Join the Fight Against this Metabolic Plague Transcript

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Introduction and guest welcome

All right, everyone, welcome back. So we're really honored today. I can tell you that because I was once at an event 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, you know, I need help. I need to grow and I need to network and I need to meet people. And like four or five people in the eventall said, you need to talk Jonny Bowden who's Jonny, what's going on.

Is that true or are you just being human? That's exactly right. And then I actually got introduced to you by two different people. So, first of all, thank you for being here.

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

Oh, man. Thank you. Thank you so much. Very sweet. And so people, you know, you're lucky enough to have 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, an 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's 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, of 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 Stephen Sinatra and I wrote the first edition of this book in 2012, we knew a few things.

Number one, cholesterol as we knew it and understood it was not the cause of heart disease. Number two, the way we're measuring cholesterol is from 1963.

It's it's the equivalent of using a flip phone today in the days of the Senate. I don't know what they're up to. What Samson is up to. But the the iPhone 14, it would be like using a 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. I mean, good and bad cholesterol should raise red flags for any thinking person.

Do you think anything in biology, anything in physiology can be described in such ridiculously simplistic terms as good and bad? 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 diagnosis is based on short or tall.

The cholesterol myth and metabolic disease

So that was B. S. We knew that 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 we did 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 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 Pelz. I think it was Mindy that I was I was interviewing and he 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 condition predicts heart disease many times better than the old fashioned cholesterol test. Not only heart disease underlies every chronic disease we don't want to have.

In fact, when the pandemic started and they were I was getting 100 requests a day to talk about what we could take for our immune system and what should we do and blah, blah, blah, blah, blah.

I looked at the co-morbidities for bad results when you get COVID meaning. I mean, I've had it three times. I don't know if you've had it or not. It's not fun. But some people go to hospital, some people get on ventilators and some people 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 what are 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. And I was puzzled because there were a few that I didn't associate with this condition, like lung disease and kidney disease and liver disease.

So I did a morning worth of research on the National Institute of Health Medical, the Medical Library, which is known as you can research yourself by going to PubMed, Darko, and you can see every study that's ever been published.

And I looked for, is there a connection between this condition that we're talking about and those other co-morbidities for COVID like lung and liver and and kidney?

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

And the condition is called insulin resistance. And it is indeed as you say, the metabolic plague of the 21st century when 93% or 88%, I don't know which I'm pretty sure Mindy told me it was 93.

Now, when when that kind of number, that kind of percentage appears in the population you were talking about a very big been 93% of us didn't get COVID.

93% of us 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. Because doesn't get the coverage.

Half the doctors in America don't know what it is or they think, Oh yeah, that has something to do with diabetes, doesn't apply to me. They they are they are in the ninth century when it comes to understanding the metabolic importance of insulin resistance and how to prevent it, how to treat it and how to reverse it, they simply don't know.

So, you know, at the beginning of this year, I'm going to one up here, 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. It 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 mean by metabolic? They mean only 5% don't have insulin resistance. That's what they mean when they're talking about metabolic health.

Folks, when you hear the term metabolic health, it is synonymous with insulin resistance. And if you still going I don't know what that is, it's pre-diabetes.

It's another word. It's 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 get diabetic or is this pre-diabetic, this this insulin resistance stage?

Can that lead you to disease? Not even in question. Oh, I remember that so many of our metrics are kind of random points in a continuum. High blood pressure.

We define it as anything over one, 20 over 80. What happens to 119 over 79?

Insulin resistance as the real culprit

I mean, it's clearly it's like day and night, but we know what day is beautiful and sunny. We know what night is. It's dark, the moon is out. But this is this period called dusk.

We're getting a little darker and the moon is beginning to come out. And there's this hours in between where it's not quite day and it's not quite night.

And that's where we're living. When it comes to insulin resistance, by the way, insulin resistance 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 of it in 20 years. So is this a uniquely American problem because of American food?

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

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

And we were talking about why are Chinese people getting so damp that they haven't always been, okay, what's going on then? And she says, Well, it's clearly through an interpreter.

She says, it's because we use too much oil. I was being polite, but have you seen Beijing in the town center with the KFC? So the Domino's Pizza is and the chicken wing.

Are you kidding me? It has nothing to do with using too much fat and use what it has to do with the processed food, the sugar and the starch that you are consuming now in amounts that you never have in your 5000 year culture.

Yeah. And you see this. Imported we exported the worst of America, we imported the worst of Asia with karaoke and we gave the worst of the worst 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, they're thinner.

And then as you get younger and younger, they're plumper and whiter, right. And they're great. Isn't that great for later? Yeah. Yeah. And you go down the streets of Dubai and what do you see?

You see American culture exported. 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 I lived there, the expats like the Indians, Pakistanis, Russians don't look like that because they're still eating their ethnic foods.

Yeah, right. It's but if you go, it's the local Emiratis who were at all the KFC, etc. because it's like a luxury where they have no right. So yeah, it's very clear.

So what do you do because it's so prolific when how do you deal with kids, family and where do you start to even to unwind this stuff? Well, this is why it gets so tricky and so difficult, because this is not a nutrition alone question.

It's a society wide question that extends even. I'll give you an example. I'm going to 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 and target. 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 don't need one to figure out what the impact of being told the same thing over and over and over and over from every different source, including the government is going to have on your behavior.

Yeah. Now, here's a scary statistic. I don't know that it applies in Canada, but it applies right here. 70% of our senators represent a state in which either big food or a big hospital is the number one employer, or 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 office, making those contributions, starting those PACs.

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 could. We could start. I mean, the thing is, it's very hard to turn an ocean liner around. You know, this is an ocean liner. It's not a tugboat. It's effects all aspects of society.

The fact that we're one of only two countries in the world where big pharma can advertise directly to the public. You know, we now have a drug called Ozempic, which is positioned in America to be the all time bestselling blockbuster drug in history.

And it has mainly been marketed on Tick Tock. Yeah. So when you have 20 year old influences, you look great. Who is saying, Hey, I lost £20 on this thing?

It is really, really hard to counteract that. You know? So 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 you have to do to change it on the household level. I know what you have to do to turn your insulin

resistance around. On the personal level, I've been working with a client of I'm working with a family from talking to my friends on the tennis court and they say, What do we do?

We got a kid who's getting bigger and bigger. I know what to do about that. But society wise men, 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. Yeah, we're up against just an incredibly strong voice of ideas that are out of date of of, you know, what they call agency capture.

I don't know if you have anything like that, but we have agencies that are supposed to regulate these industries. However, almost always and this has been documented in book after book, the people who are now regulated in 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 the very industry that they just were regulating.

So it's a very friendly relationship. Nobody is calling B. S. on the stuff that the Big Pharma and Big Food want to put out there, and there's no one minding the store.

The boxes regarding the henhouse. No, you're right. It's it's a big machine. It's hard. It's so institutional. And so the one challenge you have there is the the use of regulatory oversight as a, you know, a global though sorry, I should say, like a fence or a moat around what they're what they've built.

Yeah, very, very good. Well put. You know, there's this too over. I know it's you can't overstep on this because it's health care. Right. But is it really health care?

I don't think anything healthy or caring about it. To care about it.

Why processed food drives the epidemic

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 The Bitter Truth, which has been downloaded over 5 million times at this point, pediatrician, endocrinologist over, you know, issue of California's suppose San Francisco.

He put it very, very vividly in a way that your audience and my audience always understand. It said, pretend you've got this cliff and people are falling off.

There's no guardrails and people just keep falling off the cliff and they're crashing their bones. So you have all these ambulances that are waiting at the bottom of the cliff.

That's American health care. Good. What American health care doesn't do is said, how about we put some guardrail up there so people don't fall off? Yeah, they doing that?

Yeah. Very good at picking up the pieces. They're very good and 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 health care. It's sickness care. Yeah. So going back then to the individual, let's all start with ourselves. We are robux. Where does somebody start in terms of is it purging the pantry and is it where do you how do you even know?

Because when you go to the grocery store. Excellent, excellent, excellent, excellent questions. I, I you can finish it, but I know what you're asking and why.

Yeah. You're walking. You walk in the grocery store. There's this little piece that is, like, fresh from quarters, and the rest comes out of a box right there.

Where do 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 and what it does to the things we care about. It.

It's very hard to get people to understand something that's all theoretical and doesn't have any real practical implication. But let me put it this way Insulin resistance makes you bet.

Let me repeat it. Insulin resistance makes you better. The hormone insulin has a nickname in physiology and biochemistry. Its nickname is the fat storage hormone, too.

This has a very real concrete effect on your health. And let me explain how it works. So insulin resistance is is a, for want of a better word, a better term, a broken metabolism.

So how do we know it's broken and what does that mean and how do 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 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 1950s and 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. And mom gives him an apple, eats the apple is blood sugar. Now, because 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 chemical word for sugar. So your blood sugar goes up slightly. Now, this is a good thing because this young kid is going to go out and play.

He's going to jump on the jungle gym, he's going to get on his bicycle. He's going to play softball with his friends. He's going to actually do things that could use that sugar that's now in his bloodstream.

As soon as sugar starts to go up in the bloodstream, an organ called the pancreas takes note of that. That's its job, is to notice that it sees, oh, there's sugar in the bloodstream, let's send in some insulin to round it up and take it into the muscles.

That's insulin sharp. So the pancreas says a little bit of sugar there. It's squirt a little insulin. Insulin comes into the kid's body, into the bloodstream.

It takes that excess sugar out of the bloodstream because we don't want high blood sugar in the bloodstream. It's very dangerous. Creates all kinds of problems.

We can go into that another turn, but it's there insulin to remove the excess sugar and to deliver it to the muscles, which you're happy to have it because you need those muscles to work on energy in order to do the things the kid is doing.

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

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

Cortisol is rousing through your body. You don't have time to eat. You stop at the latest at the coffee emporium. You get yourself a nonfat latte, whatever it is, with 900 calories of sugar and oh, yeah, let's get a nonfat blueberry muffin, one of those 1300 calorie junk foods that's got about 40 grams of sugar and eats that.

Now, your blood sugar is up here. The pancreas goes, oh, my God, cold blood. This is the equivalent of Five Ding Dongs. And it shoots all that insulin into the body because now you've got a lot of sugar that you're going to take and get your muscle cells.

But there's a problem. The muscle cells look at you and go, Why are you bringing me sugar? This guy is going to sit at the computer all day. When he gets home.

He's going to sit on the couch and play with the clicker so I can do an exercise. We don't need that, sugar. Goodbye. We're resistance. 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, you know, I go, where do I go? I've got to get this out of the bloodstream.

The fat cells say we'll take it. We just we're not so picky and the fat cells begin to take it. You start to get an expanding waistline, so 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, working real hard, but it's managing to keep you out of the diabetic range after a while.

Even the fat cells say, No, 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.

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

Alzheimer's has now been called by researchers type three diabetes, because it has the damn same antecedent insulin resistance, the same physiological mechanism causes that.

It causes diabetes. Of course, it's type two diabetes. So when you understand this, you go, okay, well, look, what, what what makes it seems to all start with when my blood sugar goes up, which causes my blood sugar to go up, because when my blood sugar goes up, insulin is coming right behind it.

That's its job. The pancreas is going send it in this way. This way. So my first question should be, what raises my blood sugar? Well, we've got three categories of macronutrients.

These are foods that that have calories, protein, fat and carbohydrates.

How insulin resistance develops in the body

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, fat and carbohydrates. So 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 gluconeogenesis. They can actually form glucose. You can make glucose out of these protein amino acids.

So it does raise it a little bit, but nothing like carbohydrates. We think that's too much of that. Let's see, how about nothing? 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. Yeah, the one thing that doesn't budge the needle, which is fat and more of the crap that does raise it, which is carbohydrate.

Yeah. Now, I'm 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 plucked from the tree, legumes and and nuts and root vegetables and broccoli. And we're not talking about that.

We're talking about everything else in the supermarket. It's not on the corner, on the in the aisles, the boxes of cereal, the pasta, the rice, the spaghetti, the the cakes, the Triscuits, the so-called healthy crackers.

It's all all processed food. And processed food is the number one culprit in raising your blood sugar, increasing your insulin. So if you want to talk about how do we start to turn insulin resistance around, which means how do we also start treating heart disease around?

How do we start treating Alzheimer's disease? How do we I'm not saying, by the way, that if you simply cut out carbohydrates, you know, never going to get diseases, that's nonsense.

What I am saying is that this this dependance 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 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, 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 had no immune system.

So it wasn't the AIDS that killed you. It was what it did to you. Your metabolism immediate, 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 resistance. You die from the diseases that you can get because you didn't do anything about the insulin resistance.

And that makes a lot of sense and that's a great way to put it, because now people don't see the connection sometimes, you know, stuff like that. That's diabetes, that's all is the diabetes.

And even. It's not all it is. A lot more. Yeah, that's the obvious one, but so much more. And you know, I think when I come up as a Canadian, as you mentioned, I 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, insurgencies are a problem. How bad is it for me? I don't really need to do anything about.

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

You don't have in Canada. And actually, because I really don't know. I mean, it's. No, it's not the same at. All. It's not the same interest. Yeah. And the funny thing is, I was there two weeks ago for this conference and there was a lady that flew in from Turkey for the same conference and she hadn't been there in a while.

And so she came to see me because we talk 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. And she's like, everybody's back. She was shocked. Shocked because she came from a country where we're all humans, we're the same species, but the food is very different.

Right? So, you know, so I if you hear that as an alarm going off. No, they don't want us talking about this. But am I in hot water tank exploded so they think the guy cut some kind of wire or something.

So I'll continue because I know exactly where I grew up. I was saying that they don't want us, you know. Yeah. By the way, I didn't hear anything. So nothing is going.

And whatever you heard is not around on the tape. Okay. Okay. So the proof is right there when you know, any outsider comes in to a nation that probably has it a little worse off than other countries, it's you know, this is we're talking about this is where this disease of food causing illness kind of brewed in our modern world.

Right. It's an American thing. And so you see it. So the question of, yeah, I get it's bad, but it's not bad for me. Not true because not true. Yeah. You know, just you walk into any store in the U. S.

and it does not look like walk into a store in most other countries on this planet. Same people. Right. I couldn't agree more. And I want to, if I may interject 11.

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're 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 I just pointed out at the beginning of this talk, that 90% of us are metabolically sick.

So there's 30% of us that are just as sick as the people who are £300. Metabolically speaking, they don't have that side effect. Yeah, those people are very unlucky because if you're fat, you have a lot, 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 your health, for for the risk of dementia, for the risk of diabetes, for all of those things when you handle the weight thing because that's the overall that's the obvious sign that something's wrong, but it's not there.

But 30% of people who manage somehow to be thin on the outside and metabolic fat, there is even a medical term called this called trophy b0fi being on the outside, fat on the inside, and it's in the medical literature.

And those people are the most unfortunate because like what you just said, they go orders is insulin resistance have to do with me. I'm fine. I'm not overweight. I'm not.

No, dude, you know, you look at the metrics, look at your triglyceride to HDL ratio, look at your fatty liver algae. No, you're not fine. You're just not overweight, you know?

And the proof of this goes back to what you said in the very beginning. There was this phenomenon during COVID where we know it's a metabolic it's 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. They're really, really sick. And there was there was stuff in the media about why 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 for they're eating growth, you know, cheap chicken with linoleic acid in it. They're eating cheap powders and it doesn't mean it's healthy.

They may be fit, but they're not necessarily healthy. Right. I couldn't agree more. We're totally on the same page with that. So let's see the book behind you.

Better markers: triglycerides, HDL, and ApoB

The great cholesterol myth is this. Have you detailed all this stuff? And there is I do much. Yeah. Yeah. I mean, we talk a lot about why the old fashioned view of cholesterol, good and bad, is just out of date and pathetic.

You know, we talk about what would be a better test to get to, you 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, which cholesterol doesn't travel in the bloodstream. It can't it's hydrophobic.

It does not mix with water. It's like oil and water. Like if you took a bottle of canola oil and threw it in the ocean, you wouldn't expect the bottle of canola oil to arrive on the other side.

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

And that container's called a glycoprotein. So if you look at HDL, it stands for high density lipoprotein. If you look at LDL, it's low density lipoprotein.

If you look at the LDL, it's very low density lipoprotein is the last ill in all of that. Now, this is actually this is such a brilliant analogy. I wish I could claim it for my own, but it's from Peter, one of the greatest doctors in America who just wrote a book called Out We Outlive Promoting Somebody Else's Book, Great book on Anti-Aging.

And he explains it this way. If you had if cholesterol were cargo, which it is, it's the cargo. It's not the boat. And you had this much cargo, whatever it is, let's say £100 of cholesterol.

Would it matter if it would being transferred that £100 would divided among four trucks or if it were divided among 300 little mini races? Where do you think the accidents would happen? More with four trucks on the whole road or with 300 little speeding mini races, 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 oppo B test. These tell you how many LDL you have because if you only got four, it's not going to kill, is it? But if you got 500 of them, probably there's going to be an accident.

Think of it this way. If you're a bouncer at a bar, you really care what color pants the people are. Where would you care how many people are in your bar?

Because I don't care if they're the nicest people in the world and they mean the best. If you go if you're packed to the gills with lots of people, somebody is more likely to spill, drink, somebody is more likely to step on somebody's foot.

Some accident is more likely to happen when you have thousands of people than when you have ten. We need that's the equivalent of just looking at the color of the pants or the number of towels in the washroom of the boat.

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

You know, you need to know how many local merchants there are. And where do how should 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

triglycerides. Right. So you triglycerides go up.

People always say, well, they only recently did they come up with a drug to lower triglycerides. And that's why many of us think that's why you never hear about triglycerides.

Only in the last few years did they come up with a drug to lower it. But we have something to lower. Triglycerides that lower them like a like a dropped rock, 99.99% of the time.

And that's a low carb diet. Yes. Stop eating the sugar. Yes. What happens to your triglycerides within a week? They're down to nothing. And there is a number that is available to everyone listening to this podcast.

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

They look at those four things. You take the triglycerides, you take the HDL, you divide your HDL into your triglycerides. Triglycerides are almost always the larger number.

So we'll use this as an example. Let's say your triglycerides, you are 100. Not a bad number. Your HDL is 50, a very good number. You divide 50 into 100, you get the answer of two.

That's your ratio of triangle. It's 2 to 1 ratio, 200 triglycerides, 54, HDL, two or less. You ain't going to get harder to do more. You got some work to do five or more.

You got a lot of work to do. 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. You can do it right now. 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 low.

I've had it for 30 years. I exercise I play tennis 2 hours a day. They say exercise always it. No, it doesn't. Not really. Nothing really raises HDL, however, if you knock triglycerides out of the box, you just change the ratio.

So if I have a 40 HDL and I have a 200 triglycerides, my ratio is five. I should be in the ambulance going for preventive care, for heart disease. But at that same 40 HDL and I only have 80 triglycerides ratios to I haven't touched my HDL, which is very hard to do.

But triglycerides are squeezing to bring down. Yeah. So you change that. You've changed your risk factor for all the stuff we're talking about.

Fasting, diet, and reversing metabolic damage

In So Power one week you're saying that it's like almost. Drug. I think it's probably less. I'm being conservative. Yeah. That's that's true. But listen and respond to the diet just like that.

Stop eating for a few days, they're going to go down. So you actually have a fasting protocol and a diet protocol that you worked on. And it's a program that you offer, I believe.

I do. Thank you for remembering. Yes. Yes. For the. Well, my partner and I designed a program called Meta Fasting. 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 it, and you can reverse insulin resistance with it, which is what I care about. But people come to it for the weight loss, which it does.

They come forward for the detoxification, which it sometimes does. If you do the fasting, right the way Mindy tells you 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 use of doing weight loss coaching and trying all of these things, I thought, here's something that people can do with the 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 get if they also a good food within that 8 hours.

But you take somebody who's eating seven meals a day at McDonald's, you ain't going to get a micro on a macrobiotic diet overnight. So you say, okay, keep eating your seven meals at McDonald's, but could you it between 12 and eight?

Yeah. Yeah. And that's an easier intervention for the average person. Then if you can get them the seven meals to go to two and you can get them to put 4 hours in between those two meals and now you're with relative ease.

I mean, you're not giving them a list of foods they can't. You're not giving them a whole bunch of rules. You can do those few things. You can turn everything around.

So we wrote a program called Manifesting that explains what intermittent fasting is, explains all the different schedules, talks about why women shouldn't men.

Mindy does a superb job of this and fast like a girl explaining the different phases of menstruation are doing during a period when you should not best, which is the luteal phase and when you can fast and you will 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 Medifast Income.

And we, you know, people get great results with it. So yes, I do very much believe in in doing passing the right way because again, another shout out to Mindy.

I know she's I didn't realize when I started doing this as the co-host, but she's. I mean, 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 I mean, everybody wants to see different perspectives. So how do they find the program? I'm going to send you the link to manifesting.com to get here and we're going to have a link up there.

And I think you asked me about a gift, which we also have. Yeah, yeah. I should have known that. Everybody know, by the way, that the video series read to give everybody a free gift.

So after you listen to the revenue of the interview. Yeah, there's no revenue on this one. It's a checkup it's a seven surprising health benefits or he's going to or habits or I should say that benefit and so he's going to teach you about these habits that are really easy to implement.

Very, very simple. But it's an awesome. I want to thank you for doing that. One last thought I had for you, because I heard you talking about this earlier.

We were talking about 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.

You know, the youth when I started in the field in the late in the late nineties, they called type to diabetes, adult onset diabetes. You haven't heard that name in 20 years.

You know why? Because 13 year old forget that. Because eight year olds are getting it's not adult onset. Eight year

olds. Eight year olds, 13 year olds are getting I mean, not all of them.

But yes, we've seen type two diabetes in very young people. Yeah. I think, you know, what we call food should not be called food, right? Food should be called food like there should be a big warning label.

Just like when you buy a pack of cigarettes, you know, there's people. Good luck with that. I'm sure that's going to happen. You know, I have I have a saying, I call them the Jonny Bowden for food groups.

And it's always when I interviewed on radio or television or podcast, they always ask you the best nutrition advice. You know, give it to us in 15 seconds.

And mine is always the same thing. Eat real food. Yeah, it's more important than the diet. It's more important than the macros. It's more important than the calories.

And I always say, well, what is real food? And they say, the dining building for food groups. Yeah, food. You could hunt fish, gather or pluck. Yes. Comes from a tree, comes out of the ground.

Something you could have hunted a fish. Probably. Good for you. That's really. That's true of food. Have you seen the latest food pyramid that just came out?

No, I'm not going to get sick. And we're going to I'm going to have heartbreak from this now. It's going to be it'll probably be less beneficial for your health and insulin resistance.

So it's really shocking how much they have beef and eggs down here. And guess what's above them? Lucky Charms cereal. Yeah. Let me 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 let me go to Google, go to a look this stuff up from reliable sources. I don't make it up.

It's and I want you to know that it's true. So the FDA, again, this is an America, the Food and Drug Administration or the USDA excuse me, the United States Department of Agriculture, they they were founded in the 1800s, and they had to mandate people don't know this mandate. A lot of people do now to inform the United States population about good nutrition.

You good nutrition information. Yeah. Second part of the mandate is to protect and support American agriculture. Now, put it 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 cigaret smoking does to your body. And number two, make sure that all of the cigarette manufacturers do fantastic business and grow their businesses.

How does how do those two mandates work together? Yeah, so the number, the five top crops in the United States, cotton we don't care about because we don't eat that.

Here's the other four sugar, corn, wheat and soy. The very problems that are giving us insulin resistance, making the sick that tired and depressed. And those are the ones the USDA has to support.

Youth obesity, real food, and closing advice

You think they will ever tell you not to eat Lucky Charms? Never. Not in our lifetime, buddy. Well, sugar, corn, wheat and soy. Yeah, well. Four of the five top crops, the fifth being cotton.

The other one is cotton. So how are you going to support how are you going to support those industries and still give us good information? Because if you're giving us good information, you can 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 probably didn't look the same, right? Oh, I'm quite sure it didn't.

Nothing was the same. Yes. All new. Yeah. But underneath all this, this is exactly what we talked about earlier. Here's a mode that allows the industry to thrive regardless of the, you know, what was the what was the intention of the industry to make us healthy?

What is the motivation to create profit and thus protected more than is our need for nutrition? You know, so outcome is we now have less than 5% of people get about the whole thing.

So, you know, I want to thank you. This is the eye opening. You know, the the the your perspective and context that you put us 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 to hire expensive doctor, buy some biohacking equipment. It's like change what you eat.

Go to the section of the grocery store that sells real food and don't bother with the rest of the aisles. But that's easier said than done. To play devil's advocate, I'm very sympathetic to my clients, my friends, my family, my tennis buddies, all these people who are injured.

They don't it's not their full time job to figure this out. They're not nutritionists. They're not they don't do what you and I do. They don't talk to people about this 20 hours a day and read about it 24 hours a day.

So they're genuinely confused and they're very influenced by what they hear. And of course they are. And doctors are telling them the same B. S. because doctors don't know anything about nutrition.

And I understand how hard it is. It's not as simple as just like just say no to drugs. You know, the Nancy Reagan thing, you know that 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 would talk about. Nutrition and health is complete B. S. And then to actually take into your own hands the very considerable task.

Well, I used to drink alcohol. I haven't had a drink drinking since 1982. I know something about what it's like to kick addictions. It isn't easy and telling people, oh, it's is easy is just pick now, it's not easy.

You're going to have to work at it, but it's worth it and the benefits are visible and you can see them and you can feel them. I didn't we didn't get to talking about anti-aging and stuff like that.

But I tell people this not to brag, but to tell you that I know what the hell I'm talking about. I was my last birthday. I was 76. I played tennis 2 hours a day.

I walk with my dog in very steep hills outside my house for a week. I go to the gym a couple of times a week. I have a fantastic, sexy relationship with the woman I'm about to marry in September.

I am the happiest you know 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 my 50 year olds and the people that we service with Medifast 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 at your older age. It's going to look a lot different than it's going to look if you don't do this stuff, you don't that 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 to have to trust me. But I'm here already. You're going to get to this age one day.

You want to feel like I feel or you want to feel like the average 76 year old. You tell me. The average 76 year old is

two years away from American mortality rate every 78 hours.

And you look and that's not even the bad part because it's one thing to die at 78 feeling and looking and, you know, wonderful and kneeling at the top of your life.

It's another thing to die when you are making a slow descent from your fifties and getting less and less able to do anything that you were able to do before and less and less enthusiastic and optimistic and joyous.

And it's just like all that's what you don't want. It's not just the death at a certain age, it's the death while you're alive. And we don't want that for our people. Yeah, that's horrible.

I mean, you look like you've got another 76 years to go. You know. What? I can only hope, but I get to that. That's what I feel. And look like, you know?

And I. I hope you do, too. 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. I mean, you can't name something.

I didn't do bad for my body. But when I turned it around around age 38, I now have almost 40 years to doing this stuff. And I know the difference between how I felt in 38 not feeling 76.

And I'll take this. Thank you very much. Here's a funny thing for you. 38 is when I started fixing my Health two. Yeah, I was sick. I spent a lot of time talking about that, but I was really screwed up and that's when I turned things around.

And when you start to feel good, you know, and you realize how good you can feel. You want to tell everybody. And it's hard to go back. You know, 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's hard to believe that person even existed.

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

And once we figured out how to do it, you just want to tell everybody, yeah. This is amazing, Jonny And thank you so much for taking. Thank you so much. Thanks for having me.

One of the most fun interviews I have ever done. Thanks. Pleasure, man. And I will see you soon.