



EPISODE #207  
DOES ADRENAL FATIGUE EXIST  
WITH ARI WHITTEN

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### Wendy Myers:

Hello, everyone. Thank you for listening to the Live to 110 Podcast. My name is Wendy Myers. And we're going to be having a very interesting conversation today.

I'm interviewing Ari Whitten. And he has a website called [theEnergyBlueprint.com](http://theEnergyBlueprint.com). He's going to be calling into question the existence of adrenal fatigue.

This is something that I had just vaguely thought about in the past. He's going to be talking about how cortisol levels don't necessarily indicate the existence of stress or chronic fatigue or adrenal fatigue and that, in the research he has delved into, it just isn't there. There just isn't any research that proves the existence of adrenal fatigue.

But there is a lot of research on chronic fatigue. And he talks about how these symptoms of adrenal fatigue and chronic fatigue overlap. And that, really and truly, the problem that we should be calling into question is the functioning of the mitochondria.

So, that's what we're talking about today. This is a fascinating conversation. This is one of the best podcasts I've done in a while. I really, really enjoyed our interview today because I love people that, like myself, question the status quo and question, "Is that really scientifically valid? Does that really exist? What is actually happening here? And how do we help people to the best of our ability?"

And that's why I like this podcast. We talk about how to improve energy levels, how to improve the functioning of mitochondria, increase the number of mitochondria. And we talk about Ari Whitten's amazing program, The Energy Blueprint, on the show today.

But before we do that, we have to do the disclaimer.

Please keep in mind this podcast is not intended to diagnose or treat any disease or health condition and is not a substitute for professional medical advice. The Live to 110 Podcast is solely informational in nature, so please consult your healthcare practitioner before engaging in anything that we suggest today on this show.

And I have my book out on Amazon. It's also about energy and fatigue and mitochondrial function. And my book is called Limitless Energy. You can get it on Amazon. The Kindle version is out right now; the paperback should be out very, very soon.

I wanted to write this book because my number one clients' complaint is fatigue. My number one complaint when I was having health issues was fatigue. And I still struggle with that sometimes as well if I'm working too much or if I expend too much of my energy. And I've always really wanted to research why are people so tired.

And so, I wanted to put this book together and talk about the mitochondrial poisons that are toxic metals. There are toxic metals like arsenic, aluminum, tin, thallium, cesium—many of these, you haven't heard before, that I have researched and written extensively out in the book in totally layman's terms so anybody can understand it.

And I wanted to bring some awareness to these metals that could be making you tired, that we know are making you tired, how to remove these metals, the type of testing you want to do to discover what metals you have, the type of supplements you need to take to remove these metals specifically and just some very simple tips, things you can do at home without working with a practitioner (although I recommend doing that if you really want to get serious about things).

Go check out my book just as a starting point. It's called Limitless Energy on Amazon. It's only \$5.99. I wanted to price it very cheaply, so it's available to everyone. So, go check that out on Amazon. It's called Limitless Energy: How to Detox Toxic Metals to End Exhaustion and Chronic Fatigue.

## 04:14 ABOUT ARI WHITTEN

Wendy Myers:

Our guest today is Ari Whitten. He is the author of the number one Amazon bestselling book, *Forever Fat Loss*, and the creator of the Energy Blueprint System.

He's a fitness and nutrition expert with a Bachelors of Science from San Diego State University in Kinesiology. He holds two advanced certifications from the National Academy of Sports Medicine and recently completed coursework for his PhD in clinical psychology and education which rounds out all aspects of nutrition, fitness, and psychology of his approach to optimal health.

He has been working with people to improve their health and body composition for over a decade. And he's a tireless researcher. He has obsessively devoted the last two decades of his life to the pursuit of being on the cutting-edge of the science on health, fitness, and nutrition.

For the last three years, he's been working with the most brilliant scientists and physicians on the planet to develop the most comprehensive program in the world on the science of overcoming fatigue and increasing energy, *The Energy Blueprint*.

You can learn more about it Ari at [theEnergyBlueprint.com](http://theEnergyBlueprint.com).

Ari, thank you so much for coming on the show.

Ari Whitten:

Yeah, my pleasure. Thank you for having me.

Wendy Myers:

Why don't you tell the listeners a little bit about you and how you got into health?

Ari Whitten:

Well, I'll give you kind of the short story. I started in health when I was very young, probably around 13 years old. As many young teenagers do, I kind of got into fitness and building muscles and wanting to get some biceps and some abs to get some girls. And that's kind of started innocently enough for me. And I got very, very deep into that world.

I had a little bit of a gift for it, so I started reading college-level nutrition textbooks by the time I was like 14 or 15. I just kind of became obsessed with it. And that was my world for many years.

I went to college, got a degree in kinesiology. I went on to be a personal trainer working with people in terms of nutrition as well.

I decided I wanted to go to medical school. I actually went to medical school for two years. I decided I hated it. I actually hated it from the first week. I literally had to be on the phone every week with my brother and with my parents going, "I hate it here. I want to get out of here." They're like, "Ah, it's only 3 ½ more years it's only three more years it's only two more years it's only 2 ½ more years. ½"

That was a weekly conversation for me. And eventually, when my hair started falling out when I was 23 years old and was just like becoming emaciated from sleep deprivation and stress and just hating my life, I decided to leave.

And it was largely a result of the fact that I had this background in nutrition, and I understood how powerful nutrition and lifestyle strategies could be to affect your health. And I also knew, unlike everybody else that I was in school with, the power of those things and how important they were to our health.

And so, I'm in the hospital in the internal medicine ward—just picture this. Imagine a young guy with a strong background in nutrition for 10 years in the internal medicine ward of a hospital seeing people with diabetes and heart disease (which are diseases of lifestyle) being treated with one drug after another while being fed the standard crappy hospital diet and receiving zero education on any of the lifestyle factors that actually caused that condition.

So, for me, it was intolerable. I had to keep my mouth shut because if I deviate from the protocol that they're teaching me, I can be expelled from school. And also, classmates, if I shoot off my mouth, classmates will think, "Oh, who is this guy who thinks he's so smart, who knows more than the doctors here?"

So, it was a situation that just became intolerable to me. And I knew it wasn't the right way to help people. So I eventually decided to leave, then went to a PhD program for Clinical Psychology. I did the whole three years of that program, passed with flying colors. And then I realized I didn't want to be a clinical psychologist. And so I decided not to go and pursue all of that internship and getting licensed.

The big factor for me was I've been reading all this research around nutrition and the power to help people with psychological conditions which is, again, kind of like medical school. In clinical psychology school, you receive zero education on nutrition and lifestyle factors when there's lots

of science showing that they're linked with depression, anxiety, schizophrenia, on and on.

So, I realized that if I go through all of these years of internship, and then take my licensing exam, get my license to practice clinical psychology in the state of California, and then I try to integrate nutrition into my practice, they can actually take my license away.

Wendy Myers:

Wow!

Ari Whitten:

So, in other words, I actually have more freedom to practice the way that I want to practice by not having a license (which is kind of crazy if you think about it).

So, that's when I basically decided to start my own business and help people the way that I wanted to help people the way that I felt was right.

I started writing books. I started creating online programs. I started doing coaching with people. And that kind of brings me to where we are now.

Wendy Myers:

Yeah, I totally identify with what you were saying about finding that doing the psychology was wearing on and the thought of not being able to use nutrition in your practice and nutrition in the medical world—

And it's really an abomination. I feel that lifestyle and nutrition are not tended to in these disciplines. And only drugs are given. You can have your license taken away if you mention those things. It's just ridiculous!

Ari Whitten:

It is, for sure. And it wasn't just medical school. I was then going to have to go through four or five years of residency where, again, I have to keep my mouth shut to all these patients that I'm going to see. I can't tell them because now I'm in a situation where if I deviate from the hospital protocol of what the standard practice is, I can be kicked out of the residency.

So, it was just a situation that was intolerable. And it was just painful to me. It kept me up at night. It was stressing me out. I was losing my hair in my early 20's.

Wendy Myers:

Yeah. And that's why I love the work that you do. I think it's so important for the listeners to learn about alternative—not even alternative, but just learning about diet, learning about lifestyle, learning about supplements. And this kind of education, you're not going to get from your medical doctor, these alternatives that you have to factor in to your health regime if you plan to reverse

health issues or if you plan to get your energy back.

Ari Whitten:

Yeah, 100%.

And I'm glad you corrected yourself on the word "alternative" because we sometimes hear this meme among conventional medicine around alternatives. "There's a reason they call it 'alternative.' It's because if it were proven and there was science behind it, then it would just be science or it would be medicine. It wouldn't be alternative medicine."

And when we're talking about the links, the scientific links, between lifestyle factors and dietary factors and heart disease and diabetes and depression and dozens of other conditions, we're not talking about something that's alternative and there's a lack of science on the subject. There's a mountain of science on this, thousands of studies. You can go to medical school, get your MD, and literally receive zero education on any of those tens of thousands of studies on the entire field of nutrition and lifestyle factors. You can get your MD and know nothing about those things.

Ari Whitten:

And that's not the point of medical school. The point of medical school is to learn how to give drugs to people and do surgery on people. And we need those things for sure. But they're not the first line of treatment. I don't think they should be the first line; it needs to be the last resort.

People have to realize when they go to their medical doctor, they have to know who they're speaking to. If they go to their doctor, they're going to get medications or surgery. And if you want that, great! But if you're looking to do something for your health that's actually going to address the underlying root cause of the condition and permanently reverse it, you have to think about diet and nutrition, supplements, lifestyle, et cetera.

Ari Whitten:

One hundred percent, yeah. And if I get shot or stabbed or have a life threatening infection, I am so glad for conventional medicine. If I lose a leg and need a prosthetic, believe me, I'm the first to sing the praises of the wonders and miracles of modern medicine.

But at the same time, us doing these incredible things for the vast majority of disease in the western world, they're diseases of lifestyle. Modern medicine is generally pretty powerless. I mean, they're trying. They're trying to create cures, drug cures, for all these different conditions. But if you read the newspapers, you can see headlines going back to the 1920s and '30s saying, "We're on the verge of creating a cure for cancer... and a cure for this... and a cure for that." And where

are the cures?

Wendy Myers: Yeah, not going to happen.

Ari Whitten: So, these lifestyle diseases are not going to be cured with drugs. They're going to be cured with lifestyle.

Wendy Myers: Yes.

## 14:36 THE TRUTH ABOUT ADRENAL FATIGUE

Wendy Myers: And so, adrenal fatigue is one of those conditions that's not recognized by conventional medicine typically. You've written a book on adrenal fatigue called *The Truth About Adrenal Fatigue*. Why don't you tell us a little bit about that and give us the lowdown on adrenal fatigue?

Ari Whitten: So, yeah, it's a tricky subject. So there are kind of two schools of thought as you've mentioned—the conventional school of thought which basically says, "There's no science on the subject. There's no such thing as adrenal fatigue," and then we have the world of functional medicine docs and and nutritionists and so on who all are convinced adrenal fatigue is a very real thing.

Now, I'm actually kind of more in the middle ground here. I'm not really aligning with either of the two perspectives. And I'll tell you why.

I actually was of the opinion that adrenal fatigue was very real and was a legitimate condition for a very long time. And I assumed, since there were so many people talking about it and there's thousands of articles online, then it all must be very real.

Well, I decided actually to write a book—the one that you mentioned. When I originally set out to write it, I didn't intend it to be what it became. I originally wanted it to just be a compilation of like, "Here's all the science on adrenal fatigue" and like "What does the science say? What are the best treatments according to the science for fixing your adrenal health?" and so on. And I discovered something pretty remarkable and kind of crazy.

If you think of a condition—so think of any condition, whether Alzheimer's or cardiovascular disease or or anything you can think of—and you go to PubMed and you do a search for that

condition, you will find literally thousands of studies that come up.

And if you go to PubMed, and you put in "adrenal fatigue," you'll find literally almost nothing.

So, this condition was created 1998 by James Wilson. There's almost nothing there on adrenal fatigue. And it's almost even worse than just saying there's nothing there because there's actually negative scientific data. There's a systematic literature reviews titled Adrenal Fatigue Does Not Exist. And then, it's taking you through all of the relevant literature that's even remotely related to the concept of adrenal fatigue. And it's basically concluding there is no science to back up adrenal fatigue.

And so, you have bodies of, like you mentioned, endocrinologists, MD's who are coming out and saying, "There's no such thing as adrenal fatigue. There's no evidence to support it."

Now, at the same time, there's a deeper problem here. I have a big problem. I'm kind of in agreement with the conventional docs around the fact that there really isn't any evidence here. I mean, it's a fact. There's just no science on the subject of adrenal fatigue. You can verify that with a quick search on PubMed. There's nothing to speak of. So I'm kind of in agreement with them on that.

At the same time, they also kind of brush off the whole concept of all these people, millions of people, who are suffering from fatigue and these symptoms that have been associated with adrenal fatigue. They kind of say, "Oh, it's all BS. I've looked at your blood tests. There's nothing wrong with you. Here's an antidepressant because you're a hypochondriac" or "Here's a sleeping pill" or something like that.

And I think that is extremely negligent. I do not agree with that at all.

So, at the same time, I'm kind of on board with the whole functional medicine space who are actually seeing that this is a real thing, that people are having these symptoms. It's real, and they're trying to do something about it—which is a hell of a lot better than the conventional docs are generally not doing anything about it.

So, So I'll put it this way. What I decided to do in realizing that is I decided to look at every study that I could find on anything related to chronic stress or burnout or HPA axis dysfunction and cortisol levels—the link between fatigue, chronic stress, exhaustion, burnout (there are different



names in the scientific literature) and how they're linked to the symptoms of fatigue and how they're linked to cortisol abnormalities.

And so, I literally spent months actually going through systematically. And I'm not exaggerating. Literally, every single study in existence that has ever been done on the subject and picking them apart and reading, not just the abstract, but reading the full text of every study. I've never seen anyone else who's done this. So I think it's the only time that anyone's done it. And I compiled all of this research in one place.

And to summarize months of research in a few sentence, here is basically what the research says.

So, of all these hundred, and whatever, thirty studies—however many it was—about 25% linked the symptoms of fatigue exhaustion or burnout or extreme stress with high cortisol levels. Another 25% of the studies linked those symptoms with low cortisol levels. Another 50% or so was—it actually more like 53%—of the studies, so the majority of the studies, found no abnormality between normal, healthy people and people complaining of severe stress, exhaustion, burnout, fatigue. No difference whatsoever in their cortisol levels.

So, basically, what I concluded from that is that cortisol is not a very good marker, not a very good diagnostic indicator of fatigue and not a very good explanation. The whole paradigm of adrenal fatigue, this idea that stress wears out our adrenals and that first creates a stage of high cortisol, then low cortisol, then our adrenals get exhausted, and then we have the symptom of fatigue, the research really doesn't make a case for that. There's a huge disconnect between that theory and what the science actually says.

So, are you with me on all that so far?

Wendy Myers:

Absolutely!

Ari Whitten:

Okay, cool. So, then there's kind of between where I'm going to take you and where we just talked about, all the adrenal fatigue-related science. There's a little bit of a connector piece. And this connector for me was I saw an interesting chart on a site called Adrenal Advice. And this is in no way an endorsement of everything that is on that site. But there's one particular article that the guy did that was very interesting.

He basically talked about the overlap between adrenal fatigue and chronic fatigue syndrome. And

this is something that I really never heard anyone really talking about. I mean, for the most part, these are generally viewed as very distinct things. Usually, if you're in the conventional medical world, they're talking more in terms of chronic fatigue syndrome; if you're in a more of the alternative functional medicine world, they're talking in terms of adrenal fatigue. But rarely does someone talk about both and clearly explained, "Here are the symptoms that means you have adrenal fatigue... here are the symptoms that mean you have chronic fatigue syndrome. Here's how we differentiate them on a differential diagnosis" and so on.

So, this article did a couple things. One is he took a survey from—I think it was from WebMD on people with chronic fatigue syndrome just asking them. Essentially, it was a list of symptoms. It's just asking these people with chronic fatigue syndrome, "Do you have this symptom? Do you have this symptom? Do you have this symptom?" So, they compiled the chart, if you can picture this, of the percentages of those people who said, "Yes, I have that symptom... or that symptom... or that symptom." So, 70% for this symptom, and 50% and 80% and so on.

And then, he decided to ask the same questions to people who suspected they had adrenal fatigue because, usually, it's a self-diagnosed thing. Oftentimes, people are diagnosing themselves online. Sometimes, they're seeing functional medicine docs and getting cortisol tests and so on.

But he asked the same survey. And if you look at that the chart, the complaints of the symptoms are almost identical.

So, you have pretty much these people that are complaining of the same symptoms in roughly the same proportions.

And then, he did a Google Trends search. If you know what Google Trends is, it basically gives you a graph of how many people are searching for that keyword. It's just a line saying, "This trend is going up... or down... or it's a flat line" or whatever. And if you look at this chart for chronic fatigue syndrome and adrenal fatigue over the last 17 years or so—basically since adrenal fatigue was created—what you see is that adrenal fatigue starts really low and goes up. Lots of people are searching for it now, and a few back then. And the opposite happened for chronic fatigue syndrome. So, lots of people were searching for it back in the day; now hardly anyone is searching for it.

So, is this because less people are fatigued now? Well, it's not. Basically, what I'm suggesting is

that there's a huge amount of overlap between these two conditions. And basically, the words that people are ascribing the symptoms of fatigue and various things that go along with it are just dependent on the culture that they live in and whether the term "adrenal fatigue" is popular or whether the term "chronic fatigue syndrome" is more popular.

You follow me on that, all that?

Wendy Myers:

Absolutely! And that really resonates with me because, in my client population, a lot of people feel like they have adrenal fatigue, but they also have lots of chronic fatigue symptoms at the same time. I have a whole battery of checklists of all the symptoms people have that they check off. And so that really makes a lot of sense. This is a very, very interesting conversation.

Ari Whitten:

Yeah. So, that's the connector piece.

Now, here's the crux of it. So, in contrast to adrenal fatigue (where I mentioned there's almost no science to speak of), there's a whole bunch of science on chronic fatigue syndrome. They don't necessarily think they have all the answers. If you look at most conventional MD's, they don't say, "Oh, we know exactly the answers," but there are a lot of studies and there are a lot of factors that have been identified.

In particular, in the last five years, there's been some really remarkable breakthrough research, cutting-edge research, that has identified that mitochondrial dysfunction is really the crux of chronic fatigue syndrome.

And, what I'm arguing here, basically, what I'm suggesting to you all is that there's a spectrum. We need to get rid of these terms, "adrenal fatigue" or "chronic fatigue syndrome," and start talking in terms of a spectrum of super high energy to debilitatingly low energy. And if you're somewhere over here, forget about whatever you're calling it. If you're more towards the fatigued end of the spectrum, it is extremely likely you have mitochondrial dysfunction.

And what I'm suggesting is that we shift out of an adrenal- and cortisol-centric model of fatigue into words like mitochondrial-centric model of fatigue which actually aligns really well with your work because you're talking about heavy metals and how they're affecting the mitochondria which is a huge factor in fatigue. So, that's the basic idea.

Now, there are two researchers in particular that have done some of this breakthrough research.

One is Sarah Myhill in the UK. She's a doctor who treats chronic fatigue syndrome and wrote a book on the subject which is a great book. It's called Diagnosing and Treating Chronic Fatigue Syndrome in Myalgic Encephalitis. And then, the subtitle is It's Mitochondria, Not Hypochondria, which is pretty cool. And she's also done some research actually in the lab to develop what is basically the first objective diagnostic test for chronic fatigue syndrome which is called an ATP profile test which actually measures the health of your mitochondria.

Wendy Myers:

Interesting...

Ari Whitten:

Yes, whereas before, there was no marker. There was no blood test, no value that you could go to your doctor and get some tests done that says, "Yes, you have chronic fatigue syndrome." It was based on a rule-out basis. They do a blood test, if you don't have thyroid condition, you don't have anemia, you don't have this or that, or heart disease or diabetes, then they say, "Oh! Well, we can't detect anything else. So it must be chronic fatigue syndrome."

It's basically like a catch-all diagnosis. It doesn't really mean anything because they don't really have any treatments for it. It's just where they throw them when they've ruled out all the other things.

And because they've ruled out all the other things, they generally think it's hypochondria. So, these people are treated really badly in a lot of cases. And even, there's problems with their ability to work as well because their employers are skeptical that they really have any real health problems since the doctor can't find anything.

Wendy Myers:

And it's such a huge problem. And there's no medical treatment for it. It's the number one health complaint I have from my clients. And that's what I started doing too, investigating why are people so tired. You and I just come at it from different angles, that's all. But it's a multifactorial cause.

## 25:47 THE MITOCHONDRIA

Wendy Myers:

So, let's talk about that. Talk about how the mitochondria is involved?

Ari Whitten:

Well, that's a good question. It leads me to this other researcher. This other researcher, his name is Robert Naviaux. He's at the University of California, San Diego. He's a professor of medicine. He's an MD. And if you look up this guy's name on PubMed, he's got like an insane list of studies

that he's done. Super well respected researcher. And he runs a lab at UCSD for Mitochondrial Medicine.

He has done what I consider to be the most important research in existence on the subject of fatigue. And it's cool because it meshes well with the stuff you're already doing.

First of all, he did a study around chronic fatigue syndrome. And he developed a blood test that is basically the most comprehensive blood test ever known by far. It detects over 600 blood metabolites. The idea behind it is essentially to create a metabolic fingerprint for every condition.

So, it's so comprehensive. You can see almost every thing going on in your blood that every specific disease would have like a kind of metabolic fingerprint.

So, eventually, if you can picture this into the future when this is more widely spread and used, they run your blood through this machine, they get a very detailed pattern of all the different abnormalities, and then it would be analyzed by artificial intelligence that tells you, "Oh, that's the fingerprint for so-and-so problem." So, it will be way more advanced, hundreds of times more advanced than the standard blood tests that we have now just analyzed by a doctor reading off these lab values.

Now, he did this test in people with chronic fatigue syndrome. And they found that 80% of the blood markers were abnormal which is crazy comparing it to standard blood tests which might not find any abnormalities in these people.

Now, in particular, they found that the vast majority of them were low, which, they concluded, was suggestive of a low metabolic state—and specifically, they described it as a hibernation-like state.

Now, picture that. And now this other piece of research they've done—which I consider probably the most important study maybe ever conducted in health (and that's a big claim)—is called the Cell Danger Response. And basically, what he and his colleagues discovered in this research is that our mitochondria are not just energy generators—and that's what most people describe them as. That's what I described them as forever. It's just mitochondria produce energy. That's what they do.

What he discovered is that there is actually a second role that's almost completely not talked about by anyone. And that role of mitochondria is cell defense. Their job is to defend against

threats.

Now, what are those threats? Well, they might be heavy metal toxins like you talk about (and your books talk a lot about how heavy metals are coming in and inhibiting mitochondrial function). That's one factor.

There are other factors. Psychological trauma, psychological stress can affect it. Viruses and infectious agents can affect that function.

So, these are all threats that basically turn on the cell defense function of the mitochondria.

Now, why would they be involved in that? Well, if you think of it this way, let's say a toxin comes into the cell—a heavy metal or let's say a virus comes into the cell. Well, one of the things that a virus will do is actually use the cellular energy that's being produced by your mitochondria. They'll actually use that energy for themselves to fuel their own replication.

So, one of the jobs of mitochondria is actually to detect when that's happening, when there's like energy steal going on, and to shut down, to turn themselves off to prevent that virus from replicating, to seal it off in a cell. And then, it triggers this cascade of reactions that essentially seals off the cell and kind of self-destructs.

Now, the job of that is to prevent that virus or prevent that toxin from then leaking out affecting lots of other cells. So whenever there's a threat in the cell, the mitochondria detect it. They start to shut down. They seal it off and that cell goes offline.

Does all that make sense?

Wendy Myers:

Yeah. That is so, so interesting. We know that a lot of different viral infections, other types of infections, are a huge, huge energy drain on us. And that makes so much sense as to why. We have all these cells shutting down, not producing as much energy.

Ari Whitten:

Yeah. And if all of this sounds kind of like abstract, just think of the last time you got a cold or a flu. What happened? You felt fatigued. So, why do you feel fatigued? I mean, this is like an everyday observation, but why? Has anybody ever explained why you feel fatigued and you lack energy all of a sudden when your body is fighting off an infection? Well, it's because you're mitochondria are literally going into defense mode. They're shutting down.

So, here's the big crux of it all. These two functions of mitochondria—energy production and cell defense—are mutually exclusive. So, the mitochondria can only do one or the other. And to the extent that your body is defending against threats, your mitochondria will turn on self defense mode and turn off energy production mode.

So, in this sense, your energy levels are basically a reflection of the threat level that your body is under—how many toxins are being imported into your body, what kind of stress are you under, are you fighting off chronic infections. Again, there are lots and lots of other factors that will affect that. But that's the basic idea.

And we now know that there are very clear links—and this has been validated by many studies now—between mitochondrial function and fatigue.

So, this is why I've shifted out of an adrenal- and cortisol-centric model of fatigue towards a mitochondrial-centric model of fatigue.

Wendy Myers:

And I totally understand that because I've done various kinds of cortisol tests, and I question them. I did your standard saliva cortisol test, and I've been working on my health really hard for about four years. I've been getting nine hours of sleep every night and eating a perfect diet and really no high intensity exercise and really focusing on healing my body. And it said I had stage III adrenal fatigue.

Ari Whitten:

Yeah.

Wendy Myers:

I'm like, "I know that's not correct."

Ari Whitten:

And you felt good?

Wendy Myers:

I felt good. I felt great.

And then, I did a urine Dutch cortisol. Well, there's been a little bit of question as to the accuracy of those as well. And maybe they have really good marketing going on for those. And I've talked to a number of doctors. They aren't terribly impressed with them. But it's better. It's an upgrade from the saliva cortisol test. And with those, it said my metabolized cortisol was normal which I identified more with.

But yeah, what you're saying really makes a lot of sense to me, absolutely.

## 38:11 TWO WAYS OF BUILDING HEALTH

Wendy Myers:

So, I know you often talk about two different ways that we can build health. So, what are those two ways and why are they different?

Ari Whitten:

Yeah. If I asked you the question, or if I asked the listeners the question, "What makes us healthy?" we'd probably come up with a list of things—just for the listeners, don't make this a passive thing where you just listening to me. Actually think about it. What makes human beings healthy? What are the factors?

If you think about it, you'll probably come up with a list of things like eat a healthy diet, drink lots of water, do exercise, keep stress levels low, make sure to sleep well and so on. And all of that is great. That's important stuff. But there's actually a whole other category of things that make us healthy that is largely not talked about. And in my opinion, it is just as important as all of those things that we talked about.

And there's a giant mountain of science to back it up that this is a huge factor in our health, our ability to prevent disease and ward off disease, and our longevity in general, and our energy levels.

And that is something called hormesis which is metabolic stress. It is a transient metabolic stressor that actually stimulates adaptations in your body to grow stronger.

Okay. Now, if that sounds like kind of a weird, whacky idea, just consider the fact that you actually understand this on a practical level already with exercise. Exercise actually is hormetic stressor and it works on this principle. Essentially, you know what Nietzsche said, "What doesn't kill you makes you stronger." And literally, this happens in our body. This is how exercise works.

Exercise is not intrinsically healthful. It's not like a case where the more exercise you do—if you run three marathons every day seven days a week, you just get healthier and healthier. It doesn't work like that. It works as a temporary stressor. And by creating that temporary stress on the system, your body responds to that by making certain adaptations.

So, in the case of exercise, depending on the type of exercise, it makes different adaptations. But it might increase muscle size and muscle strength, increase the heart's ability to pump, the lungs' ability to extract oxygen efficiently, oxygen delivery at the blood cell interface to deliver



oxygen into the mitochondria more effectively, to increase capillarisation (you literally build more capillaries around the muscles), to deliver more energy more efficiently or deliver more nutrients and oxygen, I should say—and most importantly, to build and strengthen your mitochondria. So, this is a huge, huge factor in health.

And there's a theory in the realm of aging science that's probably the most prescribed to theory or the most subscribed to theory, I should say, among aging scientists. There are dozens of competing theories of aging. But this is one where there's a huge mountain of evidence, and pretty much everyone agrees this is a huge factor. And it's called the mitochondrial theory of aging.

The basics of it—kind of oversimplifying a little bit—the basic idea of it is that you age and break down and get diseased in proportion to your mitochondrial health. The more damage your mitochondria incur, the more that you will age and be prone to disease.

And there is actually a ton of evidence to show that this is the case—both animal evidence and human evidence.

Now, if you consider that, hormetic stress now plays an integral role because hormetic stress is what is responsible for inoculating the mitochondria against stress. It's responsible for strengthening them and helping them to be resilient in the face of stress and protect themselves from damage.

Literally, there's something called the ARE which stands for "antioxidant response element." We have an internal antioxidant defense system built into our cells. That defense system, when you deal with a hormetic stressor, you are actually stimulating the production of free radicals which everybody thinks are really damaging and bad and harmful, and "you have to avoid free radicals and take your antioxidants." Well, there's a lot more complexity to the story which we can get into.

But things like exercise, exercise actually creates free radicals. It doesn't create antioxidants. It creates oxidants, things that supposedly damage your cells.

Now, here's the key. In response to that creation, that burst of oxidants or free radicals that's created by exercising, your body, your cells, your mitochondria switch on the ARE, the antioxidant response element which is that internal antioxidant defense system. And by stimulating it, it

actually grows stronger.

So if you need an analogy, think of doing bicep curls with a dumbbell. If you start doing bicep curls and creating and using more heavier weight and pushing yourself really hard, your body adapts by growing a bigger bicep. Pretty simple!

The same thing happens on an internal level with the internal antioxidant defense system. You are shrank strengthening that antioxidant defense system, and then it becomes more resilient.

And this is the key. It doesn't just help you protect against the effects of exercise, it actually protects against all types of stressors and all types of oxidative damage. So, you're building the system to be more resilient.

## 44:42 WHY REMOVING STRESSORS IS NOT ENOUGH

Wendy Myers:

But why is removing the stressor not enough? It seems like the big problem we have is we not only live in a very stressful world, but we lost our physiological resilience in the face of stress due to lack of the hormetic stress.

Ari Whitten:

Yeah. Well, that's exactly right. The reason that just focusing on removing stressors is not enough is because we have accumulated damage to our mitochondria over decades.

So, if you put a cast on a muscle. Let's say you break a bone, you get a cast on. What happens six weeks or eight weeks later when you get cast off? Well, all those muscles are atrophied, right? So, those muscles, because they haven't been stimulated, they have shrunk and they've shrivel. They've become weak.

Well, that is happening internally with our mitochondria when we lack hormedic stress in our life. Our mitochondria shrink. They shrivel. They become weak. They become fragile. They become susceptible to damage. And they actually die off. So we actually have fewer mitochondria as time goes on, as we've accumulated damage over decades. We actually end up with way fewer mitochondria than we had when we were younger. And the ones that are there are little and weak fragile and dysfunctional.

So, if you now take those weak and fragile mitochondria, and you just remove sources of stress,

well, that's great. That's a huge step in the right direction. It'll massively improve the health of a lot of people. But if you want to then go back to the way that you felt when you were in your 20's, that level of high energy and health and robustness and vitality, well, you actually have to not only remove the stressors that are chronically damaging and inhibiting your mitochondria, you have to then rebuild those things through hormetic stress.

And I should also mention here that hormetic stress isn't just exercise. There are tons of different kinds of hormetic stress, things like cold exposure, heat exposure, hypoxia (so different kinds of like pranayama and breath-hold training). Phytonutrients are another kind of hormetic stressor. You've heard of adaptogens. Well, those work by affecting the ARE in the mitochondria.

So there are lots of layers, there are lots of types of hormetic stress that can be used. And there are lots of research on those different types of hormetic stress showing how important they are to improving our mitochondrial health.

Wendy Myers:

I was going to add to that and say that infrared saunas are another type of hormetic stress that really help to improve mitochondrial functioning partly by heat shock therapy and raising the body temperature a little bit. The body has to adapt to that. That's another form of hormetic stress that can help mitochondria.

Ari Whitten:

Yeah, absolutely right. And even the other aspect of like—the type of sauna that you recommend is red light or near infrared light which is actually a type of hormetic stress at the mitochondrial level as well. It's another type of hormetic stress. You're actually getting two types when you're in that type of sauna.

Wendy Myers:

Yeah.

## 48:05 THE FREE RADICAL THEORY OF AGING

Wendy Myers:

So, I have heard you say before that the free radical theory of aging is flawed and that antioxidants can be more harmful than helpful. This is very interesting. I love all this stuff that you're saying that's kind of anti-establishment. That sounds kind of crazy, so what's the deal with that?

Ari Whitten:

Well, actually, believe it or not, this is actually not that anti-establishment. It's actually more

establishment than anti-establishment. And what I mean by that is if you look at the medical literature and the general views of most conventional doctors, they actually believe exactly what I'm going to tell you because this is what the vast majority of evidence supports, which is exactly that antioxidants are generally not as beneficial as most people in the more naturalistic health communities generally think.

And by the way, to be clear, I consider myself part of that naturalistic community. This is just one point where I think they're going a little bit astray.

Now, to give you some background here, there's basically something that was created back in the 1950s by a guy named Harman. He created something called the free radical theory of aging. It caught on, and it kind of caught like wild fire. It not only spread within the scientific community, but it also spread among the lay public to the point where this idea that free radicals—and this is the basic idea—free radicals damage our cells, and therefore we need antioxidants to combat the free radicals and sort of neutralize them to prevent damage to our cells, that's the free radical theory of aging. That spread massively not only in the scientific community, in the more naturalistic health community, but among the general public at large. Almost everybody in the world knows about that concept and subscribes to it and thinks it's true. Everybody believes it. And there are tons of science to support it.

In fact, there is a huge amount of data contradicting this theory. And almost no aging scientist in the world now subscribes to it.

I mean, if you Google, for example, "is the free radical theory of aging dead?" there's tons of articles and studies on that topic.

Now, basically, I kind of alluded to something relevant to this before when I was talking about exercise. Basically, the way this works, if you have a theory which says "free radicals or oxidants cause damage to cells," and then "we can neutralize them with antioxidants and prevent damage," if that's the theory, there's kind of two theories that come out of that, two ways that we can kind of test that theory.

One is we can look at things that stimulate the production of free radicals or oxidants, and see if they accelerate aging, cause disease, and essentially, accelerate our demise.

Now, as I've already told you, exercise is one example of that. It creates free radicals. So, what we would expect to see if the free radical theory of aging were true is that, since exercise creates free radicals, then the more you do exercise, the faster you should age, and the more diseased you should become, and so on. We already know that that doesn't happen. In fact, it's the opposite that happens.

Generally speaking, the more exercise you do—assuming you're not doing extreme, crazy amounts, but reasonable more human amount—the more exercise you do actually delays aging and prevents disease and accelerates and lengthens lifespan.

So, that's one theory that comes out of it.

Now, the other one is antioxidants. Since oxidants are bad, antioxidants are good. They neutralize the free radicals and prevent harm, so therefore should extend our lifespan and prevent disease and so on.

Well, that theory has actually been tested extensively. And although probably a lot of your listeners might find this hard to believe, the data is extremely consistent that antioxidant supplementation with like Vitamin C pills, vitamin E pills, vitamin A pills does not extend lifespan and does not prevent disease.

Now, I want to be clear. In the context of a deficiency in a particular thing, if you have scurvy, Vitamin C is going to be really important. If you have vitamin E deficiency or vitamin A deficiency, yes, those nutrients are extremely important. But in pretty much all of the scientific trials where they've actually put it to the test and says, "Does vitamin C or vitamin E or whatever prevent this type of cancer? Does it prevent heart disease? Does it prevent diabetes?" whatever the test is—and they've tested it with lots of different disease, and they've tested it with general lifespan and all cause mortality as well—across the board, very consistently, here's what they find. It does not prevent diseases, and it does not extend life span. And that's at best. At worst, there are several studies which actually show increased rates of certain kinds of cancer or heart disease and earlier death. So, at best, we're looking at no benefits.

And again, I just want to add, I'm sure lots of people listening are skeptical. By all means, go look at the research yourself. Go on PubMed, "Do antioxidants extend lifespan? Do antioxidants prevent cardiovascular disease? Do they prevent cancer?" whatever, look up whatever you want,

see if you can find reviews of the literature that say otherwise because, across the board—and I've looked at the literature—across the board, they don't.

So, what's going on? How do we explain this? Why does exercise extend lifespan and prevent disease instead of worsening it? And why do antioxidants not work?

Well, it's because of that system that I told you before, that internal antioxidant system. We come built, our cells come built within an internal antioxidant defense system. So yes, too much oxidative damage at the cellular level is problematic. But it's not caused by a deficiency in dietary antioxidants. It's caused by a deficiency in cellular antioxidants.

So, the task is how can we build up our internal antioxidant defense system to make it robust and resilient so that it prevents damage.

And in certain cases, like for example, your work around detoxing heavy metals, well, if you have heavy metals in the system, that's going to constantly drain your internal antioxidant defense system. So removing that source of toxins is super important to help rebuild that internal system.

You don't combat the toxins in the system by saying, "Hey, pour more vitamin C on top of it." You've got to get rid of the real problem there, and then strengthen and rebuild the system.

Wendy Myers:

I agree.

Ari Whitten:

So yeah, that's antioxidants. Pretty crazy things I'm sure for people to think about who are used to thinking in the typical free radical theory of aging, "antioxidants are good, free radicals are bad" sort of model. But this is actually what the science says. And if you look at ageing researchers and what the overall body of scientific evidence actually says, that's what it says.

Wendy Myers:

Yeah, very, very interesting. I never really focused on antioxidants and supplementation. I typically focus on minerals and giving people stuff to get rid of metals. And it works great!

Ari Whitten:

Yeah, for sure.

## 56:34 TWO PHASES OF BEING HEALTHY

Wendy Myers:

And so you talk about the two phases of being healthy in your book. What are they? And why

should people pay attention to them?

Ari Whitten:

So, I kind of alluded to it a little bit when I talked about how our muscle atrophies if we put it in the cast. And the task isn't just to remove the cast. You then have to rebuild the muscle to get back to where you were before. Otherwise, you're just walking around with a shriveled up muscle.

So, most people who are suffering from fatigue and poor health are in a state of poor cellular function. Now the first step is to remove the stressors and to remove the toxins and get rid of all of the things that are hindering cellular and mitochondrial function.

Once you do that though, your job isn't totally done, because now you're still left with a body that has been beaten down and is full of weak, shriveled, dysfunctional mitochondria. So the second step that I believe is really important that a lot of people are missing is to realize that just removing those stressors just gets you back to normal—and normal kind of sucks. It's not a very good situation.

Wendy Myers:

Yeah, I don't want normal.

Ari Whitten:

Exactly! So, normal is you remove the cast and you're left with a shriveled muscle. Well, it's not good enough. Basically, what you need to do then is rebuild and regenerate system, so that you strengthen everything and bring it back into the way that it was in a more youthful state.

So, in terms of mitochondria specifically, if you think of that, like Robert Naviaux' research around the cell danger response, and the fact that all of these toxins and stressors on the system are causing damage to our mitochondria, they're damaging the membranes of the mitochondria, they're literally even causing them to self-destruct in order to seal off and prevent the spread of some of these stressors on the system, we're losing mitochondria.

And then, on top of that, the lack of hormetic stress in our lives, the fact that we live lives of comfort where we're protected from hormetic stressors in the modern world. We live kind of an anti-hormetic lifestyle where we no longer have to do physical activity to live like we used to. We don't have to go out doors and be exposed to the elements. We live in indoor environments that are climate-controlled where we always keep them 67° to 72° and we make sure to always never get too hot nor too cold. We don't want to be uncomfortable.

And we eat diets that are deficient in phytonutrients. We always have an overabundance of food.

And so we don't have any times of intermittent fasting which is another type of hormetic stress.

So, we're missing out on all of these layers of hormetic stress that our bodies are evolved for. And because of that, they're causing our mitochondria to atrophy and shrink and shrivel and become fragile. Because that internal antioxidant system is not being stimulated, that system becomes weak. And then, when it's not strengthened, it becomes very susceptible to damage from all those other toxins and heavy metals and infections and all these other things.

So, it's basically a perfect storm of all of these factors that either directly damage mitochondrial function or weaken them or cause atrophy or actually cause them to die. And so at the end of years or decades of accumulating all of that, you have a body with, let's say, half as many mitochondria as you did 20 years or 30 years ago.

And there's actually evidence to support that. There are actually studies that show that 40 year old's compared to 75 year old's have about double the mitochondrial capacity. So, literally, this perfect storm is causing you to, over decades, end up with way fewer mitochondria. And the ones that are there are weak, shriveled, little, fragile mitochondria that are damaged and not very efficient and powerful at producing energy.

So, you can remove the stressors, that's great. But that doesn't take you back to the way you were 20 or 30 years ago. It just removes the stress. You'll feel better. But to get back the way you were, you now have to add the layers of hormetic stress to rebuild the mitochondria.

Wendy Myers: So, you have to torture yourself to have energy basically.

Ari Whitten: Basically, yes.

Wendy Myers: Hot and cold and starve and sweat and exercise and all that stuff.

Ari Whitten: I love that! We should write a book together.

Wendy Myers: Exactly!

Ari Whitten: Torture Yourself to Health.

Wendy Myers: Yeah! That's essentially what it boils down to.



## 01:02:02 MITOCHONDRIA BIOGENESIS

Wendy Myers:

So, can you grow new mitochondria? Is that possible?

Ari Whitten:

It is actually. It's something called "mitochondrial biogenesis." And there are specific ways of doing it.

In my program, the Energy Blueprint, I have something called the Mitochondrial Biogenesis Protocol which is a specific layering of about eight strategies together that synergize to really help boost mitochondrial biogenesis and actually rebuild new ones.

Exercise, for example—let's just take that one example—there's actually research on what are the specific types of exercise and ways of doing exercise that either lead to mitochondrial biogenesis or don't.

So, it's possible to exercise in a way, and even push yourself and do the whole exercising thing four or five days a week and feel like you're working hard, but not actually stimulate any new generation of mitochondria depending on how you do things.

Now, without going into all of the studies and the breakdown of all of them, to quickly summarize that, in general, it depends if you're trained or untrained. So, if you're an untrained person, meaning largely sedentary person who doesn't do any exercise now, essentially any type of exercise will stimulate some mitochondrial biogenesis. It doesn't matter whether it's cardio or interval training or weight training. They'll all work to generate new mitochondria.

But once you start exercising regularly, you're what's called "trained," now it really makes a big difference when and how you do exercise and what type of exercise you do. \

In particular, they found that either concurrent training, weight training and cardio weight training and high intensity interval training, are more effective; and then high intensity interval training or what's called sprint interval training (which is kind of all-out high intensity interval training) is the most effective way to generate new mitochondria in trained people.

And then, there's even specific ways you can enhance it from there. So there are specific phytonutrients that can enhance the effect. If you do it in what's called a glycogen-depleted state, which means if your muscles are depleted of carbohydrate stores before you do that activity, then

that can further enhance mitochondrial biogenesis.

And then, there's also a timing effect. If you eat a bunch of foods—in particular, a bunch of carbs—before that exercise, you can do that exercise that would otherwise stimulate mitochondria, but now it won't.

So, how you do it, whether you're doing it in a fasted state, and what type of exercise you're doing, and how you layer it with other factors, all of these things influence how many mitochondria your body actually will create.

**Wendy Myers:** Yeah, I love exercising when I'm starving because I know it's good for me.

**Ari Whitten:** It's torture!

## 01:05:08 HORMETIC STRESS

**Wendy Myers:** So, for somebody listening who's really, really tired and who is chronically fatigued and has been for a while, should they engage in high intensity interval training or other types of intense aerobic exercise even if, when they do that, they feel really, really more and more tired for a day or two afterward? Are they doing themselves good or is that a setback for them?

**Ari Whitten:** Yeah, that's a great question. So, when it comes to hormetic stress, it's important that you know that it's possible to overdo. And it's possible to do types of exercise or types of hormetic stress that aren't necessarily the best fit for you. What you've brought up is a great point.

Somebody who has chronic fatigue syndrome and is debilitated—and one of the classic symptoms of that is post-exertional fatigue which means they get wiped out for a day or two or three after doing some activity—in those people, obviously, they shouldn't go run out and do high intensity interval training. They need to make sure actually to avoid overdoing it and wiping themselves out for three days.

So, there are other types of hormetic stress that are way more gentle on the system, that are way more appropriate for someone with that level of fatigue and mitochondrial dysfunction, things that won't tax the mitochondria nearly as much and stress them and potentially cause even more damage, and things that provide a very gentle form of hormetic stress with very, very minimal

discomfort that stimulate the system to grow stronger.

As an example, sitting in a near infrared sauna for even—let's say somebody with severe chronic fatigue syndrome might only be able to handle it for five minutes or three minutes. That's a very gentle form of hormetic stress. And then a very small, small dose of that might be where they need to start at first.

Another great place to start in terms of hormetic stress is intermittent hypoxia training, various kinds of breath-hold training. Even literally, you could start with a single breath-hold. And there are lots of variations of how to do that. I teach that in the Energy Blueprint Program. That's a way better way to start than going out trying to do high intensity interval training right from the start to try and build your mitochondria .

Hormetic stress is very, very powerful medicine. But like any powerful medicine, if you do too much of it, it causes side effects. So the same is true with every powerful minute medicine in existence.

And so, it's very important that you do the right kinds of medicine, and that you do it in the right dose to get the proper effect.

Wendy Myers:

I always encourage people to listen to your body. Over and above everything, you need to always listen to your body. Your body will tell you to "please stop doing that" or to keep doing that.

Ari Whitten:

Yeah, absolutely.

And hormetic stress is a little tricky in that sense because there's a little bit of discomfort initially. And so you have to get a little bit comfortable with being uncomfortable.

Wendy Myers:

Yes.

Ari Whitten:

And then assuming that we're talking about common sense and reasonable levels, don't push yourself to the extreme and think that tolerating insane amounts of torture is a way to get your health back. You're trying to push yourself into just a bit of teensy little bit of discomfort to create that little bit of stimulation on your mitochondria to get them to adapt and grow stronger. And that's the key.

Assuming you're doing that, then absolutely, listen to your body. Don't overdo it, push yourself and wipe yourself out.

Wendy Myers: Yeah. I think it's about knowing what a normal response is. It's not normal to go lift weights and then be exhausted for two days. No, that's definitely not normal.

Ari Whitten: Absolutely!

Wendy Myers: You should be exhausted for a few hours or something or being tired at the end of the day or something of that nature.

Ari Whitten: Yeah. Maybe fall asleep a little earlier.

Wendy Myers: Yes.

## 01:09:22 THE ENERGY BLUEPRINT

Wendy Myers: And so you have a program called The Energy Blueprint where you teach people how to improve their energy levels, how to improve and breed their mitochondria. So, tell us about that.

Ari Whitten: Yes! So it's a 60-day program. It's starting in June later this month. I'm doing a free training, so you can get more like actionable strategies from me on how to actually start doing this, and I can actually walk you through the process step by step in a very systematic way.

That's starting on June 15<sup>th</sup>. I'm doing a 10-day free training, Energy Blueprint free training. And you can sign up for it. I believe you're going to have a link for your audience to sign up for probably on this page. So, that or I guess on your website probably.

And so, if you go sign up for that, I'll walk you through the process. It'll be a 10-day free training. You'll get tons of really valuable content. And every time I launch the program, I have people who tell me that the 10-day free training itself is life-changing. So, definitely go sign up for that.

Wendy Myers: Yeah. And I've heard so many people have been through your program and say it absolutely over-delivers and that they learned so much and was just so worth it. I've talked to several people who have been through it that just think it's fantastic.

Ari Whitten: Cool!

Wendy Myers: So, I definitely encourage the listeners. Detoxification is certainly part of improving our energy

levels, but that's only one facet of it...

Ari Whitten:

Absolutely!

Wendy Myers:

...only one facet. And Ari Whitten has done an amazing job of looking at the science, looking at the research, and compiling all of that in his wonderful Energy Blueprint Program. I highly encourage you to do that because I know a lot of you guys are so tired and are looking for solutions to that. Ari has a lot of them for you.

## 01:11:16 THE MOST PRESSING HEALTH ISSUE IN THE WORLD TODAY

Wendy Myers:

So, I have a question I like to ask all of my guests. What do you think is the most pressing health issue in the world today?

Ari Whitten:

Ooh... I think we've got to go with fatigue on that one. It's becoming an epidemic. And I think the latest stats are something like over 50% of the population now suffers from chronic low level general fatigue. I saw a stat recently that over 40% of all doctor's visits now are due to people complaining of fatigue.

So, this is a huge epidemic. And kind of like we talked about at the beginning of this call, it's not really being addressed adequately by conventional medicine. And I believe the answer is going to be by focusing on mitochondria. So, that's the biggie for me.

Wendy Myers:

Well, Ari, thank you so much for coming on the podcast—really amazing insights and information that I know everyone listening has been really happy that they spent the last hour of their life listening to. Thank you so much for coming on the show.

## 01:12:27 WHERE TO FIND ARI WHITTEN

Wendy Myers:

Where can the listeners find you?

Ari Whitten:

[TheEnergyBlueprint.com](http://TheEnergyBlueprint.com).

Wendy Myers:

Right! And everyone, if you want to learn more about me, you can go to [Liveto110.com](http://Liveto110.com). You can also check out my detox program at [MineralPower.com](http://MineralPower.com).

Thank you so much for listening to the Live to 110 Podcast. My name is Wendy Myers. Thanks for tuning in.