Cholesterol Myth and the Real Risk Factors

Good and bad cholesterol should raise red flags for any thinking person. Do you think anything in biology, anything and physiology can be described of in such ridiculously simplistic terms as good and bed?

We now know there are 13 different subtypes of cholesterol. They behave completely differently. It's ridiculous to think that you can make a important distinction in human physiology in something like good and bad.

That would be like giving medical diagnoses based on short or tall. This is Dr. Talks. Alright everyone welcome back. So we're really honored today I can tell you that because I was once at an event Uh, where I was trying to, when we were very early in our research and just learning how to navigate this health and wellness world.

And I, was asking everybody, I need help. I needed to grow and I and the network and, and like four or five people at this event all said, you need to talk to Johnny Boonen.

Like who's Johnny? What's going on? Is that true? Are you just being nice? And then I actually got introduced to you by two different people. So first of all, thank you for being here.

My pleasure, total pleasure. Honored to have you here. And yeah, so very early on when we didn't even have a product and, you know, then I got to sit and talk to you and you really, within a few minutes you directed us so much.

Oh man, thank you. Thank you so, very sweet. Yeah. So people you're lucky now to, to having the man in the flesh in front of you, Dr. Oz, CNN, CBC, the doctors, You name it.

He's been on it as a special guest and expert because of his many, many books that have helped so many people. And today we're going to talk about a topic that's dear to his heart.

You can probably see it right behind his head. The metabolic plague of the 21st century and this myth around cholesterol. And, you know, and we can jump right in like, what is this plague that is hitting us today?

This new thing that we have to deal with. Well, it's interesting that you bring it up that way. It's a very good way to ask the question because my book, the one I'm proudest of with the 15 that I've done, is The Great Cholesterol Myth.

And one might easily say, well, what's the connection between the great cholesterol myth and this metabolic plague? And the answer is very simple. When cardiologist Steven Sinatra and I wrote the first edition of this book in 2012, we knew a few things.

Number one, cholesterol as we know it and understood it was not the cause of heart disease. Two, the way we're measuring cholesterol is from 1963. It's the equivalent of using a flip phone today.

Would be like using the flip-phone in the age of iPhone 14. We knew those two things, But what we didn't know was what should people really be looking for?

We knew we're looking at the wrong stuff. Good and bad cholesterol should raise red flags for any thinking person. Do you think anything in biology, anything and physiology can be described up in such ridiculously simplistic terms as good and We now know there are 13 different subtypes of cholesterol.

They behave completely differently. It's ridiculous to think that you can make a important distinction in human physiology in something like good and bad.

That would be like giving medical diagnoses based on short or tall. So we knew that was BS, we know that it was just the hugest mistake. We knew statin drugs were being wildly overprescribed, but we didn't really know what should we tell people to look for.

Now we do. So when we redid the book in 2020, we went back and looked at all the research. What really predicts heart disease? God knows a good and bad cholesterol test doesn't.

Despite the incredibly concentrated and expensive effects of the marketing of statin drugs by the drug companies, it just does not predict it well. So what does?

Well, We found out what it does. And it was hiding in plain sight. and it is a condition which 88, check me out on this, Google it, 88% of Americans have some measure of this condition.

In fact, I was recently talking, it might have even been Mindy Pelt. I think it was Mindie that I interviewed and she said, oh, that's out of date. It's 93%. So we're talking about the vast majority of Americans have the beginnings of or more serious iteration of this condition, which I'm about to tell you.

And this conditions predicts heart disease many times better than the old fashioned cholesterol test. Not only heart diseases, it underlies every chronic disease we don't want to have.

In fact, when the pandemic started, And they were, I was getting a hundred requests a day to talk about what we could take for our immune system and what should we do and blah, blah blah.

I looked at the comorbidities for bad results when you get COVID. Meaning, meaning I've had it three times. It's not fun, but some people go to hospitals, some get on ventilators and some die.

What is the distinction between those people and the people who have a mild case? What underlies it? And it turns out here's the same damn condition that we've been talking about.

It underlies one of those metabolic comorbidities, hypertension, obesity, heart disease, Alzheimer's disease. Diabetes, pre-diabetes. Oh my God, it's at the base of all of them.

Insulin Resistance as the Metabolic Plague

And I was puzzled because there are a few that I didn't associate with this condition, like lung disease and kidney disease, and liver disease. So I did a morning's worth of research on the National Institute of Health, the medical library, which is known as, you can research yourself by going to pubmed.gov, And you could see every study that's ever been published.

And I looked for, is there a connection between this conditions that we're talking about and those other comorbidities for COVID, Like lung, liver, kidney?

Yes, indeed there is. So we now know that this condition, I'm going to tell you the name of it in a second, underlies every chronic disease and every comorbidity for COVID.

And the condition is called insulin resistance. It is indeed, as you say, the metabolic plague of the 21st century when 93% or 88%, I don't know which, but I am pretty sure Mindy told me it was 93 now, when that kind of number, That kind of percentage appears in the population you were talking about, a very big pandemic.

93% of us didn't get COVID, 93 percent of have insulin resistance. And here's the part that makes me crazy. Insulin resistance can be treated, prevented and reversed with diet, fasting and lifestyle.

No drugs needed. Yeah. That's the crazy part. And maybe that's why it doesn't get the coverage that other things do. It doesn' get their coverage. Half the doctors in America don't know what it is or they think it, oh yeah, that has something to do with diabetes.

Doesn't apply to me. They are in the ninth century when it comes to understanding the metabolic importance of insulin resistance and how to prevent it and treat it.

How to reverse it? They simply don' know. So at the beginning of this year, I'm going to one up your, you went from 83 to 93. Yeah. The CDC and this is the CDC.

CDC, which is not always accurate, but let's hear it anyway. It's worth hearing. They said that they believe that America is only 5% metabolically healthy.

Okay, and what they're telling me, thank you for saying that. What they mean by that, audience members might be saying, well, what do they means by metabolic?

They mean only 5% don't have insulin resistance. That's what the mean. When they talking about metabolic health, folks, when you hear the term metabolic, it is synonymous with insulin resistant.

And if you're still going, I don' know what that is, its pre-diabetes. It's another word. Its the more technically correct word for pre diabetes and you've all heard of that Yeah.

And now to get to disease state, like you're saying, okay, let's forget about cholesterol for a second. Here's the real culprit. Do you need to be diabetic or is this pre-diabetic, this insulin resistance stage, can that lead you to a disease?

Not even in question. Oh, wow. You have to remember that so many of our metrics are kind of random points on a continuum. High blood pressure, we define it as anything over 120 over 80. Well, what happens to 119 over 79? I mean, it's clearly, It's like day and night, right?

We know what day is, beautiful, sunny. We what night is. It is dark. The moon is out. But there's this period called dusk. where it's getting a little darker and the moon is beginning to come out and there's these hours in between where It's not quite day and it''s not night and that's where we're living when it comes to insulin resistance.

By the way, insulin resistant gets worse as you get older. It never gets better on its own. it never just clears up. So if you have this much of it now guaranteed absolutely you're going to have that much in 20 years.

Is this a uniquely American problem because of American food? No, it's not a uniquely American Problem, but it certainly a problem that is profoundly greater in industrialized countries where we have big food.

I did some speaking engagements in Beijing and also in Japan, in particular, and I debated a Chinese nutritionist, a dietitian, the equivalent of what the American Dietetic Association produces here.

And we were talking about why are Chinese people getting so damn fat? Yeah, always been thin what's going on? and She says well, it's it clearly to an interpreter.

She said It's because we use too much oil. Yeah I was being polite, but I said Have you seen Beijing in the town center with the KFCs and the Domino's pizzas and and chicken wings?

Are you kidding me? It has nothing to do with using too much fat in your sauté, it has to with process food, the sugar and starch that you are consuming now in amounts that never have in a 5,000 year culture.

Yeah. And you see the same. We exported the worst of America. we imported the worse of Asia with karaoke and we gave them the the words that we had to offer, which is processed food.

Yeah, and you see this, so it's funny, when I went to Dubai, I noticed that, you know, there's this older generation, darker and thinner, they're out in the sun, thinner.

And then as you get younger and younger, the plumper and whiter, right? Isn't that great? And you go down the

streets of Dubai and what do you see? You see American culture exported and unfortunately the worst part of the culture, which is this garbage food.

And all of a sudden, and, but what you do see, however, is these other immigrants that live there, the expats like the Indians, Pakistanis, Russians don't look like that because they're still eating their ethnic foods.

It's the local Emiratis who are in all the KFCs, et cetera, because it's like a luxury for them now, right? So yeah, it was very clear. So what do you do?

Because it is so prolific. How do deal with kids, family, and where do start even to unwind this stuff? Well, this is why it gets so tricky and so difficult because this not a nutrition alone question.

It's a society wide question that extends even, I'll give you an example, of how wide the tentacles of this problem are. This is largely the marketing efforts of Big Food and Big Pharma.

Pfizer is the number one advertiser in television. So we're dealing with messages that are constantly put in front of us. And you don't have to have a degree in psychology, which I do, by the way, but you need one to figure out what the impact of being told the same thing over and over, and, over from every different source, including the government, is gonna have on your behavior.

How Processed Food Drives Disease

Now, here's a scary statistic. I don' know that it applies in Canada, But it apply right here. 78% of our senators represent a state in which either big food or a big hospital is the number one employer.

As long as Big Pharma and Big Food can fund political campaigns, As long as they are the ones with the purse strings who are literally putting our senators into office and our congressmen into the office, making those contributions, starting those packs, you ain't never gonna see that messaging change.

You're just not. So what do we do? We could start by getting money out of politics. That would go a long way. We can start I mean, the thing is, it's very hard to turn an ocean liner around.

You know, this is an Ocean Line. It's not a tugboat. If that's all aspects of society, and the fact that we're one of only two countries in the world where Big Pharma can advertise directly to the public.

Yeah. We now have a drug called Ozempic, which is positioned in America to be the all-time best-selling blockbuster drug in history. And it has mainly been marketed on TikTok.

So when you have 20-year-old influencers who look great who are saying, hey, I lost 48 pounds on this thing, it is really, really hard to counteract that.

I don't know, I can just answer your question by saying, thank God I'm not a politician because this is out of my wheelhouse and I wouldn't have the slightest idea of what you got to do to change it.

I know what do you have to to the change on the household level. What you'd have do turn violence and resistance around on a personal level, if I am working with a client, a family, talking to my friends on tennis court and they say, what we do?

We got a kid who's getting bigger and bigger. But society-wise, man, that is, anybody knows the answer to that, please get in touch with me because I'm dying to know what it is.

I do not know how to answer that question. We're up against just an incredibly strong force of ideas that are out of date, of what they call agency capture.

I don't know if you have anything like that, but we have agencies that is supposed to regulate these industries.

However, almost always, and this has been documented in book after book, the people who are now regulating those industries in a very short time, wind up being the CEOs of the companies that they just regulated.

So they move in back and forth, like a revolving door between being on the government FDA and then being a seven-figure employer of very industry that just were regulating.

It's a friendly relationship. Nobody is calling BS on this stuff that the big pharma and big food want to put out there. There's no one minding the story.

The foxes are guarding the hen house. No, you're right. It's a big machine. The one challenge you have there is the use of regulatory oversight as a fence or a moat around what they've built.

Yeah. Very, very good. Well put. Yeah, there's this tool where, no, you can't overstep on this because it's healthcare, right? But is it really healthcare?

I don't see anything healthy or caring about it. Not that I care about. In fact, Robert Lustig, who is really one of the giants in our field, he wrote, He did a YouTube video called sugar, the bitter truth, which has been downloaded over 5 million times at this point.

Pediatrician, endocrinologist over at University of California, San Francisco, he put it very, very vividly in a way that your audience and my audience always understand.

He said, pretend you've got this cliff. And people fall off, there's no guardrails and people just keep falling off the cliff and they're crashing their buns.

So you have all these ambulances. They're waiting at the bottom of the. That's American healthcare. Yeah. What American healthcare doesn't do is said, how about we put some guard rails up there so people don't fall off?

No, they ain't doing that. Yeah. Very good at picking up the pieces. They're very good in urgent care and emergency medicine and what to do if somebody falls off the cliff, but they're doing zero to prevent those falls in the first place.

That's why it's not healthcare. It's sickness care. So going back then to the individual, let's all start with ourselves, be our own. Where does somebody start in terms of, is it purging the pantry?

And just, where do you, how do even know? Because when you go into the grocery store. Excellent, excellent, Excellent questions. You can finish it, but I know what you're asking.

And you walk in the groceries store, there's this little piece that is like fresh corn potatoes and the rest comes out of a box. Right. So where did you even start?

I think it starts with people understanding what insulin resistance is and why it matters, how we get it, and what it does to our bodies, what does it do to the things we care about.

It's very hard to get people to understand something that's all theoretical and doesn't have any real practical implications, but let me put it this way.

Insulin resistance makes you fat. Let me repeat it, insulin resistance makes you fat. The hormone insulin has a nickname in physiology and biochemistry.

Its nickname is the fat storage hormone. So this has very real concrete effect on your health. And let me explain how it works. Insulin resistance is a, for want of a better word, a broken metabolism.

So how do we know it's broken and what does that mean and how to we fix it? Well, first let's look at what a non-broken metabolism. What does a normal metabolism look like?

And I always use the example of a young child. Maybe in the 1950s before we had every play date was on the computer and nobody went outside and did anything and all of that stuff.

Let's go back to like some idyllic time, even if it wasn't perfect. Like the nineteen fifties or sixties, a kid comes home from school is seven year old, eight year-old.

He comes from first grade and He wants to go out and play. The mom gives him an apple. He eats the apple, it's blood sugar. Now this happens every time you eat food.

You eat the food, It breaks down. Some of it turns into glucose and the glucose rises in the bloodstream. Glucose is simply a technical word for sugar, so your bloodsugar goes up slightly.

This is a good thing because this young kid is going to out to play! He's going to jump on the jungle gym, he's gonna get on his bicycle, He gonna play softball with his friends.

He is gonna actually do things that could use that sugar that's now in his bloodstream. As soon as sugar starts to go up in the blood stream, an organ called the pancreas takes note of that.

That's its job is to notice that it sees, oh, there's sugar in blood-stream, let's send in some insulin to round it up and take it into the muscles. That's insulin's job.

So the pancreas says, a little bit of sugar there. That squirt of little insulin. Insulin comes into the kid's body, into bloodstream. It takes that excess sugar out of the blood stream because we don't want high blood sugar in the blustroom.

Very dangerous, creates all kinds of problems. We can go into that another time, but it's their insulin to remove the excess. Sugar and to deliver to the muscles, which are happy to have it because you need those muscles to work on energy in order to do the things the kids is doing.

And eventually, the blood sugar will go back down to maybe even a little less than it was before. The kid's now a bit hungry, goes home, and he has dinner.

All is right with the world. That's how a metabolism is supposed to work. Now, let's look what happens 30 years later. 30 years later, you wake up, your stressed out of your mind, You didn't sleep well.

Cortisol is rousing through your body. You don't have time to eat, so you stop at the latest at The Coffee Emporium. you get yourself a non-fat latte, whatever it is, with 900 calories of sugar.

And oh yeah, let's get a Non-Fat Blueberry Muffin. One of those 1300 calorie junk foods that's got about 40 grams of Sugar in it. Eats that. Now, Your blood sugar is up here.

The pancreas goes, oh my God, cold blue, this is the equivalent of five ding-dongs, and it shoots all that insulin into the body, because now you got a lot of sugar that you gotta take and get in the muscle cells, but there's a problem.

Understanding Blood Sugar, Insulin, and Diabetes

The muscle cell look at you and go, why are you bringing me sugar? This guy's gonna sit at the computer all day. And when he gets home, he's going to sit on the couch and play with the clicker.

He's not gonna do any exercise. We don't need that sugar. Goodbye, we're resistant, We won't let it in. and the muscle cells become resistant to the effects of insulin.

So here's insulin with the sugar going, where do I go? Where do i go, I gotta get this out of the bloodstream. The fat cells say, we'll take it, bring it to us.

We're not so picky. and the fat cells begin to take it and you start to get an expanding waistline. Maybe you don't notice too much, it's not so bad. And maybe the insulin is still able to keep your blood sugar down enough so that you're not being diagnosed with diabetes.

It's working real hard, but it is managing to help keep you out of the diabetic range. After a while, even the fat cells say, no moss, we're done, now nobody will take it.

Now you have high insulin and high blood sugar with nowhere to go. That, ladies and gentlemen, is the definition of diabetes. Mm, that's how that happens.

So that what insulin resistance is. That's how important, and as I mentioned earlier, insulin resistance underlies kidney disease, lung disease fatty liver disease hypertension, obesity, Alzheimer's, all of it.

Alzheimer is now being called by researchers type three diabetes because it has the damn same antecedent insulin resistant, the same physiological mechanism causes diabetes.

Of course, it's type 3 diabetes, so when you understand this, you go, okay, well, look, what makes it seems to all start with when my blood sugar goes up?

What causes my blood sugar to go up? Because when my sugar goes up, insulin is coming right behind it. That's its job. The pancreas is going, send it in this way.

So my first question should be, what raises my heart sugar? Well, we've got three categories of macronutrients. These are foods that have calories. Protein, fat, and carbohydrates.

Alcohol is the fourth one. It has seven calories per gram. Most people don't get most of their calories from alcohol. So let's take that out of the equation for a minute.

Let's just talk about protein count, that and carbohydrate. The carbohydrate raises blood sugar the most by far. By far, it's number one, Protein raises blood sugar somewhat, nothing like what carbohydrates does, but there are amino acids, which are called gluconeogenic.

They can actually form, you can make glucose out of these protein amino acid. So it does raise it a little bit, What do you think that does to blood sugar?

Let's say, how about nothing? How about zero? It doesn't even raise the needle. Now, if you want to be made crazy, think about the recommendations of the last 40 years.

We are telling people to eat less of one thing that doesn' budge the needles, which is fat, and more of what does raise it, carbohydrate. Now, I am not indicting all carbohydrates.

And as Mindy points out, many women don't do good on zero carbohydrate diets, and she's absolutely right. We're not talking about the actual ones that came out of the ground or were plucked from the tree, legumes and nuts and root vegetables and broccoli, we're talking everything else in the supermarket that's not on the end aisles.

the boxes of cereal, the pasta, rice, spaghetti, cakes, triscuits, healthy crackers, it's all processed food. Processed food is the number one culprit in raising your blood sugar and insulin.

If you want to talk about how do we start to turn insulin resistance around, which means how do we also start turning heart disease around? How do start churning Alzheimer's disease?

I'm not saying, by the way, that if you simply cut out carbohydrates, you're never gonna get diseases. That's nonsense. What I am saying is that this dependence on processed food from big food companies is literally creating a metabolic condition in which every one of those diseases is ready to thrive.

You may remember the AIDS crisis. People didn't die from AIDS. They died from the opportunistic diseases that took place when your immune system was compromised.

So you had this virus acquired immune deficiency disease, which made it possible for pneumonia to knock you out, out of the box, for a cold to kill you, because you have no immune systems.

So it wasn't the AIDS that killed you, it was what it did to your metabolism. It made it unable to defend itself against things that you and I defend ourselves against just fine.

And that's what insulin resistance does. You don't die from insulin resistant, you die form the diseases that can get because you didn't do anything about the insulin resistances.

That makes a lot of sense and that a great way to put it because now people don' see the connection sometimes. They're like, that's diabetes. That's all it is, diabetes and even…

No, it's not all of these folks. A lot more. Yeah, That is the obvious one, but so much more and when I come as a Canadian, as you mentioned, I've come down there for conferences and such and I still hear from people that they don't…

Okay, yes, they would agree with what you're saying that this is a problem. Sugar, carbs, insulin, this was a problems. How bad is it for me? I don' really need you to do anything about it.

It's going to cause me a probably. What's the outcome? Not a big deal. Well, when I land in the US, I always get culture shock by how many fat people are walking around.

You don't have in Canada? I'm actually asking that because I really don' know. It's not the same at all. Yeah. And the funny thing is I was there two weeks ago with this conference and there was a lady that flew in from Turkey for the conference.

She hadn't been there in a while. So she came to see me because we talked online and we haven't seen each other in person ever. The first thing she said to me is what's happening in this country?

And I thought she had something good to say, right? She's like, everybody's fact. shock because she came from a country where we're all humans, we are the same species, but the food is very different, right?

So the proof is right there when any outsider comes in to a nation that probably has it a little worse off than other countries. This is where this disease of food causing illness kind of brood in our modern world, right?

It's an American thing. And so you see it. So the, the question of, yeah, I get it's bad, but it was not bad for me. Not true because- Not True. Yeah.

You know, it just, you walk into any store in the U S and it does not look like walking into a store and most other countries on this planet. Same people.

Right. I couldn't agree more. and I want to, if I may interject one, one point about what you just said. I wrote a book once called Living Low Carb, and I started the book by saying, if you're fat, you kind of lucky.

I didn't, I'm paraphrasing. Why would I say that? So in America, 60% of us are either obese or overweight. 60%. But as you and just pointed out at the beginning of this talk, 90% percent of are metabolically sick.

So there's 30% that are just as sick as the people who are 300 pounds, metabolically speaking, they don't have that side effect. Those people are very unlucky because if you're fat, you have a visible pain point that makes you say, I got to do something about this.

And the things that you do about this are going to affect every one of those chronic diseases. You are now doing

something for your brain, for you health, the risk of dementia, risk for diabetes, all of these things when you handle the weight thing.

Because that's the obvious sign that something's wrong. but it's not there for 30% of people who manage somehow to be thin on the outside and metabolically fat.

There is even a medical term called, it is called TOFI, P-O-F-I. Thin on outside, fat on inside, and it in the medical literature. And those people are the most unfortunate because like what you just said, they go, well what does this insulin resistance have to do with me?

I'm fine, I am not overweight, no dude. No, look at the metrics. Look at your triglycerides to HDL ratio.

Better Markers: Triglycerides, HDL, and ApoB

No. You're not fine. And the proof of this, it goes back to what you said in the very beginning. There was this phenomenon during COVID. where we know it's a metabolic, it is a mitochondrial disease, go straight to yourself, metabolically unhealthy, you're not going to do well.

And there was all these weight training, like professional bodybuilders, right? A lot of really, really sick. And there was, there were stuff in the media about, well, it's even hitting the toughest, strongest guy.

This is a very powerful virus. But really what was true is just because you're covered in muscle doesn't mean that you have the right diet because these guys are eating for their body.

They're not eating, they're eating gross, you know, cheap chicken with linoleic acid in it. they are creating cheap powders and it doesn' mean it is healthy.

It may be fit, but they aren't necessarily healthy, right? Couldn't agree more. We're totally on the same page with that. The book behind you, The Great Cholesterol Myth, have you detailed all this stuff in there?

We talk a lot about why the old fashioned view of cholesterol, good and bad, is just out of date and pathetic. We talked about what would be a better test.

to get to know, because cholesterol is involved in heart disease. It's just not in the way that we understand it. Let me explain something that I think makes this clearer for most people.

Cholesterol doesn't travel in a bloodstream, it can't, its hydrophobic, It does not mix with water. Its like oil and water, if you took a bottle of canola oil, threw it in ocean, you wouldn't expect the bottle can of oil to arrive on the other side.

it's going to be all over the place because it doesn' t mix it with the water So cholesterol has to be carried in a container. It has be in the protected container, which does flow through the bloodstream and which carries cholesterol.

And that container is called a lipoprotein. So if you look at HDL, it stands for high-density lipo protein. If you at LDL it's low- density lipobrotoin, if look BLDL its very low density.

Lipoproin is the last L in all of that. This is actually, this is such a brilliant analogy. I wish I could claim it for my own, but it's from Peter Atiyah, one of the greatest doctors in America who just wrote a book called Outlive and promoting somebody else's book, a great book on anti-aging.

And he explains it this way. If you had, if cholesterol were cargo, which it is, it the cargo. It's not the boat. You had this much cargo whatever it, let's say a hundred pounds of cholesterol.

Would it matter if it were being transferred, that hundred pounds were divided among four trucks, or if we were

dividing among 300 little mini races? Where do you think the accidents would happen more?

With four tracks on the whole road or with 300, little speeding mini-racers? You need to know how many boats are in the water. It doesn't matter how much they're carrying.

The cargo doesn't matter, the cargo didn't cause the disease. The lipoproteins are what we should be looking at. And we have tests to measure how many of those little speeders are on the highway.

It's called the particle test or the ApoB test. These tell you how may LDLs you have. Because if you only got four, it's not gonna kill you, is it? But if got 500 of them, probably there's gonna be an accident.

Think of it this way, if your a bouncer at a bar, Do you really care what color pants people are wearing? Or do you care how many people in your bar? Because I don't care if they're the nicest people of the world and they mean the best.

If you're packed to the gills with lots of people, somebody's more likely to spill a drink. Somebody's likely more to step on somebody foot. Some accident is more like to happen when you have thousands of We need, that's the equivalent of just looking at the color of the pants or the number of towels in the washroom of a boat.

You need to know how many boats there are. And that is why the old fashioned cholesterol test, which just looks at how much cholesterol is being carried in lipoprotein, is a waste of time.

Yeah. you need know, how do we look at triglycerides? one of the most important and underrated risk factors we have. Triglycerides, when you eat all that sugar, the body knows exactly what to do with it.

It packages it into triglycyrides. Right. So your triglycerides go up. People always say, well, they only recently did they come up with a drug to lower trigryceride.

And that's why many of us think that that is why you never hear about trigycerid. Only the last few years did the come with the drug. Well, we have something to low triglicerides that lower them like a dropped rock, 99.99% of the time.

That's a low carb diet. You stop eating the sugar. Guess what happens to your triglyceides within a week? They're down to nothing. There is a number that is available to everyone listening to this broadcast.

If you've ever had a blood test, you got this number. Because all of the blood tests, the old fashioned tests they all look at four things. Fasting glucose, fasting triglycerides, good cholesterol HDL and bad cholesterol LDL.

They look those four thing. You take the triglycerides, you take your HDL. You divide your HDL into your trigryceride. Triglycyrides are almost always the larger number, so we'll use as an example, let's say your trigrycyrdides were 100, not a bad number.

Your HDl is 50, a very good number! You divided 50 into 100 you get the answer of 2, that's your ratio of trig, it's 2 to 1 ratio, 100 trigycystides 50 for HD.

Two or less, you ain't going to get a heart attack. Two more, more you got some work to do. Five or more. You got a lot of work. So that actual ratio of triglycerides to HDL is one of the most important predictive tests we have.

Doesn't cost anything. It's right on your blood test. Now, HDL, as you may know, is very hard to change. I've had a HDl of about 39 or 40, which is not ideal.

It's a little low. And I had it for 30 years. When I exercise, I play tennis two hours a day. They say, exercise will raise it. No, it doesn't. Not really.

Nothing really raises HD. However. If you knock triglycerides out of the box, you've just changed the ratio. So if I

have a 40 HDL and I had a 200 trigyceride, my ratio is five, I should be in the ambulance going for preventive care for heart disease.

But I've got that same 40-HDL, and then I only have 80 trigrycerids. My ratio's two. I haven't touched my HDL, which is very hard to do. My triglycerides are so easy to bring down.

So you change that. You've changed your risk factor for all the stuff we're talking about. It's so powerful. One week, you're saying that it's like almost…

I think it probably less. I'm being conservative. Yeah. That's truly… Our glyceride respond to the diet, just like that, stop eating for a few days, they're going to go down You actually have a fasting protocol and a diet protocol that you worked on and it's a program that I believe you.

I do.

Fasting and Metabolic Reset Strategies

Thank you for remembering. Yes. Well, my partner and I designed a programme called Meta-Fasting. Okay. We think that fasting is one of, if not the easiest and most effective interventions anybody can do on their diet.

You can lose weight with it, you can detox with, and you could reverse insulin resistance with which is what I care about. But people come to it for the weight loss, which it does.

They come forward for detoxification which sometimes does if you do the fasting right the way Mindy tells you to do it. But what it can almost always do is turn insulin resistance around.

And I think that's just the most important thing you could do. So because after years of doing weight loss coaching and trying all of these things, I thought here's something that people can do with a minimal amount of change to their diet.

Because we've seen some good results, even if people eat the same crappy diet. If they can get it into an eight-hour window, they're going to get a little bit better.

Not as better as they'd get if they also ate good food within that eight hours. But you take somebody who's eating seven meals a day at McDonald's, you ain't going get them on a microbiotic diet overnight.

So you say, okay, keep eating your seven-meals at Mcdonald's but could you do it between 12 and eight? And that's an easier intervention for the average person.

Then if you can get them for the seven meals to go to two, and you get him to put four hours in between those two meals, man, now you're with relative ease and not giving them a list of foods they can't eat.

You're not given them whole bunch of rules. what intermittent fasting is, explains all the different schedules, talks about why women shouldn't, Mindy does a superb job of this in Fast Like a Girl, explaining the phases of menstruation during your period and when you should not fast, which is the luteal phase, and you can fast and get great results.

So we talked about all these things. We put it together with some different sample schedules and it's a relatively inexpensive program. It's called metafasting.com and we let people get great results with it.

So yes, I do very much believe in doing fasting the right way. And again, another shout out to Mindy. I know she's, I didn't realize when I started doing this, the cohost.

There's the intention is to help as many women as we can. We're very thankful that you came to share your knowledge also, but everybody wants to see different perspectives.

So how did they find the program? I'm going to send you the link to metafasting.com and we're going have a link up there. And I think you asked me about a gift, which we also have.

Yeah, yeah. Let everybody know, by the way, that give everybody a free gift. Very easy. It's been awesome. I want to thank you for doing that. One last thought I had for you is I heard you talking about this earlier.

You were talking with youth. Are we seeing that this is a problem, what used to be called an adult problem is now a youth problem? Has it gotten that far?

Oh man. When I started in the field in late 90s, They called type two diabetes, adult onset diabetes. You haven't heard that name in 20 years. Do you know why?

Because 13 year olds are getting it. Because eight year old are. It's not adult. Eight year-olds, eight-year-old, 13-years- olds. They are get, I mean, not all of them, but yes, we're seeing type 2 diabetes in very young people.

Yeah. I think what we call food should not be called food, right? Food should be call, food. There should a big warning label, just like when you buy a pack of cigarettes, you know, there's people.

Good luck with that. Yeah, I'm sure that's going to happen. You know I have, uh, have a saying, call them the Johnny Bowden for food groups. And it's always when I interviewed on radio or television or podcasts, they always ask what, the best nutrition advice, give it to us in 15 seconds.

Mine is always the same thing. Eat real food? It's more important than the diet, it's important in the macros, more importantly than calories. And I always say, well, what is real food?

And they say the Johnny Bowden four food groups. Food you could hunt, fish, gather, or pluck. Comes from a tree, comes out of the ground, something you couldn't have hunted or fished, probably good for you.

That's real. Have you seen the latest food pyramid that just came out? No, am I going to get sick? Am I gonna have heartbreak from this now? It'll probably be less beneficial for your health than insulin resistance.

It's gonna shock you that much. They have beef and eggs down here and guess what's above them? Lucky charm cereal. Yeah. Let me just tell you a little anecdote, which is true, by the way.

Again, I always ask audiences, don't believe a word I say, please vet me. Go to Google, go to Wikipedia, look this stuff up from reliable sources. I don' make it up.

And I want you to know that it's true. So the FDA, again, this is in America, the Food and Drug Administration, or the USDA, excuse me, United States Department of Agriculture.

They were founded in the 1800s and they had two mandates. People don't know this. This mandate, a lot of people do know. To inform the United States population about good nutrition.

Give them good nutritional information. Second part of the mandate is to protect and support American agriculture. Now put those two things together and think about it for a second.

This is like telling the cigarette companies, you have two missions. Number one, teach people what cigarette smoking does to your body, and number two, make sure that all of the cigarettes manufacturers do fantastic business and grow their businesses.

How do those mandates work together? So the five top crops in the United States, Cotton, we don't care about because that we, don' eat that. Here's the other four sugar, corn, wheat, and soy, the very more props that are giving us insulin resistance, making us sick, fat, tired and depressed.

And those are the ones the USDA has to support. Do you think they will ever tell you not to eat Lucky Charms?

Never. Not in our lifetime, buddy. Wow. Sugar, Corn, Wheat and Soy.

Yep. Four of the five top crops, the fifth being cotton. The other one is cotton? So how are you going to support those industries and still give us good information?

Because if you're giving us information, you shall stay the hell away from those foods. Yeah. Well, I think I can understand at the time that that was written, what was on the farm is probably didn't look the same, right?

Oh, and I'm quite sure it didn. Nothing was the thing. This is all new. But underneath that, again, this is exactly what we talked about earlier. Here's a moat that allows the industry to thrive regardless of the, what was the intention of industry?

Youth Obesity, Food Culture, and Real Food Advice

To make us healthy. What is the motivation to create profit? And that's affected more than it is our need for nutrition. So outcome is clear. We now have less than 5% of people metabolically healthy So I want to thank you.

This is the eye opening. Your perspective and context that you put this into is like, first of all, it's so easy to do. Like what you're talking about, we're not saying we need to spend four months in coaching or you need a higher expensive doctor, buy some biohacking equipment.

It's like change what to eat. Go to the section of the grocery store that sells real food. and don't bother with the rest of the aisles. Yeah, but that's easier said than done.

To play devil's advocate, I'm very sympathetic to my clients, my friends, family, tennis buddies, all these people who are in need. It's not their full-time job to figure this out.

They're not nutritionists, they don' t do what you and I do, don t talk to people about this 24 hours a day and read about it 24 So they're genuinely confused and they've very influenced by what they hear.

And of course they are. Doctors are telling them the same BS because doctors don't know anything about nutrition. I understand how hard it is. It's not as simple as just say no to drugs, the Nancy Reagan thing.

We're addicted to these foods. So I take very seriously the task of having to open up your eyes, realize most of what you were taught about Nutrition and Health is complete BS.

And then to actually take into your own hands the very considerable task. Look, I used to drink alcohol. I haven't had a drink since 1982. And know something about what it's like to kick addictions.

It isn't easy. and telling people, oh, it's as easy as just picking out. It's not easy. You're going to have to work at it. But it is worth it and the benefits are visible and you can see them and feel them.

We didn't get to talking about anti-aging and stuff like that. I tell people this not to brag, but to tell you that I know what the hell I'm talking. My last birthday, I was 76. I play tennis two hours a day.

I walk with my dog in very steep hills outside my house, four or five times a week. I am the happiest, you know, that I've ever been in my life. And at 76, I'm able to look at my 40 year old comrades and my 30 year olds and 50 year-olds and the people that we service with MetaFasting and with our coaching programs and stuff and say, look, i know what's on the other side of what i'm asking you to do.

You do this stuff, your older age is gonna look a lot different than it's gonna if you don't do the stuff. Yeah. So that's why I mentioned age. It's sort of like, come on in guys, do this stuff.

it's going to pay off. You're going have to trust me, but I'm here already. you're gonna get to this age one day. Do you want to feel like I feel or you wanna feel the average 76 year old?

You tell me. The average 76-year-old is two years away from American mortality, right? Yeah. 78 is, and you look like- And that's not even the bad part because it's one thing to die at 78, feeling and looking and wonderful and feeling at the top of your life.

It's another thing when you are making a slow descent from your 50s. and getting less and less able to do anything that you were able do before. And less enthusiastic and optimistic and joyous and it's just like, oh, that's what you don't want.

It's not just the death at a certain age, it is the Death while you're alive. We don' want that for our people. You look like you've got another 76 years to go.

I can only hope when I get to that that is what I feel and look. Not because I'm so great, but because, I mean, look, i was a drug addict. I was an alcoholic.

i did cocaine and heroin. You can't name something I didn't do bad for my body. But when I turned it around around age 38, and I now have almost 40 years of doing this stuff, And I know the difference between how I felt at 38 and how i feel at 76. And i'll take this, thank you very much.

Here's a funny thing for you. 38 is when i started fixing my elf too. Yeah. I got, I was sick. You could spend a lot of time talking about that, but I really screwed up and that's when I turned things around.

And when you start to feel good and you realize how good you can feel, you want to tell everyone and it's hard to go back. The first little bit, like you said, yeah, it can be tough.

It's a struggle letting go of old habits that are ingrained and deeply rooted. But once you get new habits, It is hard believe that person even existed.

Yeah, I couldn't agree more. I'm right with you. And that's why you and I do what we do. A lot of people like you had big health challenges and got into this field because we wanted to solve them for ourselves.

Once we figured out how to do it, you just want to tell everybody. This was amazing, Johnny. Thank you so much for taking the time. Thanks for having me.

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