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Announcer:

Bulletproof Radio, a state of high performance.

Dave:

You're listening to Bulletproof Radio with Dave Asprey. Today's cool fact of the day is that new research at the University of Helsinki has discovered a new aurora form in the upper atmosphere. Now, you might think, "What the heck, Dave? What does this have to do with me?" And it turns out that aurora borealis is something that people always dream of seeing. I get to see it occasionally from my backyard, at least the edges of it, and it's super cool. But this is a story about how we thought we knew everything or at least most of everything, but we were wrong. The reason this is surprising is because these things called mesosphere bores had never before been observed in the aurora zone and it was considered to be impossible until researchers said, "Oh, there's an unobserved mechanism of interaction between layers of our atmosphere that we didn't know about." And what this means for you is that if you look around, just really look, you'll find all kinds of unexpected phenomenon around you.

Dave:

The problem is that we're taught by ourselves and just by the native operating system of our body that wants to pay attention to things that keep you alive, feed you, and get you laid, to be perfectly honest, it's so focused on those things that when something comes out that shouldn't be, you're likely to not see it. It'll be completely invisible to you because the filters that are, before you can think about things, those filters will just filter it out. In this case, a rare human being noticed that and said, "Hey, that doesn't make any sense. Let me get to the bottom of it." You can do that every single day with what you put on your plate, how you sleep, what you do, and it turns out, there's all kinds of stuff that's unexplainable all around us every single day, and that is real science.

Dave:

The opposite of real science is that can't happen, therefore it didn't, and that kind of skepticism is actually toxic. It's equally toxic to say, "That must happen, therefore it did," which both of those are the roots of religion, whether it is an organized religion on one side that says I will follow the scripts... that says I will follow this strict set of beliefs even if they don't reflect reality, and this form of religion called Science, with a capital S, where you say everything that disagrees with your current hypothesis is quackery, or is bad, or cannot be, or is the result of bad people, whatever that stuff is. Both sides of those don't work. Be curious, be open and who knows, maybe you'll discover a new form of aurora borealis. If not, at least you were curious and that'll probably keep you living longer anyway.

Dave:

Today's guest has defied some incredible odds, and one of the things that we're all caring about right now is human resilience. In my case, I had the diseases of aging, 300 pounds, arthritis, and I went

through a lot of crap and frankly, a lot of suffering. I like to tell myself that. And then every now and then, I get to talk to someone like Sean Stevenson, who was on a while ago, a guy who's had a brittle bone disease and has since passed away and a good friend, who had dealt with just an incredible level of this and had an attitude 10 times better than mine. And you get these times where you come across someone who's dealt with some serious adversity and said, "I'm going to come out on top of this and I'm just going to own it and move forward and I'm not going to identify myself as a victim." And I found one of those guests for you today, and I say I found in that, well, Oprah found her first and she probably found herself before that.

Dave:

I'm talking about Amy Purdy. She's a motivational speaker, a New York Times bestselling author, model, dancer, actress, and the most decorated American Paralympic snowboarder in history. She toured with Oprah, spoke to stadiums of people about her life story, and just talks about perseverance and sticking to it in a way that's incredible. And even after all that, in 2019, she had a major health setback and she kicked its ass, like she always does, and we're going to talk about what happened and how she hacked her body in her mindset. So if you think you're worried about some virus or whatever else, you want to be a little bit more resilient, this is a human being who's massively resilient. Amy, welcome to the show.

Amy:

Thank you so much, Dave.

Dave:

We had you slated to be a keynote speaker at the 7th Annual Biohacking Conference in March of this year until, well, all conferences got canceled, so we moved it to July and we'll see if July conferences are allowed to happen. I'm very hopeful that, that's the case because we've got dates picked out and everything, so people will be able to see one stage there, I'm excited about a live interview. In the meantime, we get this one.

Amy:

Perfect. I know. I was really looking forward to that. Yeah. And so, but yeah, we can do this right now. You have to adapt to the situation.

Dave:

Well, you're, I would say, the queen of adaptation here. Talk to me about not having your legs, what happened? Just walk listeners through the story who don't know about what happened there.

Amy:

So, let's see. I grew up snowboarding with this adventurous spirit, just wanting to travel the world and thought I knew where I was going. I became a massage therapist because I wanted to have this job that could travel with me, and I was healthy. I was a vegetarian at the time. I was working out every day, I was doing massage, I was having massage done on me, I was in a very healthy environment. And one day, I went home from work with what I thought was the flu. I just started to feel a little bit rundown. As I was doing this massage, it kind of hit me. I had sudden fatigue and I was thinking, well, maybe I'm just a little bit tired. So I took a break and over my lunch break, I started to realize that my energy level continued to fade.

Amy:

And so then, thinking, okay, maybe I'm a little bit sick. I decided to go home from work early. That night, I had about a temperature of maybe 101, that's typical flu-like symptoms. The next morning, my temperature actually broke. So my family went out of town. I told them, "I'll just meet you guys later." We were doing this family vacation. I didn't think it was a big deal at all. But that afternoon, instead of feeling better, I started to feel worse. My energy level continued to fade. At one point, my mom called me to check on me and I said, "Gosh, I feel like I'm dying." But when you have the flu or you have a cold, we often feel that way. I mean, even today, if I have a flu anytime I feel like, God, like I'm just exhausted, I feel like I'm dying.

Amy:

So that's what I said, and my mom said, "You probably are a little bit dehydrated. Get to the hospital if you need to." And when I got off the phone with her, I closed my eyes and I fell asleep. And not long after closing my eyes, I felt this strong urge to wake up. But when I tried to, I couldn't. I was forcing myself awake over and over. I was trying to open my eyes and finally, I fell into the deepest sleep that I've ever felt. And then suddenly, I heard this voice that said, "Amy, get up and look in the mirror." And I'm not sure whose voice this was, it was kind of a mixture of my own voice and a thought. But I heard, "Amy, get up and look in the mirror," and I immediately opened my eyes, I looked around, didn't see anybody there. And as I was sitting up, I started to realize something was really wrong and my heart was beating out of my chest. I was so dizzy. I was so weak. It probably took a good three to five minutes to get into a seated position.

Amy:

And I scooted to the edge of the bed. I put my feet on the floor and I stood up and I realized that I couldn't feel my feet. When I looked at the floor, I saw that my feet were purple and when I looked at my hands, my hands were purple. When I looked at the reflection in the mirror, I saw that my nose and my chin and my cheeks were purple as well. So in that moment, I was dying, and I knew it. I was seeing tunnel vision, I was dizzy, I was scared. Right then, my cousin walked in to come check on me. My mom had called her and she took one look at me and she cried, "Amy, it looks like you're dead." And I said, "I'm dying. I know. I have to get to the hospital right now."

Amy:

So we rushed to the hospital and they didn't know what I had at first. I was immediately put on life support, given less than a 2% chance of living. All they knew was that my body was crashing, my white blood count was through the roof, and just every system in my body was not functioning proper. My organs started shutting down. And it took about three to five days to figure out that what I had was something called bacterial meningitis, which is a little bacteria. We have no idea how I got it, but it's highly deadly. So when it gets into your bloodstream, it multiplies, it doubles every hour. So you think you have the flu for about 15 hours, and then it's that last 15th hour that suddenly, you realize, oh my gosh, I'm dying.

Amy:

And so I ended up in the hospital for a couple of months. I ended up losing both of my legs below the knees because of septic shock, which is actually a pretty incredible thing that your body does. It's to save your life. Your body pulls blood from your extremities to save your organs. And so my body did that. So I lost circulation to my lower legs, about halfway down my calf into my feet, I lost circulation. And my

hands, I lost circulation as well. So my feet were black, my hands and my fingertips were black. I was in massive kidney failure and I was in a coma for a little bit. So yeah, at 19 years old, I went through a lot.

Dave:

How old are you now?

Amy:

Oh my gosh, I'm 40. I'm 40. So...

Dave:

That was 21 years ago.

Amy:

Yeah, well about 20 years ago. And you know what's interesting? I feel like my life has gone in 20s. I did 20 years totally normal, then 20 years just excelling and living my dreams and pushing myself as hard as I could and seeing what the possibilities are. And then I got hit with this injury last year, right at the 20th year of that. So it's 20 years normal, 20 years excelling at life, and then 20 years now kind of opening up a new chapter.

Dave:

But we're going to talk about what happened, what happened recently, but part of this is your dad donated a kidney to save your life, right?

Amy:

Yeah, yeah. Absolutely, yeah. And I was thinking about this day because I was thinking, what are the things that helped me get through some of my toughest challenges? And I was thinking, okay, 20 years ago, how did I get through what I went through? I had lost both of my legs at 19 years old, and then I was faced with losing my kidney function and having to have a kidney transplant. I mean, any one of those things on its own would be huge. And to try to deal with it at the same time was really challenging. I also lost all the hearing in my left ear when I had meningitis. So when I came home from the hospital, I was 80 pounds, in a wheelchair, lost half my hearing, was stuck to a dialysis machine and didn't have legs. It's crazy.

Dave:

That's kind of a death sentence for the average 19-year-old. I mean, I look at what I [inaudible 00:12:27] about when I was 19 and I knew that my pants were size 46, but I mean, I was doing my part to try and solve that, but I might've been really interested in a little more of the social side of things and all that, and you're looking really at death's door.

Amy:

Yeah, I was. And even when I survived, even when I survived, I think, it made me have to really dig deep and figure out, okay, there's certain things I can change, there's certain things I can't, so I decided to really focus on the things that I could change, I decided to focus on what I could do. I still wanted to live a great life. I was still me, I very much so still felt like me. I'm the same person, the same drive, the same aspirations. I wanted to travel, I wanted to snowboard all over the world. I still wanted to do all of that. I

just now had to figure out how, and I had to get creative to find a way. And kind of going back to my kidney transplant, I was thinking today of these little things that helped me get through some of my biggest challenges, and a lot of it was just really mental, like you say, what did you call it? Mind hacking?

Dave:

Yeah, or I don't remember what I said, but yeah, hacking your minds. Yeah.

Amy:

Little mind hacks. So, one major thing that I did was I got really good at compartmentalizing because I was dealing with losing my legs, losing my kidney function and needing a kidney transplant and then losing part of my hearing as well, all at the same time. And so, and just the leg part alone was massive. I mean, I was a massage therapist, I worked on my legs every day. I was a snowboarder, my plan was to travel the world and snowboard. I needed my legs. And trying to walk in prosthetic legs was so challenging, so uncomfortable, so confining that I really thought, how am I going to do this? There's just, I had no idea how I'd be able to walk, let alone snowboard or run or workout or be active again. So just that alone was huge, let alone a couple times a week going in, getting my blood drawn for my kidney, possible kidney transplant that I needed.

Amy:

And so I realized, I didn't learn this any other way but through experience and just really through survival, but I realized that I learned how to compartmentalize. I learned how to compartmentalize, which was, so one day, I would think just about, I'd have a leg appointment to learn how to walk in my prosthetics or get comfortable in my prosthetics, and I would only allow myself to think about that. I wouldn't allow myself to think about my kidney transplant that I probably need or the fact that I have to use a hearing aid. I would only allow myself to think about walking for that day, so that would consume my whole day. Then the next day, I would have to get blood work done and have a doctor's appointment for my upcoming kidney transplant. So that day, I'd only allow myself to think about my kidney transplant.

Dave:

Would you describe it as you developed the super power of focusing or the superpower of ignoring?

Amy:

I think, somehow, maybe it was both.

Dave:

It was both? Okay.

Amy:

Because, actually, I definitely can hyper-focus. It's funny that you bring that up because when I think of all my accomplishments, the things that I've done in my life, I get very hyper-focused. So I kind of shut everything else away and just focus on what needs to be taken care of.

Dave:

It kind of shows, I mean, I mentioned some of the things you've done, but there's the whole Dancing With the Stars, oh yeah, without my legs, and you danced in front of, what, 300 million people at the Rio Paralympics. I mean, you've done very, very big things and most people who have that ability somehow learn that hyper-focus. Did you have that when you were, I'm assuming, a [inaudible 00:16:32] snowboarder?

Amy:

[inaudible 00:16:33]. No, actually, for some reason. No, I don't think I did have that. I was a snowboarder and massage therapist, was super relaxed and didn't really know. I mean, I knew I loved massage and traveling and snowboarding, but I had never really set [crosstalk 00:16:55] goals for myself necessarily.

Dave:

I wouldn't want to stereotype, but sort of, I'm a massage therapist, I want to snowboard my way around the world, is usually not like the highest focus. It's, generally, I'm going to take things as they roll, which is, by the way, a pretty happy existence for a lot of people.

Amy:

Right.

Dave:

When did the switch get thrown? I mean, was it when you woke up, like, I'm dying, when you woke up in the hospital, when your dad looked at you and said, I'm giving you my kidney? There had to be a minute where you're like, "Holy crap, I better get my shit together." When did that happen?

Amy:

It definitely was when I was in the hospital and I think for me, it really was survival. It was just something that kind of kicked in because I remember being wheeled into the operating room where they were going to amputate both my legs, below the knees, and I was terrified, as you can imagine. I mean, I had no idea what my life was going to be like. I actually never had even seen anybody else with two prosthetic legs before. I actually pictured what it's like to have... to be missing your legs and I pictured a wounded veteran, sitting on the corner in a wheelchair with a sign. So I mean, I had no real vision of what you could do on prosthetics or what was out there or what my life would be like.

Amy:

And so I remember I was being wheeled into the operating room and I was so scared, and I think the only thing I could do to get through that was to kind of set some goals for myself, and that was the one thing that I had to hang on to. So I thought, okay, I'm going to, first of all, never feel sorry for myself because...

Dave:

But how did you know to do that? Did you logic your way into that? Did you get a download from a higher power? Because most people don't do that. Most people just like, "Oh," they end up being disabled, for lack of a better word. You went the opposite in a very rocket-powered way. What made you do that? I mean, literally, was it a decision? I kind of have a hard time believing that.

Amy:

I know. I know, because it's not like, like I said initially, it's not something that I was taught or something that I looked up online, like, how do I get through losing both of my legs? I don't actually know if we even had online in those days, Google or anything like that. So I, yeah, I mean, I think these survival things kick in when you literally are it's life or death or it's survival. At that point, yes, I wasn't dying, going in to have my legs amputated, but I was trying to... I got to figure out how to survive through this. And I knew I wanted to live a good life and I just felt like there's no way that this is going to determine the type of life I'm going to live. That's just not fair. We all, I think, we all should be able to live a good life. And I just, I knew so bad that I wanted to, and...

Amy:

I knew so bad that I wanted to, and I know that my family, of course they felt really bad for me. They were heartbroken that I was losing my legs and that didn't feel good. It didn't feel good when people feel sorry for you, everybody's walking in the room going, oh my gosh, what's your life going to be like? And can she do this again and can she do that again? And it didn't feel good to have people feel sorry for me. And so I knew that I didn't want to feel sorry for myself. I thought that's a bad spot to be in.

Dave:

Yeah, pity is not compassion.

Amy:

It's not and feeling like a victim, why did this happen to me? I actually made the choice to never ask why me? I made the choice to not do that. And if my brain would go there, I would just try to focus on something else because I refused to go into this. Why did this happen to me? Victim role.

Amy:

And so that was as I was being wheeled into the operating room, that was the first thing I thought of was, I'm not going to feel sorry for myself. I'm never going to allow myself to feel sorry for myself. I'm not a victim.

Amy:

And so then the second thing was that I was going to snowboard that year because I had never missed a year of snowboarding before and I wasn't about to. So I decided that I would snowboard one way or another that year.

Amy:

And then the third thing was just whenever I figure this out, I'll help other people do the same because I felt inside that I could see myself sharing like, yes, this was hard. Yes, I went through so much, but I made it through the other side. I felt it inside. Intuitively, I knew that I would get through it somehow.

Amy:

So I think those three things, those three goals that I set just really kind of gave me something to look forward to and hold onto and feel somewhat in control in a very out of control situation. And knowing that I had some control over something empowered me.

Dave:

Did you ever tell those well-meaning, pitying family members and friends, STFU. Like, get out of here guys, stop it or how did you handle that?

Amy:

I'm sure. I mean, well first of all, I mean luckily, really, my family was very positive. At one point, my mom told everybody if you're going to cry, you can't come into the room.

Dave:

Oh good for her. So you had some good support.

Amy:

But I had great support. Everybody dealt with it their own way. I'm sure my parents went home and lost it. But we really tried to not keep things so positive that we were blind to what was really going on. I was in multiple organ failure. I was losing my legs. I thought I was losing my hands. I mean, it was really bad. But we did the best we could with what we had and we just tried to... Nothing puts you in the present moment like trauma or tragedy or challenge that you have to somehow get through. It just puts you in the here and now. And I think we kind of allowed ourselves to embrace that and just be there and just figure it out one step at a time.

Dave:

Do you worry now, I mean you have an organ. I'm assuming you have to be on immunosuppressant drugs for that and this is kind of a time when being immunosuppressed is less popular than it once was to put it politely. Are you concerned about that? Are you taking steps for that?

Amy:

Yeah, it is really challenging, I'll tell you. So after having a kidney transplant for 20 years, and I'll tell you a little bit about how I believe, like mentally I accepted my kidney and my body has also accepted my kidney.

Dave:

Thank you for saying that. Go deep on that. That kind of thinking is welcome here.

Amy:

Good, good. Yeah. So I actually, I'll get to that here in a second about taking immunosuppressive medication, but, or maybe I'll start with that. We'll see. But you just touched on a lot of things that I wanted to talk about actually. So, but definitely right now, we want to keep our immune systems up and I was just thinking yesterday, I take handfuls of immunosuppressive medication every day in order to not fight my kidney off. And that's really hard to want to do that every day when we're trying to boost our immune systems and hopefully not get this virus.

Amy:

So I'm definitely taking major precautions. I'm actually, I've been self-quarantined in my house for about two weeks now, so I'm pretty much probably at day 14 right now. My husband was traveling throughout Europe. He is quarantined against me and away from me right now. So we're doing-

Dave:

So you're getting lots of sleep, you're relaxed. Things are, okay.

Amy:

I know, exactly, relaxed. Yeah. But at the same time I am trying to, once again, do what I can. I can't control the fact that I need to take immune suppressive medication, but at the same time I can take my vitamins, I can get a lot of sleep, I can take care of myself in other ways. And so that's what I'm focused on, but I'll tell you, so my biggest fear with having a kidney transplant was taking immune suppressive medication. And I really fought the whole concept of having a kidney transplant. I had just lost my legs, I couldn't wrap my head around having a kidney transplant. We were trying to boost my immune system at that time because I had meningitis. We have no idea how that came about. And now I was when I have to take immune suppressive medication for the rest of my life.

Amy:

So it felt like a catch-22 trying to stay healthy, get through the challenges that I was facing yet now take immune suppressive medication to suppress my immune system so I wouldn't fight this kidney off. And so I really fought the idea of having this kidney transplant for as long as I could. I was on dialysis, which was so crazy. Just go into a dialysis center and hooking up to a machine and only being 19 years old, looking around and seeing everybody else who literally was-

Dave:

Oh yeah, I've done dialysis. It's definitely an experience.

Amy:

Really. I didn't know you've done it.

Dave:

Yeah, I did it just recreationally.

Amy:

Oh, well, that's fun.

Dave:

There's a special filter you can use that pulls out auto immune molecules different than the normal dialysis filter. And I did that with ozone. I do that probably every quarter. I'm going to do an episode on that soon. It's an antiaging technique, but, basically you sit there for two hours with a needle in each arm and it's not the most relaxing procedure.

Amy:

It's not. And it made me really sick. It pulled out all the minerals in my blood, the bad stuff and the good stuff. So that was part of the reason why I was 80 pounds and sick and hooked to a machine to survive basically. But yet still the idea of a transplant terrified me because I didn't even like taking Advil, let alone immune suppressive medication for the rest of my life. That's something you commit to you for the rest of your life. They tell you from the beginning you have major side effects from these drugs.

Amy:

They told me you lose the hair on your head but then you grow hair on your face because of the steroids that you have to take. Your face gets full because of the steroids. You could have diabetes because of the steroids, just all the things that could happen and so yeah, I was terrified to even make that decision.

Amy:

But then we decided to just follow through with getting everybody in my family tested to see, well, can anybody even donate to me in the first place and would it be a family member? And my sister and my mom actually matched in blood type. And then my dad and I matched in blood type and we didn't just match in blood type, but they look for six different antigens that they match up. If you have a twin, you'll match six out of six and usually you get three out of six from a parent but my dad and I, we matched five out of six. So we matched almost like a twin and that's really rare.

Amy:

And so that's the only information that I really needed to be able to kind of switch into a different mode instead of fear. I was excited to do this and I thought this is an opportunity. I matched with my dad.

Amy:

So I decided to go through with the transplant. But leading up to it, I did everything I could to mentally accept it instead of fighting it. Like I have to have a transplant. No, I'm choosing to have a transplant. Instead of thinking of all the bad things that the medication was going to do to me, I was thinking how great of an opportunity this is that I even get to have a transplant that I get to have a new kidney that's going to work well for me. I felt so grateful every single day and I forced myself to think that way. I felt that way, but I also made sure that I was thinking that way.

Amy:

So leading into the transplant I did everything I could to really just mentally embrace that this was happening. There's nothing else I could do. We tried everything we could and what a blessing that I matched so well with my dad. So we did the transplant and that first year can be scary because they say if you're going to reject your kidney, it's going to be within that first year. You're on 30 pills a day of immune suppressive medication, completely crashing your immune system. Antivirals, antibiotics, all types of medication.

Amy:

And I every day did my best to focus on being grateful for what I had. And I chose to look at my medication, not as, I'm taking all these pills with all these side effects. I chose to look at my medication as these are healthy for me. These are keeping me alive. This kidney is allowing me to live the best life possible. And so every day, even today, this is 20 years later when I take my medication, I think of it as this is saving my life. This is actually really good for me. And I believe that that's a huge reason why my body accepted my kidney as well as it did. I never rejected, I never had the issues that most kidney transplant patients have. I've been very lucky. I rarely get sick. I'll knock on wood, but I rarely get flus or get colds. My immune system's high, even though I'm taking this medication.

Dave:

All right, Amy.

Amy:

What do you think?

Dave:

Do you just have super powers oh yeah, so I almost died, I lost my legs and I just decided that I was going to focus on the positive. And then I just did it. And then I decided I was going to get a new kidney. I was going to accept this amazing gift from my father. And somehow I just knew that if I practiced gratitude on my medications, that they might work better. Which actually there's evidence of that. So, okay, were you just born with this crazy half-enlightened kind of perspective. I'm not getting this. You're saying no one taught you this. I mean, how do you know to do these things? Because this is why most people listen to podcasts and read books and go to church, is to figure out these practices and you're like, oh I just did it when I wasn't snowboarding. Come on, tell me how it really worked.

Amy:

I'm happy you're asking me these questions because it's making me dig a little deeper into how did I do that? But-

Dave:

You've told this story at least 10,000 times in interviews.

Amy:

I've told it, but not this part of the story. We're talking about-

Dave:

Okay, this is what I want.

Amy:

We're talking about stuff that I normally don't talk about.

Dave:

Good.

Amy:

So that's why I probably don't have all the answers here, but I do know. Okay, I grew up listening to Deepak Chopra and Wayne Dyer.

Dave:

He was just on the show. How cool.

Amy:

I love Deepak.

Dave:

He's great.

Amy:

He's amazing. He endorsed my book. He is amazing. But I grew up listening to him. I grew up listening to Wayne Dyer, being a massage therapist. When I used to massage-

Dave:

Oh, you were more connected to your body. Okay, keep going. That's a big hint. Okay, keep going.

Amy:

Okay, so, being a massage therapist. It was like meditation for me. You're quiet, you're relaxed, you're connecting with somebody else's energy. You're not distracted, you're not thinking of Instagram or anything else going on in the world or anybody else. It really was kind of meditative for me. And so I think that I was more connected to my body, like you said. And I also felt so out of control and it was endless. And I mean, I cried and I fought everything that I went through and I was scared for my future and I had no idea what my life was going to be like. And I had moments of depression. I went through all the emotions that anybody would go through with sudden change and losing your legs and not seeing a clear path of how to have a good life.

Amy:

But I think I started to just focus on what did I have? Using what I did have. And all I really had at that time was my thoughts. I mean, I've looked back on some of my journaling and I've said, you can't control what happens but you can control how you think. That's all I had, was how am I going to think about this situation so that I can continue to live a good life?

Amy:

And so a lot of these, I guess, things that I look back on that were techniques that got me through, I didn't look at them at the time necessarily as techniques. I didn't think well, and maybe I did think, if I accept this will my body accept this? I mean I couldn't fight it anymore. I think that's the biggest thing is I fought having a kidney transplant and I tried to deny it and I was so terrified that I just couldn't visualize my life with it.

Amy:

And once I accepted it, once I decided I can't fight this, I'm either going to be healthy or sick, so let's go the healthy route and whether or not I have to take medication or not, whether or not there's risk or I can reject my kidney or not, that was still ultimately the best direction for me to go in. So I wouldn't be hooked to a machine for the rest of my life. And so I think once I decided to step into that and kind of own it, I was able to accept it and I didn't want to fight it. I thought, I want to live a good life. So I needed to accept my circumstances and eventually I was able to embrace it. But I think it started with just not fighting it and thinking, okay, how do I accept this?

Amy:

Okay. Instead of thinking, this medication is horrible for me. I can't believe I have to take this for the rest of my life. What if I do the opposite? Oh, this is actually really good for me. This is actually what's keeping me alive. And that makes me feel good and that makes me feel empowered and makes me feel in control. And so I kind of started realizing, my initial thoughts were negative and were scared and were

out of fear. But if I decided to do the opposite, which is embrace what I'm doing right now, try to learn something from it, then maybe I could get through this. And maybe I can continue to live a good life.

Dave:

Okay.

Amy:

Does that answer-

Dave:

It makes sense. You're one of the few people who I would say 80% thought your way through this sort of thing. Well, there's a lot of, just listen to your words. Decide, think, reason. But at the same time, you were steeped in Deepak Chopra, Wayne Dyer, and being a massage therapist. And most massage therapists who are good at their craft are super energetically sensitive. They sense where the person needs it. Just like most acupuncturists, they learn, oh, this is where the other person's body needs it. So you had some degree of feeling that fed into your thinking and then you rocked it. Well, very well done. And that was just your practice run because what happened in 2019? Just last year?

Amy:

Yeah. It's funny that you bring it up that way because I feel like the universe was saying like, okay, you did it before, but can you do it again?

Dave:

Yeah, it was too easy the first time. So come on. What do you, we got something special for you? What happened?

Amy:

Right. So last year is almost exactly a year ago. Let me think. I'm trying to think how it even began because it started very, very slowly. So up until this point, I was snowboarding four to six hours a day. I also go to the gym every day, healthy walk. I have a three story house and I've got two prosthetic legs. I'm walking up and down these stairs every day, walking through airports every week I've gotten to-

Dave:

And by the way, airports are not for immunocompromised people and you just do it every week for a long period of time. So your resilience is kind of up there. So keep going.

Amy:

Well, and I'm doing the things that the doctors, I'll tell you, the doctors originally said I'd never be able to do. So maybe there was just a little bit of being rebellious there.

Dave:

Yeah, rebellious snowboarders. Yeah.

Amy:

It's in us. It's in our blood. So up until last year, yeah, I mean, I function completely normal and I'm walking through multiple airports a week. That's, if you walk through the Atlanta airport, that's a big airport to walk through. My legs rarely bothered me. They're literally extensions of me and that's how I've chosen to look at them. And so everything was going great. And I had a flight to Vegas to do a speech and then I was flying from Vegas to Nebraska to do a speech. And then I was flying back home to Denver.

Amy:

And when I was in Vegas, I was getting ready to do this talk. And I left my hotel room and I walked to the elevator and my calf was cramping and I thought, oh, that's weird. Maybe I put my, so you put these liners on your legs that are kind of shock absorbers and that you put that on before you put the prosthetic on. So if you can imagine, too, I've got about 10 inches below the knee. I have my full calf, I've got my tibia and my fibula. I just don't have like my ankle and my foot. And so below the knee goes into this socket and that's how you wear your leg and the socket is carbon fiber. Actually have a-

Dave:

I totally want to see it if that's-

Amy:

Here.

Dave:

Oh wow, look at that.

Amy:

So this is-

Dave:

This, to me, is the miracle of modern engineering. It's the coolest thing ever.

Amy:

It's amazing. Okay. It is, but it's literally just pipes bolted together, if you look at it. And it's like those are bolts.

Dave:

Wow. It's got Allen wrenches and-

Amy:

Allen wrenches, and-

Dave:

You guys have to see this on YouTube, by the way. It's fascinating. Okay.

Amy:

But, so-

Dave:

But, positive side, I bet your shoe never smells on that foot, right?

Amy:

No, they're brand new. They're and they never smell bad.

Dave:

All right. There's your upside.

Amy:

No toe jam.

Dave:

All right, what's inside there?

Amy:

So it's hollow. And you probably can't see, unless you have good light.

Dave:

No, I can see it. It's lit in there. There's like a bolt hole in there or something.

Amy:

Exactly. And so, and then here's a little button. So basically on my leg, I've got this liner, this shock absorbing sock, kind of like a rubber sock, if you can imagine. I roll it up my leg.

Amy:

... kind of like a rubber sock, if you can imagine. I roll it up my leg and it has ... Here let me show you if I can. It has the bolt.

Dave:

Thank you for showing me-

Amy:

... at the bottom.

Dave:

... this is so interesting.

Amy:

Yeah. This bolt goes into that rubber liner.

Dave:

Oh wow, and that's in your sock?

Amy:

It's in my sock. Then I stand up and step into my leg and it locks into that hole. Yeah, so then you're locked in there. Yep. And then to take my leg off, I push this button and it releases my leg. You'll see pictures of me of dancing or snowboarding, walking around. This is pretty much my real leg is in here. Some people think that you're amputated at the knee. No, you've got ... Everybody's different depending on what situation they had, but I got very lucky that my doctor, my surgeon who did the amputations, he knew that I snowboarded and wakeboarded and was athletic and so he left as much calf as he could so that I'd have leverage and have more muscle mass below the knee. I think because of that, it's given me a lot of control over my legs.

Dave:

Fantastic. But you got a blood clot in your calf, it sounds like.

Amy:

I did. Basically walking in carbon fiber legs is not normal. Dancing in carbon fiber legs, snowboarding six hours a day in carbon fiber legs is not normal. Your body is not made to have carbon fiber pushing into it, especially being that active. When I look back on the last year, there were moments where my calf would hurt because my prosthetic was pushing the back of my prosthetic back here, which is just all carbon fiber ... was pushing into my calf. We kept trying to fix it. I would go to my prosthetist. We kept trying to fix it, but we didn't think it was that big of a deal. Every time it would happen, I thought I was just bruising my calf, not actually doing anything major. But little did I know I was actually damaging and injuring my popliteal artery. Your popliteal artery is your major artery that feeds blood below the knees. You have your femoral artery, which is your main artery that goes down your thigh, it turns into your popliteal artery behind your knee and then it splits into three arteries below the knee.

Amy:

I'm doing a speech in Vegas, I feel a cramp in my left calf. I don't think too much of it. I fly to Nebraska, I do another speech, and the next morning, the day I was supposed to fly home from Denver, I woke up in excruciating pain and sat up, threw the covers off, looked at my leg. My calf was cramping so bad and my leg was as white as the sheet.

Dave:

Did that-

Amy:

I was terrified.

Dave:

Did that fire PTSD? I mean, you've woken up-

Amy:

Yes.

Dave:

... with the wrong color, you must've just lost your shit.

Amy:

Yeah, and it created PTSD because now that's in me, this feeling of you think you're safe when you go to sleep and you're going to sleep good and then, but how do you know you're not going to wake up in the middle of the night in massive pain and suddenly losing blood flow to a limb? I think that's in a weird way, a nightmare that a lot of people have. I've always thought, how scary it would be, even though I've lost my legs, how terrifying it would be to be facing something all of a sudden that you can lose a limb. I woke up and my leg was as white as the sheet, ice cold. I threw my legs over to the edge of the bed and just rubbed both of them as hard as I could and as aggressively as I could.

Amy:

At the same time, I called my brother-in-law who's a chiropractor in Boise and I'm like, "I don't know what's going on." I was by myself in a little hotel room in Nebraska and it took about 20 seconds or so, which isn't too bad for the cramping to go away, the color to come back in my leg and I thought, "Okay, I just need to get home as quickly as possible." I did not want to be in Nebraska going into the emergency room. I also Googled blood clots and everything that popped up was deep vein thrombosis. Well, that's in your veins and usually with that you get swelling and redness and I didn't have that. My leg was actually the opposite. It wasn't swollen, it wasn't red, it had no blood. And so I thought, "Okay, I don't have deep vein thrombosis," but I jumped on an airplane, I sat in a wheelchair. Actually I got crutches from the hotel, crutched down to my car.

Amy:

Once I got to the airport, sat in a wheelchair, ended up flying home, which was only an hour away, went straight to the emergency room and I even said to the doctors, I said, "You guys are probably going to think I'm a little crazy because my leg feels okay right now, but this morning I swear it lost full blood flow." They did an ultrasound and they came running in and said, "We know the problem. You've got a massive blood clot from your hip down every artery of your left leg."

Dave:

Oh, no.

Amy:

My entire leg. Every artery of my left leg was one massive blood clot. And so then started this whole new journey that I'm on of fighting to get back and really having to fight. What I went through 20 years ago, I realized some mental stuff is what helped me get through it. But this time it's actually been more physical. I've had to knock down doors to find doctors to help me. I've had to really put different types of therapies into my day to be able to try to coax my body, not into just healing, but more than healing, regrowing arteries.

Dave:

There you go.

Amy:

The scary thing though at the beginning was that the doctors initially didn't want to touch me because I was already an amputee and a lot of these doctors deal with people who are amputees because of diabetes, because of vascular disease so they're used to seeing amputees with blood clots. But the reason these amputees have blood clots is they were sick and they're 80 years old. Yeah, I'm 40 years old, but I'm an athlete. I was perfectly healthy a week before, so this was not normal for me. I actually had a fight that, because the doctors would say we've met ... One surgeon said, "We've never re-vascularized an amputee before because you're already an amputee. You already lost your leg." And I was like, "Okay, but my legs have been perfectly healthy, that's the difference," and at that point my leg was going to die. I did not have blood flow. I had basically a spider web of vessels keeping my lower leg and calf alive at that point and that was about it.

Amy:

I was able to convince one surgeon. I said, "I'm not leaving the hospital until you guys get in there and do something," because I actually knew somebody who had a similar situation and they did surgery, they were able to go in and remove this blood clot. I pretty much said, "I'm not leaving the hospital until you guys go in there and at least try," and they were scared of making things worse. They said, "All it would take is just nicking the artery, all of a sudden you're losing your leg above the knee." And at that point in my mind, I thought, "Well, I'm probably losing my leg above the knee right now anyways." Luckily they went in, they were able to remove the blood clot from my knee to my hip, thank goodness, but they couldn't remove the blood clot from my knee down.

Amy:

I left the hospital about two days later, felt ... I was so mad and so frustrated and basically they had said, "We can't help you. We don't know how long this blood clot's been in there and basically you're going to have to just get used to life not being what it used to be."

Dave:

When doctors say that I think you should just fire them. Is that-

Amy:

Well, and I tried, but you know-

Dave:

Sorry, [crosstalk 00:48:39] maybe not because you're just doing-

Amy:

No.

Dave:

But when they say that, what they're saying is we don't know, but to tell you to just accept it instead of, we don't know, but we'll help, that seems so negative.

Amy:

It was incredibly negative. They, of course, thought they knew more than me, but I thought I knew more than them for sure. This all happened over a weekend, so we were trying to call every vascular surgeon. I called everybody I could. I called Dr. Oz who's a friend of mine.

Dave:

He's such a good human.

Amy:

He's such a good guy.

Dave:

He's so noble.

Amy:

He got me in touch with who he knew was top vascular surgeons. I had friends who are Boston bombing survivors and they put me in touch with their vascular surgeon, so I was on the phone with him. I was sending him all the ultrasounds and I was getting the same information from everybody, which was-

Dave:

That they all agree.

Amy:

Yeah, that there is not much you can do because this was in the artery, this wasn't in the vein. This was not deep vein thrombosis. This was a major arterial occlusion and the challenge is, is that if these blood clots stay in your arteries for more than a week or two, they become concrete and you can never remove them at all. There's just this whole challenge with, they had done this surgery, I had this huge incision in my hip where they went into the artery so they couldn't try other methods because I could bleed out. There was just all these different challenges and it was the first time that I felt like doctors are supposed to help me. Doctors have always been able to help me and this is the first time that nobody can help me. No matter how positive I was 20 years ago, I was sitting in my hospital bed just wailing, just crying because I was thinking, "You've got to be kidding me. There's got to be something we can do. Somebody's got to be out there who can help me."

Amy:

They released me, they sent me home and I went on a mission. That's when I started calling everybody I knew and trying to figure out how do I get to a doctor that can help me. We had figured that I would maybe get on a private jet that a friend had set up, fly me to UCLA. I had already been set up in their system and I was going to try to see those doctors. But I got lucky that so ... Let's see. I went into the emergency room just a few days after the surgery. They released me, my leg was turning blue. I went back to the emergency room. They did an ultrasound. They said, "Your leg's even worse than it was before. It's completely occluded. There's not even much of a spiderweb of vessels giving blood to my lower leg." And they said, "You need to call your doctor ... your surgeon who did this and this and see what he'll do." And I said, "He's not going to do anything. He already told me he's not going to do anything, that I have to live the rest of my life like this." But I decided to call anyways because at this point I didn't know where else to go.

Amy:

I called that Monday morning to try to get back into my surgeon and the receptionist said that he was out of town, but his partner was there and if I wanted to see his partner and I said, "Sure, I'm willing to see any vascular surgeon I can at this point." And so I went into see his partner and he was a much older surgeon and he basically ... He did an ultrasound on my leg and he looked at me and he said, he said, "You know what? You remind me of my three daughters and if one of them was in this situation, I would do anything I could to help her." But then he sat there and he just said, "What am I going to do with you? What are we going to do?" But just hearing that I felt some level of hope, I thought somebody is willing to try something.

Dave:

You have an unfortunate situation. You're kind of a big deal. That means that if a surgeon goes in and does something that he would do for himself or his own children and something bad happens, whether you lose more of your leg or you even die, his license and his career and his family are at risk for that. The better known you are, the harder it is to get cutting edge care. Right?

Amy:

I love that you say this because a lot of people would think the opposite.

Dave:

It's not so-

Amy:

Right.

Dave:

It's fear from ... and it's justifiable fear because we have this hyper litigious society and also just reputational stuff. People get crazy on social media and all of a sudden you're like, "Well I was trying to ... because the patient wanted to take the 5% risk in order to do something miraculous. We both agreed and she signed all these papers, but still my reputation gets dragged through the mud." It's not fair to the doctors who do it anyway. Man, hats off. That is a form of courage, that's rare. What did he do for you? Did he step up and do something?

Amy:

He absolutely did.

Dave:

Oh, I love it.

Amy:

Yeah, it was amazing. He said, "I've got a couple of tricks up my sleeve. I've been at this for a while." But he was like, "We got to get you in right away," which is a risk because they did this previous surgery, so I had this big scar ... this big incision in my hip to open up my artery. What he was going to do was go in and try to dissolve this blood clot through a certain type of ... Yeah, it's like a blood clot dissolver-

Dave:

[inaudible 00:54:09] or something.

Amy:

Yeah. I forget what it's called. TPA, it might be called TPA. But it makes your blood really, really thin, so I can bleed out in my hip. But he even said, "You know what? I'm willing to take the risk. Let's figure this out. Let's get you in there." At that point I was willing to take the risk as well. He brought me into surgery. It ended up being a two day process, a two-day surgery. The first day he basically went in on my opposite hip and he put a catheter in, so it goes up around under your aorta, down your left leg and down into my lower arteries below the knee and he placed these catheters and then dripped what felt like acid to me. It was the worst pain of my entire life. I was in excruciating pain for at least-

Dave:

Didn't they knock you out or put some lidocaine in there or something?

Amy:

Nothing. Nothing worked. I was on every painkiller. I was on maximum amounts of the top painkillers you could be on. Nothing even touched the pain that I felt for about 48 hours. It was two days worth of nonstop pain. I had to take it. I've got video of made just literally moaning for two days straight, but I knew that this was the only option to try to do something. I faced it.

Dave:

You could have said, "Pull it out. I can't handle this."

Amy:

I could've. I could've.

Dave:

Did you think of that?

Amy:

Oh no, I didn't think of it, but what I did think of is don't you pass out eventually? Aren't you supposed to pass out from pain eventually?

Dave:

Right.

Amy:

And it never happened. It's like the pain kept me wired.

Dave:

That's courage. Okay, good for you.

Amy:

But yeah, I mean absolutely to me it felt like you could have just chopped my leg off and with no painkillers or anesthesia and this is what it would feel like.

Dave:

And you know what what's like.

Amy:

Yeah.

Dave:

You are one of the few people who can say that with truthfulness.

Amy:

Yeah.

Dave:

Wow.

Amy:

Excruciating amounts of pain. And so then he brought me into surgery the second day and used what he said was like ... He said it was like a rotating brush to just plow through every artery. I think he spent five hours, which the nurse came in and said, "I've never seen him do this on a patient before. I've never seen him ... Usually he goes in, he does what he can, he steps away. He did everything he possibly could to save your leg."

Dave:

I love old doctors who have 20, 30 years of experience. They have something special and his ability and willingness to do that, that's a lifetime-

Amy:

Exactly.

Dave:

... of achievement right there and you're like, "Wow."

Amy:

I know. I agree. I agree. And I just think thank God there's always these angels that step in. At least I've been very lucky that at some point if I don't give up, somebody is there who can help me. But I mean in this case I really had to knock down doors. I really thought I wasn't sure if I was going to get through this until I found him. Basically, he was able to get this blood clot out. Two out of the three arteries below my knee opened up. One artery stayed closed, but we weren't too worried about it because your body can adapt. His hope was to open one artery below the knee and he was able to open two out of three arteries below the knee. And so I went through about four months of just recovering from that. My leg was massively swollen, still had weird circulation issues.

Amy:

In fact, as the months went on, even though all my ultrasounds were running clear, my leg would turn purple and blue. I was up on crutches at this point, on one prosthetic leg. When I would get up right on my crutches, my leg would turn purple and then it would turn blue and yet all my ultrasounds were running clear. He introduced me to another surgeon because he basically said, "I don't want to do anything else because I've done so much that sometimes you can go just a little too far." He was a little bit nervous to just take it any further.

Dave:

That's also the wisdom that comes with age to know that.

Amy:

He knew, he knew. But he knew somebody who was willing to jump in. I met this other amazing surgeon. His name is Dr. Mubarak and he's here in Denver. He's a three time Ironman and so he's an athlete himself. He came in to my room with so much energy and he just said, "Okay, we're going to go in, we're going to figure out what's going on. If I have to plow through more arteries, I'll do that. Let's do what we need to do to get you snowboarding again." We set the surgery up for two or three days later. What he found when he went in was yes, Dr. Cooper had totally cleared out all the blood clots. Thank God if he didn't do that, I wouldn't be where I'm at today. But the trauma of what my arteries went through shrunk my femoral artery, which your femoral artery is usually, let's say a nickel. Pretty big, right? It's like a pipe of blood.

Amy:

My femoral artery was shrunk down to a string. I'm into a string. When you look at the ultrasounds, you just can't believe any blood was getting through there at all. And that was just from my body just the trauma of what my body went through. He went in then, did an angioplasty and you do it while you're awake, a lot more pain too, where they put balloons in all the arteries and ...

Amy:

Where they put balloons in all the arteries and expand the balloons to try to stretch out the arteries, bring more blood flow below the knee. So he did that and he was the first doctor to prescribe the hyperbaric oxygen chamber for me.

Dave:

I was going to ask about that because a hyperbaric it's just your body's crying for oxygen you can just put it in there. How did that make you feel?

Amy:

Well I'll tell you. It was a process. So I did surgery a few days later. Started hyperbaric. I did it for three hours a day, five days a week for six weeks straight. Didn't take any days off except for the weekends because I did it through the hospital. And I'll tell you, I didn't really notice anything at the time. But what I did notice, it was the first time that I didn't cry. It was the first time I didn't have anxiety because I was actually doing something. I felt like I was taking action and doing something for myself. And that was empowering. Up until this point, I felt so out of control of my situation that at some point every day I would cry because I just felt panicked and overwhelmed and yeah, I started doing the hyperbaric oxygen

chamber. After a month of doing that, I realized I had no anxiety, didn't cry because I was taking action and so just that alone was healthy for me, just mentally. And so I ended up doing five weeks of that. I didn't really notice anything during that time, my leg was still kind of recovering from the past surgery that we did.

Amy:

So something a couple months later happened that could've been really bad, which was I went in for an ultrasound one week. Everything was clear. I went in for an ultrasound a couple of weeks later. We noticed that my popliteal artery had drastically narrowed and my surgeon was sure that it was going to close. That was the first time that we actually realized that the injury started there. That's the point of injury. At this point, we kind of didn't know why did I have this blood clot down my whole leg. But that spot is right where my prosthetic pushed and that's where my popliteal artery wanted to close.

Amy:

And so he said, "Let's wait a week. Let's just see what it does. Maybe it will hold stable," I went in a week later, it had closed completely 100%. However, my lower leg was warm, the color was great. It felt the same to me as it felt before. So my surgeon was like, "Well, we could go in and do another surgery there, open up this artery, but you might have to do that every couple months for the rest of your life because clearly your body wants to close that artery right there," and so we made the decision right there. I didn't want to have any more surgery. Let's just see what my body does. And after about a week, I went back in for another ultrasound and what we found was that artery was still closed, but all these other collateral arteries were bright red, opened up and totally bypassed the blockage. Totally bypassed that spot that closed.

Dave:

I believe your hyperbaric helped that to happen. By the way, same thing happens with heart attacks. If you don't have surgery and you don't die from it, your body will over time grow those things. It's incredible.

Amy:

And if you give it time. So time was definitely a huge part of this because at the beginning, the reason that that artery closed and I ended up with a massive blood clot was my body didn't have time to create any more arteries. That happens so quickly. But this time it did have time because we were in there expanding my arteries. I was doing the hyperbaric. The hyperbaric creates pressure in your arteries to open up new little pathways. So what's interesting is months before that artery closed or that we knew it would close, we saw this little tiny artery, this little collateral artery just start at the top of my knee. It was just right above my knee, right above where the spot ultimately closed. And it's like it knew that spot was going to close and once it did close, suddenly that artery became just as big as my popliteal. Now it runs right alongside my popliteal. It literally just bypasses the spot that closed. It's amazing.

Dave:

The body is so incredible with what it can do. It's such an elegant system that is just primed for survival if you sometimes get out of the way, but sometimes you can help it like you did with hyperbaric. Now I want to run a few other bio hacks past you. So as you're doing this, I am putting together my menu of things that are outside mostly of what a typical surgeon would do. And I want to see if you've thought of them and if you've tried them. So I want thumbs up, thumbs down or I'm in a call someone in and ask

about this. Okay. So this is real world biohacking. Okay. First thing when I look at angiogenesis, have you looked at shockwave therapy? Because I haven't talked to you about that.

Amy:

No, but I do the Beamer. Do you know the Beamer?

Dave:

I do know the Beamer, the EMF sorts of things, which is a very supportive therapy. I do a lot of pulse electromagnetic frequency work at 40 years of Zen on the brain and other words and that can raise, I know that there's evidence that that'll grow a nerve growth factor would you probably need some of them in your leg also, but I don't know about whether it's going to raise a VEGF, which is what you're looking for. VEGF is what causes your vascular system to grow. So shockwave therapy, I know that it grows new blood vessels because I have used it on a certain male organ that likes to have lots of blood flow and holy shit balls. It grows new blood vessels like unbelievable new blood vessels. Without going into too much crass detail, I will just tell you that everyone's happy about that who's tried it. And what this is. This is sonic shock waves and you can do them depending on how deep the veins are or the arteries that you need to go for. But you can do this topically. And I know that it caused the angiogenesis because there's been studies and because I felt it. And your surgeons can talk about risk and all that stuff, but they might not have put those things together.

Dave:

Has anyone talked to you about VIP nasal spray or lozenges or even, do you know what it is?

Amy:

No.

Dave:

See this makes me mad. Vasoactive Intestinal Peptide, VIP, is something that raises levels of VEGF, which is the compound that causes you to grow your new vessels throughout the body. So if you can raise VEGF, you're going to be very, very happy with what happens there. And VEGF is a vascular endothelial growth factor. I was trying to think what did that stand for? And so when you get VIP up, VEGF usually goes up or you can also take VEGF. So you're trying to grow these things. Why don't you get these compounds? Because they're not pharmaceutical drugs.

Amy:

Yeah, absolutely.

Dave:

Okay. So that would be useful. But no one's ever told you to do these things. Hyperbaric thumbs up. You did it.

Amy:

Yes.

Dave:

And have you ever heard of intermittent hypoxic therapy?

Amy:

Is this where you stop the blood and then it flows?

Dave:

Yeah. There's two ways to do that. Three ways to do that. One is stop blood with blood flow restriction training with a band. Right? And that works very well. And guess what the bands do in studies? They crank VEGF through the roof, which is really good for you. So that's that. I don't really like the idea of bands where you've had all these arteries compressed in surgeries. That seems icky to me, but I could be wrong. What am I a doctor? No.

Dave:

So you can also do intermittent hypoxic therapy with one of the machines we use it Upgrade Labs, which allows you to breathe air that has no oxygen in it. So you get your blood oxygen levels down to about 87 and then you breathe pure oxygen afterwards. And again, VEGF goes through the roof and all of your cells that need oxygen can get oxygen because your body resets its hemoglobin sensitivity levels for lack of a more detailed description.

Dave:

There's also a machine that we have at Upgrade Labs called CVAC, which allows you to go up to the height of Mount Everest, but just for 20 seconds or 10 seconds and then back to sea level. So you go up, down, up, down and it takes all the vessels in your body and it pumps them, all of them at the same time. It almost plays music on them. Right? It's awesome. And there's that. Let's see, we talked about the other one. Then red light therapy. I'm hoping you've done that.

Amy:

I have done that.

Dave:

Do you know the effects of Amber light on specific blood vessels?

Amy:

No.

Dave:

There are studies. That's why I put Amber light in the lights that I designed. So you should look at Amber light. There's specific frequencies with this. Have you done an intravenous ozone?

Amy:

No.

Dave:

Have you done ozone bagging on your leg?

Amy:

No.

Dave:

The fact that no doctor has told you to do ozone bagging makes me mad. You put a bag on your leg with a band at the top and you pump it full ozone gas and sit there and watch TV. And the ozone seeps into your leg. It sterilizes wounds. It gets rid of stuff, it causes things to heal faster and it oxygenates everything and it cranks up your mitochondria at the same time.

Amy:

Wow. Wow, that's amazing.

Dave:

Okay. Has anyone injected BPC 157 in the area?

Amy:

No. However, my doctor has been looking into a few different-

Dave:

Good.

Amy:

Yeah, few different things.

Dave:

It's time for peptides, exosomes. Anyone injected those?

Amy:

No, but my a doctor who saved my life 20 years ago is now injecting those and so I was going to set up with him.

Dave:

Please do that. You can also inject amniotic fluid and there's something called hydro dissection you can do because right now, the layers of fascia in your tissue, they get stuck together and compressed and what they're doing in pro athletes, I just had this done and there's a podcast coming out about it, but what they could do is they can inject a mixture of saltwater and amniotic fluid protein, which causes healing to create space so your fascia can move again. Right? And then two other things.

Amy:

Okay.

Dave:

Multi wave form electrical stimulation can cause everything to grow in a way that's unbelievable. There's a podcast about Neu Fit. N-E-U-F-I-T is the one that I've seen people who are paraplegics get up

and walk from this kind of treatment. It's what Terry Walls is doing. So general systemic, I'd put it on the end of the leg, it'll cause blood flow to go there because the body will say, "Oh my God, I have to exercise the muscles at the end of the leg that you can't exercise right now," it'll exercise them without your permission. It'll exercise them.

Amy:

And that's what I need. That's what we've decided that the more muscle, the more blood flow.

Dave:

Okay, Neu Fit. N-E-U-F-I-T. And the final thing is good old fashioned nicotine.

Amy:

Okay. I'm curious what you have to say about this. My doctor has said a little bit, but yeah. Sorry.

Dave:

Okay. Nicotine increases angiogenesis pretty darn dramatically, which is why it's bad if you have cancer. But if you don't have cancer and you want angiogenesis and the fact that you're 40 if you look in superhuman, I go through the science. It reverses Alzheimer's disease. If you did one or two milligrams of oral nicotine, not smoking, not vaping, especially with all this crap virus stuff going around, then I'd be doing that. Maybe even three. Lucy Gum is the cleanest gum you can get. You might just do half of a Lucy Gum, they're four milligrams. If you do it properly, two chews, put it in your cheek, two chews, put it in your cheek. There's also a spray that you can get from Canada or Europe. That is my preferred form, but okay with all these things and maybe beet root would be good because it increases nitric oxide. If it makes me feel good, if it makes me feel like crap, then don't take it because then you have a NOS3 problem in your genes. So why don't doctors have all these bio hacks? It drives me nuts.

Amy:

It drives me nuts too. It drives me crazy too, and I'll tell you, I've done tons of research and haven't even come across half of the stuff that you've said, so this is amazing.

Dave:

That was just from my mind. But okay, all these will be in the show notes will be transcribed. If you want resources for these afterwards, just hit me up, I'll hook you up with whatever.

Amy:

That would be amazing. One thing I've been looking into as well is I was trying to find what foods help create angiogenesis, but I had a really hard time finding that. But what I could find was what stops angiogenesis because of cancer patients. You don't want to feed those.

Dave:

Yeah, don't eat those.

Amy:

Well, it's amazing. It's kale that actually at kale green tea that stops-

Dave:

Kale's not good for you.

Amy:

Okay, well actually I remember you saying that. So I've slowed down on it. I've stopped it now though because I don't want to hinder my body from creating more blood vessels. And turmeric.

Dave:

You don't need ox... let me be really straightforward with you. You have one kidney and it's not yours. Oh, by the way, newsflash, we share that in common. I only have one kidney, but it's mine. So here's the thing. Oxalic Acid is really bad for your kidneys and if you only have one kidney, then you need to not eat raw spinach ever again. And I wouldn't even do cooked spinach and I wouldn't do kale cooked or raw, given who you are and even beets are also not a good choice for you. And this Oxalic Acid, it's a major cause of kidney stones way more so actually than fruit toast and probably than excess protein.

Amy:

It's crazy that we don't learn this from our doctors.

Dave:

There's a few of them who know it. And also there are probably doctors like, "Who does Dave think he has? He's a bad man," yes, I'm a bad man. I'm just working based on data and science and I could be wrong but-

Amy:

Right. But this is why I was so excited to do this. This is why I was so excited to speak at the Biohacking Conference too because I wanted to sit in the audience and listen as well. This is where I'm at is I realize the doctors have done what they can. Now it's up to my body to do the rest and how can I support my body to not just heal but literally do more than that, right? Like grow new connections, create new pathways. I need to support my body as much as I can, so anything that I can find.

Dave:

Well I hope that at least some of those are helpful for you. I feel like the whole stack of those, all of those have evidence that they would help you achieve the goal you want, which is angiogenesis and stimulation of the leg and things like that. So I'm more than happy to give you the resources and I'm happy we got to talk because I mean what-

Amy:

Me too.

Dave:

What an awesome thing. I want to know how this comes out. So I would ask you to stay in touch with me and let me know if you try these things, if you notice the difference.

Amy:

I will.

Dave:

Okay.

Amy:

I will for sure.

Dave:

On that note, we are going to transition to Instagram Live now after we end the formal podcast episode. If you enjoyed the podcast so far, Amy and I are going to be taking live questions. All you have to do is follow me, Dave dot Asprey and anytime I do a podcast and it works out for the guest, I'm going to let you guys ask live questions. And then the podcast itself comes out in a little while, which encourages people on Instagram to subscribe to the podcast on iTunes. And if you're on iTunes, follow me on Instagram and I will let you talk with awesome people like Amy Pretty. So Amy, I will see you on Amy Pretty, which is your, no is Purdy Gurl. P-U-R-D-Y-G-U-R-L on Instagram?

Amy:

Amy Purdy Gurl.

Dave:

Amy Purdy Gurl on Instagram. And I follow her. I only follow a few hundred people. So if you guys want to find her that way, do that and I will see you on Instagram. And if you don't want to do that, the best way to connect with Amy just to follow in her journey and the amazing stuff she's doing is her Instagram account, which is like we just said, Amy, Purdy Gurl, G-U-R-L. That's what it's about. Thanks Amy.

Amy:

Thank you so much Dave.