The Nutritarian Diet: Say Goodbye To Diabetes And Heart Disease Transcript

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Introduction to Dr. Fuhrman and Heart Disease Reversal

Well hello, everybody. I know you're excited. I'm excited you got your notepad out and your ballpoint pen. We got one of the world's leaders on the topic of reversing heart disease.

Naturally, doctor Joel Furman, you have his bio. You should have his books. There's very few books I recommend to patients, but the end of heart disease and all of his others is always on that list.

If you don't own end of heart disease, you need to get it and read it. It's an amazing book. How are you, Doctor Furman? I'm doing great. Thank you. Joe, good to see you. Yeah.

And as always, you're in lovely San Diego and running your retreat and changing lives and you're going to share with us some of your experiences. But we were just chatting for a second about a very special patient, that you call your mother, and you were telling me about her medical course from age 92 to almost 97, just by moving in with you and eating your diet.

So just share with us some of that, because we're talking about reversing heart disease. And you did it with your own mother. Yeah. You know, it's kind of interesting.

I was just noticing the other day that, you know, she was trying to eat relatively healthy when she moved here at the age of like 92 or 90 1 or 92. And, she doesn't live with me.

She she has a beautiful condo, but she drives to the retreat to eat her meals, you know, so she eats our food every day, and she still drives a car and, as you know, plays games and does everything and works, you know.

But in any case, when she got here with her version of eating healthy, she was still on some blood pressure medications, and her blood pressure was quite, you know, labor.

It would be too low if you gave her. I had to watch her medication adjusted every day, you know, it was too low. And then it was too high, and it was too low and it was too high constantly.

Medications. And her kidney function was poor. It was like once you get 1.6, 1.

Mother's Health Improvements on the Program

7, you know what I was at her, you know, small body size. It means she's getting some degree of renal insufficiency. But I just noticed over the last five years that she's been here, four years she's been here.

She's. Our blood pressure's good. She's not requiring blood pressure medication anymore. She didn't get highs and lows like she used to. And she quit.

She's now she's been off salt for a while, but also surprisingly, her kidney function improved, cleared up at the end. So she improved her kidney function in her 90s.

It went from 1.6 to 1.4 to 1.2 to 1.0. So we got significant improvement in her health in the last five years. And now she's almost 97 years old. Pretty interesting. Okay.

Great testimonial. Where did she move from? She lived at half the year in Florida and half the year in new Jersey. Her, her husband passed away. Her second husband, you know, obviously, her first husband was my father, right.

So she's getting a little more sunshine, too, because she's in California a year round, but, wonderful. Yeah. Not.

Yeah, it's absolutely great story. I'll tell you one thing.

We're going to talk about the new Trinitarian diet. And everybody listening goes concerned about heart disease or has heart disease the impact it can have.

I was very excited. I got appointed to the U. S. News and World Report panel that judges those diets, and they come out with their list. And I think I'm okay to say that, that, you know, one of the choices for all the categories was the new Trinitarian diet.

I wish they would have just put your name there, call it the Furman diet. But, I gave it pretty good report. So I hope when that comes out, you know, you get a number one ranking, but we all know it's not.

Going to be number one. It's all a bunch of bull crap. It doesn't go by. The ranking doesn't go by how good a diet is. It goes by how these whether these dietitians or people on the panel think the people will be accepting that type of diet and they view my diet is too strict or too radical or something, you know, a.

Fair number of people on the panel, I think, are Doctor Furman friends, actually. So I really, you know, that's to be okay. But I'm glad it's not a Doctor Furman diet.

I don't want to. You know, I think it's better it lives not based on my work. It's, you know, it's. And what's, you know, I don't own the description of how to eat healthily, you know, eating vegetables.

You know what I mean? It's not a firm commitment not to put their name on the diet, you know what I mean? It's like they didn't invent eating vegetables and eating a healthy diet.

I just trying to. I'm just trying with precision, right. To put together a healthy dietary portfolio using the healthiest foods in the world to maximize human longevity, to pick the most anti, the most protective foods we can possibly eat, and then when you apply that to a person's disease issues, it's more effective to reverse diabetes, high blood pressure, cholesterol and heart disease.

Why the Nutritarian Diet Works

And you can't get no matter what you eat, you can't get the effective reversal. If people overconsume calories and they don't lose their excess body fat.

And so you have to. So you have to have a day that works for people, satisfies them so they can stay with it long term and continue to lose weight and maintain them with bodies.

Most favorable weight. That's part of heart disease reversal. You have to get people to travel in the direction of the most favorable weight, and when they get there, stay there.

Excellent. And I do love the way you use the word precision, because you have such an immense knowledge of nutrition, and every one of us appreciates it when you lecture, live or lecture on, PBS or YouTube.

So, you know, patients walk in my cardiology clinic all the time. They're showing up in your clinic over all these years, and they're listening right now to this interview, and they're on medication for type two diabetes, and they're on medication for blood pressure, and they're on medication for their lipid disorder.

And here they find your books and they hear about the new Trinitarian diet. So I just want you to, you know, share with us with precision what you, would recommend to these people that really are asking, I'd like to reduce or even get off my medication.

I want to be like Joel Furman's mother. That's right. And you know, the the thing is, I'm saying if you're still requiring blood pressure medications or diabetic medications, you're not doing it right.

If you're still overweight and you're not losing 2 or 3 pounds a week, you're not doing it right. And so many people are doing it. But the little mistakes they make sabotage the benefits, and they don't see the magic happen that we see and what we see is that 80% of people are the type two diabetics become non-diabetic in the first 4 to 6 weeks, and 80% of the people in blood pressure medications don't need any more blood pressure medications.

From the first 4 to 6 weeks and their weight starts to travel, usually losing, you know, around 15, 10 to 15 pounds a month for women and 15 to 20 pounds a month for men the first month, and then they might, you know, go down to losing a little less like, you know, 8 to 12 for a woman, around 10 pounds for women around, you know, 10 to 15 pounds a month for a male.

But, you know, we're talking here losing about 10 pounds a month. That's about two and a half pounds a week. And I'm saying you the new Criterion Diet.

You're doing something wrong. If you're not losing 2 pounds a week. And the little mistakes people make, the little one corn muffin, the little bit of oil and the food, a little bit of salt here and there.

Those little tweaks that people think they can get away with, we see, radically slows down the progress. And I can explain how that happens. But let me ask answer your question is that the diet that we're giving people obviously is vegan.

And most importantly, it's S. O. S free sugar oil and salt free. But also it contains a lot of energy. Antiangiogenic plants and vegetables and the antiangiogenic plants and vegetables, are represented by that acronym G bumps, right?

Precision Nutrition for Medication Reduction

Greens, beans, onions, mushrooms, berries and seeds. And we'll talk about that in a minute. But it's a high green vegetable diet because green vegetables are the food that have the strongest capacity to accelerate reversal of atherosclerosis.

And they have the most anti-inflammatory potential. So we're having four types of green vegetables in the diet. And of course it's cruciferous and non cruciferous both raw and cooked.

In other words cooked cruciferous raw cruciferous cooked in and cruciferous and run on consequence. So people have a big salad once a day usually with lunch a big salad.

And it has in the salad. Lettuce and lettuce is not a soup. Lettuce is a superfood. People don't recognize lettuce as a superfood because lettuce is a richer source of.

So for one of those which is supports the growth of the healthy bacteria in the gut, and the combination of lettuce with greens that have isotype assassinates, the, you know, the green cruciferous, like kale, bob choy, arugula, watercress, broccoli.

You know, when you have the combination in the salad and you chew that really well and mix it with saliva, and it creates this green slurry that actually has builds.

The epithelial lymphocytes are intra epithelial lymphocytes that line the digestive tract, or their health is dependent on the intake of raw green vegetables.

And that sets the stage for this anti inflammatory balance in the blood. And you actually suck out you know your body sucks out oxidized LDL. Now you combine that salad once a day.

So that's what's hitting the raw green vegetables. You have to. So we're trying to get a lot of raw vegetables a robust serving of salad. And then the scientific precision is you have a salad dressing with a half an ounce of nuts and seeds with that meal.

With the salad, we're shooting for about an ounce to two ounces a day, and then about an ounce and a half a day. If people to lose weight, but at least a half an ounce with that big salad, because you absorb 20 to 50 times as much of the phytonutrients and the antioxidants from the green vegetables, when you have fat in that, that kind of fat in the meal.

So the salad dressing might be, you know, garlicky tomato sauce with almonds and hemp seeds and black fig vinegar. Or it may be, you know, an orange with toasted sesame seeds and cashews and and blood orange vinegar and lemon.

So we have some nuts and seeds with the dressing, which is critically important. Notice though, that when I'm picking nuts and seeds, the precision is I'm going to at least half or more of the omega three intake is from the high, Omega is high is from the high omega three nuts and seeds.

So I can eat pistachios and cashews and pecans, but I have to keep them less than half of my total nuts. And seed intake because I have to have the walnuts, the flax seeds, the chia seeds, and the hemp seeds behalf my nut and seed intake.

So I have that omega three omega six balance because it's not important, and it's not adequate enough to take your vegan supplement to get the omega three index, ideally between 6 and 9.

That's helpful, but not good enough. We also need to have early Ala in the diet, so we're not saying that we need to short chain of omega three fatty at the Ala from the nuts and seeds, and we need the long chain to make, as we said, to to optimize both of those numbers to maximize health.

And you probably know from the research that both omega three index being too low and being deficient fatty acids increases the risk of cardiac arrhythmia and atrial fibrillation.

And too much omega three with too much fish oil can increase the risk of atrial fibrillation. You have to be in that sweet spot in the middle, both to it and the cardio, the the cells in the heart, the myocytes.

Right. These these are sensitive to Ala deficiency because we know that is not a a diet without nuts and seeds without sufficient Ala still can promote cardiac excitation and increase risk of HF ablation and accounts for some of the studies showing increased risk of sudden cardiac death in people not eating nuts and seeds due to increased flow arrhythmia.

Genetic potential of a diet too low in fat. Well, okay, that was a literal mouthful of delicious food, but, very, very specific information. So we talked about four types of greens cooked and raw and cruciferous and non cruciferous.

G-BOMBS, Breakfast, and Lunch Structure

And a big salad can accomplish that with the salad dressing you're describing. And that will get a person moving towards this goal of starting to reduce their need for medications.

For the big three we talked about cholesterol, blood pressure and type two diabetes. What is breakfast and dinner and other components of, you know, you brought up your famous G bombs and, tell us more lunch.

The lunch, being the most important meal of day is a big salad. And then you have a bowl of vegetable bean soup with lunch. So in the vegetable bean soup, there's red vegetable juices and onion and mushrooms and beans.

Of course, we want to allocate some beans with both lunch and dinner. The combination of green vegetables, beans and nuts and seeds. That combination gives you high protein bioavailability and it acts like a GLP one inhibitor.

It reduces Get, it slows gastric emptying, reduces appetite, and increases digestive efficiency because people it helps support the growth of good bacteria in the gut simultaneously as well.

So we have a little bit of beans with lunch in the soup or a stew or a little bit of chili, right. There's a little bit of, well, if you're not having a soup, put some beans in a salad, but you have that vegetable bean soup with the salad for lunch and then breakfast is usually pretty precise as well because they're having based on caloric needs.

They're having a third of a cup to a half, a cup of cooked whole grain, intact grain like amaranth, quinoa, steel cut oats. They're having one full cup of berries, a pomegranate, a frozen cherries, one full cup of fruit, mostly berries, mostly blackberries.

And you know, you know, the high and wild blueberries, things like that. And then two tablespoons, two ground tablespoons, omega three seeds, ground flax seeds, brown chia seeds mixed with hemp seeds.

We make a jar of them. We grind the flax that she and we put in hemp. And we just take out two tablespoons of that every day on whatever cereal we made.

And then they use people who use about a half a cup of unsweetened soy milk, which is usually the eaten soy, which is purified water. And organic soybeans. Right.

So that's predominantly but we got breakfast and lunch down. Right. And it's precision because we've allocated those two tablespoons of nuts and seeds at breakfast with a high omega three ones that have all the lignans.

And they also get it in two tablespoons a half an ounce. So we're not going over. We're keeping our calories around between 400 and 500 calories per meal based on a person's metabolic needs and their body size.

And they're, you know, you know, but they're they're. And now we move on to dinner, right. All right. And then we're having some raw vegetables with a dip, like a hummus step or eggplant hummus or a chili.

Deborah. And then we're having, a big workout or serving of cooked lean vegetables, a robust serving of cooked green vegetables. And again, we have some beans with that in the form of a bean burger or a bean chili or a bean, you know, some beans.

I'm just we mixed with the vegetables or with a Thai curry sauce. Beans with a Thai curry sauce. We picked beans as our primary carbohydrate source because they are so beneficial to the healthy bacteria in the gut, and they are so low glycemic and they're so high in resistant starch.

Now, a person can eat other starchy foods besides the beans based on them in accordance to their caloric needs. So the person says, what can I have more than a third of a cup of oatmeal in the morning?

Can I have a little more, you know, being pasta or a little more sweet potato with dinner or a little more, you know, this a little more that I'm saying?

Yeah, you could if you are a six foot three male who has a higher caloric window, it depends on your caloric window. We got to know your basal metabolic rate.

We got to know your fat percent. And we have to make sure that, if you can handle those extra calories and still lose weight, then you could have more of those, optional starchy foods.

But if you made it. But if you're a five foot two woman who's relatively thin and not highly active, your basal are, we could measure you basal, metabolic, your BMR.

It might only be, you know, 1100 calories a day, and then you add a couple of hundred calories from for exercise, and you're up to 1300 calories a day.

So we've got to be careful that we don't, that we keep you on the right dietary program. And we can give you more eggplant and more cauliflower and more mushrooms and more green vegetables, more zucchini, more string beans and artichokes, asparagus.

And we can give you plenty of robust size food to keep you losing weight. But you can't just eat anything you want just because to plant food. You can't just eat anything you want, because if you're not losing weight, you're not losing weight.

And if you're not losing weight, you're not getting have heart disease. Even if you want a plant based diet because your body fat's contributing to your body weight and you know what happens to these people?

They go on these fads and they see they're not losing weight. You know what they do? They juice fast, they water fast, they intermittent fast. They do these crazy things to lose weight.

And then they bounce back and they gain it back again and they lose weight going to aggressively do too much caloric restriction. And they bounce back and again and back again.

And when you caloric, you have to fine tune with precision your caloric restriction.

Dinner Timing, Weight Loss, and Avoiding Fasting Pitfalls

So you don't caloric restrict too much because then if you slow down in metabolism too far and you bounce back and regain weight, it's the fluctuating of the weight down and up that actually causes the fat to be stored more visceral and visceral.

Fat is more saturated, and saturated fat raises cholesterol. And they don't see they they don't reverse their heart disease because they keep they go on and off these these binges of losing weight and regaining it again.

We want precision in consistency of gradually losing weight slowly and steadily to a person reaches their ideal weight and not go on a fast or juice fast, or even an intermittent fast becoming a calorie is down to 5000 calories need on the next day and a thousand next because it's not sustainable.

And if it's not sustainable, people are going to gain their way back. And if they gain the weight back, they messed themselves up. Worse, they have to make sure they stay consistent on the program and do this slowly, 2 to 2 to 3 pounds a week of weight loss learning.

You have to become the scientist or artist in your own body. You have to know your caloric window, which means you know, with practice. Then you can adjust the size of your meals and the structure of the food you're eating so that you're losing about two about a pound every three days.

Because we see when a person loses a kilogram a week, then we see the metabolic indices changing. Then we see the insulin resistance going down. Then we see the LDL cholesterol going down.

Then we see the middle oxidation oxidized LDL, and all these things start to improve. Even if they're overweight, they start to improve. The CRP goes down if they're overweight, but if they're overweight and not losing weight, they're going to be in bad shape.

Let me give you an example. A person comes into my retreat in California and they stay here, let's say three months, and they lose 50 pounds right now in great shape.

And maybe their their risk of having a heart attack is is non-existent at this point, even though they're still 30 pounds overweight. They were at 80 pounds to lose, but they dropped 50 pounds.

They're still 30 pounds overweight. And they figured, well, what the hell, I'll go to Las Vegas and pig out and have some fun after I lost 50 pounds. What's going to be if I gain a few pounds back?

Or I'll go on a cruise ship and they put back on 7 pounds or 8 pounds back. Okay. All of a sudden, just because they put 7 or 8 pounds back in the ten day period, if you measure their metabolic indicators of heart disease risk, you're going to see their triglycerides went up, their insulin resistance went up, their blood pressure shoots up, their

Milo peroxides their HCR, they're back to where they started from, and they're still 40 pounds now with them when they started.

They're at worse health now and a high risk of a heart attack. Now they gain by 7 pounds in a week than they were when they when they were 50 pounds heavier.

Because it's the travel, it's the direction of the weight travel. Because when you're putting back weight more rapidly, your body can't put on subcutaneous stuff that fast.

It has to. Only it could start. Only it slowly can put back subcutaneous fat. So it means they put that more visceral, put back one more visceral fat and more visceral fat means more atherosclerosis.

It means more vulnerable plaque. It means more saturation of the visceral fat that raises cholesterol more. So they just about destroyed the benefits of their 50 pounds weight loss by regaining by ten.

And this is what people do if they sabotage themselves. So we're treating people's sugar. We're teaching them nutritional science. We're teaching their mind.

We're teaching their we're building back, trying to build back robust emotional health so they can live with this weight and that they can learn to live and love with this way of eating and stay with it long term, and not have these episodes of falling back and bingeing and and self sabotaging their own health.

The trick is get on the program and don't self-sabotage anything you put in your mouth to that self destructive is demonstrative of food addiction, and that you haven't been fully trained in how to remove food addiction.

And so this is so we're really looking at this in a more comprehensive way to try to establish a high probability the person is going to succeed, to set them up for success and not set them up for failure.

I just want to give a shout out to you. A few people listening may not know you were kind of talking. What we do, what we do, and you're not referring just to you and your wife.

You're referring to the Eat to Live retreat that you have in San Diego, and the fact you have people that move in for two months or three months, and stay with you and get consultation and exercise, but predominantly nutrition, you provide, you know, the meals, of course.

And so you've been doing that for about five years now in California, right? Yes. Yeah. It's really been fun. It's so rewarding because I mean, you know, Joe, you see it all the time.

You tell people what to do and some of them do it and some of them don't. And then the guy calls you up from the hospital, I see you, and he says, Doctor Furman, I should have listened to you, but I'm in the ICU now. I just had the heart attack.

I didn't do what you told me to do, you know? And it's very disturbing sometimes because, you know, you could have saved this person's life, right? And so the rewarding part, of course, I'm mentioning is that the fact that we get to know people and such and we change their lives and we know that, and they and it gives them such a higher probability of success.

We know they they've gotten the tools they need to succeed with this long term. What are your approaches to, you know, breakfast like a king, lunch like a prince, dinner like a pauper, and also 12 hour eating or ten hour eating.

What is the schedule at the Eat to Live retreat? It's 8:00 is breakfast, 12 noon is lunch, and 5 p.m. is dinner. People are finished eating by five 3545.

We want four hours of no food coming in before people go to bed at night. And we're actually testing people to see, because I know with my own body to even if I eat at 5:00, if I overeat at dinner, I have like a two minutes dessert or

a little too many calories.

I can still feel the food digesting. I'm about nine 3010 when I'm going to be ready to go to bed. We want people to finish digesting them before they go to bed at night, and we adjust that caloric intake and the the flavor and the type of food served at dinner and like you said, so they can digest it, complete digestion within three hours after eating dinner.

So by the time they go to bed at 930, 10:00 at night, they can sleep. They can sleep without food in their stomach because you heal and you repair and you lose weight most effectively during sleep.

That's when your body kind of like reduces, you know, takes care of free radicals. And of course, when you glycogen reserves are lowest during sleep, that's when your body burns the most fats.

You know, when you're when you're eating during the day, you're burning the food you're eating, and you're burning the glycogen stored in the liver in the muscle tissue from when you eat.

And you need a couple of hours after you finish digesting for the glycogen to be exhausted, and then you burn more fat. So we really see the reversal happen during rest and sleep.

Retreat Experience, Restaurants, and Closing Remarks

And we make that dinner somewhat lighter in size, or just be careful with the size of your dinner. And don't eat it too late. Yeah, I don't know. You're one of the few physicians that's actually been around water fasting your whole career.

I think you grew up in that era. Is that something that you might combine at the Eat to Live retreat with the delicious diet you're talking about, or you're sticking mainly with food that need to live?

I don't recommend water fasting for people who are food addicts, overweight, with heart disease because it slows the metabolic rate down to four, and then after the fast, and because many of them obsess about food more psychologically when you went after the fast and because their metabolic rate is so excessively slow, there's too much chance they can regain the way to quickly.

And regaining the way too quickly can sabotage the heart disease reversal I do. I use fasting in, very discriminant. Lee like, for example, a person's coming off their asthma inhalers and by weaning them down off the inhaled medication.

They're doing this for six months. And as I stop their last medication and they're off steroids for a week, they start to lay a little bit of wheeze. I'll put them on a fast on a person coming off.

There's a there's a lot of reasons why I may choose to use fasting therapeutically, but it's not for people with with food addiction and an obesity or heart disease, generally speaking, because you don't get you get more, you get less recidivism and a higher degree of compliance.

When people learn to do what's right consistently and repeated, I'll give you a case where I did have too fast a person. I had a person who was who ate healthy to the point where he was reversed his heart disease pretty well, but he still had a calcified aortic valve, right?

He still had a calcified very well and and poor, heart health due to, calcification on his valve. So I did give him a long, fast and fasted. That guy a month, you know, after he got to his perfect weight and then to improve his valvular heart disease, which did work, you know, but in any case, I wouldn't normally do that with a person with in, because I see too many people, you know, all these people that go going fast, whatever they did juice fasting or or, you know, intermittent fasting or the boxes of food you buy or they go in to water fast, check them out six months later, check them out a year later, see if they've really sustained the weight loss to continue the weight loss after the fast and either and they and most often they have not.

It did not work for them long term. It only works for them short term. We get better long term results and we don't get them obsessed about food. And we sugar caloric restricting them, but only a little bit.

We're just moderately caloric, restricting the the excessive degree of caloric restriction that makes the brain obsess about overeating and over and makes the metabolic rate get too slow.

Okay, well, I think you've given us so much to, you know, consider here for all the people listening that are sick and tired of being on prescription drugs and are looking for a path.

And of course, we always encourage and work with somebody who knows, you know, the new Trinitarian diet program, find either Doctor Furman's website, or perhaps there's a dietitian in your community that understands what he's done for all these decades because, well, the power of food, the g bond, you know, we've all learned so much.

So I want to thank you. Do you ever navigate restaurants in your own personal life? Are you just very careful on what you order and it works out for you?

You know, I go to restaurants so infrequently because the food tastes so much better when we make it ourselves. You can navigate in a restaurant, you never get something that's tasty is what we can do ourselves.

We were experts in making healthy food taste great and this this restaurant person is an expert in making unhealthy food tastes good. They don't know how to make healthy food tastes good.

You know, they don't know how to make a Thai curry sauce with a little, little bit of peanut and a little bit of, you know, they don't really know how to do it.

So whatever it is, I don't go to restaurants much. You know, I could always bring my own salad dressing, get a big salad, get some steamed vegetables and stuff in a restaurant.

But, you know what am I going a restaurant for? To pay $45 for a plain vegetable with nothing on it, with no flavor? You know what I mean? It's like honey, and I'm fine.

All right. Well, thank you so much for your time. You've, helped so many people today. They'll go over and again and of heart disease book is always a one to go.

Read again and eat to live and eat for life. These are just tremendous books with great recipes. And of course, I will tell you the Doctor furman.com website, you can find those delicious salad dressings that we're hearing about in case you're not adept to make your own.

So give you 2000. I have 2000 recipes on that website. Two you could search 2000 recipes. That's, I appreciate that research given everybody. So take care. Hope to see you soon, friend.

Thank you. You too. Good luck.