# H2O to Heal: Water Fasting to Reverse High Blood Pressure and Heart Disease Transcript

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## Introduction and True North Background

Well hello everybody. Welcome back. Another and really, truly amazing and honored episode of Reverse Heart Disease Naturally Summit. You have got the world expert on water fasting for medical conditions, doctor Alan Goldhammer.

Hello, Alan. How are you, sir? Doing great. Yeah. And you're beaming to us from Northern California. Better weather than the Midwest. We were just chatting.

Although this, broadcast is evergreens, other people all over the world are going to be enjoying it, and they're going to learn a lot, and I really I couldn't have been more excited about handpicking.

The top person, I want to give you your appropriate due and biography, but you have been at this for a while. You established what's called True North Health Center in Santa Rosa, California, 1984.

And, when this is beaming out, you know, you're going to be nearly your 40th year anniversary. Crazy. The largest supervised fasting and care center over 20,000 people treated.

And you've got a training program. Maybe it will chat about that for a minute, because I think there are going to be some health care practitioners might just want to get certified and add that.

And you promote S. O. S free diets free of salt, free of oil, free of sugar, of course. Plant based and author of the Health Promoting Cookbook, a great book I have.

And then of course, the classic smash hit with Doug Lyle, The Pleasure Trap. So thank you for being here. I should mention contributor to the medical literature, which is no small feat to do all that.

So really great to have you here. My pleasure. So I've had the pleasure of attending and lecturing at the National Health Association in Cleveland, and was exposed to a tradition of water fasting that just didn't come up in my medical school and subsequent cardiology training.

Why are you not just another, doctor of chiropractic? Why in 1984, is this something that you grew up with and knew about from even childhood, like, maybe the Astors did?

Or is it something you just gravitated to because it's, you know, it's your distinct thing and you've done well with it? Yeah. No, I got exposed when I was a teenager to the idea of health from health living and, plant diet and and fasting, through reading, Herbert Shelton and others.

Okay. And so I went to school specifically to be able to do water fast and supervision. That was what my interest was, from a very early age. And at that time, there wasn't a lot of options available.

The, you know, fasting was considered criminal quackery back then. When we started, that was shortly after the wilt decision. It was for, you know, alternative health practitioners were not to be seen or heard from, the, in fact, I remember my uncle who was a physician, when he heard I was interested in this field, said I was not to go into this field, that nobody in our family would go to somebody like that, let alone become something like that, and that better.

I should be a common spot.

## How Water Fasting at True North Works

And so, you know, that was my introduction to alternative, medicine from the family. But ultimately I did become very interested. I went to chiropractic college in Oregon and then osteopathic college in Australia and in Australia.

I met of burden, who was probably the most experienced person using fasting to treat disease at that time. And so I got a chance to see people get well, which is really novel, as you know, under conventional treatment of hypertension, and type two diabetes, autoimmune disease, lymphoma, these conditions that don't get better, you're on drugs.

The rest of your life. You're guaranteed to be on medication the rest of your life because you're specifically not going to get better. And yet, you know, here I was seeing people with, seriously, compromised cardiovascular systems normalize their blood pressure, lose their weight, maintain a weight loss, normalize their blood sugar levels.

And so I'd be I became very interested. We came back, my wife and I, in 1984, we opened to our health. And we've been doing this ever since. Wow. You're a courageous person.

Overcome your skeptical family. Yeah. We've gone from being criminal quacks to cutting edge researchers. Yeah. And, confessors gained a little bit more acceptance here in the last few years, in large part because of Walter Longo and others who have been publishing in, you know, major impact journals showing that fasting has utility.

Yes. And, thank you for bringing, Doctor Longo up. Of course, we have interviewed the CEO of the company that he set up, El Neutra doctor Joseph Van Tune, and people will tune in to that and learn more about the five day fasting mimicking diet.

A lot of people may not know that there's a place called true north. I mean, it's not exactly, as famous as maybe the Mayo Clinic. It should be, but it's not.

And it probably of people aren't familiar with water fasting. So, I've got arthritis and psoriasis. I'm overweight, I've got inflammation on my family, doctors blood tests.

I find your center. I imagine I do some phone prescreening to see if I'm eligible. And I've packed my bags and I'm coming out to visit you. I mean, what what am I going to get and expect?

How long am I staying? And then we'll talk about the results that are first thing a person is going to do is going to our website that at the True North health.com and complete what are called registration forms, which gets me their medical history.

We offer a no cost phone conversation. So I go through their medical history, determine are they a candidate for this type of intervention? If so, you know, what would be involved in preparation for that?

Would we get the medical records and all the information necessary to establish a good baseline? If they were a candidate for force and say they wanted to do that, that would come to True North Health Center.

We're in Northern California. They would see one of our physicians for a history exam and lab and detail. They'd be seen twice a day by staff doctors during their stay with us, would be carefully monitored and go through a period of fasting that might range anywhere from 5 to 40 days on water only, then they'd have a period of recovery of about half that length of the fast with a careful whole plant food.

S. O. S Free Diet S. O. S of course, is, you know, is the international symbol of danger. But it also stands for salt, oil and sugar, the chemicals added to the food that make people fat, sick and miserable.

And the reason why we have the chronic diseases that we're facing today in our society. And so we teach them how to eat a healthy, whole plant food source free diet, get appropriate exercise, hopefully develop improved stress

management techniques so that when they went home they could sustain the results and make us look good.

Okay. Make them look good. Yeah, well, that's what we call a side effect. And getting. Well, the two North Health Center is actually a 501 C3 nonprofit research organization.

That's a human subjects laboratory disguised as a clinic. And so, you know, what we're really trying to do is figure out how to use this diet, nutritional medicine type approach.

Who it works well with, how to do it, and then documented in the peer reviewed scientific literature. So when you're reviewing that chart, I don't want to start with those that aren't qualifying, but 1 or 2 or 3 or 4 red flags.

Maybe not a good candidate to come out to true north. Well, the people that are the best candidates for this type of an approach in general are people who have conditions that are caused or made worse by dietary excess.

And so most of who we treat our people with diabetes, autoimmune diseases, cardiovascular disease and certain types of cancer, particularly lymphoma, which we have, quite a bit of experience working with.

And these conditions, respond dramatically, predictably, as we've been able to demonstrate to fasting and dietary change, the conditions that don't respond to fasting, dietary changes, we tend not to take.

I mean, we're in the luxurious position of being able to cherry pick out the patients that are going to have hopefully, excellent results. And that's who we want to work with.

## Who Is a Good Candidate for Fasting

So there are neurological conditions and other problems that maybe have nothing to do with diet and lifestyle are not likely to be responsive to this kind of approach.

Patients that have contraindications to fasting, for example, if you've had a P or you've had, a DVT, or you've had if you have atrial fibrillation and you're an anticoagulant medications, you can't just arbitrarily discontinue water fast. It wouldn't be for you.

Because water fasting is done in general without the use of medications. You have to be able to stabilize the patient safely off medications in order to go through fasting.

If you're on medications, you're not ready yet be able to withdraw from. And we would do a different kind of approach and more nutritional medicine approach, diet and lifestyle approach, not water, only fasting.

So that's one thing is patients have to be stable, be able to be stabilized safely off your medication. Sometimes that takes weeks in order to build a strictly people, for example, on steroid medications you have to wean down slowly.

Once people are stabilized off their medications, then they will only go through fasting, for anywhere from 5 to 40 days, and then they would recover.

So some people were with us a week or two, some people with us a month or two, some people with this a year or more. And I mean, it's a quiet stay. People are not, you know, jogging ten miles or on water fast.

They're in either or what, shared rooms or private rooms, depending. Everybody has a private room that night. Health. Very nice. So everyone has their own bedroom.

But we have like this is a converted apartment complex. So you may have, a private room with private bathroom. You have a private with sugar baths, depending on the accommodations you've selected.

Okay. And yes, you're on our campus. There's nine buildings that make up the campus, but your stay on the campus during that time, there is things like yoga and stretching and mild activities, but we avoid vigorous activities

during fasting.

This is a period of rest in order to maximize fat loss and particularly visceral fat loss, which is, it turns out, preferentially mobilized during fasting.

You need to rest. If you're too active, you increase gluconeogenesis. That means you're going to break down proteins, maintain the glucose that your brain and muscles need.

By resting, you maximize fat loss and particularly visceral fat loss. In fact, we've done a study recently with the use of a Dexa scanner where we looked at what happens to the body composition change during fasting.

And we're able to show, in fact, that although people lose, weight during fasting, lose protein, water, fiber, glycogen and fat, they regain their muscle fiber, glycogen and water after fasting in the six weeks after fasting, so that by the end of six weeks, lean mass is higher than it was at baseline.

Bone mass is the same. Fat loss is what's lost, and in preferentially visceral fat. For example, in individuals that lost 20% of their body fat during two weeks of fasting will have lost 50% of their visceral fat load.

And so the visceral fat is, as you would expect, is preferentially mobilized visceral fat that fat around the abdomen, around the organs that's thought to be most associated with disease.

And the production of IL six, TNF alpha, all those inflammatory markers that people talk about so much nowadays, and so with fasting, unlike, say, straight dietary change, you can disproportionately eliminate this visceral fat.

And that seems to have, at least one of the mechanisms by which we see improvement in cardiovascular disease. It's, sad it quick, but it was powerful and meaningful.

And, you know, that that ability to shed visceral fat and at least preserve or lose and regain your, your, core muscle strength is critical. And, it's, it's, exciting.

I mean, I I've seen one article you published on visceral abdominal fat. I don't know that I've seen that muscle rebound, but that's, fascinating. And this is a new study we did, this just coming out.

And, you know, you'll find it@fasting.org, which is a fast and convenient website. And it talks about six week follow up. And that's where we are able to capture, you know, what actually happens during recovery.

Now we actually have one year of follow up data now, which is exciting because it shows that there are highly motivated patients are capable of sustaining a whole plant food source free diet, at least for a year.

And when they do that, their weight loss, their blood pressure and their drug free state is also sustainable. Right? Wow. That's, great to have that paper out.

So while we're chatting, I'm looking at one of the original research studies you published a while back. Your first author medically supervised water only fasting in the treatment of hypertension, 174 consecutive patients.

And, you know, this is a reverse to heart disease.

## Body Composition, Visceral Fat, and Recovery

Naturally, some and a lot of people would love the thought I may be able to reduce safely and gradually and, completely my blood pressure support because I can maintain my blood pressure normal without prescription drugs.

So tell us about, you know, either that paper and just in general what you see and how do you handle their medication in their first week. And their biggest problem with that paper was 174 consecutive patients.

All hundred and 74 people lowered pressure enough to eliminate the need for medication. The average effect size in stage three hypertension, where systolic was 180 or over, was a 60 point drop.

Not even considering that many of your baselines were established on medications. All of them were off medications. By the time we're completed. The danger with medications, cardiovascular medications, and, blood pressure patients is if you don't aggressively reduce their medications when they start changing this diet, you will end up having a person hyper medicated, which is, you know, can be a serious problem in of itself.

The fact is, people are not, really medicated for their blood pressure as much as they are medicated for the diet that they eat. That causes the blood pressure.

And the moment they change their diet, medication modification has to be considered. Most doctors never see anybody get well, they practice conventional medicine.

That's not even part of the paradigm they teach on these drugs. You're going to be on these the rest of your life. That's just how it is. There's no known cause of blood pressure, according to the websites I see from some medical societies.

So therefore nothing can be done to actually cure it. You just take the drugs, try to modulate the body's response, keep blood pressure a lot of the slightly reduce the risk of stroke for those with the highest levels of hypertension.

The reality, though, is when people are willing to do what is considered dangerous and radical things like eat well, exercise, and go to bed on time, their blood pressure starts coming down, and in our experience, virtually all essential hypertension will normalize.

If you're willing to carry it to the point you achieve optimum weight and sustain the diet, lifestyle changes. Fasting just makes it happen much quicker.

So most of our patients, we start off, with an aggressive healthy eating program even before they get to us. In fact, that's been a problem because your health is booked out a ways and it takes a little while to get in.

They work with our doctors through the telemedicine practice and many patients, before they even get here, normalize their blood pressure. People that we've qualified in the studies, by the time they get here, they no longer qualify because their blood pressure's normal, because they follow the diet and lifestyle advice.

But there are people that, despite their best efforts with diet, continue to have persistent hypertension. In fact, my colleague John McDougall sends us a few of those patients, and he often apologizes to them.

But, you know, because the pressure is still sitting high, they need to go and do that thing with Gold Hammer. Good luck to you. You know, it's like, I think that's what a lot of time is thinking.

The those patients that are persistent hypertensive, if you fast them your blood pressure will normalize. So they'll come in, you know, sometimes they're coming in 220 over 120, kept on medication.

We'll have to feed them, wean them off their medication, which you can usually do rather rapidly and then introduce faster. We want to see the systolic blood pressure below 160 before we are initiate the fasting if possible.

We want to see the diastolic blood pressure below 120. Before we initiate fasting. Once we initiate fasting. So it's a it's a rapid downward cycle for most people.

And we are off medications as we phase into the fasting, if we have to do a modified program in and maintain medication until they get into a reasonably safe and stable zone, that's fine.

I mean, you know, reminding the people, listening that hypertension is the number one killer worldwide. It falls under the umbrella of cardiovascular disease.

But specifically it is. And it's such a struggle. And the medications have such a number of side effects. When you start stacking two, three, four, blood pressure builds, even supplements and, you know, a 60 point drop in a state average system.

Yeah, yeah. For these, we're talking 100 points or more, but, you know, chronic fatigue, impotence and premature death are all, you know, known and, understood consequences of hypertensive medication.

In fact, you know, that's why the definition was hypertension originally was when the death rate from the medications was, exceeded by the benefit by reduction of stroke.

You know, just give everybody hypertensive drugs because the hypertensive drugs have amongst its consequence, you know, death. So you want to recognize that even if you're medicating successfully for hypertension, it's not resolving over problems.

It's just managing some of the consequences of what really, in most cases, is a poor diet and lifestyle choices.

## Hypertension and Medication Reduction

Wow. Well, you are, slamming the standard American diet as it should be slammed, but you're seeing the disasters and, proving the point that it is the root cause of so many of our chronic Western diseases that Gail Galen, we're not curing hypertension.

Let's be clear. Any more than you're curing obesity. You're managing it. Yeah. If you take my patients and put them on a greasy, slimy, fatty, dead, decaying flesh high sodium diet, they will eventually get hypertension.

But all we've done is we've eliminated the cause of the problem. The body heals itself, and we try to take credit for it. Well, now, I don't think, you've yet published a paper on this.

I encourage you to do it. And I'm going to ask you if you have one case study. But there was a phenomenal book. Of course, you're familiar with it in 2022, the oldest cure in the World adventures in the Art and Science of Fasting by Steve Hendricks and a very prominent and fascinating chapter was dedicated to you and true North.

And I think in that chapter you talked about and it was kind of new information to me, people with, limiting angina, cardiovascular disease and seeing, you know, basically clinical reversal.

So can you think of one or your broad experience with people that show up with, you know, my disease, angina. Right. So it we want to differentiate unstable, unstable angina, you know, people that have unstable angina or, you know, a very high medical risk.

And I would treat that as a separate, classification that I would, you know, the majority of patients that you see that have, you know, exercise and do Sancerre, or activity, you know, related to those patients typically do very well, as you would imagine, as their blood pressures, normalize as their weight comes down, and show the pain, often quite rapidly, begins to diminish.

And, of course, they're in a controlled setting. This is all done. I just want to be clear. This is medically supervised patient, sort of carefully monitored.

And, the, you know, over the last 40 years and 20, it's probably close to 25,000 people. Now, the fact that, you know, everybody that's walked in has walked out in relation to fast.

And so we have a very good safety record. In fact, we've published a fast and safety study, the first long, large scale, long term water only fasting safety data and the adverse events and all the factors are clearly delineated in the conclusion is in fact, that this one, it's done medically supervised is in fact a safe, and in our experience, an effective way of helping manage, their, health in general and cardiovascular disease, you know, in particular. Wow.

All right. So you mean it's been more than one person that has walked out saying, I don't need nitro anymore? And I can make it beyond the mailbox and, have it.

It's it's regular rather than the exception. And it's not just at, angio, but also intermittent claudication and other. Well, it's you make responses.

As you can imagine, these patients go through rapid and profound weight loss. Many of them are losing 50, even 100 pounds. And when you lose substantial amounts of weight, some of that weight's coming out of those vessels and apparently increasing perfusion as well.

What we don't have yet are some of the more like cardiac perfusion studies before and after, you know, we don't like and we wouldn't necessarily order, like the brilliant doctor Ornish did where he was doing pre and post angiography because is, you know, there's a, you know, significant right.

Clinical risk factors. So these diagnostic tests with the new MRI perfusion studies, I imagine once we can get access to them, we'll be able to demonstrate that in fact correct perfusion is probably being profoundly affected both by the diet as well as by fasting.

Right. And I don't see fasting necessarily doing fundamentally a different thing than the diet lifestyle does. It just doesn't rapidly. So you can get, you know, rapid changes.

Yeah. The current conception, we've interviewed a couple of world experts on advanced cardiac imaging has been that soft black in arteries can quickly diminish calcified hard plaque.

Little tougher, maybe not at all. And that's probably what Dean Ornish did, and probably what you could show if you really wanted to do a pre and post using CT coronary imaging.

But frankly, they feel better. Their quality of life went up. That's enough of a prognostic and lifestyle boost. So kudos to you. I mean it's fantastic.

You know, I'm not so sure though that because calcium scores changes don't change. Isn't necessarily from my viewpoint, overwhelmingly significant. You know, you have to get, what, 90% or more occlusion before you become symptomatic.

So even if you're just impacting the soft plaque, as long as you get enough, dilation so that you become asymptomatic and it doesn't progress, I think that's a win.

And so I don't I'm not looking and I wouldn't expect to see, the hard, calcium deposits necessarily change with anything that we're doing. Nor do I think that it's probably necessary, exactly.

Consistent with the current kind of paradigm, which is different than ten years ago. How about the famous flagpole going up? Erectile dysfunction? Have you just anecdotally had people respond and say, God bless you, Alan.

Well, we have, significant and consistent improvement in, in, in sexual function, but we haven't done any, studies yet. As you know, some of these are challenging to do.

## Angina, Cardiovascular Benefits, and Safety

Good, objective data that would, you know, be compelling. And so we've really focused on the low hanging fruit, the things cardiometabolic markers. The reason is the Medicare we've done, the Dexa scanning, we've done safety studies.

You know, I would love to partner with people that have access and the capacity to be able to help us take a look at it with some of these more sophisticated diagnostic tests.

And particularly, like I say, MRI, cardiac perfusion. I mean, I think there's great potential there, to show dynamic changes rather quickly. So hopefully one of your viewers will be affiliated with one of the major research institutions that will contact me.

We'll be able to actually get these questions answered as well. Yeah. I'll see. I can make that happen. At least the introduction. So, I mean, you have a glowing appearance.

We were discussing we share the same age in our early, almost mid 60s. How often do you apply some sort of fasting and specifically water fasting for healthy maintenance?

Assuming I do what I tell my patients that they should fast every day, every day for between 12 and 16 hours. So depending on what the goal is, if it's weight loss, we recommend an eight hour feeding window and 16 hour fasting window.

Basically what that means is you don't eat 3 to 4 hours before you go to bed. Try to delay breakfast until you do some vigorous exercise, and that'll give you that 14 16 hours of fasting each and every day.

And and some people believe that even that amount of fasting, that 14, 16 hours make it, induce changes biochemically that cumulatively, are thought to be beneficial.

What it clearly does for some people is help them avoid overeating by not eating late into the night. You avoid eating calories that are going to be converted to fat.

The fat you're burning, the calories are burning in the morning before breakfast or thought to be preferentially, geared towards fat mobilization. So this 16 hours of intermittent fasting each and every day, or if you're trying to gain weight, maybe 12 hours, you know, 12 hour period of feeding, or if you're kids or you have high caloric needs, you might need to have a larger feeding window.

But for the average person, just trying to keep the weight off 16 hours of fasting, eight hours of feeding, and during that eight hours of feeding, you limit yourself to whole plant foods that are salt and sugar free as much as you want.

You're not trying to do quantitative limitation on those low density foods. But, you know, eating large amounts of fruit, salad, steamed vegetables, potatoes, rice, beans, maybe small amounts and nuts and seeds, and then avoiding the meat, fish, fowl, eggs, dairy products or salt and sugar, basically avoiding all the stuff that makes up 93% of the calories of all the people you know.

Everybody else is living on meat, fish, eggs, dairy products, and high, highly processed foods. We're suggesting going to whole plant foods right now.

That is a problem, if nothing else, because it puts you at conflict socially. You know, everywhere you go, people are basically addicts. They're artificially stimulated, don't mean in their brain, but dopamine is the neurochemical associated with pleasure.

They do it through drugs for promiscuous sexual activity, and they also do it through the chemicals added to their feed, which is salt, oil and sugar.

And if you want to know why are people so fat and why are they so sick and why do we have so much cardiovascular disease. It's because we put salt and sugar in our feed it.

That's exactly what happens to rats and mice and birds. You put it in their feed, they gain 49% of their body weight in 60 days and get the same disease as we do.

This isn't like mystery. I don't think it's anything too complicated. We're not designed to fool the satiety mechanisms. Our brain. With drugs, we can become drug addicts or alcoholics.

We're not designed to fool the satiety mechanisms of our brain with salt, oil and sugar, highly concentrated food byproducts that all those stimuli don't mean our brain make foods, quote, taste good.

They're not good for us now. And will you, as a healthy individual, eating in that time window, eating a no as well as diet still believe that there's a 3 to 5 day, seven day water fast.

You know, every year, once a year I recommend and do myself a week of fasting. And if at the end of that week of fasting, everything is clinically stable, that's the end of it.

If you have problems and it may continue on another week or 2 or 3. But, you know, the idea is that we believe and we can't prove yet, but we believe, and this is the subject of our study next year, that healthy people may get actually as much or more benefit in some ways that, than sick people do with fasting.

In fact, we have our first preliminary data. We took seven subjects that were healthy at weight, normal cardiovascular risk factors, etc., fasted them and looked at their biochemical markers as particularly, cardiometabolic markers.

And it turned out that not only did they improve, but they improved in some cases to a larger magnitude than the sick people there.

## Daily Intermittent Fasting and Healthy Maintenance

So it may be that the people that get the most benefit from periodic fasting, that is, that occasional week or two, you know, once a year, once every other year may actually be the healthy people trying to stay healthy.

Again. We do not have, robust data to support those claims, but that is, in fact, what we're going to be studying, actually, and ruling a larger number of patients that are healthy and then, monitoring their effects. And one of the challenges is finding people that are truly metabolically healthy.

Many of the people that are asymptomatic, when you actually get down and dirty in terms of detailed biomarkers, they're not as healthy as they think they are.

Right. And so some of the few people we were able to find that really qualified were actually staff at the Toronto Center that eat their meals there and, you know, and actually practice what we're preaching.

Those people actually test up healthy. And what's interesting is when you fast them, it's relatively, an entertaining it's a relatively easy fast. You don't get a lot of the exciting symptoms that you get in patients that are withdrawing from meds and coming off animal based diets.

Do you take do you take some of those healthy individuals for a week fast as residents at True North, or you don't like to take up of that, and you have to absolutely encourage that.

We actually think that that may be who's getting the most benefit of all, or part of it is we have our staff, we have 70 people on our staff. And one of the benefits that we offer our staff is to go and do, periodic fasting at work.

So a lot of our, our staff take advantage of that as a health maintenance health promotion tool. All right. So we've talked about a lot of important topics.

I do have patients that come to me and claim they've done, 5 to 7 day water fast at home, unsupervised. They also tend to be the healthier ones. I haven't had type one diabetics or others that clearly all.

But what's your official stance on I. We don't want to encourage people to put themselves at danger. We recommend that everybody fast at home every day for 12 to 16 hours.

When you're going to do a longer fast. It's not that it can't be done safely home, but there's one of two ways you

can do fast and safely. One is you go to one of the places like True North that's designed to do fasting supervision safely.

Or if you're going to do it at home, you still have the same parameters. There needs to be history examined lab by your local doctor. Your local doctor needs to cooperate so that you can get appropriate monitoring.

And we have doctors at the Turtle Center that provide remote support to your local doctor so that a home fast can be done. But just like at a facility, you have to rest.

You have to make provisions to deal with complications, and you have to make sure you're an appropriate candidate. That's where history, exam and lab become critical.

Patients that want to do that, they can call me. I'll help them determine if they're not a good candidate. That's easy to determine if they are a good candidate and they have a doctor that's local that's willing to be supportive.

We have doctors that are used to working with local doctors to help them get them their patients through fast, successfully. And so it's not that it can't be done.

It's just challenging for people because it's hard to get people where they actually get rest. It's hard for them to get where they can get provisions, for appropriate support and supervision.

And if it's not done properly, it can become very serious, and particularly for people that have health issues or that are on medications, you know, what about going can screw it up.

Yeah. What about your stance? I can't quite afford or get out or take the time, but I can do a 350 calorie and a juice fast at my local organic. It will be 350 calories, but you can do a 6 to 750,000, calorie modified fasting experience.

Doctor Longo. Okay. He has 10,000 offices that are involved with supporting modified fasting. That's you know, it's not our primary expertise. I would defer to him who's an expert in doing those modified programs.

What I think is that the where I see the biggest benefit is eat healthy every single day, and you will slowly and surely get better if you want to speed it up, do fasting, but do it right and you might be able to safely speed it up.

But if you can't afford it, that's not a problem. A healthy diet is cheaper than a, a non healthy diet. You'll save money by eating healthy. There's nobody that can't eat rice and beans and vegetables compared to, you know, any of the processed crap that everybody's eating.

And as a consequence, maybe you won't be able to do it as quickly, but that doesn't mean you don't get there. If you have high blood pressure, you're still going to normalize your pressure.

But I would make this caveat whether you fast or you don't fast, if you're going to make diet changes, you need to work with a doctor that's not an idiot or the doctor that at least is used to seeing people get well, because your doctor, if they're a conventional doctor, may have never seen anybody actually recover, and they're going to not be comfortable with modifying your medications in the downward cycle. Oftentimes they mess that up.

## Home Fasting, Modified Fasting, and Professional Training

Whereas if you go to a functional medicine doctor, at least they're used to seeing people get well and they can guide you and help you on how to get off the medication safely as you make these diet and lifestyle changes.

And that's even more important if you're going to be introducing fasting into the picture. Yeah, the idea of interrupting and permanently stopping medicine is so foreign.

Conventional practice. Yeah. I uncle, when I was in Australia and I was reporting to him what I was seeing at the osteopathic hospital, people getting sick.

No, they're not getting well. I said, uncle, I'm measuring the blood pressure. I'm seeing them get well. He goes, then you don't know how to take blood pressure.

I've been in practice for 50 years. They never get well. Yeah, we got two months. You would not review our study? Our very first paper. He would not review the data set until it was published in a peer reviewed journal, two months before it actually came out in peer reviewed journal.

He died of a cardiac arrest. Oh, my mother swore to the day he died. He died just so he wouldn't have to admit he was wrong. I think it was the kugel, the kreplach, the conditions, the blintzes.

But, you know, we'll never know if there's something that I missed that that's kind of standard eastern European fare that Alan and I both grew up as children, perhaps, but, no longer on my plate.

And pretty sure it sounds like being not on yours. So this has been fascinating. And I think, you know, your your passion is clear and your experience is enormous.

Tell people who want to learn more about you and your center where to go. Look, I think you shouted out a URL, but make it slow. And you know, the simplest thing is if you just go to True North Telecom and fill out the registration forms, give me a call.

I offer a free phone conversation so we can talk about if any of this relevant to you, and if so, who do we know that might be close to you? Or if you want to come to the center, whatever it is, we'll do our best to try to help you.

What's the process for a health care professional to get certified? Is that onsite? Yeah, we offer a residency and, internship training, a variety of programs.

We're a residency training site. They come for a year as part of their formal training. Texas A&M and other medical schools have students do them. You know, those monthly rotations, they're able to come in and spend a month.

It's all paid for by a foundation. So we provide room, board and training those no cost to doctors for anything. And we're able to, you know, to whatever level of training and experience they need so that they can be comfortable with it or if they want to begin doing, fasting supervision, we can certainly help them get the expertise to do that safely.

Okay. And I think you also shout out a website fasting.org that's relatively new. Well, first into our work is the foundation's fasting compendium website.

You can search the literature of fasting on there. All of our studies are published as well as other people like Valter Longo's are are available there.

And there's actually an index searching. So you can even search the literature before, you know, the older literature, before, Index Medicus was available, we've actually collected those articles, scanned, logged them, indexed them.

So that's one of the things that our foundation, is able to offer, free. Just go on site and you get access to the fasting literature in that way. Right. And maybe just one fad.

Other thought, you know, you shouted out a name of one of the, founders of fasting in America, Herbert Shelton. Shelton. Some people may not have caught that.

I will just say his books and the quotes from his books are fascinating. You may have had a personal experience. I did not, but just another good resource for people to have.

Well, thank you for taking your time. And, my pleasure. Anyway, your warm California day. Well, some of us are shivering away, but that's our choice. Very good. Well, thanks for having me on. You bet.

You did an amazing job of helping a lot of people.