## Introduction and Dr. Carpu2019s background

Hi, everyone. This is Dr. Joseph Antoun, your co-host for the The Longevity and Fasting Summit. Today is going to be a very special episode with Dr. Jonathan Carp.

Dr. Carp has been a dermatologist for over two decades. And but I think around 2004 is something happened with one of his patients, where somehow, like me, we all started with allopathic medicine and then saw the power of lifestyle changes in nutrition and fasting and other interventions.

And it changed our perspective on medicine, changed our perspective of how can we effectively help our patients induce a disease regression or remission.

And I think this is where he changes the way he practices. And he's going to share a lot of this with us today. Stay tuned. This episode will focus on skin care specifically.

So for all of you interested in this topic, make sure that you watch the episode to the end. Dr. Carp, thank you very much for your time today. Yeah, my pleasure.

Do you want to do a little bit more elaborate introduction so the people get to know you and your story and how you got into fasting and longevity? Yeah, sure.

So, you know, I grew up in a family of doctors. Father was a very traditional family doctor who had did House calls. I remember as a kid going up to farmhouses, carrying his his doctors bag.

And I actually from him really realized he was one of the sort of the longest in his community in terms of seeing seeing the patient not just as a specialty, but but, you know, seeing the entire patient and that got me into medicine and went through to become a dermatologist.

And in 2004, I had a patient by the name of Karen. She had horrendous lupus. I had her on, of course, all kinds of organ transplant meds.

## A patient story that changed his practice

And nothing was nothing was working. And we stopped all those meds and she disappeared for around four months. And she came back. She was completely clear.

And she came with a whole stack of literature, you know, a whole stack of studies as well as books telling me how she did it. And remarkably, like other doctors, even though I had an interest in health, it actually took me a month or two to to to pick those up because there is unfortunately a little bit of a resistance. Yes.

By biomedical doctors, just the way we just the way we're trained to to sort of go deep into looking at some of these things. So a couple of months later, I was sitting there on my on my stack and I brought it home with me for the weekend and pretty much devoured everything in there once I started reading it and actually there were some studies in there for lupus, specifically fasting that that I was introduced to.

But also she left a book with me called Fasting and Eating for Health, which was written by Dr. Joel Furman back in 1995. He wrote this book, and while concepts like autophagy and such I don't think were mentioned in that book, there were some really interesting case reports with lupus as well as psoriasis in that book. And I really got into looking at lifestyle interventions and really became obsessed with that and started started recommending diets specifically for patients with psoriasis and then over the years developed sort of a focus on psoriasis and lupus specifically when it comes to lifestyle interventions.

And that's sort of the medical kind of part of my history. It's it's fascinating what you said about us doctors, right? The way we're trained is so focused on categorizing a symptom to a disease and then giving it pill solution.

Right. And a lot of us are resistant to change and we don't know what we do know. Right. And this is why this summit exists, because many of us and I always say this is you know, I'm an M. D.

and Ph. D. and two masses and I only got one hour in nutrition. And this is from top universities. And and so we're less trained on this topic. Then then we get a little bit scared or deterred with like, I don't know what I don't know.

And, and nutrition and lifestyle are just, you know, a little bit of all of us and charlatans interventions. It's true. And we still see it today with the you know, it surprises me because I think I mean, it should be malpractice today if you're especially an entrepreneur, allergist and dealing with diabetes, I mean, it's a football disease.

A lot of the autoimmune diseases, you know, Alzheimer's now is called type three diabetes, cardiovascular disease. It should be close to malpractise if you don't consider these interventions that actually are the true treating the true root of the disease.

Right. We get a lot of those chronic conditions. We get them with age and unhealthy aging and then lifestyle and in autoimmune, obviously leaky gut and other lifestyles that are increasing the rates of these chronic diseases.

So it's fascinating. I did this intervention now just to see if there's doctors here yesterday and our patients go to your doctors and please inspire them so that they go and read a little bit more about lifestyle medicine, because this is behind probably 60, 70% of the things that we're suffering from today.

It's true. And I mean, there's the philosopher Maimonides, who who one of his one of my favorite quotes of his is and he was a doctor as well, that, you know, any diet that can be treated by a diet essentially shouldn't be treated any other way is sort of this you know, this goes back to the 12th century or whatever.

So this concept. But one thing I'd like to point out, since there are doctors that are probably listening that maybe haven't done lifestyle interventions, you know, as you kind of inferred, you can feel a little bit uncomfortable in the beginning when you start start this because you almost feel like you're going against, you know, against the grain in a sense, even though, you know, that it's sort of.

Running from scratch. Right. You're the expert and you're learning from scratch again.

## How fasting entered his dermatology practice

Yeah. And I'll just share one, one brief story. I had a a kid. Well, he was around 17 bodybuilder. His father was a bodybuilder. These are two humongous guys in my, in my room.

And he had seen probably 15 dermatologists, really bad eczema. And it was pretty clear that he had he was basically living off of chicken and and fish.

You know, he was taking a little bit of a fish oil supplement, but it was pretty clear he had an essential fatty acid deficiency, or at least a disorder, because his diet was so restrictive.

So I you know, this was sort of one of my first like active, you know, and I felt very uncomfortable doing it. I said, listen, you know, you probably have an essential fatty acid deficiency.

So, you know, I'm recommending that you take a tablespoon of hemp seed oil because that has a good ratio of essential fatty acids. And even when I did did that, again, this is very, very early on, I felt a little uncomfortable about about it.

And I think other doctors would feel the same subsequently. There are all kinds of studies showing hemp seeds. Oils actually good for eczema regardless.

At the time there wasn't. And when he came back, I was scared to go into the into the room because it was, again, sort of going against the grain. And I walked in and they actually didn't look happy.

They were and they said, you know, we're really angry because he's all better. And no, no other doctor, you know, ever told us about these sorts of things.

So I'd say for people, doctors who are listening, who feel a little uncomfortable with it, you know, don't, don't, don't, you're not making anything that's going to harm the patient necessarily. So anyway, just leave with that sort of anecdote.

That's fantastic. So my next question to you is that how did you get introduced to fasting? When did you meet this concept of fasting? And and what got you to believe in the science and bring it to your patients?

And then as a transition, what kind of patients you use fasting with. And here we're going to focus on skin care and then and then which kind of fasting you would bring to them and what are the results?

Okay. Well, I learned about fasting right from the beginning because Karen left me that that book by a Dr. Joel Furman. But I did not implement that. And one of the reasons is, is because and I still believe this, that for people who are doing water only fasting, if you're, you know, the toxin load that the people have just going right into water only fast without any fiber to sort of help re help absorb some of those toxins that get shed in the initial phases of water only fast.

It's probably not a good idea. And for people who are doing who want to do a water only fast I usually refer to them to you know, a center like like true north or one of those those type of places.

I think that if people want to do a water only fast, then they should go on an incredibly high and nutrient dense diet for probably 3 to 4 months before doing a water water only fast.

So my start with fasting actually was when I find out found out about ProLon Fasting Mimicking Diet, which probably goes back to almost the beginning of ProLon.

Well actually I'm not sure when ProLon first came out and ordered it for myself, I did it for myself. I had my sister do it. We did it sort of together, had incredible just results in terms of how how I felt and was pretty impressed by the science.

And I should mention that I have a company called Miracle Noodle, which makes a what's called the konjac shirataki noodle and the noodles are 97% water and 3% plant fiber.

So they're virtually no calories and no carbs. So my sister and I sort of combined the noodles with the pollen. It wasn't a difficult process. And we had we had an incredible result.

And I realized that here we have a way of introducing fasting in a safe and a safe way without it being all that difficult. And that's when I sort of decided that I would start to implement using protein for people who are who want to take up sort of a lifestyle intervention process in my practice.

And so this is is this coinciding with the publications by Dr. Valter Longo and USC and the science of fasting and the fasting mimicking diet. Yeah, yeah.

No, I think it was actually when his book came out, more so than because I'm sure the publications came out. I would imagine the book is. Right here behind me actually.

That is probably one of the most read books now in in nutrition and and a top seller for international top seller for Amazon and others.

## Using fasting mimicking diets for skin disease

And and this is just to shed a little bit of light to people listening here to us, Professor Valter Longo, the head of the longevity insurgency, is probably like Dr.

Carp said, there was a lot of books on fasting. Historically in the 1920s, there was a wave that tried to bring fasting that in the sixties, but the science was never like fully done in a randomized clinical way.

There was all these clinics talking about about their results because nobody makes money when you fast. So nobody's investing. Nobody used to invest into fasting trials.

And then when Dr. Longo tried to do the water fasting clinical trials as Dr. Carp, as you mentioned, they're difficult, the drastic change to the body.

And this is when the National Institute of Health donated over $20 million. Now to developing the fasting, mimicking nutrition so that patients can eat food over five days and at the same time get the benefits of the water fast.

So you get the benefits. We are getting a lot of the side effects and the product is called prolonged. And it seems this is what you this is what you use in your clinic.

Can you tell us a little bit what cases you use it for? What is the protocol, what are the results? So I usually do it in a group setting actually. We usually get several people together to do it.

We have essentially we we share info on on WhatsApp and have a call together and that's that's how I have done it. So but I've also had people who, who decide to embark on, on lifestyle intervention along with a whole host of other things.

So it runs the gamut. But as I mentioned, sort of my specialty or I should say my, my passion is, is lupus and psoriasis and psoriasis, especially because the data on psoriasis and systemic inflammation is has has really over the last, say, six, seven years, really been dramatically demonstrated that when you have psoriasis, there's there's quite a bit of of systemic inflammation.

This doctor by the name of Dr. Gelfand at the University of Pennsylvania that showed aortic inflammation in people who have not even just a little bit of you know, you don't have to be covered with psoriasis.

So we know it's a systemic disease. And if you can if you can sort of quell some of that inflammation, which happens with with with an FMD, then you're going to see some some improvement.

But I think a lot of the effect is the fact that overall metabolic parameters are are overall increasing. And and that has been studied independently just with lifestyle interventions or even just weight loss to show improvement in psoriasis.

So while my experience is sort of a hodgepodge of patients that are deciding to go on on some sort of of lifestyle intervention, generally, generally, though, you can see some you see some improvement just in in looking at the skin, the decreases in inflammation pretty, pretty quickly.

It is then decrease happened between like day one, day six, they're starting to or day seven, they they're like the skin is starting to look different already or it takes longer time or how.

Yeah, it's usually subjective too, because I don't necessarily see it. I'm getting a self-report. I'm not seeing them exactly at the end of of a fast necessarily because it's sort of a online group type type of thing.

But when I see them, it's when I see them back at sort of variable variable intervals and for sure there's a decrease in inflammation in the skin. But ultimately, I consider it sort of one pillar of, of trying to get people into improving their overall lifestyle.

And so along with that comes comes dietary coaching in between the FMD, you know, in the interval period of time.

And to clarify, FMD is fasting mimicking diets.

But for those who are new to the concept, what is the protocol that you use? How many times you recommend they do the FMD or prolonged? Yeah, I try to do it once a month for three months following sort of the standard protocol and then and then every every three months or every quarter thereafter.

Yeah. And oftentimes I, you know, because I do it myself every quarter, I'm often doing it with them, you know, as you, as you lead people through this, you each day has has its unique challenges for a lot of people.

And as you work with people who are going through a fasting mimicking diet, you really can help coach them in a way that is both educational but also inspiring.

Because I have to say, one of the greatest things about I think, getting people into a fasting mimicking diet for their overall improvement in lifestyle is that they they have an incredible sense of accomplishment when they when they finish it.

And that in and of itself and the fact that they've lost, you know, you know, four, 4 to £7 or whatever the case may be that really is one of the greatest things, because for the first time, they've done something for themselves.

They feel incredibly empowered. And any kind of intervention afterwards is they're more motivated to do it. It can really be a turn around for patients.

And just if you're a patient, I recommend, you know, giving it a try just for just for that sense of accomplishment. And not only that, but of course, everyone feels better the week, the week after.

And there are all kinds of realizations about your body that happen as you go through the process and your skin tightens, by the way, after you after you do a fasting mimicking diet, there's definitely a physical improvement in the skin as well.

## Why fasting helps psoriasis and lupus

So there's there's a lots of things going on there that that are pretty, pretty impressive. And Dr. Card, let's talk a little bit about the science of why fasting how fasting works on somebody with, you know, you mentioned psoriasis or lupus.

What happens why why the the the spots on the skin or why the disease is tapped at its root cause? Several reasons. Obviously, there's a downregulation of of certain pro-inflammatory T cells as well as pro-inflammatory cytokines.

That's one thing that happens with fasting. You're getting along with that. You can get some visceral fat reduction, which many of you probably know is sort of not just sitting there.

It's incredibly, incredibly inflammatory in terms of other sort of skin types of things. There's there's increased insulin sensitivity, lower IGF one, that happens, which which can help with a whole host of things like like acne for for example, you're getting stem cell growth later on in the fasts, you actually have activation of stem cells which are which are going to help.

There's there's the skin sort of gut axis that is improved here. You're getting a better balance of of your microbiome that is going to overall help with with systemic inflammation.

So those are just those are just some of the amazing things that are going on that happened during during sort of this process. And you were mentioning to me before we started recording the autophagy and you're discovering when it happens a little bit and which days can you talk a little bit about?

Is are the theories that the damage organs also are trying to trying to heal and trying to rejuvenate? Is that part of

the reason now? No question about it.

I think part part of the misunderstanding of of of autophagy or autophagy, I guess who knows how it's actually scientifically pronounced, but is is twofold.

One is it takes it takes a long, long time for you to actually get autophagy happening. So at stage 3 to 5 of of your of your fast of your fasting mimicking diet, let's say.

And second, it's not necessarily recycling the entire cell. It's it's recycling components inside the cell. So those cells are essentially the machinery of those cells is being is being updated.

And as a result, the cells that were not functioning the way they were supposed to function and were sort of, you know, old, tired and degenerated, are now sort of upgraded with you kind of think of it as, you know, a new new software almost and new machinery inside the cell.

So all of these things certainly for skin, there's no question that's going to lead to just physical improvements in the skin. But overall, some of the some of the changes that happen when these cells start to degrade is there's there's inflammation that that can take place because the cells are not really functioning the way the way this they're supposed to.

And do you see any difference between you mentioned the protocol is you do five days parole on the fasting mimicking and month one five days and months to five days and then three and then once every three or four month.

Right. The protocol that was tested by a lot of the clinical trials is they were called the three plus three, three in a row. Then once every three or four months afterwards, you see improvements and specifically cycle one, two or three, or is it incremental?

There's there's already cycle one and use benefits? Yes, absolutely. You see benefits in cycle one. And I might add, that cycle two for people is a lot easier, not just because they're capable of of not because they're understanding necessarily what what the process is about, but also because they essentially are are more metabolically flexible.

They're essentially upgraded in a sense that they can they can switch from burning sugar to burning fat a little bit easier second time around. It's yeah.

And your question was, what cycle do I see the most most improvement or. Do you see it right away? Like in medicine, typically, you know, okay, you're going to go especially in autoimmune medicine, right?

You get away. There's a lag time in effect to get results. And I was trying I was curious to know if a lifestyle change can co big and fast in palliative medicine.

And by the way, that's the other question. Do you stop any of the medication or you just add roll on to the medication. Okay. So if someone's on high blood pressure meds or diabetes medicines, I usually talk to their primary care doctor and get get their approval or have them talk to their their their primary care doctor.

So the improvement is pretty rapid. I mean, if not just the subjective feeling of confidence, feeling better and and visible signs of decreased inflammation, you see it right away.

It's pretty dramatic. And it's it's one of the most dramatic things that part of. And the fact that it is so safe in the right patients is is really an impressive thing.

## Protocols, patient experience, and practical tips

That many of us talk about. Also the linkage, because I think it's important for everyone with autoimmune. And

again, autoimmune is is more of a medical language.

There's always a lower level of inflammation that we as allopathic doctors or traditional medicine would not call it inflammation, but actually you have a certain level of inflammation.

But I think it's important to clarify to everyone listening to us today how important that is in accelerating aging as well. And we have the word that we call it inflammation. Right?

Right. And and and when we intervene with the fasting, even though we're helping a short term health condition is always in the back of our minds as physicians, it's like, okay, I'm also contributing to the longevity of that person.

I'm also contributing you mentioned that you said it is multisystem, you know, improvements that are happens and there's a lot of it in the physio pathological current condition, but there's a lot of it also that is preventative and helps the body to stay healthier longer.

Can you elaborate a little bit on if this is in the back of your mind when think about those patients and how you can help them with lifestyle changes so that they actually decrease that side effect of being an inflammatory, you know, a status.

Yeah. So I would say that the concept of inflamm aging is, is important to understand only in the sense that all of the, the chronic diseases that, that we're suffering from all have an aspect that is inflammation based.

Also, the fact that some of this reduction in inflammation and some of the results are persistent, even after a five day fasting mimicking diet is is is really pretty powerful.

But if you can combine that with with giving people a lifestyle program, diet, whatever the case may be during the interval, it's it's even more powerful.

So it's one of the reasons why I always recommend people, not necessarily people who have autoimmune disease, but getting a high sensitivity C-reactive protein is is important for everyone.

I think it's one of the sort of seven blood, seven or eight blood tests I think everyone should be familiar with. And this gives you a general indication of of your overall inflammatory level, I guess you could say.

So it's one of those things that one of those blood tests that I think every patient should be conscious of. And and if they have to even order it on their own.

But but thinking about just overall, the chronic diseases that we have, you know, everything from heart disease to high blood pressure, you know, just obesity in general.

If you have an intervention that can help with that, that that's pretty quick. That's a pretty powerful intervention. And Dr. Carp, I'm just curious, how many patients historically have you seen at your clinic that you have done certain kind of fasting or the ProLon Fasting Mimicking Diet?

Probably a couple of hundred. Okay. So that's that's a pretty sizable one. Yeah, that's a pretty sizable. And that actually I should say that some of them have come to me through my newsletter at at Miracle Noodle because I have sort of a health newsletter over there.

So I have run some online groups or I guess you could call them. Yeah, groups, I guess you could say. So it's sort of a mixed, mixed bag between practice and sort of my virtual virtual group of people that that follow me.

And that's a it's a first I'll call it a cheat sheet that I've heard with, with, with, with the throw line. So basically some of your patients, you'll tell them, hey, you know, add a little bit of medical noodles to the soups and within Parola.

Yeah. So I as just personally speaking, since I do it pretty frequently, I add the noodles and the miracle rice to to

the soups, both for lunch and for dinner.

And it just makes it a lot easier. And of course, on the miracle noodle side, those people, of course, we're all using it. And I just find it a lot easier.

And the reason it is easier is because you get a greater sense of satiety from those soups. When you when I look sometimes when I look at the soups before I put the before I put my my noodles in, I think, oh, boy, if I just were only to have that, I probably wouldn't be all that happy.

So adding, you know, adding a big bowl of having a big bowl of noodles inside your soup just makes it a lot more filling. Also, the fiber that the noodles are made from is called Glucomannan.

It's been extensively studied and just just adding a couple of grams of that per day to your diet, which you get in a serving of noodles is going to lower the glycemic load of your diet.

It's going to lower your cholesterol, your your weight. You know, you can lose a 2 to 3lbs, just not doing anything but adding a couple of grams to that fiber.

And it's one of the most potent prebiotic fibers. So adding it to prolong it is is like a no brainer for me and makes it a lot easier for for both my for me and of course for my patients as well.

Right. So I really, really appreciate you for your time today. Dr. Carp, anything as a final word to say before we with the part today. I guess, if you're interested in learning more about some of the some of the things that I do, I give a free class every Wednesday night for for my miracle noodle customers and for my patients.

And you can just go to miraclenoodle.com and we we send out notices for the classes on on the newsletter. Well, I appreciate you very, very much. Thanks for your insights today.

Thank you.