specific questions. So Steve, anything you want to say in closing at all?

Steven Wright:

No man, just sending love to you and your wife as well, and you know you can always reach out to me. Yeah, I think you said it all, and of course we have a money back policy too. So plenty of people, for the record, have looked at the Maverick stuff and been like, "I thought you were going to tell me exactly what to do," and that's not necessarily what it is. It's an encyclopedia of what to do when nothing else is working. And so if you don't like that, you can always ask for your money back, and that's cool too. But that's really what it's for.

Michael:

Awesome. I totally respect that. So yeah, if you check it out and don't think it's for you, just hit them up and you'll get your money back. But I definitely recommend checking it out. I think it's a really good thing. So thank you Steve. I apologize for the tech situation. This is what it is. This is what we deal with. We can send space ships to Mars to harvest rocks, but we can't make a webinar software that consistently works. But we had no drop off. We had the same number of people on the whole time. Everybody stuck with it. So thank you. And let's connect soon. Keep me posted on everything going on there in your life with your partner and everything else, and I'll do the same. And if I come across any weird stuff that I think needs to go in your journal, I'll send it to you.

Steven Wright:

Thanks [inaudible].

Michael:

All right.

Steven Wright:

All right, thanks everyone.

Michael:

All right.