



Dr. Drew Sinatra: Hey, everyone, welcome to another episode of **Be HEALTHistic**. As you can see behind me, this is not my traditional place where I record podcasts, I'm actually traveling in an Airstream right now. So if the internet connection is not that great at times, my apologies.

Dr. Drew Sinatra: Today on the show, my dad and I are welcoming Dr. Joel Fuhrman, a board certified family physician, *New York Times* bestselling author, and an internationally recognized expert on nutrition and natural healing. He coined the term "nutritarian" to describe a nutrient-dense eating style designed to prevent cancer, slow aging, and extend lifespan, which we're going to talk more about today. We're also going to discuss how it's possible to prevent heart disease, diabetes, and many other illnesses — and also achieve sustainable weight loss — using smart nutrition.

Narrator: Welcome to **Be HEALTHistic**, the podcast that's more than just health and wellness information — it's here to help you explore your options across traditional and natural medicine so that you can make informed decisions for you and your family. This podcast illuminates the whole story about holistic health by providing access to the expertise of Drs. Steve and Drew Sinatra, who together have decades of integrative health experience. **Be HEALTHistic** is powered by our friends at Healthy Directions. Now, let's join our hosts.

Dr. Drew Sinatra: Hi folks...if you like what you hear today and you want to listen to future conversations on all things integrative and holistic health, subscribe to our podcast at **BeHEALTHisticPodcast.com**. Also, check out and subscribe to the Healthy Directions YouTube channel, which features video versions of our episodes, plus extra videos you won't want to miss. And finally, we have more with me, Dr. Drew Sinatra, my dad, Dr. Steve Sinatra, and other health experts at **HealthyDirections.com**.

Dr. Drew Sinatra: So we'll jump right in, Dr. Fuhrman. I'm curious...as a family physician, how did you get involved in all this work with nutrition?

Dr. Joel Fuhrman: I got involved with nutrition when I was a competitive figure skater in the 1970s, through my family and through my own athletic career. And I actually decided to go to medical school because of my interest in nutrition. I was having this conversation with this woman at my sister's graduation party from college. She was telling me how she was going to go to medical school, and I was thinking in the back of my mind of taking some courses, but I already had graduated from college and didn't have the prerequisites. And I said, "What do you want to be a doctor for? They just give people toxic stuff to deal with all the crap they...it's like hitting yourself with a hammer every day. You go to a doctor and he gives you a pain medication. You come back home and you whack yourself with a



hammer again in the same spot.” I said, “It’s totally wasteful, what most doctors do.”

Dr. Joel Fuhrman: And she said, “Well, if you’re so passionate about it, why don’t you go back to medical school, and be a doctor and change things?” And I said, “Well, I’ve thought about that, but I don’t have any prerequisites, I’m already in my career. I graduated from college.” So anyway, I did, I dropped everything, I sold my family’s shoe business that I was running, and I went back to the post-graduate, pre-med program at Columbia, specifically to be a physician specializing in nutrition. And I wanted to be a family doctor, so I could then do nutrition on all types of ages and peoples. And, of course, eventually that woman became my wife, Lisa.

Dr. Drew Sinatra: Oh, okay. I’m curious though, in med school, you probably didn’t learn that much about nutrition. You probably learned everything about nutrition outside of medical school, correct?

Dr. Joel Fuhrman: Yeah, absolutely. As a matter of fact, they made me chairperson of the Nutrition Education Committee at University of Pennsylvania. It was funny, because I would actually be having these meetings and I’d be walking to my seat in the stadium seating, and the other students...there were older people, but in their twenties and things. And they would be hiding their candy bars or their pretzels behind their backs, and stuff like that. I’d say, “I’m not your mother. You don’t have to hide it from me!”

Dr. Steve Sinatra: So Dr. Fuhrman, you did a residency as well, right?

Dr. Joel Fuhrman: I did a family practice residency, that’s correct.

Dr. Steve Sinatra: So what was that? Three years of post-graduate training?

Dr. Joel Fuhrman: That’s correct. Three years of...

Dr. Steve Sinatra: So what was it like, being in that training where sometimes nutrition was beneficial, and sometimes it was non-existent...you know, when you’re doing surgery and stuff like that.

Dr. Joel Fuhrman: Yeah. I did a lot of surgeries and things. But yeah, the training was more like prison, I think. I equated residency with getting out of prison. You’d mark off the days in the calendar when you’d be done, “I’m going to be released from prison.”



Dr. Steve Sinatra: It's no doubt about it. Now, today, I think society is more humane in the training of a physician as it was years ago, so that's good.

Dr. Joel Fuhrman: Yes, for sure.

Dr. Steve Sinatra: Well, Drew, I have a big interest in diabetes — and I'll tell you why, Joel. My mother and grandmother both had diabetes, and they both went blind. It was kind of interesting that they met the same demise. I'm a big CoQ10 user, I've been using it for decades. And my mother was riddled with glaucoma and retinopathy. Then, I came across an article about coenzyme Q10 being utilized in glaucoma today, and also protecting the retina from degeneration. In my growth and development, I always feared getting diabetes because, genetically, it's on my side. But then when I became endowed with CoQ10, and I've been using for decades — and my family members were using it as well, my sisters and my brother, and none of us have developed high hemoglobin A1Cs. And I'm wondering, being a diabetic expert, do you think CoQ10 might've made a difference in delaying the possibility of insulin resistance, or even frank diabetes, as well?

Dr. Joel Fuhrman: Well, it depends on the other risks and the other lifestyle habits that could have overwhelmed that beneficial effect. If you were going to be obese and eat a lot of greasy food, fried food, high-glycemic carbohydrates. In other words, if your diet was poor, you can't negate the fact of obesity — and as people get heavier, fat cells spew out lipokines and cytokines and they make you insulin resistant and they produce extra estrogen, throw off your hormones. In other words, what I'm saying is that when your weight is relatively stable and you have a few extra pounds to lose, maybe that could play a role. But it couldn't overwhelm the overall negative effects of being overweight.

Dr. Joel Fuhrman: So I've did a lot of people with macular degeneration and diabetic retinopathy that reversed it completely. Even the Scheie Eye Institute at University of Pennsylvania had a lot of my patients cancel their surgeries, and were shocked. They even submitted a grant, I think it was a \$1.5 million grant to the NIH to do a study on the nutritarian approach. But we were using, to reverse the diabetic retinopathy and the macular degeneration...which actually reversed, not just prevented it. These people were diabetic and they had it — their diabetes went away, and their diabetic retinopathy and their macular degeneration went away at the same time. And of course, a nutritarian diet uses moderate caloric restriction in a context of micronutrient excellence, eating a lot of greens, and beans, and onions, and mushrooms.

Dr. Joel Fuhrman: Then, of course, if they have macular degeneration, we're giving them some juices of one-third one-third one-third. One-third of a green, like



lettuce/celery/cucumber, one-third carrot/beet, and one third cruciferous, mostly bok choy. So we're trying to flood them. Because with the amount of the carotenoids that are great for the back of the eye in the juices could be 20 times as much as those rad supplements ophthalmologists give their patients with the carotenoids, and you absorb them better. They work more effectively when you're getting them from food and juices in the natural state than just taking one or two in a supplement, because you've got 100s of them that work synergistically when you take in the whole dietary program. So I've had a tremendous success in not just preventing diabetes, reversing diabetes and reversing the eye damage from diabetes.

Dr. Steve Sinatra: That's incredible. I mean, Drew, our listeners can take that one to the bank. Our eyes are precious, and to reverse a retinopathy situation with juicing. And specifically, in bok choy, I'm kind of interested — what's the ingredient in bok choy that makes a difference?

Dr. Joel Fuhrman: It's the ITCs, the isothiocyanates...

Dr. Steve Sinatra: Cyanates, right.

Dr. Joel Fuhrman: ...that have the effect to activate the NRF2 transcription protein. And you know that when you get these diseases, it's a build-up of reactive oxygen species and an advanced glycation end products. So it's the AGEs that build up in an inflammatory environment. So you're combining the nutrients obviously with the loss of body weight, and what I'm saying here is quite radical to a degree. I'm saying that even when a person has black band or gastric bypass, you can measure their inflammatory markers, their insulin resistance, their diabetic parameters...and these things start to get better before they lose all their weight, as long as they're dropping at least a kilogram a week.

Dr. Joel Fuhrman: We see the same thing, whether we're measuring inflammatory markers or insulin levels. Whatever we're measuring...the abnormalities, the myeloperoxidase or oxidized LDL. We're seeing that people sure get better when they've reached an ideal weight with a body fat below 15% for a male, and below 25% for a female to optimize. But we see tremendous improvement, even resolution, before they lose all their weight — as long as they're dropping the weight at least the kilogram a week. If they lose weight and then stable it and are still overweight, you start to see the inflammation starts to go up again. But if they're continuing to lose weight and heading towards that ideal weight, as long as they keep on the program, we see dramatic improvement in the metabolic markers before they've lost all their weight even, you follow me?

Dr. Steve Sinatra: Right. Oh yeah.



Dr. Joel Fuhrman: And losing that kilogram a week, that's really healthy weight loss. There's no doubt about it. That's nice, slow weight loss, which I really endorse, as well.

Dr. Drew Sinatra: And Dad, this is really the approach that I think a lot of people are missing out on, is this retreat center approach, really, that Dr. Fuhrman is running. Because, Dad, when you and I are seeing patients one-on-one, there's only so much information you can give them about nutrition and diet. Then, they need to go home and make those changes. But if you're actually at a retreat center, you're there with other people that you can relate to, and then you have all the support systems and network in place where you can really learn how to cook good food, and actually what good food tastes like. So Dr. Fuhrman, I want to hear more about this health center you have. First off, how did you create this thing? And secondly, what's going on there?

Dr. Joel Fuhrman: Thanks, Drew. Well, it's fun for me because I love doing this stuff. But I've been practicing out of the office seeing patients for like 30 years. And like you're saying is right, you give it your all to try to motivate, encourage, teach. And then some people listen to you, and some people don't. Because food addiction is so powerful, and their negative home environment, and the naysayers, and they don't fit in with their family, and their friends are saying, "What are you doing that for?" In other words, with all my work, it's always a disappointment when people you know are sick and you know they could have gotten well — and they just didn't do what you wanted them to do, and something bad happens. So I knew that there was a need for a place where people with food addiction and trouble applying this information could come and stay there for a while.

Dr. Joel Fuhrman: It's like drug rehab. You can't just go for a week or two. You go for a week or two, your taste buds haven't changed, you haven't learned enough. Because people get a personality change, and they learn the psychological reasons they emotionally overeat. And it takes time for them to retrain their tastes, learn the information. And also, we give them so much training on food addiction counseling, but like a drug addiction center with cocaine addicts, you have less recidivism when people are off the cocaine for three months. And nothing works as effective as abstinence. When you have these sugar addicts, or the fried food addicts, they're salt addicts...just telling them to cut out sugar, they're just struggling. But once they're in a place...or cut off smoking even, or stop drinking alcohol.

Dr. Joel Fuhrman: But the point is, once you're away from those foods for a few months, their hold on you lessens, and you don't crave them anymore. Then, you can enjoy the natural flavor in a strawberry or a piece of lettuce or a carrot or something, because your taste buds now get stronger, too. So yes, I'm saying that it gives



me the ability to increase the probability and almost assure a person's going to be able to take what they learn and apply it in their home when they leave, and continue to live this way and make progression. As opposed to, they go away to these healthy retreats, or healthy health centers, and they live there a week or two — and they lose weight, and they eat really healthy, and they're living on sprouts. And they go home and they can't sustain it. They go back to eating their old way and they gain the weight back. What good was that? They wasted their money.

Dr. Joel Fuhrman: So I wanted to really set up a place where I could assure that people would learn this, and adapt to it, and be indoctrinated in it so well that when they go home, they have the skills and the ability to stay with it long term. For example, I had a girl who was 19 years old who came in, who was 380 pounds. She didn't want to be here, her parents forced her to be here. She was giving me an argument that she's never going to eat this way, what is she wasting her time here? And I said, "Well, you can go home now, if you don't want to..." But she stayed three and a half months, and she went below 300 pounds. She lost 80 pounds in three and a half months.

Dr. Joel Fuhrman: But she became so nice, she was so grateful to be there, her personality changed, her whole purpose in life changed. It was great. We went on hikes with her, and she really became a different person. She went home and she lost another a hundred pounds since she's been home. And she looks great now, and she's just is so excited about her life now. I see a lot of people, so you feel good about that. You know that you couldn't have impacted her if she just stayed a few weeks. She needed to be here a few months to be able to have a long-term effect in her life.

Dr. Joel Fuhrman: I'll tell you one more, quick. I had this mayor come from an east coast city, and his creatinine was 2.5 or 2.6 — so he was out-of-control diabetes, and his blood pressure when he arrived was like 240/120. And he came straight from the hospital here, because they couldn't control his blood pressure in the hospital. He was on six different blood pressure medications, and his blood pressure was still out of control. So of course, we didn't just control his blood pressure in the first week, but by the time of the second week, he was off all blood pressure medications with a normal blood pressure. And his diabetes went away, so he didn't require any medications.

Dr. Joel Fuhrman: He only could stay eight weeks — so at the end of the eight-week stay, I repeated his creatinine, and everything got better except his creatinine. His kidney function was only down to 2.4. So we still got rid of his diabetes, we got rid of his blood pressure, no medications. He dropped about 35 pounds, but he was so excited about this. He called me Uncle Joel, he became very excited



about living this way. He went home, he lost another 30 pounds, and we repeated his creatinine two months later after he left here — and his creatinine, of course, went back to normal again.

Dr. Steve Sinatra: That's incredible. That's a great story.

Dr. Drew Sinatra: Dr. Fuhrman, walk us through the daily routine of one of these patients that come to the center. What happens when they wake up? What do they have for breakfast? What kind of education do they have before lunch? Walk us through what the whole daily program's all about.

Dr. Joel Fuhrman: Sure. It might change day to day...but they wake up, and they usually go for a walk before breakfast. And we have hiking trails, we're next to a 1000-acre park with miles of trails up and down, according to their ability, of course. We have some great trails. Then, they come back...so they go for a walk in the morning, they come back and eat breakfast. Every other day, it depends on the person, but they sometimes have a small glass of vegetable juice with vegetables in it. Then they have with flax seeds, chia seeds, hemp seeds, a little bit of plant milk with some kind of berries, like blackberries and wild blueberries, and guava or passion fruit. Some kind of fruit and berry and nut mix. So, they have a light breakfast; sometimes they have a little oats mixed in there, but mostly it's berries and nuts and seeds and stuff like that.

Dr. Joel Fuhrman: Then, they have lunch. For lunch, there's a large salad with a dressing made of nuts and seeds, and maybe tomato sauce, or some kind of healthy dressing. No oil, no salt, but they have of course in it arugula, and bok choy, and scallion, and onion, and mushrooms, and cooked mushrooms in there. And maybe some chickpeas, or whatever it is they're putting on top, sliced tomatoes. They have a nice salad, not in a six-inch bowl, a soup bowl, but a full, large bowl like you would serve a serving bowl, like nine-inch serving bowl salad. Then, they have a bowl of vegetable and bean soup, and that might have mushrooms and onions in it and things. And a piece of fruit for dessert.

Dr. Joel Fuhrman: So between breakfast and lunch, they usually either have an exercise class, or a meeting on food addiction, or a lecture, or some kind of group meeting on...so there's some kind of usually meeting the morning. Then after lunch, they either have a cooking class, an exercise class, or a water aerobics class. Or they're going to the gym, or doing some exercise other than walking. And we have a sand volleyball court, which we don't just use for volleyball. I want them to do lateral motions on the sand. Whether we're teaching them how to move, how to shift and skip laterally, stop and move back the other direction, and do side-stepping back to center, and to walk and move and back and forth on sand because we're teaching them...because a lot of people get older and they don't



fall forward and backwards, they fall to the side, fracture a hip. And being able to be coordinated, to move rapidly, and push back to center, and develop more shapely...so we use a lot of exercising where they're doing lateral motions back and side to side.

Dr. Joel Fuhrman: And of course, a whole body exercise. We also have a power plate machine. One of the ones that professional football and baseball teams use, where they can do some exercises on the vibrating machine. And we have a full gym, too. So they're doing some kind of other exercise, even if it's just what they can handle for a short period of time. And then they have...the pool is open, we have the pool heated to 86 degrees, so they have a nice warm pool all year round, salt water pool, they can either swim or do exercises in the pool.

Dr. Joel Fuhrman: And then they have dinner early, at five o'clock. And the dinner consists of some raw vegetables, solid vegetables with a healthy dip, like a hummus dip or a salsa dip with raw jicama, or bok choy, or carrots and peppers and cherry tomatoes. They might have raw vegetables. And then they have a cooked vegetable dish with a delicious sauce, like a Thai sauce, or it may be on a bed of spaghetti squash, or some kind of vegetable entrée. And then a small dessert or frozen fruit dessert. And that marks the end of eating for the day, where they're then not eating after six o'clock, except for water or a glass of tea or something. We're trying to have them have four hours of no food coming in before they go to bed at night. So that's a basic schedule. Between my lectures, and the counselors, and the food addiction lectures, and the exercise. And then they have free time, a lot of them are on the internet working, still connected with their jobs. And the evenings are kind of left free for them to watch a movie, or do something like that.

Dr. Drew Sinatra: That's great. And so is this 100% plant-based, is there any animal products that are used?

Dr. Joel Fuhrman: No. At the retreat, it's 100% plant-based.

Dr. Drew Sinatra: Got it, got it.

Dr. Joel Fuhrman: Because...there's a lot of different reasons why, because people are asking me all the time, "Do you ever have oil on your food? Are you ever pouring oil? Are you ever eating an animal product? Are you ever having anything off the diet?" And I'm saying, "Well, I'm not a food addict, and I could have something off the diet and go right back to eating healthy the next day." But for food addicts, especially some of the people we see here, even going off the diet a little bit can trigger their desire to have more of those foods, and to overdo it, and to completely blow up. They need this period of abstinence to develop the taste,



and to develop the skills to make these foods taste great. We have four chefs, and you would be amazed how great the food tastes. And we teach them how to make the food taste so fantastic with the type of recipes and dressings and things that we're making here. So they get skilled, our guests get skilled in being able to replicate the dishes they like, and things like that, too.

Dr. Drew Sinatra: Got it, got it.

Dr. Steve Sinatra: You know, Drew, these people are getting so many live enzymes having these live foods, that it just makes a lot of sense. And Dr. Fuhrman, I really like the idea of all the exercise you're bringing to that. I mean, you're a world-class skater, you're an ex-jock. You know how to bring in the discipline. And I think the discipline that these people go through in your program, I can just envision it, not going through it myself, but I can envision it, the way you structure it, with the classes, the exercise, the gym, the swimming, etc, etc. I mean, it's a perfect environment, just a perfect environment.

Dr. Joel Fuhrman: You know what's fun, too? I grow a lot of my own food...I put in like 100 exotic fruit trees, and I have the vegetable gardens and beds, and I have special soil where it's so fertile you plant the seed and, wow, this beautiful, gorgeous bok choy burst up in two weeks. It's so beautiful taking the food right off the land. I love it, for me, the emotional...I like working with people, it still keeps my hand in my career, without having to work as hard as I used to work. I cut down the amount of hours I'm working, but I still can do the type of work with patients I enjoy. But also, I can spend more time gardening, and taking care of my fruit trees, and actually living off the land, so to speak.

Dr. Drew Sinatra: I'm curious, how do you guys manage the withdrawal effects that some of these people may have — to sugar, to salt? Maybe describe what some of these withdrawal effects might look like.

Dr. Joel Fuhrman: That's a good question. The withdrawal effects are most uncomfortable the first three to four days. By day five or day six, the people are pretty much fine. It's rare that it continues more than a week. Salt, when you're on a high-salt diet and they go to such a low-salt diet...because when you're on a high-salt diet, the kidney gets good at excreting all the extra salt. And the problem is it loses a lot of other minerals in the process, and you lose minerals and salt through your sweat, too. But when you accommodate long-term to a low-salt diet, you stop excreting extra minerals and salt in your kidney, and your sweat doesn't secrete much salt — so you can run, and sweat, and play tennis, and jog and not get cramping or electrolyte deficient.



Dr. Joel Fuhrman: But in that short period of time in the first two weeks, when people are switching from a high-salt diet to a low-salt diet, their kidney is still excreting a lot of salt. It hasn't curtailed that yet, it takes time to curtail that — and they temporarily could have a dip in sodium in their bloodstream, and their blood pressure could get too low, and they could feel fatigue. So they could have enhanced fatigue in the first week or two. But the first few days, they could be headachy and feel a little bit uncomfortable and agitated. And mostly if they're on a lot of caffeine, they could be withdrawing from their caffeine, too, which takes a couple of days for them to feel better for them. Occasionally a little bit of caffeine in tea or something is okay, but we don't want people exposed to a lot of caffeine, because the withdrawal from caffeine makes people want to eat more food, because they use food as a means of negating the withdrawal from the caffeine. So we don't want them to confuse the two.

Dr. Joel Fuhrman: We want them to get in touch with true hunger, what it feels like to be hungry. So they can start to use hunger as a gauge as to how much calories to eat, to only eat when they're hungry and don't recreational eat when they're not hungry. And if they're withdrawing and they're eating to curtail the agitation — the stomach cramping, the headache, and the weakness — from detoxification from your bad diets, then I call that detox hunger or toxic hunger. Then they have to continually eat all the time, because they don't feel well. So we got to get them no longer dependent on food for maintaining their level of energy, because it's as a whole misnomer.

Dr. Joel Fuhrman: The whole myth is that people think they have to eat to keep their energy up. You feel fine, you don't need food for energy, you can live off your fat cells. You feel weak if you're toxic and you're detoxifying, and you're not digesting food, and you feel fatigued. So they're constantly overeating, it's because they feel wiped if they don't keep overeating calories — and we get rid of that the first week. And then over time, they really feel hunger in their lower part of their neck and upper part of their chest, in their neck and throat area. And they can start to differentiate the withdrawal symptoms from what real hunger feels like.

Dr. Drew Sinatra: I know this will probably change based on who's coming in, their weight, sex, etc. — but generally speaking, what type of calorie count per day are people aiming for at the center?

Dr. Joel Fuhrman: Exactly. We may have a person who's an athlete coming in who has rheumatoid arthritis, or a big person coming in who's not overweight, let's say, and they may need more calories. But generally, most of the overweight people who were food addicts...and that's the majority of who our patients are, women who are overweight who have food addiction, that's the majority. Most of them



we're shooting between 1200 and 1400 calories a day, between 12 and 1400. And that's a lot of food, when you're eating so much vegetables, and mushrooms, and onions, and all kinds of dishes. That still could be a lot of food for them, and they might even have to moderate that to make sure they're losing a pound every three days, because we want people to...and most of the people don't. Most of the people are losing 20 to 30 pounds the first month, by the way. They're losing more than a kilogram a week.

Dr. Joel Fuhrman: But even the people that are relatively slow weight-losers and have more difficulty keeping that up, we're monitoring them to make sure they're dropping approximately a pound every three days to keep them on track. And what's funny is that people say you can't age backwards, you can only slow the aging process, but that's not true. You can age backwards, because we can do telomere tests and we can do all kinds of...and we see that these things, after three months of eating so healthily, they're telomeres show they're 10 or 20 years younger. You can see the way they look, and they feel, and their skin. It has an anti-aging effects.

Dr. Steve Sinatra: Hey Joel, I'm curious. What percentage of fat is in the diet? You're giving them all fresh fruits and vegetables, and some soups, etc, etc. But have you ever figured out how many carbs are in the diet, grams of protein, carbs and fats, etc?

Dr. Joel Fuhrman: Yeah, absolutely. Because believe it or not, one of the most striking findings in the last decade in the history of nutritional science has been by the Adventist Health Study 2 that has 17 other studies corroborating the fact that more nuts and seeds in the diet, and more of the fat from nuts and seeds, lead to a 39% reduction of cardiovascular death.

Dr. Steve Sinatra: Right.

Dr. Joel Fuhrman: And that's been reproduced in study after study after study, and that these low fat diets and cutting all the fat is more likely to promote irregular heartbeats. And we know that in the Physician's Health Study, you had a 60% reduction in sudden cardiac death in people eating an ounce of nuts and seeds daily. And the fifth quintile, the highest quintile of the Seventh Day Adventist study, compared to the first quintile, showed the most beneficial effects on longevity, and they were eating more than 1.4 ounces per day of nuts and seeds.

Dr. Joel Fuhrman: So we strive for about a half an ounce of nuts and seeds with each meal. So people are eating...even my overweight patients are getting an ounce and a half of nuts and seeds a day. And me, for example, doing more exercise, I'm eating more like three ounces a day of nuts and seeds. But my patients that are here,



unless there's a teenager here, or some person who's not overweight just enjoying the food, they can add more. But most of the people who are overweight are getting an ounce and a half, because that's what the Seventh Day Adventist study, the Adventist Health Study 2, showed were the most positive effects.

Dr. Joel Fuhrman: That was in all cohorts — men, women, old, young, Caucasian, Asian, whatever it was, vegan, non-vegan. It held through all cohorts, that the inclusion of nuts and seeds are particularly...especially walnuts. And so we're giving them some degree of fat, their diet is not one of these super low-fat diets. I don't strive for 10% of fat or lower, they're probably getting more like 20% of calories from fat.

Dr. Steve Sinatra: I love it, I mean, you're singing to the choir. As a heart specialist, I think the high-carbohydrate diet is really the most inflammatory diet. I'm interested in your thoughts about the PREDIMED study, because the PREDIMED study looked at nuts and seeds. A third of those people got nuts and seeds, and a third got four tablespoons of olive oil a day. And then the other group got the American Heart Association diet. The amount of stroke, cancer, heart disease went way down in the people getting the higher fat diet, as well.

Dr. Joel Fuhrman: That's right. And the nut and seed diet got even more protective effects than the olive oil did.

Dr. Steve Sinatra: Yes, slightly more protective it, correct.

Dr. Joel Fuhrman: Yeah, so that's what I'm saying. Most nutritional scientists agree that walnuts are better than walnut oil, and sesame seeds are better than sesame oil, and almonds are better than almond oil. So that's the unique part of the nutritarian diet is making sauces and recipes — instead of the oil, use the whole nut or seed to make these sauces and dressings that really taste great. We're really switching...and oil is more fattening. Oil, it doesn't trigger the appetite receptors in the hypothalamus like the nuts and seeds do, and all the calories in nuts and seeds are not biologically accessible because their sterols and stanols attract fat and pull some of that fat into the toilet bowl. So, it gives you the signal you ate all those calories, but then eventually they don't all biologically enter the bloodstream.

Dr. Joel Fuhrman: So what I'm saying right now is that oil promotes/increases your desire for more calories, it's an appetite stimulant. And nuts and seeds do the opposite, there's a very opposite effect. So we switched the fat from oil to whole foods, including low-sodium olives, and a little avocado dip, and stuff like that. So we do use those kinds of healthy fats in the diet and get remarkable results doing so. The other second finding that's so important is it showed that all plant-based diets



were very different in that adding more protein in the form of plant protein, like soybean, hemp seeds, Mediterranean pine nuts, broccoli florets...that more plant protein enhanced longevity, whereas more animal protein decreased longevity.

Dr. Joel Fuhrman: And it showed that the lower protein, lower fat plant diets — like fruitarian diets, macrobiotic diets, high-carb potato-based plant diets — do not have the same beneficial effects on longevity as a diet that pays more attention to protein with beans, and nuts, and greens, and other high protein plant foods. So once you move plant-based like this, then paying attention to the higher protein plant foods do have a beneficial effect.

Dr. Steve Sinatra: How do you feel about lentils and chickpeas, for example, in a diet?

Dr. Joel Fuhrman: Yes, I love lentils and chickpeas, but lentils are an incredible food because they're...that's an important part of the diet.

Dr. Steve Sinatra: Because you don't get the insulin response, as well, with lentils.

Dr. Joel Fuhrman: That's right. These beans are very high in resistant starch and slow digestible carbohydrates. The resistance starch promote the growth of good bacteria that create a biofilm over the villi. Scientists call that the second meal effect, which means when you have a mango or something you ate at a follow-up meal, the glycemic effect from the mango is lowered because you ate the beans and the lentils, which caused the coating to occur on the villi, which slows the glycemic effect of other foods at a follow-up meal. But what I'm saying right now is, yes, it's not just that they have slowly digestible starches, but the resistant starches make all their calories not biologically accessible, because the resistant starches are converted by bacteria into short-chain fatty acids, particularly butyrate. And butyrate has not only anti-inflammatory effects, but it has a negative feedback loop on the appetite and the hypothalamus that makes you want to eat less calories. So because the calories from lentils and most beans only enter the bloodstream at one or two calories a minute, you don't have a spike in insulin, like you would have if you ate potatoes or rice.

Dr. Steve Sinatra: Right, well said.

Dr. Drew Sinatra: Dr. Fuhrman, I wanted to circle back to the nuts and seeds really quickly, because I feel like there's a lot of misinformation out there around how you should buy them, how you should store them. Do you recommend that people buy them in the refrigerated section of a health food store? How do people go about doing this to prevent rancidity?



- Dr. Joel Fuhrman: Well, we want all food to be fresh, if possible. You're right, if you're buying them in bulk and are not going to eat them right away, they should then store them in the refrigerator or the freezer. Nuts and seeds store well in the freezer, too, and a lot of people have freezer space to spare. And we recommend you grind the flax seeds and then either use them or store them in the freezer, because they'll actually keep better in the freezer once they're ground.
- Dr. Drew Sinatra: Well, Dad, do you have any other questions at all?
- Dr. Steve Sinatra: No, I think this has been phenomenal.
- Dr. Drew Sinatra: This is so, so phenomenal.
- Dr. Steve Sinatra: This is awesome stuff, this is leading edge, cutting edge stuff. Dr. Fuhrman, it's been a pleasure just to be on this podcast with you.
- Dr. Joel Fuhrman: Oh, thanks so much.
- Dr. Steve Sinatra: As a heart specialist, you're singing to the choir. That's unbelievable.
- Dr. Joel Fuhrman: Good to know you guys, and you got to keep in touch.
- Dr. Drew Sinatra: Yeah...well, I got to say, this is where my heart is with having a retreat center. I think this is really the wave of the future in terms of medicine. Because, again, it's so hard to really get information across and have patients learn...
- Dr. Joel Fuhrman: You have to come and visit us sometime.
- Dr. Drew Sinatra: I think I'm going to come out, I'm going to come out.
- Dr. Joel Fuhrman: Where do you live by the way? Where do you live?
- Dr. Drew Sinatra: Well, I'm in the Bay Area, so I can certainly come down, I'd love to.
- Dr. Joel Fuhrman: My daughter's in naturopathic school. I have a 29-year-old daughter in naturopathic school.
- Dr. Drew Sinatra: Oh, really? Interesting. I can talk to her some time. Sure. Oh, wow.
- Dr. Drew Sinatra: Well, before we wrap up today, as always, we're going to share some **Wellness Wisdom** with our listeners. What is your number one top nutritarian tip that you can give our listeners, in terms of achieving good health in one to two weeks?



Dr. Joel Fuhrman: The most important tip is to make salad the main dish, at least one meal a day, have a giant salad as your main dish — and we usually make that lunch. It's usually, I'm saying lunch is the most important meal of the day, and it always should be a big salad, a bowl of soup, and a piece of fruit for dessert. Salad, soup, dessert for your lunch. And if the whole country and world did that, we'd have amazing, better health across the world.

Dr. Steve Sinatra: And then Drew, I want to ask Dr. Fuhrman a question. Joel, if you were to pick your top three superfoods, what would they be?

Dr. Joel Fuhrman: A green cruciferous, of course. I love bok choy, because I grow it and it doesn't get bugs on it, like aphids and slugs. It's so hard to blow it, so I think bok choy would be probably one of my favorite foods...it's so versatile.

Dr. Steve Sinatra: Second choice or?

Dr. Joel Fuhrman: Kale, collards, all kinds of things are good cruciferous, but the bok choy is...you can juice it, you could steam it, you could eat it raw, you could cook it, you can put it in a wok, you could do so many things with it. And then, of course, shiitake mushrooms because it has a meaty, chewy feel. You can mix other mushrooms with it, but you could always have shiitake in your soup. Shiitake mushrooms are a major thing. Then, believe it or not, scallions. Scallions have incredibly powerful anti-cancer effects that people...and raw scallions on your salad are so great. You could sprinkle raw scallions on your cooked vegetable dishes, you can put raw scallions to flavor and mix it into your cooked vegetables, you can drizzle it on top of your soups. It's a great food, and a very powerful, extra anti-cancer nutrients in there.

Dr. Steve Sinatra: Yes, and you're getting quercetin in the scallions, as well. And quercetin is just incredible right now in the COVID-19 age, as well.

Dr. Joel Fuhrman: Right. And it has so many organos, like MSM, the organosulfide compounds. There's so many beneficial effects shown to have anti-cancer ability.

Dr. Steve Sinatra: Awesome.

Dr. Drew Sinatra: Oh, that's great. Well, Dr. Fuhrman, thank you so much for coming on the show today. I learned a lot and I know our listeners did, as well.

Dr. Joel Fuhrman: My pleasure, good talking to you guys, best of everything.

Dr. Steve Sinatra: Thank you, Joel, that was great.



Dr. Drew Sinatra: Thank you.

Dr. Drew Sinatra: That's our show for today, folks. If you have a question or an idea for a show topic, please send us an email or share a post with us on Facebook. And remember, if you liked what you heard today and you want to be an active member of the **Be HEALTHistic** community, subscribe to our podcast at **BeHEALTHisticPodcast.com**, or on Apple podcasts, or wherever you download your favorites. You can also find more great content and information from us and the Healthy Directions team at **HealthyDirections.com**.

Dr. Drew Sinatra: I'm Dr. Drew Sinatra.

Dr. Steve Sinatra: And I'm Dr. Steve Sinatra.

Dr. Drew Sinatra: And this is **Be HEALTHistic**.

Narrator: Thanks for listening to **Be HEALTHistic**, powered by our friends at Healthy Directions, with Drs. Drew and Steve Sinatra. See you next time.