



## **Self-Hacking Trauma Recovery**

**Guest: Joe Cohen**

**Alex Howard:** Welcome everyone to this session. I am super excited to be talking with Joe Cohen. Joe, welcome and thank you for joining me.

**Joe Cohen:** Thank you for having me.

**Alex Howard:** So in this session, we're going to be exploring a couple of different themes which are very much related.

The first is we're going to be exploring the concepts of biohacking or self-hacking, partly through the lens of Joe's own healing journey and we're then going to come into the role of genetics. Which is obviously a critical piece of understanding your overall jigsaw when it comes to trauma and the mind body connection and healing.

Growing up, Joe suffered from inflammation, brain fog, fatigue, pain and mood problems and many other issues that are poorly understood.

He spent thousands of hours researching his genetic data to fix his chronic health issues, and ultimately he was able to fix these with the help of genetics. And based on the success that Joe experienced by analyzing his own genetics and lab tests, he went on to develop digital tools such as Self Decode and Lab Test Analyzer, which have helped over 30,000 people to understand how to get healthier from their DNA and labs.

Joe is now healthier and happier than ever and a successful founder and CEO of three companies.

So, Joe, thanks again for joining me. I'd love to start a bit with your own journey, perhaps as a lens to open up this idea of what it means to biohackers or self-hack, to use one's own experience as a laboratory to help healing.

So, tell us a bit about how this whole kind of health journey started for you?

**Joe Cohen:** Definitely. So growing up, I had a host of health issues and these were health issues that weren't well treated by conventional medicine. They were chronic issues and they were kind of vague in their diagnoses as well. It was like, if you have gut problems, what is the doctor going to do for IBS? If you, kind of have Crohn's but don't really have it, it's really, the medical system works as if you have a very big problem then they will start to give you drugs for it because the risks start to outweigh the benefits.

But if you don't have a severe problem or if you do, but it's chronic, that's where the medical system starts to break down. Because you don't want to take a dangerous drug for the rest of your life either. So I was fitting into the category where I had a chronic problem, number one and it didn't meet the diagnosis where I would get a severe drug or anything like that.

So I was one of the many millions of people that just fell through the medical cracks and the doctors really didn't have time to deal with my cases. They're dealing with someone who has late stage heart disease. They can't deal with someone like me who has insomnia, fatigue, brain fog. It's like you tell a doctor you have brain fog, it's like, okay if you don't have brain cancer, I don't want to know about it.

So, many of your viewers are experiencing the same thing with chronic fatigue syndrome and things like that, where if they go to a doctor and say, 'hey, I've got PTSD or burnout or chronic fatigue or fibromyalgia', there's really nothing that they could do about it except sending you to a psychiatrist or psychologist and psychologist doesn't really do anything.

So when it comes to the issues that I experienced, there were no good treatments and I fell through the cracks. So, I quickly realized after having some conversations that the doctors didn't really know what was going on with my issues, they weren't taught it in medical school or anything like that and they generally weren't curious enough to figure it out because they had more severe cases they had to deal with. But in any case, I realized I had to figure it out myself.

That's where I started to do a ton of research on how the body worked, how disease came about, especially the chronic disease that was related to me. So I wanted to know the nuts and bolts of how that came about. And this is also after a period where I was following a lot of blogs and trying to figure out what other people were doing and see, okay if it worked for them, it'll work for me. And what I quickly realized was that if you took ten people, they're all trying different things and they're all saying different things work for them. And then I tried it and none of those ten things worked for me.

So we had this situation where I was just following the general advice, maybe it's better than nothing. If your friend tells you something worked for them, then it could be better than just trying something at random, but it wasn't good enough and so I realized, okay first I need to create this very comprehensive health resources of information, so that if I or other people want in-depth information that they're not getting on Web M.D. they can get that, and that's where I founded Self Hack.

So we have a huge resource of really, really in-depth information and anyone who looks at it will see that it's the most in-depth resource of its kind, with regard to supplements and how they interact with diseases and chronic conditions. Now, once I did that, there were still holes in the sense that even in my own journey, it was like, okay we know we're all different, we know genetics has a role to play, but we're not making any decisions based on it.

We have all this information coming out in science, it's supposed to revolutionize everything. But you go to a doctor and nobody's using it. And it's like, 'hey, there's millions of studies out there on genetics and I'm not using any of it for myself'.

I mean, it has to tell me something about what I'm more likely to do well with or why I'm at risk for certain issues; whether it's gut, whether its mood issues, insomnia, whatever it is. And what I guessed is that if I understand the detailed biochemical mechanisms that were rooted in genetics, then I can have a better idea of figuring out how to go about treating my own issues, and that theory ended up being true. So basically, in the beginning I had a self-hacking approach, biohacking in the sense that I would start trying random stuff that I read on PubMed, or some Internet forum. Like this, I felt better from this and then I did like a thousand experiments, and you quickly realize that no matter how many experiments you do, each thing that you can try you can actually do in 100 different ways.

So let's say I read on some forum that Lion's Mane is good for anxiety or depression or whatever. You can take it before you go to bed. You could take it in the morning. You could take it with food. You could take this dosage. You could take that dosage. You could take 20 different formulas that are around, that have different extractions and you quickly go for each supplement or each thing you want to try, you could have 100 different experiments. And same with exercise, even something as simple as that. You could do yoga, you could play a sport, you could play different sports, you could do moderate exercise, you could do heavy exercise, you could do it for five minutes a day, five hours a day, before you go to bed, when you wake up, in the afternoon, when you have a full stomach, when you're on an empty stomach.

There's so many permutations about how you could go about each thing that even the self-experimental approach, where it did a lot of benefits for me, that's why I called the site self-hack, because it was the best approach that I can do, ot was gather research and then do some self-experiments, that was kind of like Biohacking 1.0. Then I got to Biohacking 2.0 where I realized that the number of experiments can equal in the trillions. Because then you're also combining things, you could combine exercise with Lion's Mane or exercise with three other supplements. The amount of permutations is too high, you need something that will help guide you in the direction where you want to go.

And so that's where I started to use genetics and my lab tests, where I was initially just using what I was reading on PubMed and how I was feeling from an experiment. And even if you do that, I think very few people are going to want to do the number of experiments that I've done and in the way that I've done them. Because I had to take very high doses of things in order to see what was going on. And at the time, I wasn't really working so if I got knocked out for a day by taking the wrong thing, I just took the risk and I said, "okay whatever, it wasn't a big deal." I was taking a few classes, I was like, okay I just can't study today.

If you have a job or anything like that, that wouldn't be a good approach. So there were many problems with the approach that I was taking and so this new genetics approach, this data, this health driven data approach. The scientific data driven approach I saw was very beneficial. I already had a number of points where I said, "I tried that thing and it didn't work" for the X, Y and Z reason. And then I saw with my genetics that this thing was important to my symptoms and so you said, "you know what, let me try it in other ways." And it ended up working.

**Alex Howard:** So I want to get into genetics more and in a little bit. But I want to take a bit of a step back here that there's, for many people that are suffering from psycho emotional trauma, be it chronic health issues, whatever it may be. But most people's experience of those things is they go down a traditional orthodox path. They get, you mentioned given a pharmaceutical and either it works or it doesn't work. And the vast majority of people following a conference like this are normally here because they've tried conventional things that haven't really worked for them. Well firstly, people could think there's nothing that I can do. And what you're describing is the other end of that extreme that you realize there's almost immeasurable things that one can do to turn something around.

What helped you come to that place of realizing that you have to take responsibility? Because I think that in western culture particularly an attitude of health is something that's a responsibility of doctors, or mental health is that you go and see a psychiatrist and they do something to fix it. You came from a fundamentally different perspective, and I wonder what helped you cultivate that?

**Joe Cohen:** So I think there's a few things. Number one is I think I came from an outsider perspective. I didn't really grow up within a system and it gave me a different perspective. It's kind of like a lot of comedians have an outsider perspective as well - they see things in a different way. When I started to go down the route, it was very clear that if I go down this route, I will not be helped. And in hindsight, I was a hundred percent right, there is no way that, no matter who I would go to, there is no way, there was no doctor on Earth who is going to tell me what to do, that within a conventional paradigm that was going to help me get better and become optimal. It wasn't gonna happen and all you needed to do is go to a handful of doctors, quiz them on a couple of things like, 'what do you know about this'? Or, 'what do you know about 5-HTP' or this supplement or that? They don't really know.

So how are they even going, what does depression come from exactly? What does PTSD come from? What's the biochemistry of it? What they know is what they're taught and they're taught certain things that I don't know, like exactly what medication is meant for someone with this specific heart condition? They'll know the answer to that better than me.

But when it comes to certain chronic issues, it's really they have one or two drugs in the arsenal. It's like, okay you can either do an SSRI or Tricyclic and they're gonna give you an SSRI first. And it's not even, you're going to have to go to a, it's not a primary care physician, you got to go to a specialist and the psychologist or psychiatrist and they give you an SSRI. And that's the name of the game and if it helps you, then great. If it doesn't, then you're pretty much out of luck.

There might be a few other things that are a little more dangerous but basically SSRIs have risks. There's a lot of people who get risks from it and if you have nothing else, the way I think about it is, I'm not even against SSRIs but you want to try things that have lower risk first. And so I never even tried SSRI because I never got to it, I was able to fix my issues before I got there. And if I wouldn't have, I would have done it, just to be clear.

**Alex Howard:** Yeah. So it sounds like partly you reached a point where you felt that the path, the orthodox path, just wasn't going to be effective. And you were in enough pain and you were suffering enough that that was a drive and a motivation to explore trying different

things. But that also takes a level of courage and it also takes a willingness to take risks, like doing something that you know that that experiment, not that the experiment goes well, I guess. And as you described, you may do something and you might feel your symptoms are significantly worse for two or three days even after that.

What helped you mitigate that risk? And I think you answered that partly by saying "getting a lot more data and using genetic testing helps you mitigate." But the kind of psychological level. What supported you in being brave and having the courage to do that?

**Joe Cohen:** I think you're a hundred percent right where the traits that led me to really take risks and not all of them were smart risks, to be clear. But I was operating from an area of desperation and where there weren't better resources out there. So I felt like I had to get better as soon as possible. But really, when you think about it the two options were, don't take any risks and I can't work, I can't go to school, I can't date, I can't pretty much do anything in life, I was debilitated. I don't know exactly, every person is at a different stage, but everything is a risk reward ratio. If I was only 4 percent debilitated maybe I probably would not have taken the risks. Meaning you could take minor risks, but I wouldn't have tried out a thousand different supplements and done crazy experiments to myself.

I was at a point where I realized if I didn't get better, I would not be able to work, I would not be able to date, I would not be able to have friends, go to school, learn, use my brain. Pretty much if you think about anything you want to do in life you need your health. There's no way you're going to have a great career and not be healthy. It's whether you do something entrepreneurial or you work for a company, the companies expect you to work ten hours a day. I was living in New York City and I was like, I see everyone around me, these guys are working twelve hours a day, I can't even work two hours a day.

So, how am I even going to compete in this very competitive world? I was very afraid that I would never be able to get any kind of job or definitely not be able to open my own company. And so, I was right about that, it was no question if I would not have gotten better, I would not have been able to do anything. I would be sitting in a room, in a tiny room, broke, not dating, not doing anything, not working and just depressed all day.

So when faced with those two decisions, I think it's really, really clear in combination with the fact that, yes, I am a bit of a risk taker and that's what led me down the entrepreneurial route. You can't be someone who's really, really safe and become an entrepreneur, you have to have some risk taking in you.

**Alex Howard:** Can you say a bit about some of the methodology that you were using? Because a lot of your exploration which will come to was in the genetic, supplement, functional medicine arena. But there may be others where it's more psycho emotional is the arena within which, but I think there's a lot of shared value in a sense, in terms of, when you were doing these experiments, how were you tracking them? How were you deciding the next step? How were you managing that process?

**Joe Cohen:** That's a good question, it's a great question. So in terms of tracking, first, I was doing it based on my symptoms and I realized that that was flawed. I mean, it was the best approach I had and I think it's good, but I was missing a lot of things with that tracking.

And that's in part why I started tracking my lab results and I realized that, hey, there's optimal levels of lab results. And these optimal levels are different from what's on my lab tests. So there was that realization and also the realization that I needed to track them. That's why I started Lab Test Analyzer, which, by the way, is going to be integrated with Self Decode so you're gonna get the genetics and the lab tests, because I feel that it's very important to have them in one platform.

But right now, you could still get it independently. But in any case, whatever you do, it's extremely important to track your lab results and make sure you understand what the scientific optimal ranges are. Which, they can be very different from the conventional, but even the alternative, like when we really started to look into science. We started to notice that the ranges for conventional and alternative were off, based on the science, so that that's the tracking.

**Alex Howard:** Yeah. And that and that's a good point actually, because part of what I really like about the way that you're approaching things is you, rather than getting overly core in a particular paradigm of going. No, this is the standardized way that we're analyzing tests taking a hundred people will find the average that was sight that's what normal is. Or take some of the more spurious alternative interpretations of some of these things, which I think can be if not, sometimes actually more problematic in a sense. You're going back to the actual science and I think it's a good example of marriage as the best of orthodox tradition with more innovative alternatives.

So just say a bit about, a bit more about that and when you say the science, you're going back to the primary sources. So just, say a bit about that approach, because I think whether someone's doing it using your system or I think it's a much broader principle of integrating ideas and finding where that sweet spot of truth is.

**Joe Cohen:** Yes, there's a lot of science that they'll do studies on millions of people or they'll look at populations and they'll say, who's the healthiest in this population? What level of marker do they have? So they're looking, a lot of these studies are looking at what's the lowest death rate or risk rate from the markers. What level is causing the lowest risk? And that's what we want to look at. We don't want to look at what is a norm. And, when you get a lab result back from a doctor, imagine if half of the lab markers came back as abnormal or not optimal.

People would start freaking out, they'd start going to their doctor every minute, they'd overwhelm the system. The way the system works and it makes sense if you have a system that's based on diagnosing diseases. Why should they freak you out with the lab results that are not going to make a difference? The doctor's not going to do anything different with you, he's not going to give you a drug. Why would you freak out over it? So what we're doing is not, we're not going to give you a drug, but we're saying, hey, if you exercise more or you do this, you can get this lab marker in a more optimal range. And so we're not overloading the healthcare system because of it.

We're just making people make better health decisions that will make them healthier. And it's extremely important, even though I started Lab Test Analyzer and I know all the

information, most of it, I can't know all of it because we have a team of people doing it. But I know a lot of the information and I can get a lab marker back as not optimal. But when I plugged it in and once we made the program and I plugged it in, I'm like, oh, man, I got to change up.

Number one is I got to take out ghee from my diet because my LDL cholesterol was very high. And you have conventional medicine, LDL over ninety nine is not good. And in alternative medicine, you have people who are saying like any level is good. The truth is, the LDL time and time again, many studies show that high LDL is a problem for cardiovascular disease. And if we look at my genetics and my family history, I know that that's a problem in my family. And now there's other things, of course, that are very important and I had low risk on those. But the fact is that if I bring down my LDL, which I did, it was a few simple things I did.

For example, switching ghee with olive oil. And so just seeing that and seeing that it works and seeing that over time it's growing like this, has a tremendous impact on making me be healthier and seeing where. I just upload my results and I get it back, here are all the labs that are sub-optimal, here's what you've got to do. That was very helpful for me in making them all optimal, actually. So they're all pretty much optimal right now.

**Alex Howard:** Yeah. And I want to come into genetics in a moment. But just one other principle on this kind of concept of self-hacking or biohacking. How would you decide or how would you recommend people decide, how many variables to be changing? Because one of the problems could be if you change too many variables at once, it's hard to know what's actually having an impact. So how do you steer people with that?

To be clear, I did this that had that impact and I can be clear, it's a result of that, as opposed to this other thing that I did three days ago or whatever.

**Joe Cohen:** So it depends how you're working, for example, if you're working with a doctor, if I have a client and they come to me with an issue. First thing I'll do is, I take their inventory, I see what their symptoms are, I'll make sure they get labs done, a bunch of labs. I upload all their labs to Lab Test Analyzer and it shows which labs are not optimal. Then I associate which labs are not optimal with their issues.

It could be they have high cholesterol, high cholesterol is not going to have anything to do really with a mood issue or PTSD. Maybe even higher levels might be better. But the point is, it's not really connected in a significant way.

So I'll look at the most significant things that are connected. Maybe I'll come up with five or ten lab markers and say here the five, ten lab markers that you need to track, forget about the other ones. These are the ones you need to track and I might tell them to get more lab markers if I'm missing some, whatever. But here's five, ten lab markers that you need to track.

Do this protocol, I create a protocol, so do this protocol and see if it improves it. And this is before, I usually also do the genetics, I look at their genetics as well before I give them a protocol. But what we have is, you have your symptoms and you have your lab markers.

There have been cases where people's symptoms improved and let's say maybe their symptoms improved and everything was great, they're very happy. Sometimes their symptoms don't improve right away, but their lab markers do improve. And what that means is that maybe they don't notice it, but sometimes it's very hard to notice it and sometimes it could take a long time to notice it. But it is helping and I have seen that in some people that they are getting better, but your brain sometimes forgets what it was like two months ago.

Almost somebody has to remind you, hey, you're actually having a lot of knee pain back then and that went away. A lot of times the brain just really can forget about what happened in the past.

**Alex Howard:** Yeah, we have a famous story in Optimum Health Clinic we talk about where there was a guy that was our first ever employee. He used to work for 16, 17 years ago. And he goes in one day to a session of the practitioner says, "how are you doing?" He goes "I'm just, I'm still really fatigued." And just paints this really bleak picture of how he's doing. And then she's like, "so what have you been up to the last few weeks?" And it turns out he's climbed the highest mountain in the UK, he's gone from working a few hours a day to working ten hours. His whole life is transformed, but you kind of need the context sometimes. It's very easy to get caught up in the, oh, you still feel crap. And that's where tracking and that's where having that context is so critical.

**Joe Cohen:** So, yeah, it's definitely, for example, if we see someone's CRP is going down, let's say they had a high CRP. And I've had a client, whereas I don't notice any difference, but your CRP went from ten to two. Whatever you're doing is making a very big difference whether you realize it or not. The CRP is really just telling you what level of inflammation is in your body and maybe we still need to work on new things. But the point is, a lot of times people will notice very dramatic changes, but if they don't, you want to see their lab results. So at least you know that you're going in the right direction, and then the genetics is also part of the puzzle.

Where we start to come up with ideas about where their weak points are that might need to be counteracted. So, for example, if someone is experiencing a psychological issue, it might be as a result of serotonin. There's a lot of serotonin related genes that are associated with all kinds of psychological problems, whether it's anxiety, depression, PTSD or any other issues. So we do know that serotonin is involved with these issues.

The problem is, not everyone who takes an SSRI will get better and so that means that no one is, there could be different types of serotonin issues, and not all of them are mainly related to serotonin.

That's why genetics does have an impact. In my case, serotonin does play a role in my mood issues. I do have a lot of serotonin related genes, that's more than average, definitely more than average. And so I was able to see that in my mood report and I was able to change my protocol in a bunch of ways. I could give more examples. For example, the cannabinoid system, if you think about where does depression come from? Or where does anxiety, where does PTSD or any kind of mental trauma. Where does it come from? It comes from many places.



When people think about fatigue, a lot of people, there's a lot of people with chronic fatigue syndrome that also have anxiety disorders, depression, traumas, psychological traumas. And the reason is because these are both centered in the limbic system of the brain, the brain is very interconnected. And a lot of times when you have a mood issue, let's say if you have some kind of imbalance in mood neurotransmitters that puts you in a more depressive state.

If someone is depressed, they're also more tired. And if someone's more tired, they're also more depressed. So what you see is that when you come to trauma, depression and anxiety and fatigue, a lot of these things are centered around very similar systems in the brain. And so, for example, there's one variant in a serotonin receptor, it's the HTR-2A receptor, and this is the same receptor that is worked on by psychedelics.

It turns out that that receptor is associated with chronic fatigue syndrome. But it could also be associated with depression, anxiety and other things. And so what we see is there's, and the same with psychedelics, a lot of people who are trying micro dosing or other kinds of psychedelics and they find that it's very helpful for, could be anxiety, depression or fatigue or whatever. And, how is it doing all these different kinds of things? Because a lot of these things are very interconnected in the brain.

**Alex Howard:** Yeah. And I think it's also part of what I think people can sometimes forget, particularly when you're talking about trauma or you're talking about the mind or emotions, is it isn't just the things that happen to one in one's life, and it's not just one's internal emotional responses to that. As you've been bringing in here, someone's genetic code or wiring, whatever kind of language we use. Plays a big role in how one, you can have three people or ten people that have exactly the same experience. And one's response to that can be entirely different. You can have ten people given the same food and they can have entirely different reactions and their immune system and their digestive system to that.

So maybe say a bit more, we've been dancing around this idea of testing genetics, maybe say a little bit around the process of for example, with Self Decode, how you're testing genetics? Some of the snps or some of the things that come from that process. Just to give it more context around that.

**Joe Cohen:** Yeah. So basically what an individual does is they can either already have a file from any company like 23 and Me or Ancestry or even companies providing the whole genome, or they can get a chip that we provide which is better than 23 and Me in a lot of ways. But either way we don't really care who, if you buy it from us or someone else. The point is, that you have some kind of data that you can upload, and then what we do is we segment it.

When it comes to genetics there's, most of the things that we're dealing with are snps. These are variants in the population that are not very rare. So it might be one out of ten people have them, one out of a hundred, one out of two. And there's often tradeoffs between them, so maybe if there's some kind of, in some kind of epidemic, this could have been more beneficial for the survival of the population which is how it made its way into the population. They think, let's say, with methyl folate, the MTHFR gene, in an environment

where people are eating a lot of vegetables. So they're getting a lot of folate. There could be some negatives to having the MTHFR, the normal one, the normal variant rather than the risk variant. Whereas now where it's very easy to get folate.

It's not really, and I mean, a lot of people are also deficient because if you're eating a regular diet, a westernized diet, you probably are not getting enough methyl folate. Maybe you're getting some fortified folate in the food. But the bottom line is, that often there are tradeoffs, something could be beneficial in one way and not so beneficial in some other way, and that's kind of how it's made its way into the population.

So what we do is we segmented by the trait itself. If we're dealing with mood, we deal with the best, here are the risks with regard to mood, because that's the issue that someone is dealing with and that they're most interested in. And so we have a bunch of different things like longevity, mood, sleep, cardiovascular, we're doing Covid-19 one. So I can give you a clear example of that, if the things that I do, let's say, to boost my immune system against Covid-19, they actually make my mood worse, they do, it's a hundred percent. They're worse for my brain function, they're worse from my mood. And that kind of tells me actually, I want to just go into a Covid-19 party so I can do what I'm doing for a couple weeks and get that over with. And the other thing is I'm changing when I take it, I'm going to take it at night or whatever, and maybe I change my protocol as well.

But the point is, there are tradeoffs and if I'm trying to do something for Covid I have to understand that my mood might not be as great. And what I'm trying to do will depend on what state I'm in. So if everything's great, I might go to my longevity report and see, how can I live the longest? And sometimes I do that. It's like everything's great, there's no specific thing I want to do, how can I live longer? Whatever. Other times, it's like a stressful time in the business, I want to go to my mood report. What can I do here if I'm having sleep issues? Whatever it is, I'll go to that thing and now it's Covid, I'm going to go there and see how I can protect myself the most possible from this thing.

So that's the general idea, you have to understand that there is no good or bad gene. You have to go to the topic and see what you're interested in, in that moment. If you're dealing with a mood problem or some trauma, PTSD, then you need to go to the mood issue, that's more important than Covid-19. If the lockdown is causing you depression, I would say go to the mood stuff rather than the Covid stuff. So that's kind of the broad picture about how you should go about with the genetics, I can get into more details.

**Alex Howard:** Yeah. I was going to say. Can you give a few examples of some of the snps that particularly might be relevant with people that have a trauma?

**Joe Cohen:** Yeah. So in terms of the snps, I'll give you the broad overview. A lot of them have to do with different neurotransmitters in one way or another. For example, there could be production of it, there could be receptors, there could be transporters.

So there's actually quite a lot of things that can go on within each neurotransmitter. But they do have a powerful impact and some of the important ones are serotonin, GABA, glutamate, cannabinoids are also really important. Again, including the receptors, including how we produce it and transport and everything like that. And then there's oxytocin which is also

technically a hormone and also a neurotransmitter so that's also really important for mood and trauma. And then there's things like dopamine and to lesser extent, Acetylcholine. And so these are kind of big picture things about neurotransmitters and mood. And if there's a concentration of things in a certain area, let's say serotonin or cannabinoids.

My oxytocin system is actually really good genetically, but my cannabinoid system is not so good and the same with serotonin. And other people might have a problem with GABA more. So GABA supplements actually don't even work for me to improve mood or anything like that, where serotonin stuff does and so do cannabinoids. So that's an example and then there's glutamate. I think I'm 50/50 on that one. But in any case, these things are very important for all kinds of mood issues.

**Alex Howard:** Yeah. And I think part of what's interesting in what you're saying is, as you talk about it becomes clearer about. If someone's trying to navigate their way through different interventions, it's a bit of a cheat code in the sense of going well, actually, there's a higher probability of this intervention being effective versus this intervention because of this underlying wiring.

**Joe Cohen:** Exactly, a hundred percent and we know that for a fact. For example, there's just some people who respond better to SSRI's than others and a lot of that has to do with genetics. I mean, what else would it have to do with? The point is that it pretty much goes for a lot of things, if somebody is responding and somebody isn't on the same drug they're taking in the same way. Why would that be? And that's the same thing for diet, it's for anything really natural as well. And in your clinic, I'm sure you see the same thing. One thing might completely cure someone and then for another person, it has no effect whatsoever.

**Alex Howard:** Yeah. And indeed, it can be even more complicated than that. There are different stages to the healing journey. So sometimes the sequence that you do things can be really important.

**Joe Cohen:** Yeah. That's also true. But, genetics is also a big factor, there's other factors as well, I'm not saying not, but yeah, genetics is a big factor especially I think. Also when it comes to mood, it's a very big factor and we see that mood disorders are highly genetic. So often you'll also see that, for example, someone has a lot of anxiety. Probably one of their parents also has a lot of anxiety or something like that. And so a lot of these things, the same with gut problems, I had a lot of gut problems so does my mother. My mother had a lot of the gut issues and the inflammation issues. My dad had a lot of the psychological issues, the anxiety, the depression stuff or whatever other things. And, I kind of got the worst of both worlds.

**Alex Howard:** Congratulations.

**Joe Cohen:** Thank you. So, yeah, I have to do a balancing act, but I've been able to take care of everything. And so what this means is that even with someone as unlucky as me, I was able to fix everything. That's why I really think that there's a lot of things out there that can really have a very big effect on people. And they have to understand what it is they should be looking at. Because people do get very discouraged if they try, some people I'll see, they'll

try three things, doesn't work and then they are done and they're just like, oh, nothing's working. I'm hopeless.

**Alex Howard:** And that comes back a little bit of kind of a full circle of where we started here, that there's something around that resilience and that determination to see things through. And I wonder, given the role that through your various enterprises play in terms of providing a lot of data and a lot of support and analysis for a lot of people.

What do you see helps people stay with the process? When someone feels disheartened or feels like, man I've already tried this, it hasn't worked. What helps people stay motivated and stay disciplined in that process do you think?

**Joe Cohen:** That's a good question. What your attitude is will affect your outcome. If I had the attitude that I'm going to try three things and then give up, then I probably would not get better. My attitude was I'm gonna do whatever it takes to get better, I don't care if it takes me ten years or if I have to try one hundred million things. I'm gonna do whatever it takes to get better.

I have the same attitude in business, I'm gonna do this no matter what. I'm going to see this, my vision now, no matter what and I think it takes that kind of attitude. I mean, some people have simple issues. I had a girlfriend that had a lot of mood issues and I told her one day, I said, "we can't continue unless you take care of your mood." It wasn't just moody, she had a mood issue.

She actually went to a psychologist and they said there's nothing wrong with her. But I lived with her and I said, "I know you have a mood issue, follow the mood report." She did, she got rid of her mood issues. Completely got rid of her mood issues that actually happened overnight, and that was a case where somebody did something and the next day it was gone, it was unbelievable. That was rare, I would say, but she did it and it happened one hundred percent, this is no exaggeration. The next day, her mood issues were gone. I already had the supplements on hand.

**Alex Howard:** People are going to be grumpy if I don't ask you what it was that she took?

**Joe Cohen:** So she took 5-HTP and Lithium Orotate.

**Alex Howard:** Right, yeah.

**Joe Cohen:** And those were the two things that made a massive difference in her. And she hasn't gone back. It's been a year, year and a half and the mood issues are gone, and it really changed her whole life overnight. And I've been on the other side of the spectrum, I have people who I know, someone who tried everything and she's still not better. And so it's really about, she didn't try everything, she tried a lot of things.

There's no way you can try everything.

**Alex Howard:** Too many variables.

**Joe Cohen:** Way too many variables. And honestly to be fair, she wasn't listening to a lot of the things that I told her. This was a friend that I told her to do a bunch of things and she didn't listen to about seventy percent of it. It was hard for her, let's say she would do a diet, like I'd say the diet she was doing she was deficient in seventy percent of nutrients. I said, "you've got to take these multivitamins every day." She didn't do it. So there were things missing, she wasn't doing a lot of things, but she did try a lot of things.

The point is, there is a variation that somebody could try something and they can get completely better the next day. And other people have to stay longer. And the point is, you can't give up if you try something and it doesn't work. There's always variables, there's always things, there's always new technologies, there's new studies coming out on genes. There's so many tools, there's so much to read about. There is no way that you should be giving up. Every day new studies are coming out and I'm sure that you have not read so many things that are really applicable to what you have going on.

There's so many genes related to what you have going on and probably a few of them have a very significant impact. And so that's what we're trying to do. We're trying to identify what are the lab markers, what are the genes. And I think that's a source of hope for people because they see how much is out there when they go on the platform. They see, wow, there's so much out here that I got to just figure out what it is. And we're trying to make that easier every day, but there is a lot. So I would say people should never give up hope.

**Alex Howard:** Yeah, I think that's a great place to end. So people that want to find out more, Joe, about you and your various projects. What's the best way for them to do that?

**Joe Cohen:** So we have [selfdecode.com](https://selfdecode.com) as our flagship product, the Lab Test Analyzer is going to be included on there.

We also have a free resource [selfhack.com](https://selfhack.com) that has a ton of free information and very, very in-depth information about whatever.

We do have a focus on supplements and so any kind of supplement you could see how it interacts with mental health.

But again, Self Decode is our flagship product and I think if you want to get to the genetics of what is going on, I highly recommend it.

**Alex Howard:** That's awesome. Joe, thank you so much for sharing both your story, but also giving people a flavor of what is actually possible when they go really deep into exploring the genetic, the underlying piece. So thank you for your time. I really appreciate it.

**Joe Cohen:** Thanks for having me.