The COVID-19 Conversation: Clearly Understanding The Reality and Risks

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with Dr. Mansoor Mohammed, Dan Sullivan and Joe Polish

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Joe Polish:

Hello, this is Joe Polish and I've got on the line with me, Dan Sullivan from Strategic Coach® and we have a dear friend of ours, Dr. Mansoor Mohammed.

I want to give you the real quick background on him. He's the President and CSO of The DNA Company, which is a leading and innovative provider of comprehensive, functional genomic testing, and consulting and an industry first, they do individually customized supplements.

He's widely regarded as a pioneer in medical genomics, and has been the recipient of multiple academic and industry awards.

He's the holder of several patents in the general field of molecular diagnostics and genomics research, and he's one of the most sought after national and international speakers in the genre of personalized medicine.

Dr. Mansoor Mohammed, thank you so much for joining us. I think you're absolutely brilliant and I want to ask you some questions, as does Dan, about the current pandemic that we are in the middle of and I wanted to time date this so people know the context of this.

Today is Wednesday, March 18th, 2020.

And so, let's kind of jump into this and ask... What is your general overall perspective of the current coronavirus, also called COVID-19 pandemic?

Mansoor Mohammed:

Joe, it's an honor, and thank you for having me on. The current COVID pandemic has two faces to it.

On the one hand, this is really for the majority of the people that might be affected by this, it's going to be nothing more than a flu.

It's going to be very mild for the majority of affected individuals. However, for about 3-5% of the population affected by this virus, it's going to be severe and it could even be frankly a life and death situation.

Now, the severity of the virus is not the concern here.

The concern comes in when we look at the numbers, when we look at how the virus is transmitting, the infection rates of this virus are extremely high. And we're going to get into some of those details later in the conversation. So it's because of the numbers game, it's because many, many individuals are going to be infected by this virus.

But we're going to start seeing the at-risk population with the comorbidities needing to be hospitalized, the real concern of this virus, in summary, is not its virulent severity, it's the numbers that will be affected and the strain that it's going to place on our healthcare system.

Joe Polish:

Yeah, so Dan, I have a whole slew of questions, Dan, but I want to give you an opportunity if there's anything you want to say right from the get- go, and I'm just going to kind of go down the list of things that I'd love to get an answer to.

Dan Sullivan:

Yes, it's because of you, Joe, that I've had the pleasure to actually meet Mansoor, and we've had two absolutely fascinating consultations in relation to my own genetic makeup.

He kind of had me at hello, you know?

With what he does, because Babs Smith, Babs is my partner in the business and my partner in life, we've been very, very proactive in relationship to all aspects of our health and this was an entirely new dimension for us.

It being a specialty that I talked about here, we've done gene mapping in the past. We've had gene maps at other clinics and we've had consultation on the clinics but never did the consultations that we had with the other clinics actually deal with what the behavioral impact was of our genes, and how it translates into how we actually behaved.

I found that fascinating, because Joe, both you and I are very much into the entrepreneurial behavior universe.

And it was a real pleasure, and this was a real treat today to actually be invited in on this conversation.

But the question I would ask right here is just the susceptibility or the resistance to the virus, actually based on what you study and have studied for decades, months, or does your genetic make up actually equip you differently to actually deal with the virus?

But also, what does it do in relationship to how you should be acting during this period of time?

Mansoor Mohammed:

That's an excellent question, Dan. The first part, for a bit of a disclaimer, as we see it we are in the very, very early stages of this pandemic, and so the data that we're collecting are relatively sparse and not yet fully vetted.

Having said that, what is absolutely clear is we seen, as with many other infections, we're seeing a spectrum in the outcome. We're seeing a spectrum in the symptomologies that infected individuals will display, from like I said, a very mild to almost, and this is a concern here, many, many people infected with this COVID-19 virus, or otherwise the SARS-CoV-2 virus don't even know they're ill and that's something that we're going to talk about a little bit later.

So the point here is, there's clearly a spectrum of severity running from almost nothing to obviously life and death.

Whenever we look and we see a certain spectrum like that, we must ask, are there environmental factors that are pervading the severity of the infection? Are there genetic factors that are determining or

contributing to the severity of the infection? We firmly believe, and again, given that the data is so young, we're collecting data worldwide, it does seem that there are some strong genomic underpinnings to the severity.

In other words, we might be able in the coming months to better predict who might be at greater risk, not just based on age and demographics, current health demographics, but based on their genomic make up.

So to summarize, there are... It does seem that there are strong genomic, genetic underpinnings at the individual level that will play out here and that will contribute to the individual severity of the infection.

Now, why is this so important? This is incredibly important, based on your original question that you asked, if you're dealing with a pandemic, which is what we're dealing with, that is going to affect large swaths of the population, and really this is something the public has to come to terms with.

We are very, very likely going to be looking at a significant percentage of our population being infected with this virus. That in and of itself is not a concern, given that the vast majority of individuals, having been infected, they're not going to have severe symptoms or be concerned of any severe outcomes.

Because the numbers will be large, and because there's a sense that those infected individuals will absolutely need hospital care, it behooves us to understand who those individuals might be so that we can stratify, we can triage our acute care.

It is the hospital acute care that is crumbling as we've seen in Italy, as we've seen in China, we're now seeing in Spain. It is the care system that is crumbling because of the numbers. Not the severity of the general population that are affected by the virus. So then your question was point on, we are going to be looking at genetic predetermined factors that can classify patients.

Dan Sullivan:

Just one follow up question and then over to Joe, but the two papers that you put out and Joe is making those available to all of Genius Network®, and also, we will be able to do this with all of our Strategic Coach network, but the real issue is really that even if you're not affected personally, you can still be a carrier.

Mansoor Mohammed:

Absolutely, absolutely. So let's delve into that a little bit more and dovetail into the previous question you asked. So what we know here is that this virus is entering the human cell via a receptor, this is a gene product, the gene is known as the H2 gene, so this H2 gene, we all have it. Okay?

Now, importantly, this gene is located on the X chromosome. Why is this important? It means that women have two copies of this gene, men have only one copy of the gene. Now, not getting too much into that detail, first and foremost, we all have the gene. Secondly, the product of the gene, which by the way, tends to be located and it is higher expressed in the cardiovascular system and the lower respiratory tract.

So hold on, here is this thing, this found receptor that the COVID virus is entering the human cells via this receptor, and unsurprisingly in some ways, that receptor happens to be displayed in our lower

respiratory cells, in our cardiovascular cells, and of course, what are we seeing as the comorbidities of the COVID-19 infection?

We're seeing obvious lung involvement, pneumonia, we're seeing cardiovascular disease as a strong comorbidity. In fact, the data thus far indicates individuals with existing hypertension and cardiovascular disease are the individuals with the highest risk of poor outcomes with viral infection.

So, the first thing is we know how the virus is entering the cell. I think it's something that a lot of our listeners may not appreciate is, viruses cannot exist on their own, unlike many other microorganisms, so long as they have a protein or food source, they can exist.

On the other hand, viruses can only exist, thrive and reproduce once they're inside the host cell, in this case, once they're inside the human cells.

And this is where the COVID-19, SARS-CoV-2 virus is showing itself to be a bit unique. Once this virus enters the human cells, it is displaying two important characteristics. The first characteristic is, it is rapidly multiplying in the human cell.

In fact, early studies are showing that this virus, once it's infected the human cell, then of course it releases the progeny, it multiplies in the human cell, it is multiplying at a rate of probably a thousand times more than previous coronaviruses such as the previous SARS virus of almost two decades ago.

Let's stop for a moment and understand this, compared to previous coronaviruses, which by the way, we've been exposed to for decades now. This is not a new virus.

The strain is a new strain, but humans have been exposed to coronaviruses for many decades now. But the first and important thing with the COVID-19 infection is this, when this virus enters the human cell, it is replicating and it is emitting progeny viruses at significantly higher numbers than what we've previously seen, point number one.

And point number two, coming to the answer to your question, Dan, in doing this, it is replicating and emitting progeny viruses before we are even symptomatic.

Now, when you add these two things together, this is where you get the real red flag with the pandemic.

You have a pandemic in which the infecting agent, the virus is:

A - multiplying by gangbusters once it infects you

B - you can be emitting, you can be spreading that virus and be completely asymptomatic, in other words, you have no symptoms.

You're not running a fever, you don't have a sore throat, you don't have a cough, you don't think you're ill but you are already emitting that virus and here's what we have to be careful with.

The virus is coming out in what we call the sputum.

The sputum is the thing, those tiny, tiny little micro droplets of saliva and mucus that we emit when we cough, when we sneeze, or sometimes when we just breathe too hard.

We're emitting these little micro droplets, and within these micro droplets are millions of copies of these viruses, and this particular virus is being emitted at alarmingly high numbers and very early in the infected person.

Joe Polish:

Wow, that's unbelievable. Babs had a question about what about the micro droplets remaining airborne for two to three hours, like when they're airborne, does one assume they drift downwards, or unless there's an updraft, or how does it actually work? I mean, do we know?

Mansoor Mohammed:

That's an excellent, excellent question. And there are studies that are, if you listen, this is going to be a huge part of how we try to contain this. So first things first, the virus is coming through the sputum or micro droplets. Okay, number one. Number two, we need to understand these micro droplets, they are extremely small. We're not speaking of visible micro droplets. These micro droplets are in the range of one-thirtieth the width of the human hair. The reason I'm pointing this out is this is not something you're going to be seeing, number one.

Number two, because they are so incredibly small, these micro droplets, they're one to five micrometers in size, in width, they can stay airborne, in a drop in moving air, they can stay "floating in the air," for many, many hours before they can settle.

Joe Polish:

Wow.

Mansoor Mohammed:

Now, within the many hours that the micro droplets are floating in the air, it appears that the SARS-CoV-2, the COVID-19 virus can stay alive, because of course, once it's floating it's not in a human cell, so the SARS virus, this COVID-19 virus seems to be able to survive for about three hours in the air.

Okay, so let's take these two things together. So number one, the virus is in these tiny, tiny droplets, and the tiny droplets, because of how small they are, float in the air for many, many hours without actually settling. We're going to come to that point of the question shortly. As they float in the air, the virus can stay alive for what seems to be about three hours, and this is coming from some amazing studies by Dr. Doremalen at the NIH.

Now, let's answer the question that you asked. Once these micro droplets are in the air, just like any type of air flow, the quality of the air flow, the extent of the air flow will determine how the virus, how these droplets, if the virus is in them, how they settle. Why is this important?

It is important because while in the air, the virus has a lifetime of about a couple of hours, three hours or so. When it settles, when these droplets settle onto surfaces and of course, the settling, the sedimentation coefficient of these droplets, moving from the air to the surfaces, once the droplets settle, the virus can stay alive on surfaces for days.

And this is the concerning point. So, now let's add all of these things up to answer your question.

What we believe affects the sedimentation coefficient, which of course, the more these droplets settle, the more we allow the viruses to now become stabilized on surfaces, wherein they can survive much

longer, okay, it seems that the stagnation of the air with poor circulation, poor flow is the circumstance of the environment.

So let's conclude, the whole situation allows these micro droplets to descend, so to speak, to go into the hard surfaces. Once these droplets go onto hard surfaces, this particular strain of the virus can live for several days. It seems on average somewhere between three to five days, these viruses can last, and of course by the way, on different surfaces, they last for different periods of time. So we've got the:

A - number of viruses in the micro droplets,

B - how long those viruses survive in the air, a few hours. Three hours on average.

C - once they settle and that settling will reflect the quality of the air flow, they can then survive for much longer.

What is the take home here? The simple, easy take home, we've got to be careful about overcrowded locations with poor air quality and of course, given that we're still in winter in many of the places affected by the virus, we've got closed windows, we've got poorer air quality during the winter time. This is contributing to the spread of the virus.

Joe Polish:

Wow, you answered a whole bunch of my questions just in that little piece that you did there.

I mean, so I guess as a little bit of a follow up, what level of data is there on the rate of infection of exposed people who breathe it in, otherwise ingesting the virus? Can elaborate on the different ways that we actually get it? Over and above what you've already described, which was very thorough.

Mansoor Mohammed:

Excellent question. So, now we move from being exposed to the virus by virtue of it being in the air and we've discussed that by virtue of touching surfaces and we've discussed that the virus stays on surfaces even longer.

So now we go from, okay, we may be exposed to the virus, are we actually getting infected?

And there's a difference between being exposed and being infected. Okay?

So the first step here is going to be we could be exposed to the virus, but does the virus make it into our bodies, particularly what we call the mucosal lining of the body? Because this is where it seems these are the doorways by which the virus gets into our cells, when it enters into the lungs through the nose and naval cavity and it goes down into the lower respiratory tract.

Number two, it seems that we can also contract the virus by touching a surface and rubbing our eyes. The eyes represent another doorway into the body. The mouth represents another doorway into the body.

Each of these doorways, breathing through the nose, the mouth, and the eyes, these are going to be the three major places through which the virus will enter the human body. Now, even after the virus has entered the body, we now enter the realm of how readily once the virus enters the body, how readily does it actually infect the cells?

You see, because for you to be actually infected, the virus needs to enter your cells and basically go up. If we take a picture of what viruses do when it enters the human body, it's a pretty ugly picture. These viruses, they enter the human cells and basically they take over.

They literally kidnap the inner workings of the human cells, co-opt the inner workings of the human cells, entirely to reproduce itself.

Now, it seems that the enterability, it seems that how easily these viruses enter human cells might differ from one person to the next. We don't yet understand this fully. We know that there is a receptor involved known as the H2 receptor. We know the expression of that receptor, how many of these... If we think of the receptor, the H2 receptor as the doorways on the human cells through which the virus enters, one might logically assume the more doorways a human cell has on it, the more opportunity the virus has to enter the human cell. And of course, once the virus enters the human cell, then that's when bad things happen. Now, do human beings, males, females, person to person, do we express different levels of the H2 gene allowing for more doorways for the virus to enter?

Early evidence suggests that this might be the case. However, Joe, Dan, it is going to be irresponsible to assume, we just don't know yet, though we strongly suspect it is the case. That's the first, now we go to the third component. So the virus you've been exposed to, if it enters your body, it is entering your cell via the H2 gene. How effectively does the virus co-opt, hijack your cells? How effectively does your immune system deal with that infection? This is definitely now a person to person individuality.

The robustness of the immune system, and other factors, other comorbidities like we said earlier, it seems that patients with existing hypertension, patients with existing Type 2 diabetes, patients with existing cardiovascular comorbidities, for whatever reason, and we could get into this, actually, there's papers being written on this right now. But for whatever reason, these comorbidities are allowing the virus to co-opt, hijack the cells at a higher rate.

Joe Polish:

Wow. Let me ask you, what sort of things are you doing with the knowledge that you have on how you're actually living your life that would be useful and relevant for everyone to hear? Obviously, you've really documented it well, and we will have these documents available for all of our listeners including the transcript of this entire interview also and I'm going to have these put up on a website where everyone can download these which I'll mention at the end of this interview where people can download everything including the first original summary that you wrote up which was incredibly helpful and which is what led to this interview in the first place is the concerns and stuff, but I just wanted to get some of the things that you are doing that you would recommend other people do.

Mansoor Mohammed:

I think the first and most important thing here is containment, Joe, Dan. We've got to band together as a community. I know that as individuals, we tend to strike the individual. In North America particularly, we have more of an individual centric culture. This is a time where our community centric culture has to come out. In other words, we've got to understand that the vast majority of younger generally speaking healthy individuals can go about their lives and not be overly affected by, even if they were infected.

However, because of the transmission rate and because of everything I previously said, ultimately, we've got to protect the older segments of the population and the at risk segment of the population. Those individuals that we said have comorbidities, including amongst them, individuals that may be in chemotherapy, individuals that may be on organ transplant immune suppressing medications.

Just this morning, before this call, there was a reference to a very dear friend of mine. He's an elite athlete who happens to have a particular organ transplant and he's on immunosuppressive medications as is consistent with his transplant. These individuals have to be that much more careful, that much more mindful about being exposed.

So what we have to do, to answer your question, we've got to be cognizant have we been exposed? Have we been traveling? Do we think we've been exposed to others? We've been on a plane recently. Keeping in mind that the current data shows that the number of individuals who have the virus, who are carriers, who transmit the virus is significantly higher than we currently think because so many people are asymptomatic.

So what have I been doing, Joe? I've been practicing what I preach. I recently was in Phoenix before the real crush of this happened. Since I returned home, I have self-isolated. I've been working from my home office. I've been particularly careful not to visit my parents who are elder and remember this is not just an end of one connection. I've got to look at my wife and who she may be going to visit. I've got to look at my kids who are at university.

So my first point here is we must, as a society, we must take the responsibility of asking, are we transmitting this knowingly or unknowingly and take steps to avoid high traffic areas, take steps to avoid coming into contact with people that are at high risk. Step number one.

Step number two, we've definitely, in my home and in any home that is intelligent during this outbreak, we've really upped our sort of what we call basic hygiene habits. If and when members of the house do have to go up or shopping, critical shopping, come home, first things first, jacket off and placed into a cabinet at the first of the house. Immediately wash hands. If possible, change of clothing. So because again, we want to make sure that we're not picking up the viral particles and just keep recirculating it.

This is something else. Whereas we typically do not advise some of the harsher detergents and so on and so forth. There's a time and place for things. We are advising that people just even need be, use the more effective detergents that I typically stay away from but use them on your counters and your surfaces again in an effort to dumb or to numb or flatten the spread of the virus.

Other than that, and these are sort of just basic, everyone will agree to this. Now we venture into a few things that I'm doing. And I want to stress to our audience that these are things that are not fully vested as of yet. Do not take these recommendations as clinical recommendations or therapeutic recommendations.

However, given that we know one of the comorbidities and strong comorbidities of this viral infection is inflammation of the lining of the lung. In other words, people are developing at the severe end of the spectrum, pneumonia, shortness of breath, and one is the micronutrients and again, you have to confer with your healthcare provider but one of the micronutrients that has been used widely to reduce

inflammation of the lining of the lung including a pneumatic, patients with pneumonia, is a micronutrient which is readily available, known as N-Acetyl Cysteine, NAC.

NAC is otherwise relatively safe and a ubiquitous micronutrient has been shown to be incredibly effective in reducing inflammation to the lining of the lung.

Secondary for things like bronchitis and pneumonia, whether any of these can be helpful during this pandemic, remains to be seen.

However, personally I do keep them handy and I had been taking a nominal dose. You've asked me clearly and so I'm telling you I have been taking, and my family has been taking a nominal dose of NAC to help protect the inflammatory or the inflammatory response in my lungs or the lung cavity. These are the basic things that I'm doing Joe.

Joe Polish:

Okay, thank you. That's great. Go ahead Dan.

Dan Sullivan:

Yeah, the question, because I'm older. I'm 75 going on 76 right now. Generally in great cardio shape because I make a special point of it, but there really is an age related connection here, isn't it? Because I've heard over 60, in your 70s and 80s that's a much more likely target for the virus to actually get started than the younger.

Mansoor Mohammed:

Yes. So what I would say is this, and again, this is very preliminary. Here is the risk stratification starting from highest risk.

Men over the age of 65 with underlying hypertension and cardiovascular disease, either with or without complication of type two diabetes, either with or without previous history of pneumonia or pulmonary disease. Those are the individuals at the highest risk. And then of course we have mass females in that category and then we have younger individuals with any one of those comorbidities.

So just being older isn't in and of itself the ultimate risk, but it does seem to be accentuated if you are an older male with underlying hypertension, cardiovascular disease in this segment of the population. This is the segment of the population that I would urge to take even greater steps to self-isolate, to be mindful of your connections, and your interactions with others.

Joe Polish:

Let me ask you about, there's so much information out there that is scaring the hell out of people and of course obviously there's real legitimate concerns.

What, from your perspective, are the biggest pieces of misinformation going around and what information should people be suspect of, because there's so much out there that I think one of the biggest things is information overload and people just simply being confused.

Mansoor Mohammed:

Absolutely. I think the first thing, and it cannot be overstated, once we start to hear the media playing it over every five minutes, doing an update to something and it's casting doom and gloom, the average individual reading this starts to be able to lose sight at what is the reality versus their sense of threat to self and loved ones.

So I think really, as simple as it may seem, I would urge our readers, the average person does not need to be so fearful and be constantly advising the media slew that says, oh my goodness. As simple as it sounds, I would actually encourage the average reader to educate themselves, but don't create that psychological stress of reading every single latest news of what store is closed and what border is closed.

I know this sounds simple Joe, but there's a reason that I'm saying this. That stress, literally the stress response of the unknown and the oh my gosh, here is something else. Do be informed, but avoid that stress because stress in and of itself mutes or diminishes the immune response in the human being. So try to alleviate that stress and not feed that stress. That was the first thing.

The second thing is this, again, I cannot stress it enough that for the vast majority of healthy individuals, individuals who've been taking care of themselves, who are otherwise mindful of their health, this virus is not going to be anything more than the common flu.

So for the vast majority of the population, even if you were to become infected, and this is a clarification I want to make, a lot of folks think that if they get the COVID virus, it's a death sentence. Nothing can be further from the truth. The infection itself is likely to be nothing more severe than an average flu.

So really use this information to notch down, to ratchet down the fear, but at the same time, don't use that information to become laissez faire or to become non-conscious of spreading the virus to these small segments of the population that are at risk. It's that balance that I think we're missing in the news. It's that balance that I think is really going to trip us up if we don't strike the right balance.

Dan Sullivan:

I have one more question, Joe on this line and then I'm going to switch channels here. Mansoor, with your training and your experience and your deep interest in this topic, what is the phenomenon that you're experiencing now of how the entire worldwide health community and the researchers and the scientists are coming together on this? Has this surprised you, let's say as a year ago and you were thinking, I wonder what we're going to do in a pandemic and what's actually happening in a pandemic? Is there anything that surprised you about this? First of all, in a very, very positive way and then possibly in a negative way?

Mansoor Mohammed:

Brilliant question, Dan. I can't say that I've been surprised both in the positive and the negative. In other words, let's take a few of the negative things that initially, when there is a viral outbreak, that does tend to be a little bit of the downplay to it because no one country, no one epicenter wants to ever seem to be the source of something that will become a world phenomenon.

So there's always a little bit of initial downplaying of events and so to the degree that that happened, that has not been surprising.

To the degree that once it became obvious that this was something because of a very mobile world that we live in, travel, that we no longer have defined borders, a good thing, that we have world travel. Once it became obvious that this was spreading at a rate faster than others could have imagined, then the cohesive and international response, the positive of that has been also not surprising and welcome.

Now what is left. I do think, and this is not to point fingers anywhere. There was a period and there is a period where there's a little bit of still denial and there's a little bit of posturing that I think is not doing anyone or any country or any community any good. We need to accept that this has happened and we need to accept that we now need to marshall our resources at the communal level with proper education which is happening and then at the scientific level I think we need to be extremely open with the conveyance of data and to a large degree that is also happening.

Now, there's one point here, I will make this disclaimer but this has nothing to do with the few that are involved in which is health, personalized health, looking at how even physics can be used in average health optimization. Put aside for the time being. What I do find to be a bit disconcerting is we are paying a lot of attention to the things we need to pay, such as developing a vaccine for the virus and some of the more acute responses.

As with many other health concerns, we are not educating the public and we are not doing a good job of showing that there are safe ancillary things that we can do, not saying that it will cure the viral infection, not saying that it will prevent the viral infection, but anything that can be a safe addition to the regimen for the average person so that they can get over this infection quicker is beneficial.

And I'm a little bit disappointed that in the scientific community, we are not highlighting some of these ancillary things.

Things like NAC, things like turbo therapies that have been conclusively shown through multiple previous viral infections to boost the immune system. For some reason there are segments of the medical community that look at these things as non-scientific, nonmedical. Are there, sort of snake oil things out there, absolutely.

But equally, are there non-medicinal, herbologies, nutraceutics that have been studied for millennia to improve the human response of viral infections, the answer is yes. And when we face pandemics the way we do and we know that there are going to be countries who supply these that cannot afford more expensive medication routes, it behooves the scientific community to study further and to bring to bear these ancillary types of things that can help the average human being.

Dan Sullivan:

Yeah. This is all a historical context. I was born in '44, 1944 and I can remember the huge scare during the polio epidemics of the early 1950s when we didn't go swimming for three or four years, so none of the pools were open. We were told not to go swimming. And then I went through the Asian flu outbreak in 1957 where 100,000 Americans actually died during that epidemic. Of course, we went through SARS here in Toronto, which was sort of newsworthy because we have a large number of people from out of

the country who come in to Toronto for their Strategic Coach workshops and we had 20% workshops. People were spreading rumors that hundreds were dying in Toronto. So I kind of have a back history, but there's one pandemic that I'd like you to reflect on of what happened in that pandemic and you kind of contrast it to how it's being approached right now. And that's the Spanish Flu epidemic of 1918 to 1921, where at a conservative estimate, 50 million people in the world died and maybe as high as 60 million. And just your understanding of just a major pandemic that's on record, what do you see as similar, but what you see is very, very different about that type of pandemic?

Mansoor Mohammed:

Excellent question again. So what we have to compare and contrast is what we might call the virulence or the severity index of the virus. How many people infected with the Spanish Flu to create the numbers, how many upon infection will then develop severe symptoms. The first is the current SARS will be the COVID-19 virus. So there's going to be a difference there and we do not yet know the fullness of that difference, that relates to an earlier question that Joe asked, which is, if and when a person actually gets infected, the virus enters the human cell, how does the human body respond to that viral infection and the severity of the cascade. How quickly do we go from feeling well to needing hospital care? That severity of infection is still being studied with the COVID-19 outbreak.

So we still have some data to collect there and that will compare and contrast to things like the Spanish Flu. And then of course it's simply just better hygiene habits from then to now, a better sense of understanding microbiology and the virology meaning we now better understand the means and the move by which the virus is spread so that we can take better steps to protect ourselves. And we also have better healthcare available.

So am I as concerned for a mortality rate related to the COVID-19 outbreak? No. My concern is that if we do not stratify the population, if we do not contain the spread, what's going to happen is, because I'll tell you this then Joe, any one of us who's ever had a severe asthmatic attack or a severe or an acute episode of not being able to breathe. I was explaining this to someone a few days ago. I said, you can have a 300 pound football player, robust man, and he's got a two year old son walking next to him, a little toddler walking next to him and if he at 300 pounds was going to slip and fall, he's going to grab on his two year old son because it's a knee jerk reaction. Even though he knows that's going to do him no good and he's probably going to harm his son.

While the strange analogy, my point here is when you cannot breathe, it is one of the most visceral symptoms that a human being can experience. It's one of those things, you will find yourself going to the hospital. You will go to acute care if you find yourself not being able to breathe or having trouble breathing. So, my concern here is not the mortality rate as we mentioned earlier of this virus. My concern is if we do not contain it, if we do not stratify the at risk population, we are going to have more and more people showing up at a hospital. Demanding care, even needing care, and the same facilities of ventilator, of IVs, of acute care, the big ones in need are the same facilities that we're going to need for other things. Acute trauma operations, pregnancies, cancer care patients.

This is the thing that is going to be unique about the COVID outbreak, unless we contain it, and that's to stratify the disease. This is a concern.

Dan Sullivan:

Yeah. It's really interesting that it's jumped obviously from a biological concern in the public, but it's also an institutional, it's an infrastructure issue.

Mansoor Mohammed:

Absolutely. When you have a virus that we think it's doubling rate now was probably between four to six days and that's conservative. Again, it's early, so it would be irresponsible for me to say that with absolute clarity. We think that doubling rate is in that range and when we think of the transmission grade of the virus, from what I said earlier, that it is infected individuals are emitting more viral particles, it seems than previous Coronaviruses. It does have to be institutional, it does have to be societal. We do have to watch out for this.

Again, I keep stressing not because of the severity index, but because of what it's going to do when too many individuals start having to need bedside care. This is the thing that our system isn't yet prepared for.

Joe Polish:

Yeah, this is the biggest concern. I want to highlight one thing and again, I'm not a doctor. I'm only an individual that does my best to try to connect people with things that are helpful and useful to them and in the area of just what you said earlier, the stress response with the unknown and doing what you can to alleviate the stress. Any suggestions or recommendations on that?

Because I do believe in a feared state that your body becomes incredibly susceptible to one, whenever you're in a reactive state versus a responsive state, you're just going to make bad decisions and it could totally undermine your life. We're dealing with so many people that are living paycheck to paycheck and elderly people and people that are already sick and need care and the amount of human anguish that this is creating. Even prior to becoming incredibly severe from my vantage point, there's people's lives and businesses that have already been decimated.

So what stress alleviation recommendations of things that you've not already talked about, could you recommend?

Mansoor Mohammed:

First of all I could say, basic recommendation, Joe thank you for really highlighting that because, like we said, not only does that fight and flight stress response, that stress response is standing in the grocery line for five hours just to be able to get into the grocery and find that the shelves are empty because people are overreacting and stocking up. And these sort of societal responses that are irresponsible.

Not only are those things causing stress but as you said, the cortisol response which is a biologic hormonal response from the body in response to stress dampens the immune system, number one. The other thing that these stress responses do is cause hypertension and it is accentuating any underlying

concerns of cardiovascular disease, which in the full circle increases the risk of severity in response to the COVID infection.

So we cannot stress enough, and I can't claim to have all of the answers, but what I do say is if we do not familliarate or put steps into place that brings down the societal stress, we are not indirectly, we are directly impacting the severity of outcome in infected individuals.

So just to re emphasize this concept of taking steps to reduce stress to the individual level and the societal level is fundamentally important now practical at the individual level.

And I cannot, it's so hypocritical for someone sitting in a privileged perspective where I as of yet, I don't have to be concerned about my next paycheck. For me to sit here and talk to people about controlling their stress levels when, because it's a pandemic, they can't work and therefore that means they don't have a paycheck. So for any of the listeners out there, please, I mean no disrespect, it would be hypocritical of me to make a recommendation as though I understand what you're going through. But here are some basic things you can do.

Number one, maintaining a healthy sleep cycle. One of the most important things that a person can do to control their cortisol and their stress response is to try and maintain a healthy sleep cycle. And there's an important point, Joe, you and I have spoken about this in the past. Because of our modern culture and our modern access to mobile devices, one of the most damaging things on sleep quality is people bringing to their beds and into their bedroom, their mobile devices.

Now of course we know the situation where people are glued reading the news, and they're reading the news and on their mobile devices, and they're doing so in bed as you're trying to get to bed. Well now we've got a slippery slope. We've got increased stress, we've got reading mobile devices in bed, which is going to impact your sleep quality, which is going to impact your stress levels, which is going to impact your immune function. So these things may sound trivial, but they are not. Good sleep quality, nutrient quality, ensuring that we are eating, and we're doing our best reduction in sugar.

Second to the cardiovascular and hypertensive comorbidities, in terms of those being the things that seem to bring about the most severe COVID symptomatology. Second to that, is type two diabetes.

Now of course that's a broad and complicated discussion from what we might assume. We might assume that by this period of time, trying to make an effort to change our diet, to reduce our sugar intake, to normalize our insulin responses, which certainly won't do any harm, and it leads to benefit.

For sleep cycles, trying to maintain a better nutrient intake, reduction in sugars. I would encourage individuals, of course, frankly, it's no longer an issue, gyms and recreational facilities are closing here in Canada, they're certainly closed, so if we no longer have access to these things and we're not going out and about, do try to maintain some kind of an indoor, so as long as it is within your health dynamic, some type of indoor activity.

And you really don't need to complicate the gym to do certain things, to keep yourself active, keep your heart health, and just keep yourself healthy. So sleep, nutrition, and some degree of activity are the three major things I would say help reduce that stress response. At the communal level, and I'll end with this, I encourage everyone that's listening to this, we are putting strains on the at risk segments of the population by flooding into the stores. In fact the best stores that I've seen, and one of the better more

mature responses I've seen, by certain chains is they're actually opening their store hours. They've got seniors store hours now. So as to give the at risk portion of the population access to those stores. So please be mindful of your fellow community members.

There's no need to stockpile and hoard basic necessities. Yes, do make sure that you have enough for your family, but if everyone goes about shopping at a decent rate as they've always done, they're isn't going to be the jam, which again fuels the stress. So take some basic steps. Do not overreact. These are going to be helpful.

Dan Sullivan:

It's very interesting, in July of 2018 it was a great summer, July and August were a great summer. And not through any intention, but Babs and I didn't watch any television for about six weeks. We ate out on the patio at nighttime. We have a cottage, we were at the cottage, so I just didn't watch television. And I got back, and it was six weeks I had not watched, and I had never gone a period without watching television since 1952. And I said, "I wonder how far I can go with this," and I'm just completing my 20th month now where I haven't watched any television. And I made a joke of it to my Entrepreneurs in the workshops, and I said, "I've noticed that the level of conflict, the level of controversy, the level of crises, has gone down in the world. And I wondered if you have noticed that, and if you have, I'm the reason for that because I'm not watching television."

But I've noticed that I've been basically very, very calm during this period, and we're going through the most fundamental change in our company that we've ever experienced in 30 years. But I just noticed that not having that negative messaging coming in, and responding emotionally to it, because you do respond emotionally. And I read everything now. I keep up with the news, I just read. And I find that reading doesn't do this, even the latest news, if I'm reading that rather than having it blasted at me, broadcast wise, really makes a difference in my stress level.

Mansoor Mohammed:

100% Dan. We are emotional creatures, and we are entities that respond through sound, sight, taste, smell, touch to our environment, and we react through those senses. And the more we inundate those senses, the good, the bad, and the ugly, we will respond with the good, the bad, and the ugly. So what you've experienced with something we can all benefit from. One of my mentors said to me once, he said, "Every time you read or look, even read, every time you read or look at a news piece, ask yourself, how does that fundamentally, truly change your life? What does that news piece, reading or looking at it, looking or reading it, did it actually change something in your life?"

If the answer is no... Now of course there are going to be things going on right now in the news that we have to be aware of, in terms of affecting whether there is going to be a quarantine, or affecting whether there is going to be curfew, affecting whether certain stores that you may need to go to, are shutdown. So you need to be aware of those things.

But you know what Joe, Dan, beyond now that understanding, I would say 90% of the articles, and the dramatic pieces that are out there, they're not adding anything to the average individual in terms of how you are now going to go about your life. Take certain precautions but continue to live in the next few

weeks, to a couple of months. It's not adding to it. So if that is the case, and I'm not saying to be blinded, then ask yourself, if these things are not changing what you are ultimately going to do, but they are most certainly, whether you realize it or not, adding to your emotional stresses. And emotional stresses most certainly, are going to push you in a worse off place to fend off an infection including this current infection. I think it becomes a fairly easy conclusion that we can, one of the simple things we can do to answer Joe's question, we can lay off the constant media barrage.

Joe Polish:

Absolutely. I mean, scrolling endlessly, and having your amygdala hijacked by purposely created algorithms to feed to you exactly what you're... More of what you're already following is putting yourself in, I think, a very dangerous spot that people underestimate, how much of that can really wreck havoc on your peace of mind in an already scary situation.

I mean, Dan has put out a document many years ago called Scary Times, which again, if you'd like, I'll put that on the site that's going to collect all of this, including the summaries and things that Mansoor has created. I want to actually share with everyone listening, because I think they'd be interested, Dan, in what me and you actually do. For me, I meditate every day. And right now I'm doing my best to meditate longer, and more frequently than I typically do, which is usually one time, sometimes twice a day.

I'm doing everything I can to make sure if I'm having a crazy day, last week I had some days that were so intense, I was going to bed super late, and Mansoor you are absolutely right, sleep is critical, and I made a note here… do not look at any electronics when I'm laying down in my bed, even if I'm awake, even if it's in the middle of the day at home. To use that sacred space.

You gave me a thinking of a boundary around rituals with that. So that's critical as it should be. So I meditate. Also yoga, for me, is huge, and right now not being able to go to gyms, not being able to have access to equipment, a yoga mat. I mean even the little space, a square, rectangular space, in some area of your home, it's amazing what that can do for your mind, for your body. And there's a lot of free videos available online. You can find all kinds of stuff. I'm big on yoga.

Breathing is really critical, and in the world of addiction recovery, which I've been in for years, in a book that I wrote with Anna David and Hal Elrod, called the Miracle Morning for Addiction Recovery, I talk about four things you need to get to stay sober for people with addiction, but I find that even if someone does not have any addictions at all, right now, it's real important.

First is community, and a lot of people literally cannot go out. And what some people that are not in the recovery world don't realize, there are millions of people whose lifelines throughout the world are going to 12-Step Meetings, and keeping their level of sanity and keeping that community, and most of them don't exist anymore. And they're having to transfer that all to online. And some people don't have access to online that are addicts. And a lot of people don't realize how much that disconnects people, because millions of people go to 12-Step Meetings throughout the world, every day. And now these people, many of them cannot go to meetings, and so they're trying to figure out how do we still keep people connected.

So whatever degree, if you're a single person, if you live alone, just as much as you can connect to people in a healthy way. Because so much of the connection electronically is just fear.

So the first is community. The second is biochemical. So when you talked about nutrition, and the foods you eat, and drinking water. I mean just literally keeping yourself hydrated to the best of your ability. The third is anything that will keep you in a physical state.

You could be doing jumping jacks, you could be doing jump rope, hula hoops, push-ups or burpees. I've done a couple of recordings for Spartan, the Spartan Up Podcast, which my buddy Joe DeSena, the founder of Spartan Races. They have a million people a year go to Spartan races, and they kept everyone doing burpees, and doing pushups, and just doing squats, doing body work stuff, but just moving your body is so critical. And then of course, you know the fourth thing is the environment. And now we have to create a different environment from the one we've ever lived in.

But breathing, meditation, yoga. Those are my three things that I go to when I'm really stressed out or need to disconnect, and if you are sitting a lot, stand up on a regular basis even if you have to put reminders. And then I want to do a recommendation for just people in general. Not that they haven't heard this before, there's something in your life that you've wanted to learn, that you've wanted to develop.

And if you're in a situation where you're able to spend the time... You're not so broke that you are struggling to get food. I mean really think about what really matters at this point in your life, and what have you wanted to learn that you've not learned. I'm looking at skill sets and things that I just wanted to develop, and now I'm really looking at the way that we're living our lives, and I'm living my life.

I'm curious to see, once we go through this, I don't think we're ever going to go back to quote unquote normal. I mean Dan, you would always talk about a new normal. I'm curious to just see how long this lasts, I'm hoping for the least amount of collateral damage from this. I mean there are certainly going to be deaths. There are certainly going to be a lot of wrongs.

And I'm hoping that however we can reinvent the way we do business, our lives, that we can find the most positive ways to do that. And of course for whatever little impact I can make, I wanted to just have conversations with smart people like you, and then share this with our communities, and given what Dan Sullivan always says, which is direction, confidence, capability, and clarity right now. Because I think more than ever, plugging into things that keep you in a good psychological state is one of the best things you can possibly do.

So anyway, I don't want to keep babbling here. Any other rituals or anything, Dan, that you wanted to say, or suggestions of what you do or what you're doing that you think would be helpful to everyone?

Dan Sullivan:

On the meditation, I'm in my 49th year of daily meditation, so I've done this for a long time. But I think that really great conversations are, you know I'm a conversationalist, is one thing that we found common ground with.

Fortunately, unlike previous crises like this, we do have amazing digital technologies. So we're just bringing everything that was sort of a back burner idea, in the future or we'll take advantage of this technology, well it's all front burner now.

We're moving forward in areas that we haven't done, and that's not becoming isolated, you're having to self isolate physically, but you don't have to self isolate intellectually, you don't have to self isolate, that's just the opposite.

You have to find other ways to compensate for the fact that there's not physical proximity during this period of time. One thing that I think is good is to be around inspirational people, and this may be a good way to end on a very positive note.

Mansoor, the first time I met you, I was blown away by your passion for what you do. And I think anyone who encounters you would have exactly the same experience. And the question I have, because this has been a passion for decades for you, what are you happiest about that you chose your particular profession at this point in time, and during this historic moment? What are you happiest about, in terms of your choice, of your path in life?

Mansoor Mohammed:

That is one of the more fun questions I've ever been asked, but I would say Dan, that the thing that I'm happy about is I'm a student of the language of life. DNA, genetics, which is the language of our operating manual. Reading, like any in language, reading to some degree of fluency, so that you can read a script in that language, whatever it may be, and you can start to go, "Hey, I understand that. I see the nuance, I see how it comes together, I see the cadence of the language."

Well, genetics and DNA is the language of life. And the more that I study it, the more I'm able to see the cadence, and just witness the miracle, this awesomeness in the human being. Whether that is the human being in its optimal health, and sometimes even when it's in its not optimal health. Because we really see that we are all equipped with incredible... The human being is a grand phenomena.

And so to answer your question, what do I see is the most amazing... Just to be able to be at a time where I can begin to understand, and interact, and be fluent in this language of life. Which does what? It allows me to understand my loved ones better. It allows me to connect with my patients, and the people that I speak to better. That to me is, I consider myself ultimately blank.

Joe Polish:

Love it, that's really awesome. What I'd like to end with is just for one, I'd like people to have more information about you Mansoor, and where they can find out. I mean I actually got introduced to you by a good friend and a really brilliant guy, Dr. Sachin Patel, who introduced me to The DNA Company, and to Youtrients, and I'm actually a client.

So I utilize your services, and when you first interpreted my genetics I was absolutely blown away. I mean I've spent a lot of time, I have a lot of doctors, and I have a lot of access to people in Genius Network that are really brilliant in the health field, and I was just blown away by what you guys do and how you do it. And you came and spoke to our 100K Group™ , and we did tests for everyone in the group, and some of them are still being interrupted by your company, and that's incredible.

For the numbers, I just knew out of all the people in the world that could maybe share some very unique perspectives, and just a lot of real useful insights, and direction, and knowledge, would be used.

So I'm really appreciative of you taking the time to share this, and even what you've written up. And like I said, at the end of this interview I'll give out a website where people can download what you've already written up that we have provided to our Genius Network Members, and also for Strategic Coach Members.

Is there anything that, I'll say it this way, our lives and the lives of our listeners depended on it, what question should I have asked you that I didn't?

And what would your answer, if there is any that you can think of that we've not discussed?

Mansoor Mohammed:

I think we've covered, between yourself and Dan, we've covered everything that needed to be covered. I would say that because this is an ongoing issue, and that we are learning on the ground, we're going to be hard pressed to make conclusions here that are sound. So do visit our website. Do reach out.

For the folks in the US, one of the most brilliant medical doctors, he's a colleague and a friend of mine, but he just stands out head and shoulders above many others. Dr. Matt Cook in San Jose, California. You could do a lot worse than listening to the work that he's doing, and maybe even visiting him if you have the chance to do so. His understanding of the human body as a medical doctor, and how he approaches even things like the CORVID-19 outbreak is remarkable.

So to conclude. Do visit our website, because we're going to be having updates. Some things to be corrected, some things will be added to in the coming weeks. Educate yourself and others who are sharing their passions, who can bring you insight to the degree that it is applicable to your situation. And, for my end, I would end by saying, I'm just reinforcing, maintaining those healthy practices that Joe and Dan so eloquently pointed out. Do not trivialize, do not trivialize some of the lifestyle from... the meditation, to breathing, to sleeping, to reducing stress. Do not trivialize the impact it will have during this time. That's what I would like to end with.

Joe Polish:

What's the best website that you'd like for them to look at?

Mansoor Mohammed:

I say go to www.TheDNACompany.com. There's an active button there, so of course there's a website, but then there is a portal where we're putting all of our updates and literature, and I'm putting information there.

Joe Polish:

Wonderful. And let me say, and then Dan, I'll give you the last word after I say a couple more things. For all the business owners out there, I know that many people that are going to listen to this are going to share this with their family, with their friends, with their colleagues.

For all of our Genius Network Members and I would imagine the same thing for the Strategic Coach and I'll let Dan elaborate on this, we're doing everything we can on our end to reinvent the way we want to

deliver the connections, and the strategies, and the methods, and how to think about running a business. Clearly we're going to have lots of discussions. What Dan said, just having conversations, and I think it's more important than ever to have those sorts of communities.

So if you're someone that, as part of our group, we're doing everything virtually. And even as I'm doing this interview right now, I've got 14 of my team members working on the Genius Network meeting that's taking place next week, and how that's all going to be done virtually, and we're going to have people be able to go in most likely on Zoom and some other technologies we're using where we can have break out sessions, and everything. We're doing our best to replicate how we do live meetings virtually, as best as humanly possible. So we're all inventing, and coming up with the very best ways we can still continue to do business and connection with our clients, and help them as much as possible. So that's what we're doing on our end.

And if there's anyone I would say that you think would really benefit from listening to what Dr. Mansoor Mohammad shared, which I would imagine like everyone, please share this. That's the whole reason we're doing this. We're doing this because we want to be helpful, and useful to all of our friends and clients. So Dan, I'll leave it up to you for the last words.

Dan Sullivan:

Yesterday I just did two complete podcasts, one with Shannon Waller at Strategic Coach, and also Steve Krein, who is one of my clients. But he has a wonderful humble organization called Start Out Health, with 325 entrepreneurial ventures in many, many different areas of healthcare breakthroughs, and health care challenges. What we did is do podcasts on my 10 strategies for dealing with scary times.

It's called the Scary Times Success Manual, and the link will be on the page, when you finish the podcasts that we're doing with Mansoor, and you can just download that. And so far in the first couple of weeks that we've been sending this out, I created it right after 9/11, we sent it out again during the '08, '09 financial crises, but this is global what we're doing here, and they're just 10 strategies on how to get out of yourself, and take care of other people, and have your attention on other people during this time.

It's been a big hit, and we just had a number of people ask if they can send it out to 100,000 people. So we'll get that out and we'll get the actual printout, it's a PDF that you can print out, and it's also... We have ongoing podcasts dealing with each of the strategies.

Yesterday, Shannon and Steve, we went through 10 of them and then we're going to take each one of them and go deep on what it means. Just in terms of how you get up every morning, and get your attention off yourself, and get your attention on actually assisting other people.

If you're confident, share your confidence. If you're clear, share your clarity. If you're capable, share your capability. And it's... It's funny and the digital world, there's a concept called viral, and I was thinking about it that if there's a negative viral phenomenon going on, then we have to counteract that with a positive virus. In terms of mindset.

Joe Polish:

Absolutely. Absolutely. Thank you both. I really appreciate it. And Mansoor, really, really incredible knowledge that you shared. And to all of our listeners, stay tuned. We're going to continue to put out anything that we believe will be helpful for you in your personal life, and in your business life, and wherever you're at in the world we wish you the very best and we hope you take what was discussed today, and make it very useful in your life. So we appreciate it, and thank you both again.

Mansoor Mohammed:

Wonderful. Thank you.

Dan Sullivan:

Thank you Joe.

Joe Polish:

I hope you found this episode (transcript) valuable. And like I'd mentioned at the very beginning, if you'd like to download the document from Dr. Mansoor Mohammed, along with other interviews that we've done that you can find very valuable right now to your business, go to www.geniusnetworkinsights.com. and feel free to share this with any Entrepreneurs, any family members, anyone in your community that you would find to benefit from this. And I wish you the very best.