How A No SOS Diet And Fasting Can Transform Your Heart Health Transcript

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Introduction and Guest Welcome

Well. Hello, everybody. Welcome. Welcome back. This is a really great episode, so don't go anywhere. Get out a piece of paper and a pen or, take some notes on your computer.

We have a great guest at reversing her disease. Natalie Summit, third year. Many of you know, and I hope you do. But just in case that we have, a special guest, Alan gold hammer.

Doctor gold hammer has become, over nearly four decades, a world famous treater, in Santa Rosa, California area with a center that we usually call true north.

Although the website will repeat this towards the end is health promoting.com, which is what we're doing here at the summit health promoting. But he is the founder and director of True North Health Center.

Is that officially Pen Grove? It's actually in Santa Rosa. It is Santa Rosa okay. Very good. And, north of San Francisco. I've been there. I've been to the wonderful Flamingo.

Tell it, I hope it's still thriving. I think it got burned a little bit at one of your fires, but, doctor, Gold Hammer was an early student on some, impressive, treaters, Doctor Ali Burton and Doctor Shelton.

And he is known as your water fasting expert and plant based. No S. O. S expert. We're going to talk about all that. But thank you, Alan, for being here.

It's my pleasure. It's really a great honor because you do such great work. And we were joking a little before. Are you the, center of last resort? Or maybe you should be the center of first resort and just get people on the right track early in their therapy, and then, they'll do well for a long time.

But we could talk about that. But how big? Let's. Let's just talk some brass tacks. True. North Health Center is a brick and mortar location that people stay at.

True North Health Center Overview

It's I you could call it inpatient, but it's not a hospital. How many beds? How many people at max could be a true north, you know, at max capacity. We have 81 patient bedrooms, and you can have 1 or 2 people, depending if you have couples or not.

So you can have a lot of people at True North Health Center. We have a staff that's, around 70 full time people now, and that includes a residency training program where doctors that are interested in learning how to use nutritional medicine and fasting can come and train, and, and they live on site and get a chance to get experience doing something really novel in medicine, which is seeing people actually get well, getting well.

Everybody write that down on your notepad. This is about getting well. So up to 81, is it. And so May I've not been there. We actually have a campus. It's, there's a main building.

We also have ten, converted houses that surround, the, the main facility that's used for offices and, and a different, an additional accommodation. So it's basically a city block and in Santa Rosa that encompass our campus.

And then there's an adjacent apartment building that's used for the staff housing for the staff and doctors that live on site. And is there a fence to keep people from, breaking out and going to Burger King?

We do have a wonderful, enclosed, area that allows people to get outside but still have in the protected, contained

area, our courtyard. It's been recently renovated and it's really quite nice now.

Okay. Excellent. And if I decided at the end of this interview and this would apply to anybody listening, that sounds like a place I should go to. You'll tell us.

In addition to health promoting.com, the website, it may be for a phone number. How long would it take? I mean, somebody is obviously probably going through a medical screening and providing records and labs, but, you know, if somebody's getting in and two weeks, six weeks, three months.

Well, depending on, on the circumstances, generally we're a few weeks booked out, but, people can process the information quickly if they go to the website and fill out the registration forms.

We actually offer a free phone conversation with me to determine is this are you a good candidate for this? Is this something that would be good? And, you know, to point person in the right direction?

Sometimes people come to stay with us. Sometimes they work with their local doctor and may do remote fasting. We also have a telemedicine, practice that can support both the patients and their doctor.

If, if fasting is going to be done. The important thing, though, is wherever you fast, however you do it, there's some key issues that have to take place one, you need to make sure you're a good candidate for fasting.

Not everybody is a good candidate, and if you are a good candidate, you have to appropriately manage your medications because you don't fast on medications, and you don't just want to arbitrarily discontinue all medications because some medications have to be withdrawn very carefully and appropriately.

If when you're fasting, you need to stay hydrated and you need to rest, this isn't something you do. Driving to work, carrying on, and putting yourself and other people at risk.

And also, once you're done with your fasting process, you need to re feed, according to protocol because two rapid a re feeding, particularly after long term fasting, can result in post fasting edema re feeding syndrome, and potentially serious consequences.

So if you're going too fast, do it right and you can do it.

Fasting Safety, Screening, and Telemedicine Support

There's lots of different ways to do it. There's lots of different places to do it. But you want to follow protocol. We've laid out in our book, and fasting saved your life, and it's got the information the patient needs, but also that a doctor needs to understand how to make sure a person is a good candidate for fasting, how to make sure they're monitored properly, and make sure that they recover with appropriate re feeding after fasting.

All right. Well, I you actually brought up a topic I was going to ask you. Like I'm using this as an example. Doctor Ornish is intensive cardiac rehab program has now been certified to be administered by telemedicine.

But it's got strict rules. And you'd have to really participate in all the hours. There is a television. Somebody could be in suburban Detroit, and, potentially have supervised water fasting with a local person.

If they have to have a local doctor. And, and our doctors provide remote daily support to support both the patient and their doctor in helping them get through the process safely.

Okay. And we also offer like an ongoing education that's freely available to anybody. Through our website, we offer live streaming of our lectures that we provide to our inpatients.

Every day we have a Roku Channel that they can access recorded video. So whether they're at home or they're at True North Health Center, they can get the same educational exposure.

There's now companies, as you know, that offer, those free food options. Well, your world, whole harvest leaf side. So there's more options for people to get assistance on the feeding and the feeding side as well.

But the thing I really want to emphasize is that you want to make sure that fasting is right for you before you undertake fasting. Your physician can help you do that.

And and our book can help your physician, and you make sure you do it properly. Yeah. And I gotta say, I'm a guy that spends a lot of time surfing the internet for help information.

I'm looking at this beautiful book. I'm in front of my laptop and everybody listening. Please, when you're done with this interview, do the same thing.

Go to your browser and look up in fasting. Save Your Life. Just published June 25th, 2024. I was unaware of this book. I've just been. Oh, it's brand new. It's.

And it's the accumulation of our 40 years of experience. And unfortunately, our research director, Tasha myers, has a great skill because she can take complex topics and make it understandable.

And she did that. And as we put this book together. All right. And I just moved you one book closer to the New York Times bestseller list. Okay. And if everybody listening actually orders this book, he actually might make the New York Times bestseller list.

So don't underestimate the power of a community, please. No. It really looks like a fantastic book. Unaware. So, 100 people get accepted to go to True North Health Center.

Just through your experience, how many are in a position? They can start with supervised water fasting and how many have a reason you might, you know, work with some either juice or no S. O. S.

lab based diet, but not water fasting. And they're just either too frail or they just don't qualify in estimate. Remember, because we we offer free screening for people.

We basically filter out the patients so that we know they're good candidates. By the time they come in, we have a clear understanding of, you know, who is and who isn't a candidate for water fasting.

Some people, because it takes a while to wean off their medications, maybe on the juice fast or modified fast for a period of time as you're weaning the medications.

And then once they're stable, then we can go into water fasting and understand most people are not medicated for their condition. They're medicated for the diet that's causing the condition.

So as soon as you change the diet, it's often possible to begin adjusting medications. See safely and appropriately people that are on, high blood pressure medications or medicated because they're eating a diet that causes high blood pressure.

And so as you get, you know, put people on a whole plant foods, stress free diet, the need for medication begins to be reduced.

Who Benefits from Fasting and Treatment Lengths

And for most of our hypertensive patients, they're able to wean off rather rapidly and stabilize and, you know, move into fasting. Fasting is a very powerful hypertensive effect.

So we don't see a lot of rebound problems. As we withdraw from medications, we get into fasting. Now a person studies your website, read your book, maybe has a okay entry, you know, zoom or phone call with you.

How much time do you tell them I'm. These are still brass tacks, practical tags. Sure. You need to plan to be in Santa right at least clear a month. Clear six weeks? What?

What's the healthy people that are coming in preventatively or often doing relatively short, fast 5 to 10 days? They don't need a lot of time because they're already on a health promoting diet.

People save, for example, with moderate hypertension or 160 over 100 cap down on a couple medications, you know, might take 2 to 3 weeks, depending on their, you know, other health factors.

Somebody that's coming in with silicate lymphoma, you know, may fast with us as much as 30 or 40 days. So you're going to have anywhere from 2 to 40 days on water.

However long the fast is, it takes about half the length of the fast recovery feeding. So a person that fast for two weeks might be with us three weeks.

One of the things that's nice at True North Health, though, is there's no cost or penalty getting done early. So if a person books a month and says three days, it's three days, there's no there's no risk or problem over scheduling.

So we try to get people to create a little buffer, and then they can do whatever they want to do when they come in. And I think you already mentioned.

So I want to stress that this is not a time you're going out and playing in the pickleball or pickleball courts of Santa Rosa. This is a resting quiet.

Right? We do have classes like yoga and meditation, and we have cooking classes and, you know, lectures and and they can come to them in, live in person or they can watch them live streaming from their room if they want to take it easy that day.

But it's relatively passive activity. It's not things that are going to be getting your heart beating real rapidly, or sweating and getting into hydration, challenging issues or, gluconeogenesis promoting, you know, protein breakdown issues.

So we want to conserve, maximize fat loss, minimize lean tissue loss. And in fact, this protocol, it's been shown very clearly what happens to body composition.

We had a Texas gathering here and we did some detailed research. For example, people that fasted between 1520 days would lose 10% of their total body weight, but 20% of their total fat and 40% of their visceral fat, just 6% of lean tissue.

And at six week follow up, that's 6% of lean tissues fully recovered. And then some such that as a percentage of their body, their lean mass was actually higher at six week follow up than it was at baseline.

The body preferentially is mobilizing fat and visceral fat. Because visceral fat is acting like a tumor. It's a pro. It's it's hyper metabolic. It's producing inflammatory products.

And by going on a fast, just like when you fast, you may lose 10% of your body weight, but you might lose 20 or 50% of your tumor way. The same thing happens with visceral fat just because it's not linear.

The body's preferentially mobilizing some tissues over others. Okay, everybody got that. You're losing more fat and visceral fat than muscle, and you don't really want to volunteer.

When you go on a fast, you lose weight. Some of it's water, fiber, glycogen and protein and fat. When you come off the fast, you regain weight, but the weight you're regaining is water, fiber, glycogen and protein, not fat.

Is that our study shows the fat loss continues as willing assuming you're willing to eat the whole plant food source

free type diet. If you go back on a greasy, fatty, slimy, dead, decaying slash processed food, you certainly could gain fat back.

Right? For sure. Okay, now you are approaching your 40th anniversary. Yeah. We've actually yeah, we're working on 41 years now. Oh, okay. So I want you. Started in 1984.

Okay. And, so we've we've finished 40 and we're starting on 41 years of, of doing this. Now again, you've been doing this a long time. You looked vibrant and healthy.

Oh, what's your ideal patients? The ones you have the highest percentage. I mean, what diagnoses? If you, you know, could really turn to. What we've published the most data on the treatment of high blood pressure, cardiovascular related disease, type two diabetes, autoimmune disease, and lymphoma.

And so that tends to be the patients that physicians tend to refer to us because they're referring based on having read an article or read a book, that we've produced.

And so they that's what they are aware of that we're treating, hypertension, you know, is a is a leading contributing cause of death and disability. Over 62% of people over 60 have hypertension.

So it's not surprising since we have the largest effects that have ever been shown in treating hypertension in humans, that we would get a lot of patients referred for high blood pressure.

Essentially, all the hypertensive patients that have essential hypertension will be able to normalize blood pressure. A study, one of our first studies we did with Colin Campbell from Cornell University, 174 consecutive patients with hypertension, 174 people lowered pressure enough to eliminate the need for medication.

Body Composition, Weight Loss, and Research Findings

We recently published a prospective study with our colleagues from the Mayo Clinic where if 27 people with hypertension, that were medicated, 26 were able to achieve normal blood pressure without medication, one was still at half their dosing.

And at one year follow up, 76% of the follow up had maintained their weight loss and the majority had maintained normal blood pressure with medication.

So we're showing that not only do you get well, fasting, but at least highly motivated people are able to sustain the dietary and lifestyle changes sufficient to maintain normal blood pressure without the need for medication.

Okay, now this is a reversing heart disease summit. And hypertension is a heart disease a cardiovascular disease. You've probably had people show up with, you know, coronary artery disease, angina.

I see a lot of patients. I don't want bypass. I don't want stents. They're not in a coronary carrying it in a complete, unstable disaster. I mean, what I don't know how common that is, but what's been the experience over 40 plus years with those challenging people?

Because you do worry about now I'm deteriorating and, not having a good outcome. So I particularly, you know, having unstable angina and stuff like that, that's going to be a major concern.

And usually they're heavily medicated. It gets pretty complicated. But for most of our people that have stable angina that have their that are hypertensive, that have these common, manifestations of cardiovascular disease, they respond remarkably well.

Now, what's interesting is many of them respond remarkably well before we even get our hands on them. Just did the dietary preparation for getting ready for treatment.

Many of them are normotensive by the time they even get here. So, you know, it's been an interesting thing when we do these studies, sometimes we have a lag of a month or so to get people into the clinic.

If they follow the diet diligently, many of them no longer qualify for the study because they respond dramatically to getting the diet and lifestyle factors.

But some people, despite their best efforts, are not able to bring their pressure down and deal with their symptoms. Those people often do respond to medically supervised fasting.

That's why I think I mentioned to you, doctor McDougall often called as the punishment because, you know, if somebody didn't respond to diet alone, he would send them over to us, kind of with apologies.

We thought, you know, our approach is pretty radical. Now, you recently published 2024. I have the article here. Yes. Provocative case study. Something that I am involved with so many patients, elevated lipoproteins, a cholesterol.

I'm going to give a little talk about that during this summit. And, your experience with this single patient and blood levels, I would imagine not everybody has these levels checked.

Maybe now you'll start doing them. So tell us about you know, what was your interest and what did you observe during this resident stay at True North?

Yeah, I wish I could take full credit for initiating this because it was actually the patient who was a longstanding vegan who had been getting into some hyper processed foods.

So his weight went up a little bit, his blood pressure went up, and he had noticed that he had significantly elevation in lipoprotein. Little late. And I explained to him that the literature says that this is a genetically mediated, sensitive indicator for cardiovascular disease wasn't expected to change.

It's not responsive to medication. And in fact, Medicare only authorized one testing. Because the point is, once you know you're elevated, there's no point in worrying about it because there's nothing you can do.

And he insisted, though, that he wanted us to carefully, do a baseline and follow up to see whether or not it would reduce and, of course, you know, I read the literature, so I wasn't going to reduce because it doesn't change, you know, that's what they tell us.

And so anyway, we fasted him on baseline is baseline was I think 236 and under did ten days of fasting and as you'd expect, lost 10 pounds, dropped his blood pressure 30 points, dropped his lipids, felt great and sure enough experienced a 40% reduction in lipoprotein little lay, which we documented.

And since then, actually we've been following it. He's been able to maintain not only higher dietary compliance, but also maintain his, newly reduced lipoprotein little level.

And now we're starting to test a lot of people because, you know, up till now, we didn't think it was likely to respond. But, in any case, it did for him.

We're hoping to do a K series. And, it'll be very exciting because there is no drug that's been shown to be effective affecting this.

Hypertension, Heart Disease, and Clinical Outcomes

It's generally thought to be a genetically mutated marker. Right. And probably a contributing factor as well. And so, you know, it probably does represent, I know that doctor, Ron Weiss and others who said they have seen changes, but in the 10 to 20% range, with aggressive dietary change over time.

This was particularly impressive, though, because this is this is a long standing vegan. And even though it wasn't, you know, 100% whole plant to that's as free as we might advocate.

He was still eating better and is worse than most people do at their best. And as a consequence, we thought that the fasting impact was particularly impressive.

Yeah. You know, I taking care of hundreds and hundreds of these people. Some have garnered disease, some amazingly are resistant, but we don't, you know, statin medication raises lipoproteins.

So it's a suboptimal choice for sure. Niacin is rarely used by cardiologists. It can be pretty effective, but it's, shunned by most. I still use it, but we have drugs coming out as soon as maybe late 2025 as studies ongoing.

But they're going to be a fortune. There's going to be side effects. The majority of people aren't going to qualify for them early on, maybe in the next five years.

So we need other strategies. And if you can show that this works because just a vegan diet alone, Baxter, Montgomery and Houston published a very modest drop in lipoprotein a with a whole thing based diet.

It was a relatively small series, but, anything that can help. So it's a good deal, for sure that you've, you know, brought this up. Now, I had the pleasure of interviewing.

It was actually more of a cooking demo. The amazing chef AJ, who I know you've worked with a lot, and we talked a little bit about a term that still a lot of people watching this interview aren't familiar with the S. O. S diet.

And I think actually you get credit for that abbreviation. So and you tell us the how that philosophy after the water fast and you suggested, you know, really long term.

What does that mean. And what's the philosophy. Right. Well, you know, the original concern was that a vegan diet, of course, didn't mean anything because Coca-Cola, potato chips, French instance, all kinds of terrible foods that vegans eat.

Most vegans were motivated by moral, ethical and spiritual concerns, not health concerns. And so the traditional vegan diets weren't necessarily heart healthy diets.

And so, although we acknowledged that we wanted to eliminate animal foods, we also want to get rid of the chemicals that are added to food that fool the satiety mechanisms and lead people to be fat, sick and miserable and makes them allows them to become more obese.

The obesity maybe 10% of fat on average is visceral fat, visceral fat, the hypertrophic, hyper, polymorphic material that produces the inflammation that causes disease.

And so in order to get rid of the chemicals that fuel the brain, the salt, the oil, the sugar, we wanted a term that would explain, more comprehensively than a whole plant food diet that was sold oil and sugar free would kind of be the ideal, you know, model going back to exclusively whole plant foods, not hyper processed foods, which so many, of the modern vegan foods are.

And so that's where the S. O. S. came in. We wanted a meme that could be succinctly described the the addition to a vegan diet that you needed to do in order to make it actually health promoting.

And so that's where S. O. S. free came in. Salt, oil and sugar are actually not food. They're hyper concentrated food byproducts added back to food to make food taste better.

And that's what tasting better means is it results in more dopamine production in the brain. And as we wrote about in our first book, The Pleasure Trap, this artificial stimulation of don't mean whether it be from drugs or it be from chemicals in food like salt and sugar, are what is fueling the mechanism and allowing us to develop the diseases

that we have.

If you think about this, for 200,000 years, people ate whole plant foods, and for 200 years we've been eating hyper processed, foods, since the Industrial Revolution.

What we really need to do, in summary, is go back to eating the whole plant foods that we ate for most of our human history, and stop eating the 70 or 80% of calories that come from ultra processed foods will reverse the obesity, reverse the visceral fat, reverse the cardiovascular disease, and allow people to live a good life and then have a good death where they go to sleep and and don't wake up.

Rather than finding themselves unable to talk or move for 20 years, waiting for people to come and change their diapers after they stroke out or have cardiac arrest.

Lipoprotein(a), SOS Diet, and Ultra-Processed Foods

Powerful, powerful. And thank you for that one last question and then tell us where everybody's going to go register to have a phone call with you and come to true north.

You know, the world's gone crazy. And maybe in a good way, bad way about, semaglutide turns up a tide. Well, go grow. You know, you are in part in the weight management business, and I'm sure a significant number of the people coming to true north have asked or tried.

We know. What's your perspective? Do these drugs get banned? Do these drugs? They have a. Well, you know, 1 in 8 people now have tried, these medications.

And you can see the tremendous appeal. Here's what they're telling you. Look at you could change your diet and go on a whole plant food source, free diet, exercise and sleep and lose, you know, 2 pounds a week if you're a female, 3 pounds a week for a male, and if you're willing to sustain that diet.

But now they have a drug that you can take this drug, you'll have to take it forever. It's going to be very expensive, but you can keep eating your ultra processed foods, so the drug will make you so sick that you won't have as much appetite for it.

You'll eat less now. Yes, in the long run, gastric motility issues, there's all kinds of problems they're going to come on. But in the short run, it might be a way for you to lose some weight and still eat your crappy diet.

And so it's going to be very appealing on that level. And being overweight is so dangerous that even poisoning yourself with something that might have long term consequences might have a short term benefit.

And so I think they're going to be very successful, very lucrative. And you can already see now the, the, the lawyers are starting to collect the, the cases of people that are having consequences, that they didn't feel like they were fully informed about.

So, it'll be a very lucrative initially for the pharmaceutical companies. It'll be later, very lucrative for the, legal, community. In the meantime, some people are going to lose some weight because they're going to be able to alter their satiety response to ultra processed foods.

I wouldn't recommend it as an ideal, choice. Okay. You have some people that show up there on it, and that's one of the first drugs that are eliminated.

Yeah, we we would eliminate, these medications, including, quite frankly, even in patients that are coming in with type two diabetes that are using medications appropriately to try to regulate their diabetes.

We're going to wean the monster medications, put them through fasting, diet and exercise programs. And hopefully, you know, the majority of our type two diabetics will stabilize normal blood sugars without medication if

they're willing to do dangerous and radical things like eat well, exercise, get enough sleep, and use fasting appropriately.

Okay? And you seem excited. You seem energized. You've been doing this a long time. We're going to find you a true north for a good while longer. Oh, yeah, actually, we're just kind of getting started.

It's so much better now. When I first started, this was so radical, the diet and the fasting that we were considered criminal quacks. And now we're like cutting edge researchers because fasting has become more topical and popular.

So it's a lot easier to practice now, than it was for the first 40 years. And, and we're, you know, we've got 22 papers that are actually published in the peer reviewed literature in the past.

I don't think they would have even, you know, one of us reading the journal, let alone publishing papers in the journal. So and we've gotten into some very nice journals.

We have a paper on reversing high blood pressure. That's in review right now in nutrients. We've had papers published in the British Medical Journal. We've got, more acceptance of this kind of rather radical nutritional medicine kind of approach.

So I'm looking forward in the next 20 years, in terms of us, ability to get, more significant, clinical impact and documented. You appear to be a very healthy, vibrant individual.

Last question, really, do you yourself do, three day five day seven day ten day water fast? Every six months. Every year? Yeah. So we advocate fasting every day for 12 to 16 hours.

Right. Not eating 3 to 4 hours before going to bed. I also do a yearly fast. I'm not a big it's not a lot of fun for me to fast because you can't play basketball.

You can't do any of the things you want to do. You got to rest.

Semaglutide, Long-Term Prevention, and Closing Remarks

But I do it every year. I've, you know, I'm fortunate. I've been doing this, healthy living since I was a kid. So, you know, I never smoked or drink or ate animal foods, you know, or any of that type of stuff.

But I still find fasting is beneficial. In fact, we published a study this year that showed that the scuse me, we showed published a study this year showing that the, cardiometabolic changes as beneficial as there on sick people actually proportionately even higher in healthy people.

The people that get the most benefit of fasting may turn out to be healthy people that are using relatively shorter periods of fasting. Preventatively.

And so that's certainly something I do in the staff. Does we fast every year? It's relatively brief a week or two. Not a not one of these marathons fast.

And I think that it probably has a the huge impact both in healthy as well as sick people. It changes how you feel about yourself and the world around you.

You really can't help it. There's a reason why the Jews, the Jains, the Hindus, the Muslims, Christians, the Buddhist all have a long history, tradition and respect for fasting.

Amen. Amen. Well, all right, well, give us one more shout out people are interested. What's the website to go to? And if they're serious, you know, they can, reach out to you.

But where's the best site? I then go to True North Telecom. Okay, fill out the registration forms, get a free phone conversation, read our book. Can fasting save your life?

Okay, I just ordered mine. I hope everybody right now is. We're going to say goodbye to Doctor Alan Gold hammer and Santa Rosa orders a copy to thank you for your excellence and your leadership.

Rave. Thank you very. Much. Bye bye.