Introductions and Metabolic Health Origins

So I'm super stoked to be here with, Brian Lansky's, a physician based out of San Diego. We met. I thought it was in San Diego. Probably like 7 or 8 years ago.

Now, by the time flies, doesn't it? And, it's been quite the journey for both of us, really. And he's, he's and, you know, working really hard in terms of metabolic health, which I think people have started to really acknowledge as one of the really, really important sort of, foundational things that we need to do for health and longevity.

It's it's crazy how people, haven't, really, taken note, especially in the medical field. And that's sort of what disappointed me anyway, for sure. About my medical training and how a lot of this had to sort of come out, sort of they had to learn this on our own and off, in a way, from the medical conferences that you'd expect to be teaching doctors about how important this is.

So, Brian has been, doing great things. And I just want to, you know, take his brain and go over what he's been doing. So why don't we start there with, sort of your background and, your journey from, you know, when we met in San Diego.

Wow. This is like a crazy. It's crazy for me as, like, a full circle right now. It's pretty cool. But, you know, just so people know my background, my whole family is decimated by diabetes.

On my mom's side, everyone died in their 50s, 50s and 60s. As a matter of fact, I just like lost a cousin last week, 61 years old from diabetes complications.

So you drank a two liter of soda every day? Pretty much, you know, and and 61 and bilateral leg amputations, hand amputation. So you see the horrors that happen, heart attack strokes.

And so, I struggled with weight my entire life. I play football and wrestling, high school football. I get up to 200 pounds, wrestling. I get down 268 pounds and, you know, it just I think I played, just havoc with my my, I already had bad genetics, maybe to start with, but that gaining weight and losing weight like that is not good at all.

And I learned later on as I gained weight through, college med school residency. You're stressed. Whenever you have a break it, you eat something, you know, and then you gain weight like everyone else.

And so doctors have the worst lifestyle. So I was in practice for, gosh, probably 15 years when I come across Jason Fung. Believe it or not, I had a patient come in who lost 40 pounds and like, okay, how do you do it?

And I was doing the Ada's recommended diet and green shakes and gaining weight and pre-diabetic at the time. So I looked and I'm like, this guy says, I do this crazy thing called the fast diet.

I fast two days a week, like basically 500 calories, the last no carbohydrates, and then I eat whatever. I went the other day and I said, you lost 40 pounds doing that.

That is ridiculous because when you fast, you must be starving the next day. And now it's weird. I'm not even hungry the next day, so I don't eat as much twice I eat less even though I can.

I don't restrict myself, but I'm not hungry. Yeah, that doesn't make any sense at all. So I said, let me look at this. If I look at this, there's an interview with Jason Fung talking about this stuff, and I'm like, who's this guy?

You know, he's going to be like, what's he selling it? At the end? He says, you know, fasting works like you're not going to make a lot of money. Like, I can't sell you something other than if you buy my book.

But that's it. Like, oh, so I reached out to Jason Fung, of course, emailed them. I got this guy. I'll never get back to me. He got right back to me and explained everything to me.

I was like, all of a sudden I the blinders came off and I saw he said, Brian, when you're treating your diabetics, their insulin is going to be the highest it's ever going to be the day before you diagnose them.

It's like, that doesn't make sense if they have all this insulin. And then you explain the insulin resistance and all these things. And back then, Jason, you were kind of a persona non grata.

They got this guy's crazy. Talking about this stuff had been historically correct throughout time. And so then that's how I started on the metabolic health.

I start understanding, oh, the mitochondria and all these. Since then, all these little parts just keep piling on to confirm what you're saying. Yeah, that was crazy because at the time it was, you know, really, just Ada sort of 50, 60% carbohydrate diet.

And the problem is that it was completely sort of crazy because it's like, okay, you have a diabetic, for example, and, you have very high insulin. And then they tell them to eat all this carbs, which in the United States and in Canada, really, it's all refined carbs.

So it's not great stuff. It's like white bread and, you know, French fries. And that's going to spike your insulin even more. So it's like, why would you tell people to eat this sort of stuff?

Right. And this is the crazy part is that it's physicians. Like when you actually start to peel back some of what they were telling us, it's like, what the heck, right.

And that was that was the the what I had come to with fasting was that people said, oh, you should fast, you should fast. And then I'm looking at the physiology and it all makes sense.

Like, why wouldn't you fast like right. If your insulin is high, bring it down. If your insulin is low, like type one diabetes, bring it up. That's pretty simple.

If you have hypothyroidism, bring it down. If you have hypothyroidism, which is low, bring it up. That's good medicine. Yet in diabetes we're doing the opposite right.

High insulin. Give food to keep raising insulin and eat often to keep raising insulin. So that was sort of insane. And that was really my sort of passion was to sort of get that good information out there to guys like you, Brian.

That's why I responded right away, because I'm like, I need to reach the doctors who are willing to listen because God knows there's lots who aren't willing to listen, but, you know, the ones are willing to listen.

Maybe you can make a difference. And you and so, I don't think I met Troy at that. Oh, no, I did. What was it? I think we all got together. We meet in Denver, I think in Denver.

Yeah, I was after I'm pretty sure I met with some a couple other guys. Oh. We met. Yeah. No, no, del Toro wasn't in Denver. I mean, he was. That was before I even knew Toro when I met you.

Oh, yeah, that's right. I even know. So if you want to know a little history, I'll tell you. If anyone here follows a low carb MD podcast. That podcast does not get off the ground without Jason Fung.

Because I reach out to him, I go, hey, we're going to be in this guy again, this crazy New Yorker. We're going to start this podcast. Do you want to would you come on as our first guest?

Because that would give us a big bump because like, how if we collaborate on this and then Jason's so busy he's doing his thing, but you know, but if your name's on there, then all of a sudden we have credibility.

These two guys, no one knows who the heck we are. Like, but yeah, associated with you were like, oh, okay. Then these guys may know what they're talking about a little bit.

Discovering Fasting and Reframing Diabetes Care

You know, more than a little bit and. And yeah, and even to go back and to give people another bit of history on Jason Fung and the impact and this is what's amazing.

When we met in San Diego, there was another little kid there named Brett Shearer, right, cardiologist who has now done he's doing metabolic mind. He's doing amazing things.

And we train together and I go, hey, somehow I don't know how we got to meet you. I think we just said, hey, do you want to meet up at this conference?

And we it. Was the same. It was the same because, because you reached out to me, I think Brett reached out to me to. And I said, hey, I'm going to San Diego is low carb San Diego, I think at that time. Right.

So I said, hey, I'm going to San Diego. And I think he was close by, or he either lived in San Diego or anyway. He lives in San Diego. Yeah, but is exactly the same.

I'm like, hey, if there's doctors who are willing to have an open mind and listen that we need to, we need to connect because this is something we're not doing it to make money.

How I make a lot more money going to these free drug dinners and, you know, taking drug reps, you know, trips to, you know, Europe and stuff, right? It's.

But you don't feel good. That's not why any of us went into medicine. So if it's, you know, that's why I'm like, we need to help each other, you know, so we can help patients. Right?

And that's why I think you and I and, Brad got together. Who worked? Yeah, I'm doing metabolic mine, and he's gone on to do a lot of great stuff. You know, with low carb and, you know, and mental health, which is such a, you know, such a super important part of longevity, right?

I mean, if you don't have mental health, but the rest of it pretty much goes down the tubes, right? So, yeah. So then what happens after that? Because you tell us about the podcast and your practice as well, because your practice really, changed a bit too, right?

Yeah, it changed a lot. You know, I left I was in of all times, 20, 20. I said, I've had it with the system because I was trying to implement what you taught me.

But you have a 15 minute appointment. How do you do that? Individually. And so I had an epiphany one day once we started the podcast. The other reason we started the podcast saying, hey, look, if I'm practicing this kind of medicine and I'm the only one in California, do it or San Diego, I have a target on my back.

So if I can get TRO and some other people and we get other doctors and we interview, you know, we've had I don't even know how many interviews, how many episodes we have now, but doctors from around the world are seeing the same thing we're seeing, because I'm just saying that you're saying, hey, we're just too nutty, guys.

We're like Moses out yelling at you or, you know, John yelling in the in the wilderness somewhere. But when you say, hey, all these guys are doing the same thing.

And if we want to change the standard of care, this is what we got to do. We had to have reasonable people who can defend. And the other thing that I love about you is you explain in a way where people, they say, well, Jason Fung said this when they understand the concept, like you say, well, it's like stepping in your suitcase or, you know, filling up a train, whatever it might be.

And people say, oh, I understand what you're talking about. That makes sense. And so when it makes sense to people and they look and say, well, what they're doing doesn't make any sense at all.

When you understand the concept, you know, and that's why more and more doctors are jumping on board. But the the worst sad that the, the most devastating part of this whole thing is there's a huge HMO in California.

Most people will know who I'm talking about. They won't take a fact. They refuse to check a fasting insulin. So my my practice in San Diego, 60% of my patients belong to that organization because they say you could either go vegan or you can get a gastric bypass, or you can do the liquid diet, and none of those work for them.

And they go, so they come to me and then we go, oh, let's take a fasting insulin. Oh, it's 58. That's your problem. Let's fix that. Right. So it's amazing how and that's how I, I left because I realized in a standard system, my problem is if I'm teaching this stuff, checking fasting insulin, I got in trouble for doing that.

I got in trouble because when you realize and this was a like a it was an awakening. What really? I met with the head of the HMO that I, that I was affiliated with there, and I told him, I said, look, I'm getting penalized.

After I resigned, of course, because I was going to just leave the system, I was done with it. He said, how could you leave the system? I know how much money you made last year.

You're making a lot of money. Are you having a midlife crisis? Are you buying a red sports car and all that? I said, no, I just can't take it anymore because my patients, I know how to help them.

But your system doesn't allow me to help them. So when I try to help. Now, I was working 16 or 18 hour days because I was meeting with people at lunchtime or after work to explain this concept for an hour.

Right. But the podcast, I realized we could now millions of people, instead of just 20 people a day or 30 people, however many patients you have to see.

But when I explained it to them, he said, I said, do you know how much money I'm saving you? Because we've had 11 people come off insulin in the last six months.

I have 64 people right now that I can, you can come to my office and see the charts that were preventing them from getting diabetes because of Jason, thanks to, his teachings.

And, I'm saving you guys because we know that the number one, cost to medicine is diabetes complications, obesity, diabetes. You could you could put it in depression and anxiety and amputations and and dialysis, what you're doing.

And I said, I'm saving you money that you're costing us money. I said, how can that possibly be? You said, because if they don't get that diagnosis, we don't get paid from the federal government.

I go, really? So you want them to get the diagnosis of diabetes because the government's reasoning is the sicker the patient is, the more we should pay the doctors.

Like, well, shouldn't you pay me to keep them healthy? Right. So when you see it, it like you're saying, it's like with the insulin, it doesn't make any sense at all.

So that's why I left the system right when Covid started. And you know, in to direct primary care. So I'm, I'm not under the thumb of the insurance industry anymore.

Yeah. It's crazy because you intro as well. Who who. Well, we'll be talking to later. Pretty much had to change the practice. You mean you get penalized? This is the problem, right?

You get penalized for sticking up for your patients, right? And that's doesn't feel good. It's the same. You know,

when I was talking about a lot of the stuff I was talking about, people are just like, oh, yeah, it's it's crazy.

It's against standard medical practice, but it's like, but it doesn't make any sense. I remember I had, you know, had had been talking about reversal of diabetes for a long time since I did the diabetes, code.

Right. Which is, again, you know, weight loss and and fasting to me are fascinating topics. But the one that's really close to me is actually reversal of diabetes.

Just like you, I see a lot of diabetic complications. And it kills me, right? It kills me because I know that if I could have gotten to them early or if, you know, we got the message out there like, you know, this is what I love, what you do with the low carb, MD podcast is make sure that people are focused on you know, the right doctors and stuff, but if you can reverse it, you can prevent these, right?

Without diabetes, you don't get diabetic nephropathy, you don't get diabetic retinopathy, right? You don't get the heart attacks and the strokes and cancer.

So it's a it's a crucially important part of keeping people healthy and their longevity. I mean, I, I, I, you know, there's data that say that if you have diabetes and you're 50 years old, you'll lose like six years of life because of that diabetes.

So when you're talking about longevity, it's a huge part. Right. And these are the the sickest people that need it. And yet the American Diabetes Association at the time was saying that it's a chronic, progressive disease that you can't reverse.

And you and I are seeing that every single day. It was like just ridiculous. But you do that. And I'll tell you, you know, one thing you said and I'll tell you, you know, for me, because you're and I could see it from your standpoint and you're such a nice guy.

And when you see people like when you see people on dialysis, the first thing I think of, like I had a guy in and he he told me, he said it because we helped him get off insulin.

And by then he had already had an amputation. He was going blind. He had all the the ravages of diabetes. But we got him off insulin. He said, if I would've known you ten years ago, I wouldn't be in this situation.

I said, well, ten years ago, I wouldn't know what the hell I was doing either. I am either. Going to help you ten years ago, like four years ago. I could help 2 or 3 years ago, but ten years ago, I would have told you, just keep doing. Just shoot more insulin, get the sugars down.

That's what's important. And so do you. I mean, just think of the impact you have on this explosion of what's happening. You see, Carly means and Casey means now talking about metabolic health.

Tucker Carlson, all these people. Joe Rogan I mean, all these people get it. And they're saying, hey, wait. So I think once the cat's out of the bag, it's it's really gonna be hard to shove that toothpaste back in the tube. You know, it's out now.

Oh, I hope so. I mean, ten years ago because I remember guy I had. Right. So there's two guys I had very early on like in 2014 or something. But of course I had been following them for like ten years with diabetes.

And I was they're cranking up the insulin, right, like a doofus. And so anyway, so then finally I sort of realized, okay, that's wrong. So I tell them, this is what you need to do.

So I started them fasting, and I started telling them to cut their carbs and reduce the refined carbohydrates and stuff. One guy comes off of like 150 units like in a month.

It was sort of okay, that's just ridiculous. And because he's one of these meticulous guys who does everything their

doctor says, and I'm here thinking he's very grateful.

And I'm thinking, I, like, really failed you here because I spent the last ten years giving you insulin. Right? I didn't know, neither did anybody else.

But that's that doesn't help him. Right. And he did. Well, we kept them off of, you know. So even now, he's pretty well non-diabetic. And he's not on dialysis.

His kidney function totally stabilize here. So he's one night early, guys. Ten years. But there's another guy. Same thing. He was on a massive dose of insulin. Got him off everything.

A1 see down to like 5.9 off all his meds. But unfortunately it was too late for him. So he wound up on dialysis. So, you know, you have to get to them early.

And that's that's where we have to get the message out to people, sort of, before they get into this sort of system that just cranks you through as, you know, and what you're saying about the health care system in the United States is, is unfortunate because it's like they make money when you're sick. They don't make money when you're healthy.

And that's the problem. Yeah, that's. Companies make money when you're sick. You know, the whole system is a nightmare. And I remember you going after people.

Well man, Jason is pretty bold saying that like some of the cancer guys who are getting kickbacks for drugs that they knew didn't work and all this stuff, when you see that the outright fraud, you know, I just gave it to I was just in Oakland, gave a talk to a bunch of young up and comers, you know, high school student college students who are looking at medical reform.

And after I talk, they were like their mouths were open. They couldn't believe what I was saying because I'm like, look, it's all document. Here you go.

Look, the head of this organization look where their money's coming from.

Building the Low Carb MD Podcast and Physician Network

And and you could see the corruption as a matter of fact, on a personal note, one day on Twitter, I'm on there. And I don't like to engage in gains and negative.

I know you stay out of the fray and like, there was like 4 or 5 guys attacking you, saying, Jason Fung's an idiot. They dress you up like a clown. They put this clown makeup and I'm like, because you're talking about fasting.

I was like, these guys and their doctors. I go and I reach out and go, hey guys, it's unprofessional to attack someone. What are you saying to you're taken out of context.

You totally take one little word and you say something crazy. But it turns out. And I thought, that is so odd. Why would do it? Like four guys attack someone for no reason.

Then all of a sudden all those guys are pushing a drug that came out the next week and you realize, oh, these guys, that was all paid. They were all there's no question in my mind, PR firms and they had a head of my previous board certification is paid by that.

They had the same PR firm. So they're pushing an agenda and you go, Holy cow, how can that possibly be? Plus, Jason, in their bylaws, Paul Thacker came out with a great out.

He went through this whole thing when Pierre Corey got in trouble, who was revolutionizing medicine. And, these guys in their in their bylaws, you and I can't take a pen from a drug wrapper.

We go to jail or something. And those guys who made that law said we could take any money, property trips, vacation, whatever you want to give us. We don't have to disclose any of that.

It's like, wait a minute here. You're talking about a conflict of interest. You're kidding. Right? And they don't have to declare on their tax nothing.

That's a free gift they get. It's incredible. Yeah. I mean, there are laws now, but unfortunately there's a zillion ways around that. I just posted on Twitter today, actually, you know, I got another, you know, and I get these every week.

Right. Some other invitation, right, to go to a fancy fancy. It's like one of the fanciest places in Toronto to go, you know, like a $200 dinner. And all you have to do is listen to this talk.

So, you know, this is this is, you know, within the rules. But I think it's completely bogus because it's paid for by a drug company. The topic is about how to treat diabetes.

So it's like how to individualize diabetic treatment or something. But the objectives are all about how to give more drug. Right. And it's like okay, well this is complete.

So the doctor's making money. Right. So the doctor who is usually from a university or some other high ranking thing usually gets at like a couple thousand dollars to give a talk.

And the worst part is that they give the doctor the slide death. So it's all about how great this drug is. And this is completely the jet, which I completely disagree with, by the way.

I think it's like the stupidest thing we can ever do. So here it is, the drug companies handing out fistfuls of dollars. And you can check on ProPublica.

This some of these guys are making hundreds of thousands of dollars. Right. And the drug companies. So give them money to give a talk to unsuspecting family doctors pushing this drug.

Then the family doctor like, hey, this, this super important, you know, person from the University of whatever is saying the drug is good, I must be it must be good to give this drug to my patient.

Yeah, but what you don't know is that they're the doctors getting paid, the drug companies in the background, making sure their doctor gets all kinds of recognition right, gets put on boards, gets put on advisory things, is making sure that this doctor becomes very prominent so that the doctor who's taking all this money to give a talk believes it's okay, because everybody else in the field is doing it right.

But when they if they were actually to step back and think about it, it's like, okay, you're taking money to give a drug talk and the drug companies are pushing you, you know, to become more prominent in furthering your career so that you can be more influential in pushing their drugs.

Like, how are like like, did you somehow forget what what what you got in it for. Right. Like, honestly. It's an education. There's free education, there's free CMS, it's free.

Who's paid for it? Oh, sponsored by all these guys. You go, oh okay. So they're going to teach us how to like so it's a it's marketing is all it is. And the grand. Rounds are big.

Look at the grand rounds. Look at our big, conferences. Ada American Diabetic Dietetics Association. Right. There's like a zillion drug companies right now.

Obesity that there obesity thing they had like all they have is Coke products, Pepsi products. All this stuff that the doctors who are trying to like.

It's a like it's amazing. Like trotted pictures of anything. How in the heck can that be? Go to the doctor's lounge,

look at it. You know, you go, how can this possibly be?

And I think there's got to be a huge shake up. There's got to be because it cannot function like this. It's because it's because even though they put down the rules, there's always ways to go around it.

Like I know guys, unfortunately, who go to like these conferences in Europe and, you know, they're not going to rinky dink places like close to home, even though they could get the education anywhere.

They're going to like fancy hotels and, you know, five star restaurants and all this, conference. And basically the drug company just says, well, just give a talk when you get home and we'll call it medical education and you're all legit.

So you've got doctors and, you know, going, you know, taking these thousands of dollars trips, right. And all on the drug company dime. So of course they're going to come back and start being.

But the problem is that they do it so subtly that they don't even recognize the how how unethical the entire. Yeah. No, I have friends like that too. And like what you were saying with the slide decks, like, if I'm giving a talk at low carb USA or something like that, it takes me months to get my talk right.

I'm looking at research. I'm looking like if you tweeted something, I can go look at that. You know, there's so much stuff out there that you go, oh my gosh, I have to, you know, and so it takes so much time.

These guys say, oh let's just give you this slide deck. You just read what it says. Yeah. Like a trained monkey. Yeah. So giving a talk is not what takes time.

It takes time preparing for that thought. Right. Oh yeah. So yeah. So it's just they do it right because. It's like they know you don't have time. Yeah.

And you just go, oh there's the study. And then they go they don't even look. And these doctors they don't. It's like you don't want to know the truth.

Because if you look at this saying go, wait a minute, what am I doing here? And I think in medicine we've gotten to a dangerous place where you can't question like a guy like you, you know, coming out saying, wait a minute.

Like, you know, I mean, I just it's so mind blowing to me that you stood up to all this. And I go, you know, like when I look at Professor Noakes and Fat Kid, those guys could have just said, yeah, I'm just going to retire.

Screw it. I'm not going to mess with this. Really? Hammered by the, by the system. They really went after those two guys. Professor Noakes, you know, went through multiple trials and all for, like, a very simple tweet.

Right. And Gary, who is, an orthopedic surgeon in Australia, he was basically hammered for getting his patients better by prescribing diets as opposed to drugs.

Right. That was insane. I mean, he's just trying to prevent his patients from using their legs. And you're one of those crazy guys, too, because obviously, if we intervene and we prevent kidney failure, there goes your dialysis units, right?

I mean, you, And that's how you, you know, integrity when someone says, hey, I'm going to take a loss on this to help you out, to do the right thing because there's going be less.

You don't want to put people on dialysis, but it's a it's life preserving once you get there. But can we do something before you get to that point? And that's what's now so amazing.

Now we have more and more studies talking about how glycation is affecting the kidneys. And for years it was protein. They said protein is going to cause I was like, how come all the weight lifters aren't on dialysis, right?

These guys are taking more protein than anyone on it. They should all be on dialysis. If that's the problem, right? If you're metabolically healthy, it's a different.

Yeah. And then, you know, now there's all these studies coming out with fasting and TRO. Just posted another one on Twitter the other day. I hadn't even seen it yet before I saw his tweet.

Intermittent fasting helps als function after heart attack. So all these people who are coming after fasting because it was, you know, is going against the sort of, you know, take more, eat more, and then take more drugs, sort of, guys like, there's all this data now, like it's it's just crazy.

There's another one, the five that's in Jama, which is a very reputable, journal, you know, the 5 to 2 diet reversing diabetes in, like, I don't know, I think it was like 80% some insanely high number of, this is very early diabetes, of course, patients.

Leaving the HMO System for Direct Primary Care

But like, hey, man, 80%. That's that's crazy talk, right? That's a lot of. If you had a drug that could do 10%, you make multiple multibillion. And the thing is it really high.

And that was the other thing I've learned along the way is you have to have invested patients. So when I was in the standard model, now I'm cheating the system in a way because patients are seeking me out.

They're going to look, I want to be healthy, help me, tell me what to do. Right. And those guys like, if you just get diagnosed with diabetes, call me because you make me the happiest guy on earth, because we can reverse that pretty quickly, right?

Oh yeah. For 35 years, it's going to be a little bit more challenge because your body is it's going to be a challenge, right? We have a lot more work to do, but a newly diagnosed diabetic, let's crush it.

Like we'll have fun. And you're going to like that fear is going to go away. And we're going to be able to do this. Right. Yeah. And the the payoffs are like, you know, down the line are like simply fantastic because, you know, other than the heart, heart attacks and strokes, cancer is massively associated with hyperinsulinemia obesity.

There's obesity associated cancers as recognized by the W. H. O.. So all of these things are like, you know, there's so interconnect affected and it's so obvious when you actually look at it.

But yet the the sort of medical system wants to keep you sort of in line. And it keeps all the doctors in line with lots of, you know, free, free talks and free dinners and free trips and stuff.

This is, the amount of, you know, it really is corruption. Unfortunately, I, you know, I stopped doing, you know, going to these, these drug dinners and stuff a long time ago.

And I started to realize it was quite unethical. But you don't know because at the time, you're, you know, you're going through medical school and beginning practice and all your friends are going.

So it's like, well, they're going and they're your friends. They're good guys. They're good guys and girls. You think, oh, there must be nothing wrong with it, but there is something wrong.

There definitely is something wrong. It's funny, bad when you. It's just funny because I don't have drug reps at my you know, I do get the the freestyle library people come out hopefully soon.

But the drug reps. It was funny at my old practice before I transitioned over again, I was taking people off insulin like crazy. So one of the drug reps came in, you know, attractive young female, and she's talking to my partners and all this stuff.

And she says, and I go, oh, do you need like, you know, when they drop off meds? I used to have samples in my old office. I was teasing Kaiser. Do you want my autograph? Sure.

I you can drop off some meds. And she said, what's your last name? Lenz. Guess. Right? Yeah. She goes, whose drug are you writing? I said, what do you mean?

She goes, you're not writing our drug for insulin anymore. I go, yeah, I don't anymore. And she said, why? I go? Because I'm getting everyone off the insulin.

It's because you're off my list. Like I'm not supposed to talk to you. Like I said. Really? She said, yeah, but who are you prescribing as? I'm not? And I said, I'm, I'm taking my people off insulin.

And she said, you can't take people have insulin. I said, you're right, I can't, but they can write it. They understand and they understand when I give them your book, you know, I'm telling you, Jason, like that your book has been all like your books, plural.

But you know how many Guatemalan. I give it to the guy in Guatemala. He's off of his meds and doing great. And, you know, it's just amazing. There's. He's a soccer hero there.

And he thought I was nuts when he was talking to me. And then he came into the clinic crying, said, I'm off on my meds. And even more important, I'll tell you, Jason, this is like, this is it makes me emotional in a way, in that the biggest thing now is mental health, this mental health thing, because we were seeing it on episode 13 of low carb MD back in the day when I had less gray hairs.

We talked about it and doctors attacked me for three days on line saying, how dare you say that food can have anything to do with addiction or depression or anxiety and all this stuff.

I'm like, I don't know, I'm seeing it tonight. We're seeing and we're both saying, wow, we're getting there. Diabetes bad. But they're like, that's great, but man, I'm having fun again.

I'm enjoying life and I'm not stressed all the time and I can relax and take a breath. How much value is that? And that's actually why I started the Life's Best Medicine podcast, because when we talked about these things, because, you know, then Beckman taught me he also look five things, right?

If you want to be healthier. And there's some of you if you if you have anything you want to take home from this, five things. Number one, don't work 18 hour days and be stressed.

And I was working 18 hours in stress. Just get your sleep. And I was sleeping six, you know, 4 to 6 hours a night. And I was like, I don't think your rules are that good, Ben, for longevity, because I'm open to.

And he goes, that's why, that's why all doctors die at a younger age, right? Because they're stress intense. And look at the suicide rate we have. Like, we work three times the national average.

And, yeah, as physicians, so they says, eat real food, right? Don't smoke or drink to excess and exercise regularly because that's what you have control over. Right.

So when people say one thing about this, that's working 18 hours a day, it's like, but it's the the one thing is that if you're doing something which you love and you know, is going to do something good, because you and I put a lot of hours in off the clock, sort of, if you will.

Right. Because, you know, at the time, you know, let's forget the books and stuff, but you just you just do it because, you know, you know, you're doing something good.

So I, I was obsessed, I'm telling you, I was obsessed with with trying to find out, like, all these metabolic pathways and why fasting could help. Like, I put a ton of hours in.

None of it paid, of course, but I was. I was like, having the time of my life. Like, I break through, like light bulbs are going off right. And the funny part, of course, is the light bulb I had was something that was written about like 100 years ago.

Right? It's like, oh, they wrote about this like 100 years ago. And I'm just thinking this out now. Like fasting can be good for you. And, and it's like, but if you're doing something you love, which is what, you know, you really you really did when you sort of change your practice, it's not work like, because, you know, it's it's your purpose.

I was just talking to, somebody the other day, and he said he tried to retire because he was like, you know, he had enough money to retire. He was at that age.

But then he came back and he's like, because, you know, what he was doing was helping people. And, you know, when he's just looking out for himself, you know, in his retirement and getting to pickleball and all this sort of stuff, he lost that sort of fire where you're.

Yes, it's work, but you and you believe in it, you know, like what you do. And what led you to speak to that? Jason, when I was working those 18 hour days every time, like every night, serious, I would come home even I know I was helping people.

It was a it was a rat race. So I'd get home. My wife would say, how is your day today? And I was like, oh gosh, I got yelled at by four people. Two people showed up late and I had to reschedule, you know, was like always this negative and goes, you know, like, Brian, you know, what's funny is you work these same when you go to when you volunteer in El Salvador and Vietnam or wherever you go, you work like 18 hour days and you come home and you're on fire and you're, you're you're talking about the whole time.

And she goes, what's the difference? And I said, you know, really it's that I'm spending three hours a day with like checking boxes. I'm like, I get paid and you have to deal with, like, getting things approved, right?

When I'm in Guatemala, I just go, here's your meds. Here you go. Have a great day. Can I pray for you? What do you need? Right. It's it's it's true. Because when I was, you know, working those hours, just doing the conventional sort of medicine, sort of like, you know, put you on dialysis, make dialysis rounds.

It's sort of like soul draining, right? It's like one you recognize after a few years that you're actually not doing a lot good for people. Right? So it's like, yeah, I'm just holding your hand as you go on dialysis and pumping your soul drugs, and you're not really getting better.

Then you see people getting better when you start talking to them about diets and fasting and all this sort of stuff, you know, you're helping them live longer, and all of a sudden it's not it's not work anymore.

Right? It's like you could go on all day. I had the same thing as you where I'm spending an hour with a patient and my clinic's, like so far behind. I was like, I can't stop.

I can't stand it because you got to help that person. And then. I know. And then the problem is, if the people don't care and they go, just give me the drug anyways.

I just know I go to my endo and they say, just take more insulin. That's not the answer. That's here's what's going to happen. And when people understand it, it's just so hard because once you get super insulin resistance, hard to break, that, you know it can be done.

Why Diabetes Reversal Matters for Longevity

But it's way, way more challenging. It's usually when somebody is like really engaged. And and I remember I think this happened a few like a week ago, a few weeks ago, I was like, I'm like, okay, I have like six other patients, like waiting like right now, but I can't stop talking.

So that's I kept thinking, I should wrap this up, but I never wrapped it up because it's like, I can't leave them without telling them. It's it's, you know.

So then I went further behind. Then it's like I screw it. It's it's, you know, you got to treat the person in front of you right now. Right. But yeah, that's.

Because it's. Hard and that's what you and I understand. Our obligation isn't to the to all these governing bodies and the drug reps and all this are it's that patient in front of us.

And you go, what is the best thing for this patient? Here's the risk. Here's the benefit in medicine over the last four years, we forgot this whole, the foundation of of medical ethics has been just decimated.

If you follow medical ethics, you will put yourself at risk. And it's crazy. I'm like, how can we possibly be in this situation? It's unbelievable. I know, and it sort of makes you shake my head a little bit.

That's the whole what happened. But you know, that's that's hopefully in the past now. But I think, you know, moving forward I am encouraged by, you know, guys like, Carly Means and Casey Means who do talk about this.

And it's great and getting great traction that, hey, we need to focus on metabolic health and this whole psychiatry thing with Brett. Share on the metabolic mind who's also trying to push this.

Hey, this this this can have important implications. Like your diet can have important implications for mental health. Same as Chris Palmer. Right. And you know, Chris is a great guy.

And he wrote this book about how it impacts him. And he's like, Harvard. Metabolic mind, metabolic mind. Then you have George eat. And, you know, the thing was, when he was talking about this stuff, I go, that's kind of dangerous because he anxiety getting better and depression getting better.

But he was treating schizophrenia with a ketogenic diet. I go, I interview this guy before I and once we talk to him I say, what made you think? He goes, well, all the all the drugs that we use for schizophrenia. McBee so these guys are all 350, 400 pounds, so like they have no chance.

Worst case scenario, they're going to lose weight like I like he was saying he did and he said, but all the drugs they use for for schizophrenia are the same drugs they use for seizure disorder.

Seizure disorder. It gets better with a ketogenic diet. It stands to reason that maybe there's something to this. And I think the more we're around him, you know, we may in five years say, you know, the mechanisms we thought there wasn't by that mechanism, but maybe another mechanism that makes it the inflammation.

Is it a certain nutrient? Well, who knows what it is. Some to some degree we have a good grasp of it. But I'm hearing studies on it very fast. And I was reading a book by Doctor Johnson this weekend called Nature Wants Us to Be Fat. I don't know if you ever saw that.

Oh, yeah, and he's a nephrologist. Yeah. Not for another nephrologist. Do you guys think like, that's why when people I, the nephrologist, explain that stuff to me, I'm like, okay, I'm not going to do a nephrologist.

I said to them, I'm not going to figure out all those pathways and all this stuff. But it's really interesting. He's talking about uric acid levels and correlations with manic phase of bipolar.

Just to just to speak on that for a second, because I think you'll, you know, people will appreciate this. I, I was at a conference, low carb San Diego and, for the metabolic health practitioners.

And there was a kid there who got up, and it might be like 300 pounds or so, and he said, look, I've been bipolar my entire since 15 years of age when I had a trauma in my life.

Last two years, I've been stable, you know, I've lost 85 pounds. And, my, I haven't cycled at all, and I've never been to that since I went more on the low carb ketogenic diet.

And then he ask a question about supplements. Anyways, I saw in the next Marisa man your story. Thanks for asking that question, because I know bipolar is hard to talk about my mom's bipolar, so I know it's not a comfortable subject.

And he said, can I give you a hug? I said, sure, why is it you saved my life? I go, have we met before? He said, no. I said, how do I save your life? He said, low carb and he's.

I was laying in bed thinking about how I could kill myself 400 plus pounds and you guys interview the guest talking about going carnivore and reversing her bipolar.

And he said, Maybe I'll try it. He said, two weeks in, I got 80% better, right? And you go, wow. And so that was the thing is, when and I talked about mental health getting better, you know, schizophrenia and bipolar and all these things, you think, how can that possibly be?

Because, you know, and interestingly enough, Jason, I never you may know, you may say I'm crazy, but it turns out that lithium, which a lot of, bipolar on lowers uric acid levels too.

And you go, how much is this. And uric acid is one of the, the pathways of metabolic poor metabolic health. And you go, wow this is a really interesting things.

You know, you it's all linked. Yeah. Yeah. How it's all tied together and you go, you know in this book. That's why I found it so interesting. I was like, wow, makes sense.

If you're insulin inside means you're trying to store fat if your uric acid is high, if they're both high. And that's a double whammy against trying to lose weight.

So I was like, oh, this is our checking uric acid more you know. And for you are the guy with insulin like no one checked. I never even thought about checking it.

Do you come around like, why? Why would you check that? Even now? I'm telling you, I just give it. At that talk on Saturday, all the patients said we asked our doctors to get it and they're like, no, because they don't know what to do with the information and we're in a bad mood.

They weren't good pay for it. Yeah. And yet the crazy part, because I practice in Toronto and I actually can get fasting insulin levels. So I do on most people fasting insulin, fasting CPAp diet.

And of course it's mostly shows what you think it's going to show when you test it. Right. It's mostly high. But the interesting thing is that, you know, they won't most of the people in the United States, they won't cover it until I get, you know, every second year medical student knows that insulin levels are very high.

So it's like, why don't you want to measure it? Right? It's like trying to treat hypothyroidism or hypothyroidism and you're not allowed to order a TSH.

It's like, what the hell? Like, how can you possibly treat that to these? I think people even measure. It, right? And people, they're coming in with their 300 pounds and they've never had.

And once he checked, they go out. You don't need it. You're fine. Like, how do you know? Like that's what I mean with insulin, I can't tell. I can't look at someone go, you're instance going to be high or low because we're looking at that.

The insulin in the ratios. Right. Like the like if you're if you're A1 sees really high your insulin should be high trying to get it back down. If it's really low then we got a different problem. Right.

But exactly. These doctors are like fortune tellers. They think that they can look at someone and go, now you're insulin. Why? Like, I just thought I was at the company.

I'll talk to this guy. This guy has to weigh 120 pounds. Maybe. He's probably six foot three. He's a beanpole. And he's like, oh yeah, my H1 c 6.4. I'm like, well, what. If.

I go, you gotta get your. It's like, I don't know. I mean, looking at you, you can't be insulin resistant. It's got to be that you don't make enough insulin, you know.

And so. Yeah. Yeah. So it's but you know but it could be that you work out. It's important turning it off. It's incredible. Yeah. It's incredible I actually had that same same experience actually the guy I buy my rabbit food from, he's actually, you know, eating the rabbits.

Anyway, so I buy them some fresh hay from this guy who imports it. Right. And he he didn't know who I was. And then a customer. Right. And then. But he gets diagnosed with diabetes.

And so he's checking on lines like, hey, are you the guy? I'm like, yeah. Who talk. I'm I'm that guy on YouTube. He's talking about it all the time. Right?

And then he's like, and he's the same, right? He's a beanpole, but he's drinking tons and tons of sugar. Yeah, he's saying, I drank so much soda right.

So he probably has fatty liver disease. And I said, okay, well make sure you don't have type one diabetes and all this stuff. And he cut it all out. And then he went back to his, his doctor.

And he's a young guy. He's like 40 years old. Right. So he was diagnosed with type two diabetes because he actually wound up with type two diabetes. But he freely admits that his diet was like terrible.

So but but knowing that and getting online and seeing, you know, some of the information he actually reversed, it mostly came off of his metformin. Right. Which is doctor told him, you know, put him on and it's like, this is this is good because you've prevented a huge amount of disease down the line.

And he's super happy with it. He basically cut out soda. And you know, a lot of it, a lot of his problems went away even though the weight wasn't as big an issue, which you actually do see sometimes in the Chinese and Indian people.

But I am always thinking here, okay, but the point is that we failed as a profession because this guy had to get better by looking on YouTube and listening to podcasts like yours, right?

Low carb MD why do you have to go to a podcast? Or why do you have to go to YouTube to get better when your doctor should be telling you this? Right? And that to me is like the ultimate failing, of this?

And you know why? I'm glad guys like you are out there, you know, you know, helping to spread the word on low carb MD and, you know, it's. Yeah, who's going to pay for it, right.

If they want you to go give a grand round somewhere like you don't have a drug company going, oh yeah, I love this guy who's going to put me out of busy if, if that's why I made the drug companies are saying, well, if you make people healthy, what are we gonna do with our drugs?

Like we have all these. So it's a hard thing and they're not evil, but it's just it's business as business as uselessness. I mean, those guys making those decisions and the drug companies there are doctors, right?

Medical Corruption, Conflicts of Interest, and Sponsored Education

They're just guys who work in business. And business means increasing revenue. Where I think the big failing is,

is, a regulatory standpoint to say that, hey, it's okay for drug companies to pay doctors for this medical education, to sponsor rounds, to sponsor this, to sponsor research, because, you know, this gets my goat up every time.

It's the drug companies that sponsor research and then say, now this. So, so we know, and there's lots of studies to show that, say, if a drug company sponsors a study, the study, you know, like will show a good result for that drug company, like ten times more frequently than, than otherwise, right?

Yeah. So so the problem is that the outcome of the study very much almost probably the single probably the single most important factor of the study is who sponsors it. Right?

Because if you have a study that says Coke did a study that says sugar is good for you, well, you'd say, well, that's stupid, right? Like Coke did a study. Why would I believe them?

But if the drug company does a study, drug company does a study that shows that their drug does really good for you. People say, oh, that's evidence based medicine.

And it's like, wait a second. Like we as a public deserve a study that's not funded by a drug company, right? We deserve it. 200, 200 in medicine alone, 200 studies a year get yanked right that they get they get retracted.

And so then they base all these policies. Then it gets retracted. But they don't change the policy after that. And, you know, a they just it's insane.

This is the same thing. Because if you do say you do 200 studies and they're all all funded by a drug company, 100 are positive, 100 are good for the drug, 100 are bad for the drug.

Well, the drug company says, well, these 100 studies that show the drug really does nothing. We're not going to publish them. We're just bury them. So now you have 100 studies that show this drug is so good, and they've done this for psychiatry and depression.

Actually, it was in the New England Journal of Medicine where they did that and they showed that there's a huge publication bias. So now any outside observer says there's a hundred studies that show this drug is good and zero that show it's bad.

Obviously this drug, this good, that's evidence based medicine. It's like, okay, but your evidence base is so tainted that you can't trust evidence based medicine.

Yeah. So I get again, it's the public. We deserve studies that are not tainted. Well, it seems like, you know, I mean, we even looked at that, Jason. And it's so hard like the when you look at.

And I heard you talking about early, I'm like, that cannot be true. And I started looking like who funds the American Diabetes Association. Right. And they said Coke, Pepsi, General Mills, all this stuff.

And on this side is all pharma companies go, wait a minute, you're my advocate. Because I was thinking it would be the same as Mothers Against Drunk Drivers.

Oh, we're sponsored by Jose Cuervo. Yeah. Okay. Wait a minute. Yeah, there's a conflict of interest there, isn't there? Right. Is this make sense? While there's the president of the American Diabetes Association, a few years ago, she had reversed her diabetes with low carb.

So she was very passionate about getting the message out there, man. She got sacked. And like I said, I don't know. Well, she resigned, right. But, you know, I don't know the inside story, but she was gone in a couple of years.

They were quick and she was real quick. She's like, reasonable. Like she was saying reasonable. Reason. Because, yeah, if you upset the by like people, the sponsors are like, what's she talking about?

They're trying not to eat my product and I'm giving you money. Same thing with the FDA. And they're, you know, now they're they corrected the record to say only 47% is coming from industry.

And you go, wait a minute. I'm if I'm reviewing your book and you're paying half my salary, I'm going to say, this is the best book ever. You was terrible because you're not going to you're going to I'm not going to pay you any more of that, Brian.

Oh, I love your book. I love your book. Yeah. Books. But so but it's a conflict of interest if I was like and then and that's the other thing they do, Jason, as you see in these studies, they refer to all these other studies that they're all their friends and they just all refer to each other.

The first guy was wrong, and they all refer to his study that you want to make these analysis. It's paid for, right? It's bought and paid for. And that's the problem.

And then every time you say, well, you should really do studies that are not drug related, they're all like, but there's no money. I'm like, okay, but you're making the assumption.

You have the presupposition that tainted research is worse than no research. And I actually think that it's the that's actually wrong, I think tainted research, which is drug company sponsored research, which is by definition tainted because there's obviously a conflict of interest, is worse than no research, because if there's no research, there's no research.

If you believe that this drug, which is not good is good, then you're actually actively being harmed, which is a situation we're in now. Right? And I think that's the other thing. And I think we're having more and more studies like Doctor Glatt just did a study.

I was working in the underserved community and changed their diet from all the garbage you're getting from the government to real food. And all of a sudden they have these impacts.

I've personally done that with, but some people have been Vacaville that were from, mostly from Mexico. And I think, oh, you can't help those people. Oh, God, I bet we can. And we crush it.

They crush it because once they got it, they were all in. They go, okay, I don't need 12 tortillas a day and I don't have to eat rice with every meal. Right.

Once they made those little changes and they add in stuff like health code and they changed it, they got better and they go, oh, you can't help those people.

They're not going to do it. Well, if you tell them the right thing, they can. If you give them the Aids stuff and they're getting worse and they're listening to you, but you're giving them bad advice.

The funny part, I think about the Ada, the American Diabetes Association is that if you read their nutritional, they have this consensus statement on nutrition, and I think it came out either 2023 or 2024.

And the hilarious part. And so they get all their doctors together, they agree on this and that, and they put out, paper. And, you know, it's an important paper because it's sort of standard of care and the standard of care in this document, they say that low carb has the most evidence of any diet for reversal of diabetes by far.

And it's true because it's it's true. Right. So, you know, carbohydrates are glucose. And, you know, if you eat them, your blood glucose goes up. So don't eat them.

Right? Obvious. Like it's super obvious to anybody with a brain. So anyway, there's a lot of data. So and they acknowledge that there's a lot of data.

But then you get to the sort of what how that trickles down to their recipes and all that. And the recipes are full of

sugar and full of carbs. They're sponsored and they're using sweeteners that they're sponsoring them.

Right. So they're paying money to get that. Nurse. Sticker and their American Heart Association approved America. And that's why, I mean, you and I are around going, oh my gosh, you think Lucky Charms and tricks are healthier for you?

For your heart? Really? I mean, that's insane. Like, and that's it that because we've compromised their value and then the people see it, I mean, the, you know, I was looking at something that was just tweet and it was a Jama article actually about trusted medicine went from 70% in 2020 to 2024, dropped to like 42% of people trust the system.

I don't know those 42% who trust the system to. Yeah, probably guys that worked for the system maybe. But yeah. So when you start looking, you go, man, where are you?

Are you advocates for us? So I know you are an advocate for your patients. You're gonna do the best thing. I, I still can't believe you're still in the system.

I don't know how you take it, man. I mean, it's, you know, it's it's really I. Seriously, my life has changed dramatically since I just left. I have, you know, instead of having I left my practice with 2200 patients, and now I have, you know, maybe 400 patients. Right.

So now I have time to spend. And I could talk about your book and I could grab it off the shelf and go, here, here you go. Go read this. You bring it back later. Right?

So the impact we can have is amazing. And I'm telling you, for people listening, very rarely do I have a patient when I say a hey, like, if you've lost weight and are doing well, Jason Fung, Jason Fung, Jason Jason Line and these guys like, criticize you.

I've never heard them one time ever. No one's ever mention them as saving their life. So, so many people you've had a huge impact on in medicine. And it's it's got to be something like stepping back.

If you could just see where it's gone and how many people are understanding because you had the courage to stand up early. And we're supposed to talk about fasting too.

And I think, you know a little bit about that. Well, yeah, I mean, fasting is one of the things that sort of I, I, got on to sort of, before it was I think it was, it was very much demonized, of course, at the time.

I mean, there is a few people talking about it and, you know, Valter Longo who, who, who, was talking about it for a long time, of course. But prior to that, there weren't a lot of doctors or researchers.

There's a few others, like, you know, but but not many because it was widely believed that it was bad. And, you know, but it's it's actually such got such tremendous potential in this day and age where we have so much sort of obesity, type two diabetes, to really help people.

But of course, the problem is that people, you know, are trapped within that system. And I think that's the disconnect, right? Because you have a system that is not really good for people.

Like they're not don't really have the patient's best interests in mind. And then you have the doctor who's out front, and you and I know a lot of doctors, right.

Because we're doctors. Right. So a lot of my friends are doctors. I'm sure a lot of your friends are doctors, and they're not bad people. They're very good people.

Mostly they want to do the right thing and and try to do the right thing, but they're trapped within their system, which, you know, sort of rewards taking, you know, getting deeper and bad with Big pharma.

Well, you. Get penalized if you if you right, if you don't. Yeah, yeah. MIPs and MEPs here in the US at least like they go if you if they have this. Yeah. We prescribe this and this and this and this this medicine. Right.

You need these for if you don't have those for it you get doc. So these doctors go I just got it put you on it. Does it help me. Yeah I don't think fasting.

It doesn't take one of those boxes. Right. It's it's. And then the dieticians get mad at you and stuff. And again, dietitians are not bad people. Most of them just want to help people, but they're trapped within that sort of mind.

And how they were trained to train them is people saying, yeah, carbs are great. You just have with each meal six times a day and you go, it doesn't make sense, it doesn't make sense.

It doesn't make sense. And so, so fasting can have such amazing, implications and again, to their credit, American Diabetes Association did change in 2021, from being type two diabetes, being a chronic and progressive disease.

They published the criteria for remission, which is, of course, something I'd been. I even wrote a whole book about it in 2018. So I've been talking about it forever, right? Yeah.

That's saying I think the thing is, like I kept saying it's stupid, right?

Fasting, Low Carb, and Mental Health Improvements

I didn't mince my words. I said to say that it's not reversible. It's just stupid. It's the stupidest thing I've ever heard. Because every doctor, every nurse, every patient knows that if you lose weight, your diabetes will get better and sometimes go away.

So therefore it's not chronic and progressive is reversible. You just have to focus on the wrong thing. People focus on giving meds. They should have focused on the diet and losing weight.

Getting healthy from a lifestyle perspective, because it's a dietary disease, you got to fix the diet and the doctors and the nurses and everybody. We're trained to focus on the meds, and because they're trained to focus on the meds, they gave the meds, when they didn't get better, they said, well, it's not that the meds are bad, it's that it's incurable and we're doing the best that we can, sort of, you know, it's, you know, so it did take them a bit of time.

I mean, 20, 21 God, that's like forever ago. But, you know, at least they did change it. And they do acknowledge that low carb is as good, which is why I think, you know, I love the title of your podcast, Low Carb MD, because it says one, you know, what we're doing is trying to, you know, get people lower, like you don't have the zero, right?

It's not yeah, you don't have to be zero. Because for a lot of people that's not going to be realistic. But it's also MDS, you know, people who have skin in the game who have studied a lot about it, who have recognized that, hey, this is actually something that we need to help change.

So thank you for that. Brian. I think it's. Yeah, it's just we had a low carb MD. I think I remember I was debating the name of that thing. We're going to call it two Keto Quacks because everyone say if you're keto, you're a quack back then and you're like, you're gonna lose some credibility. Button.

I think you guys should do that, right? So because we're kind of saying as a joke, but then, you know, look, even when I look back on the man when we call him Metabolic Health MD, right.

Like, because this is what we're doing, really. And when we look at it, you know, if you're going to fast, fast, if you're not going too fast here, do this, cut out things and there's different ways to do it.

And I think of all things, if our goal in metabolic health is to lower insulin or make us as insulin sensitive, there's nothing that does it like fasting, nothing.

Nothing like doing a. Really. Six 48 hour fast. And the things we're seeing, Jason, with, with dementia, with Parkinson's, getting better, with throwing in a 36 hour fast here and there, or, you know, going on a higher fat ketogenic diet for these seniors.

It is incredible what we can accomplish. And you look at what's causing this system. I mean, it's devastating to have someone staring at the wall, you know, and drooling and so, so much we can do.

But, you know, with, with there's nothing like fasting, intermittent fasting, timer sugar. And it's caught on. And it's so funny because these guys are acting like I heard you talking about that.

How long ago now these guys are like, oh yeah. I'm like, oh yeah, you're a genius now, right? So now they're all saying, yeah, it's obvious that's not it.

And that's the thing is, like we didn't pass that on yet. Yeah, you did actually, you know certain things and you look back and you go, wow. And so, you know, you're in I mean you staying the, you know, and doing it with a smile and just going, you're wrong.

Here's what I'm saying. Because when you have clinical data, when we have clinical, clinical evidence, we see people getting better, right? If I'm doing having people do fasting and a low carb or a ketogenic diet and they're not getting better, like, okay, it's not working like we have to change.

We have to change course. But and all these years, I haven't changed course because people are getting better. And like you said, and I think that's the key, is having job satisfaction.

Like, if I'm doing this every time I look at labs from a patient I know is crushing and I'm like, I can't. Why? I'm like, I'm excited to look at labs.

Before I was like, oh, I have to look at labs and it's going to be a drag, right? And now I'm going up and everything's now you go, oh my gosh, look at that there.

A1 team was 7.6. Now it's 4.2. You got oh my gosh. And now because we understand. That the other. Implications of that right. Oh totally. I just had that last week.

So one of these guys that came to me, it was it was actually a friend of of another, patient. And it was one of these guys I had started to go on and on about, you know, I'd put my clinic, like, way behind schedule because I couldn't stop talking.

Anyway, they came back for their second appointment. I'm like, Holy crap. I think they're the ones who went down from, like, 9.4 to 5.9, even though I had already cut their medication.

So I'm like, okay, you need to cut again and keep going. And you know, it's like, holy crap. Like and then their joint pains get better, their back pain, their mood, everything gets better.

I feel like exercising again. I have energy. So we're learning a lot. Like how to tap into this energy of the mitochondria. Let them work. Because if we're strong a bunch of extra body fat, we need to be able to get rid of some of that.

We have to flip that switch, right. And some of us aren't. I'm not as good as you are, obviously, at flipping that switch of keeping that that, you know, going from fat storage mode to fat burning mode.

So figuring it out, little step by step and see what works for all of us. Yeah, yeah. But I haven't met anyone who gained weight fasting ever. Maybe if you do a long term like, you know, have you thousand for 40 days and 40 nights, that kind of thing.

But yeah, I think these short term, like what you're doing is amazing. Yeah. There are, there are intricacies. I mean

for sure there's some people, and I will say that the one thing I have changed my mind on a little bit is doing the longer fasts with some, with some support.

So, you know, what's interesting is that if you do say three, five days and then you put back a little bit of, calories or food, almost all the studies now that come out now actually do that.

So and there's old clinics like the butcher clinic where they do that, where they do this ten day fast, but it's not complete water fast. They do put back some, some, some, you know, fruits and stuff, which is generally, you know, I would have avoided.

But their results are good. And I'm like, well, if their results are good then, you know, hey, it's not bad. So I did it the other day. A few weeks ago, I did a five day source, but instead of doing completely nothing, which is what I used to do, and it's not terrible, but I put back a little bit of, vegetables.

Just vegetables on one meal, I think on day four. On day five. And it's, you know, probably like 200 calories, zero carbs or very few carbs. It's just tangibles. And it's like, oh, okay.

It does make it easier, I have to say. And it does it, I think, seem to get all the same benefits. So it's like, well, that that that's interesting because it's, it's it's another variation.

And it's not about being perfect. You don't have to be perfect to get the best results. Like you don't have to be zero car, right? You can still have some carbs. Try and keep them unrefined.

You don't have to be zero sugar, but you want to be lower. So you're like, you don't have to be perfect. We just can't be perfect people all the time.

And I think that's important to recognize, because otherwise you can get into this thing where you just get, you know. Old and sad and like, yeah. Yeah.

And it's like, that's the the, you know, perfect is the enemy of good or whatever. It's like it really sometimes when you just relax a little bit and let it make it easier and sometimes it can work.

And I think that that's, that's, that's the next step is to really just personalize it, make sure people let's see what you can do. Like if you can't then let's see how it can help you.

So they still got most of the benefits. Not all of the benefits. Perhaps, but most of the benefits. And you know, a lot of these 5 to 2 diets. So the 5 to 2 diet, of course, is not like it's five days of regular eating and two days.

And this is unfortunately, it was Doctor Mosley, Michael Mosley, who popularized. And unfortunately, he passed away in a terrible accident. And that's really tragic.

But on the two days, it's not a full, fast, you take 500 calories. Yeah, but because he did it early, there's actually lots of studies now, including that 5 to 2 diet study on diabetes.

The results are great. So I'm like whereas I would have said, okay, well on the fasting day you should have zero. Right now I'm like, well, you know, the 5 to 2 diet had it and it did pretty good.

There's actually a couple of good studies on that. So as well you don't have to total. But yeah, you know there's all these things that we can do. So I think we have lots of lots of research to go.

But I'm excited because a lot of these studies are showing like like that heart attack study. There's a diabetic diabetic property study that had come out, you know, all of these in the last year.

And and it's. It's crazy because before these studies came out, like a Christian Assad who's a cardiologist down on the border, he goes, look, these guys, they have a disaster, metabolic.

Syndrome problem there because they had the worst of Mexican fast food and US fast food in the same place with the morbid obesity. Seriously, you seen guys in the 30s having heart attacks and strokes and stuff and so he had he had a bunch of guys that were on hospice.

And one of the guys said, look, I'm not ready to die. What can I do? Because it's not the standard care. This is years ago. And he goes, but I could put you on a ketogenic diet and see what happens.

Your heart can run on ketones. He was on five diuretics and they couldn't. This guy's still alive, hiking and like enjoying his life, his cardiac function.

Everything improved on this guy. So the studies just delay. So you're going to wait five years or you say, look, listen, I was working clinically at some point, you know, or eight years or ten years, however long a study takes.

So what I do know, and I and I want to leave people with this too, is that you are a great doctor from this standpoint, is that you're going to say, okay, I've been saying this.

Let's look at the data. Do I change what I'm doing? Other doctors again, like I'm just doing this I learned this in high school and I'm going to keep doing this.

You know, right when I was in med school my first year, they said this, I'm just going to keep doing it. Not look at the evidence and the data and the clinical success.

And that's why people are going to gravitate to you and me and drill. Right? Because I want to be healthy. I don't want to just support the drug companies.

And whenever we stop the drugs, you know, we where like Doctor Edwin says, the angel saying, and look at that guy was going to retire. And he's he had clinical success. Now he's still going.

He has no no desire. And he's had a huge impact to on on the UK. Yeah. Doctor Unwin I think it's Elaine. She's she's just sort of once you see it, it just sort of revolutionizes your practice because it brings the, the joy right back into your practice.

Closing Thoughts and Spanish Outreach Plans

Like the satisfaction right back into your practice. Because up to then you're like, when can I retire? Right? It's like, oh, I'm just I'm just doing it pays me.

You do a little bit of good on the on the things you can, but a lot of the stuff that was important to metabolic health, that was being a completely ignored and, you know, and again, I want to I think you've, you've, you've, you know, done a lot to sort of bring this to the, you know, accessible to everybody.

Brian. So, you know, I really want to thank you. Thank you for, being on here. Yeah. Thanks so much. Thanks for the invite, man, I appreciate it. It's always great to talk.

It's always great to catch up and keep up the great work. And I'm always keeping an eye out when you send a tweet or something, go, okay, what's Jason saying now let me know because I like what you're saying is like, does it have to be zero colors going to be 500?

Does this work? There's that work. And then we figure out, I think we're going to figure out all individually and like what works that for that patient in front of us. Sure.

This isn't working. Let's pull this lever. Let's try this. And at least using critical thinking right to move ahead. And but thank you for the impact. I mean it's amazing.

I see people all the time when I ask docs like how did you learn about Jason Bank Jason? Like, here we go again.

Right? So awesome. But it's awesome that you stood there.

You know, you were the lone wolf out there crying in the right. And it took time. And so it's amazing the impact you've had. So I, I appreciate you and I thank you now.

Thank you. Okay. I think we can cut it there. Yeah. We got to get to work now. Sorry. I'm so sorry. Yeah. Hey. No worries, no worries being there. I mean, I cannot believe I'm like, oh my gosh, running up there.

It doesn't matter. I was just doing like I said, I'm actually tracking blood work. So I have a I still have a file to do. So it's no no big deal. As I'm coming back, there's this health and longevity farm in Switzerland and I just spoke at and I'm now trying to catch up on all this, all this stuff.

But you guys. And I go to Oakland. What the heck man. Not fair. Like yeah. That was that was a lucky one. So hey, what do you do in Guatemala? Are you doing like, like, what sort of work do you do there?

I do volunteer work. We go there, there's clinics. A friend of mine was a professional soccer player down there. So he started a clinic, and it was like, you know, underserved people.

Like, we go out to the out to the jungle, man, and and then we're also closer to Antigua, which is outside the big city, but diabetes, like like you said that too.

And these guys can get Coke cheaper than water, right? Yeah. They tell the diabetics. So the divers come in drinking coke and I'm like, hey, what are you doing, man?

Your sugar's 300. You're drinking coke. You're like, well, we need for energy because I'm tired all the time. They said, I go, man, once you educate people down there.

And I mean, seriously, I hand out, I get your book and I just hand it out to people in Spanish. That's why it's amazing. Like the impact it has on the currency.

If it's Spanish, you know, I, I try I'm trying to dub my YouTube videos into Spanish. So there's, you know, because YouTube is great because you can give it to people for free.

So there's I've started to dub it, there's this AI dubbing thing in Spanish. So, if you want, you can tell people, just watch, just watch this. Right.

I'm, I'm slowly uploading my videos and, so it should be dubbed in Spanish, but, I'll just look it up. I think it's called Jason Fung Spanish or something like that.

I don't know, but. Awesome. Yeah, those guys don't even have their own. Have access to any of that. All right. Having a book I could give them like half the people can't read. But but once we educate people, it's amazing what's happening in those communities.

And if you get them to, you know, eggs for breakfast instead of cereal and, you know, it's amazing. Yeah. So anyway, it's a resource for you. Like I try and get that's why I did YouTube, right.

Because it's something that I could do and gives people sort of information for free without them having to do anything. But yeah, if you're down there in San Diego or if you tell Christian just tell them, look for the Spanish Jason from Spanish because I'm, you know, I think there's a ton of people that need it.

And, you know, I so that's why. And now with the I, it's actually not even that difficult or expensive. So I just dubbed it I think the dubbing is terrible, like it's a Google Translate level of dubbing.

So I think, you know, most I think it's terrible, but I think it gets the message. I think that they appreciate even when. Yeah, yeah, it doesn't cost me much.

I think the AI program was only like a few hundred bucks or something. So I'm like, sure, if I can get more information to people, all the better. Right? So that, yeah, it's amazing. There's a huge need, man.

It's unbelievable. Yeah. Take a look at that. If you do have people around because you have a large Hispanic population, right. In, in San Diego. So that's, that's something that.

You know. It gets I live in Arizona now. But do you. I go back and forth, but my primary resident because. Yeah, California's medical board was nuts. Like, go.

If I say the wrong thing on a podcast, they'll put you under investigation for four years and you're screwed. Okay? I'm like, so I'm like, I'll just move to Arizona.

My overhead, everything's cheaper. Yeah. It's amazing. Yeah, but I think there's a lot of Hispanics there too, so. Oh, yeah. Totally. Yeah. So, so so make sure I'll see if I can send you the link for my channel.

But I, I'm trying to I just started it. So I'm trying to get more people to listen to it because I think it can. Again, I think you can do a lot of good for, for that population.

And Rene, if you like, if anyone wants to come on or Jason, if you want to come on low carb and or live space medicine, talk about this, this conference coming out, we can definitely, you know, obviously, hopefully get some awareness out there.

So yeah. Let's do it. Let's do a brand. Let's let's do another episode right. School time. All right. Cool. We get to save time and run this one if you're busy.

But I love to talk to you for another hour. Family. Let's say thanks for one. This I appreciate it. And sorry for throwing your schedule off today. Not at all.

Thank you so much. Thank you both. Beautiful as always. And, I'll be I'll be pinging you later via email, so. All right. Sounds good. Thanks. Take care.

I'll email you. And I will set up a date for later. For local. All right. Sounds good. All right, all right. I'll try to be on time for that one. No problem. But.