



# Health SCIENCE<sup>®</sup>

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SUMMER 2022 | \$6.95

**INTERVIEW WITH  
WILL BULSIEWICZ, MD**

**THE CHALLENGES OF  
MANAGING CHRONICALLY  
HIGH BLOOD CHOLESTEROL,  
EVEN FOR THE PLANT-BASED**

Joel Kahn, MD

**HOW TO EAT HEALTHFULLY  
AT RESTAURANTS:  
A CHEF'S VIEW**

by Ramses Bravo

**FROM COUCH TO FITNESS—  
WITHOUT THE INJURY!**

Stephan Esser, MD



# Welcome to the Summer Issue!

I may be biased, but northeast Ohio is one of the best places to be during the summer, with its abundant sunshine, many farmers markets, Lake Erie, and the many wonderful state parks that beckon us for some rejuvenating time in nature. It is also the season and site for this year's annual NHA Conference, where nearly 300 members will come together for a glorious long weekend to share the joy and empowerment of our health-affirming lifestyle. I hope you are among those who will be joining us at the conference, either in person or via livestream. If not, I believe you will find similar inspiration and education in this issue of *Health Science*.

We begin with my feature **Interview with Dr. Will Bulsiewicz**. "Dr. B" has become a wonderful friend of the NHA, and we are thrilled to share his special expertise on the foundational role that gut health plays in our never-ending quest to attain and maintain vibrant health.

Another good friend of the NHA is cardiologist **Dr. Joel Kahn**, who returns with his fine article "**The Challenges of Managing Chronically High Blood Cholesterol**," in which he gives us a primer on cholesterol, lipoproteins, atherosclerosis, and more and provides options for those whose levels remain high even with a good dose of our plant-based diet and lifestyle.

If you are like me, I know you have frequently encountered the challenges of eating out, and who better to guide us through the thicket than TrueNorth Health Center's resident chef, **Ramses Bravo**? Chef Bravo offers his insider's perspective and new tools for success in "**How to Eat Healthfully at Restaurants: A Chef's View**."

When I interviewed Dr. Joel Kahn for the Summer 2017 issue of this magazine, he thoughtfully observed that when it comes to healthful living, we need to remember that "Diet may be king, but exercise is certainly queen." For this issue, we asked our resident orthopedist, **Dr. Stephan Esser**, to address a return to the queen of health pillars in his important article "**From Couch to Fitness—Without the Injury**."

Speaking of fitness, it undeniably takes some real health and stamina to hike Spain's 500-mile El Camino, and, remarkably, two NHA Life Members, **Dr. Victoria Li** and **Nathaniel Bronner Jr.**, recently did just that. We are happy to present the joys and plant-based challenges of doing so in their inspiring chronicles, entitled "**Walking El Camino**."

It is always the goal to use our **Recipe Department** to introduce you to some of the increasing number of inspiring SOS-free chefs who are furthering our health movement. In this issue, we turn the pages over to the very creative and dynamic **Carole Levy**, founder of "The Veggie Vanguard," who shares some of her personal summer favorites.

Our readers often tell us that two of the features that make this magazine special are the Member Spotlights and Testimonials. In this issue, we have mined two more gems with the **Member Spotlight** of Life Member **Sherry Uribe**, who expresses her passions for nursing and health-conscious living, and the **Testimonial** by NHA Board (and Life) Member **Roz Reynolds**, who recounts her inspiring story of overcoming Crohn's disease & ulcerative colitis.

Finally, I am pleased to present another valuable **Health Science Insight** from **Dr. Frank Sabatino**, our new Director of Health Education, who explains the NHA's perspective on **The Problems with Milk and Dairy Products**, and a truly **Timeless Teaching** from the late **Dr. William Esser**.

In closing, I am excited to report that the NHA continues to expand its educational efforts and membership benefits. Our annual conferences are enjoying record attendance; our free monthly **Power Your Health Q&As** are drawing increased viewership; we have just launched our exciting new **Health Science Podcast**, hosted by Dr. Frank Sabatino; and our **NHA Travel** opportunities are back with bookings to new and exciting destinations filling up fast. Your support is what makes all of this possible!



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**INTERVIEW WITH WILL BULSIEWICZ, MD**

Mark Huberman interviews Dr. Will Bulsiewicz, who shares the story behind his dedication to his work in gastroenterology and teaching others how to achieve great gut health and live their best life possible through his practice and his bestselling books.

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**THE CHALLENGES OF MANAGING CHRONICALLY HIGH BLOOD CHOLESTEROL, EVEN FOR THE PLANT-BASED**

Preventive cardiologist Joel Kahn, MD, FACC, presents a comprehensive guide to hypercholesterolemia even for those who have followed a healthy plant-based diet and lifestyle.

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**HOW TO EAT HEALTHFULLY AT RESTAURANTS: A CHEF'S VIEW**

Chef Ramses Bravo of TrueNorth Health Center reveals the behind-the-scenes point of view for when diners have out-of-the-ordinary meal requests and shares advice on how best to work with the restaurant staff to get the healthy meal you want.

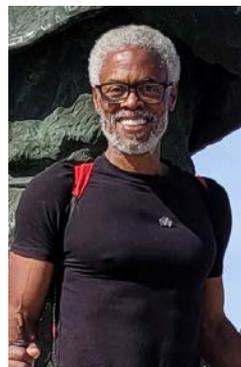
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**FROM COUCH TO FITNESS—WITHOUT THE INJURY!**

Dr. Stephan Esser, MD, lays out a plan to motivate, guide, and encourage readers to build fitness while minimizing injury risk—“one step, one stretch, one bite, and one thought at a time.”

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**WALKING EL CAMINO**

NHA Life Members Nathaniel Bronner Jr. and Victoria Li, MD, share their personal memories of walking El Camino, including different perspectives on how they maintained a healthy diet along the way.

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**HEALTH SCIENCE INSIGHT: THE PROBLEMS WITH MILK AND DAIRY PRODUCTS**

In his latest NHA position paper, Dr. Frank Sabatino explains the reasons behind our recommendation to eliminate all dairy products from one's diet.

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Dear Mark and Wanda,

I enjoyed the Spring issue of *Health Science*, especially your interview with Dr. Dean Ornish. I read his books many years ago when my husband had his first heart attack. I actually had a cousin who was a cardiac rehab nurse whose hospital paid for her and her husband to participate in Dr. Ornish's two-week program in California. The conversations about her experience were fascinating.

The interview mentions the COVID Omicron variant. Both my husband and I were triple-vaccinated, but we just experienced a breakthrough infection in April of the Omicron variant after attending a funeral. We made a quick recovery because of our healthy lifestyle. Keep up the good work!

**Pat Thompson**  
Middlebury, CT

Hi Mark,

Thank you for your email and for the electronic copy of *Health Science* magazine. My husband and I agree—your interview with Dr. Ornish is wonderful! We enjoyed it and the other articles in the magazine very much. In your interview, you mentioned that many people say that they read *Health Science* from cover to cover. I now see why that's true!

Thank you again for your interview on the Fruit and Vegetable Power Summit. I was not familiar with the NHA before I listened to your interview. (I was not familiar with natural hygiene, either, before listening to this year's Summit.) I would like to learn more, so I signed up for the NHA tonight. Thanks very much!

Sincerely,  
**Marcia Hohler**  
Corvallis, OR

Hi Mark,

Wow! Where have I been? What a beautifully designed website. Lovely to look at and easy to navigate. And, if that wasn't enough, a library of back issues, articles and videos—right at my fingertips! I'm sure glad I let my new husband buy me the big, fancy iPad; I'll enjoy reading and watching this content on it. THANK YOU, Mark, Wanda, and team for all that you do to further good health practices.

**Bonny Salamon**  
Calabash, NC



Hi Mark,

Another great issue of *Health Science*! Dr. Ornish's journey, influenced by his family, guru, and academic colleagues, was of particular interest. His metaphor on bypass surgery and bypassing real causes was very apt. I also enjoyed the memorable article by Dr. Sabatino recalling the early natural hygiene pioneers. Truly, we are still riding on the shoulders of giants! *Health Science* is the very best publication on lifestyle medicine. Keep up the good work!

**Philip Ross**  
Victoria, Australia

Hi Mark,

I just came back to the U.S. after my long trip to Iran and was excited to find the printed copy of *Health Science* in my mailbox. Having the magazine in my hands, and becoming pretty emotional (!), I suddenly felt as connected to my roots as that little boy on the front cover of the magazine playing with dirt and planting the greens. I thank you many, many times for continuing this great work. I enjoyed reading all of the different topics of this issue, but I really was fascinated by Dr. Sabatino's article on the history of the NHA. It was great to read about the history of the organization one more time and to see the pictures of Dr. Shelton and the many other pioneering hygienists. Wishing you and the NHA a long, healthy life!

**Zarin Azar, MD**  
Valley Center, CA

Thanks Mark!

I love seeing a child gardening on the cover!

**Beth Love**  
Santa Cruz, CA



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### OUR MISSION

The mission of the National Health Association is to educate and empower individuals to understand that health results from healthful living. We recognize the integration of all aspects of health: personal, environmental, and social.

We communicate the benefits of an exclusively whole-plant-food diet that is minimally processed and without added salt, oil, and sugar, plus exercise and rest, a healthy environment, psychological well-being, and, when indicated, the use of professionally supervised water-only fasting. We take a leadership role in advocating health freedom issues.

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# Interview with Will Bulsiewicz, MD

by Mark Huberman



**WILL BULSIEWICZ, MD, MSCI**, (a.k.a. Dr. B.) is a board-certified gastroenterologist, gut health expert, and author of the bestselling *Fiber Fueled* as well as many articles in top gastroenterology journals. He's a graduate of Georgetown University School of Medicine and was chief medical resident at Northwestern Memorial Hospital and chief gastroenterology fellow at the University of North Carolina Hospitals. Every day, he helps patients and members of his #plantfed community bounce back from restrictive and overhyped diets and into a whole new way of living and eating that produces the results they really want—permanently. At the core of his philosophy is lifestyle medicine, using food, exercise, and other lifestyle factors to optimize your gut and get you back in control of your health. Dr. Bulsiewicz's website is [theplantfedgut.com](http://theplantfedgut.com). He can also be found on Instagram or Facebook at [@theguthealthMD](https://www.instagram.com/theguthealthMD).

**MH** When I interview one of the emerging new lifestyle physicians like you, I am always interested in their background and curious as to any family influence in their going to medical school. Do you come from a family of physicians?

**WB** Not at all! In fact, my entire family are lawyers like you, and I'm the only doctor. My father was a prominent environmental lawyer, and my mom was a patent attorney. In addition, my father-in-law is a labor law attorney who still practices here in Charleston, South Carolina, and fights on behalf of teachers. Also, my sister-in-law has a job as a permanent clerk for one of the federal judges in our area, so law is big in my family! But I do have a brother-in-law who works as a healthcare administrator.

**MH** In the Summer 2020 issue of *Health Science*, you introduced yourself to our readers with a fine article entitled "My Journey to Being Fiber Fueled." In looking back on it, you shared that you were never really a sick guy growing up and didn't have any major health problems. Am I right?

**WB** You are. I was an athlete and played three sports in high school, and I was always pretty well. No real problems until things began to catch up with me in my late twenties, early thirties.

When I was in Chicago, it was chili-cheese hot dogs and Italian beef sandwiches. When I was 18 years old, I could get away with that; my body never really changed. But I would argue that medical education is a formula for making people unhealthy. I was sleep-deprived and very often sleep-disrupted, many times waking up in the

middle of the night to emergencies, jumping out of bed, and running to someone who was sick. I didn't have time for exercise. I barely had time to do my own laundry, and I was not really interested in anything that took time to cook, or even to eat. I also saw food as a reward for hard work. So, when I would finish a hard shift in the hospital, it was an opportunity for me to eat something that was convenient and tasty. Convenience became the priority.

I should have been so happy and proud and really enjoying what I had accomplished, but instead I often found myself curled up in a ball in a dark room with a blanket.

**MH** Was there a tipping point?

**WB** Yes, there was. I did that through my twenties, but eventually, it caught up to me. This wasn't so much an acute issue as much as it was a chronic issue that was coming to a head. It was during my time as the chief medical resident at Northwestern University, when I felt like I should have been so happy and proud and really enjoying what I had accomplished, but instead I often found myself curled up in a ball in a dark room with a blanket. I put on weight, my blood pressure rose, and the stress led to anxiety.

**MH** When I interviewed one of your colleagues, Dr. Kim Williams, I asked him why medical doctors who see all the health problems of their patients don't change their own ways, and I remember him commenting that they nearly all lead the same high-stress lives and find themselves in the same pleasure trap as everybody else.

**WB** True. And keep in mind that we are not taught about nutrition in medical school, so we don't even have the proper orientation in terms of what we're supposed to eat.

**MH** I also remember from your article in *Health Science* that in your early thirties, you met your future wife, Valarie, who was vegan, and she was the one who opened your eyes to a new way of thinking and eating.

**WB** Yeah. I was in Chapel Hill serving my gastroenterology fellowship at the University of North Carolina when I went on my first date with her. I didn't even know she was vegan; she wasn't very vocal or evangelical about her ethical beliefs or her dietary preferences. At dinner, I just noticed that she wasn't ordering anything that I did. She requested things off-menu and got creative in the way that she did that. I thought that was interesting and almost bizarre. But I also noticed that she enjoyed what she ate and was satisfied by her meal. Even more, she looked absolutely amazing—stunning!—and appeared to be in excellent health. When we were done with dinner, I was hung over, not from alcohol, but from the dinner, and she was ready to keep going. It really turned on a light bulb. I realized that maybe I needed to look in the mirror and see that the food that I'd been eating all those years, the food

that, frankly, was celebrated within my family, was actually the source of my problems.

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**MH** What were the first lifestyle changes that you made?

**WB** The first thing that I changed was that on the way home from work the next day, I diverted my route away from Hardee's, my usual go-to. For \$4, they'll give you about 2,500 calories worth of junk food. Instead, I went home. Keep in mind that I was a single guy at the time and not a gourmet chef, so I still needed convenience and simplicity. The way I made it work was I used the blender. I just started throwing stuff into the blender—bananas and berries and greens and some soymilk, maybe some other plants, maybe some nuts and hemp seeds—and blended up this very large, 30-plus ounce smoothie, and I had that instead of fast food. What I discovered was that instantly my energy levels were off the charts! Usually after dinner, I would be zapped for energy and would veg out on the couch and just watch TV until I went to bed. Instead, I was energized, and I actually went to the gym and worked out. That was enough to draw me back and try it again.

**MH** And I imagine it was also a good incentive to keep seeing your future wife!

**WB** Well, that's certainly true! But you know, she never put any pressure on me. She never asked me to make any changes; she never even recommended them. She was just kind of supportive, but when I asked her questions, she would tell me what she thought.

**MH** How quickly did you become fully whole-food, plant-based?

**WB** It was a process. I transitioned towards a pescatarian diet; I stopped eating meat, but I'd still eat fish. That took me months.

As I was on this journey, I became very curious and interested in how this was helping me so much. Because first I was energized, and then within a few days, my skin was clearing up, and after that, my hair was growing thicker, my nails were thicker. The next thing you know, my body was changing. This gut that'd been dragging over my belt was receding, and I had to tighten up the belt. I was looking for an explanation, and one of the places that I turned to was Joel Fuhrman and his books. He inspired me; his work inspired me.

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Why have I not heard anything about this at these elite institutions where I was educated? I turned to the medical literature and was shocked to discover that there weren't just dozens of nutrition science articles, there were thousands!

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The other thing is that I'm a man of science. So, if this is so powerful and it's radically transforming my life, why have I not heard anything about this at these elite institutions where I was educated? I turned to the medical literature and was shocked to discover that there weren't just dozens of nutrition science articles, there were thousands! You know, Mark, one of the things that I've been thinking about a lot recently is that at that moment in time, I felt like I was cursed—I'm losing my health, I'm 50 pounds overweight, I feel horrible, I want to curl up under a blanket in a dark room. It turns out that this was a blessing for me, because being the patient myself was a much higher level of motivation, and the empathy that it gave me turned me into a much better doctor.

The more I looked, the more inspired I became, and even though I didn't really have

time for it, I kept studying and learning about these topics. At night, I would study nutrition science articles, and then I would bring what I learned into the clinic the next day and would use it to treat my patients. The next thing you know, these patients with digestive health problems were radically transforming. It's their own version of my story. They're not necessarily losing weight, although many of them did, but they may be improving their bowel syndrome or putting their ulcerative colitis in remission or throwing the proton pump inhibitors for their acid reflux into the trash.

**MH** I find your story to be like that of so many other lifestyle physicians that I have met or interviewed who have experienced the extraordinary power of diet and lifestyle changes in their lives, discovered the large body of medical literature validating it, and then became motivated to share that with the world.

**WB** Yes, at some point, there's just no denying that power. Then you're just trying to put the pieces of the puzzle together to understand the picture of how you got there and why this makes sense and what the biology of it is.

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At night, I would study nutrition science articles, and then I would bring what I learned into the clinic the next day and would use it to treat my patients. The next thing you know, these patients with digestive health problems were radically transforming.

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**MH** I gather the real challenge remains gaining the acceptance of your patients.

**WB** It really is a challenge with the patients, and it's a challenge also because the system doesn't want to allow for it. For a doctor to do this, he or she needs to be extremely self-motivated, to the point that they're willing to cut against what the system wants. For me, it required me to push harder, work harder, and



accept less in terms of money. Those were the things that I was forced to do if I wanted this to be a part of my medical practice. The reality is that becoming a doctor is often a choice to make money. I mean, we doctors are fairly compensated, but if you want to make money, you should become a banker. Becoming a doctor should be about the patient and finding ways using your skills, your education, your experience to improve their lives, help them achieve better health.

**MH** Clearly, what makes you stand out in the world of lifestyle medicine is your specialty in gastroenterology. Do you have other colleagues in this movement?

**WB** There are a few, and we are all of a new generation. There is Alan Desmond in the U.K., and there's Vanessa Mendez and Serena Pasricha here in the U.S.

**MH** Do you communicate with each other?

**WB** We do, and they are all friends of mine. Serena and I actually trained together; I've known her since 2009. She was at Northwestern with me, and then she was at the University of North Carolina with me. We're very good friends and have had parallel journeys in many ways.

We definitely are a small group, but I think there is an explanation for this. The origins of today's lifestyle medicine movement go back to the 1980s, when many of the discoveries from research that was led by MDs like Dean Ornish and Caldwell Esselstyn showed that a whole-food, plant-based diet and lifestyle could improve a person's cholesterol and blood pressure and diabetes, and by doing so, reduce their risk of heart disease. As a result, the science was more mature when it came to heart disease. Fast-forward to my space, the 21st century: we didn't even have the technology to study the gut microbiome until around 2006, so for gastroenterology, this is a new science.

**MH** Speaking of the microbiome, I've always found it to be a bit of an elusive concept. It seems to be foundational to health, in some ways analogous to the importance of a healthy soil. My questions are how do you measure whether you have a healthy gut microbiome and how do you know if it is declining or improving? It doesn't seem as simple as testing your blood pressure or sugar level. Is there a test or an easy way to measure the health of your microbiome?

**WB** There are no stool tests or blood tests that I would recommend at this point that by themselves measure the microbiome in terms of its general health. However, there is a company called Zoe—and full disclosure, I'm involved with this company—that has scientifically validated their microbiome test in order to help with metabolic issues.

But, to me, you're asking a broader question than that specific niche of just the metabolism. You're asking me more generally, "How do we measure gut health?" For me, the answer to this question is less about the technology and more about how does a person feel? How does their body react to food? Do they have other medical conditions associated with the microbiome?

When a person has a damaged gut, usually the first place that you will see it manifest is in food intolerances. A food intolerance is when a person eats any food and they get gas, bloating, discomfort, diarrhea, constipation, and other digestive symptoms. Now, a one-time event is not a big deal; that doesn't mean they have a bad gut. But when these symptoms are an ongoing, recurring issue, that to me is someone saying, "I have a damaged gut. It's struggling to process and unpack my food." The symptoms are evidence that this person's gut is not where it needs to be.

Now, if you take that same person and show them how to heal their gut, the food intolerance will go away. And when the food intolerance goes away, this is clear evidence that they have healed their gut because they started at a place where they could not tolerate the food they consumed and they have ended at a place where their gut is strong enough to tolerate the food without restriction. That's what I'm looking for.

**MH** Is it your contention that one's microbiome is foundational to a whole spectrum of health issues?

**WB** Absolutely and without question. It's more than just my specific field; it's more than digestive health. It's also the metabolism, our immune system, our hormones, our mood, and our brain health. All of these factors are affected by our microbiome.

In the American Gut Project, which is the largest study to date to connect our diet and lifestyle choices to our microbiome, they found that the diversity of plants in your diet is the most important factor for gut health.

**MH** Your book, *Fiber Fueled*, clearly put you on the map in our health movement. Tell me what the inspiration was for the book, and explain why you argue fiber is so important.

**WB** The easiest way for me to answer your question is to share the results from my favorite fiber study of all time. It was by Andrew Reynolds and published in *The Lancet* in 2019. The study conclusively found that when people consume more dietary fiber—in food, not supplements—they not only reduce their risk of having a heart attack, they also reduce their likelihood of dying of heart disease, of being diagnosed with multiple different types of cancer, of having a stroke, and of being diagnosed with diabetes. The conditions I just listed are now four of the top 10 causes of death, so



consuming more dietary fiber reduced the likelihood of dying. When people ate more fiber, they lived longer and healthier lives.

And one last point. The reason why this is so critical to me is not just this data, but it's also the fact that 19 out of 20 people in the United States are not consuming even the minimally recommended amount of fiber. This is the most important nutrient, and 19 out of 20 people are not getting enough of it!

**MH** As I am sure you are aware, most of the readers of this magazine already adhere to a whole-plant-food diet and lifestyle, but they are always seeking to learn how to do so in the best way possible. Since fiber is your specialty, I would like you to talk about the best fiber to consume. Of course, so much of America has already been programmed to think that if we just eat oats like Wilford Brimley told us to do, we could go about our lives, and it wouldn't matter what else we do. Are oats the superfood we have been told that they are?

**WB** I would say it's an oversimplification of the issue. In the American Gut Project, which is the largest study to date to connect our diet and lifestyle choices to our microbiome, they found that the *diversity* of plants in your diet is the most important factor for

gut health. So, it's not simply counting the grams of fiber or eating your oatmeal. But if you take that oatmeal and you add raisins and walnuts and blueberries, and you start adding more varieties of plants to it, you can take what is already good for your gut and make it even better. My message to the readers of this magazine is not just to eat plants, but to eat as wide a variety of plants as possible—and that is something that we really need to learn how to do.

**MH** From your answer, it sounds like you're a fan of Joel Fuhrman's concept of having the variety of "G-BOMBS" in your daily diet.

**WB** Dr. Fuhrman established a great foundation with the G-BOMBS. I have my own super version that I introduced in my first book, *Fiber Fueled*, which is the F GOALS. F for fiber (that includes fruit and fermented food); G for greens and whole grains; O for omega-3 superseeds (chia, flax, and hemp); aromatics (meaning onions and garlic); and legumes. And then for S, I have three, because I still had a lot that I wanted to add, so I made the most of this letter. That includes sea vegetables, 'shrooms (meaning mushrooms), and finally, sulforaphane. Sulforaphane refers to the phytochemical in cruciferous vegetables that's so very protective against cancer.

**MH** Are you saying that the cruciferous vegetables contain some of the very best form of fiber?

**WB** Exactly. My goal is for people to consume as many different varieties of plants as possible, and if you use the F GOALS, it gives you a nice foundation to understand what you should be looking to add more of into your diet.

**MH** In your "F" category, you mentioned fermented foods. There's been some controversy about fermented foods, mostly, I believe, because of their added salt content. Would you care to comment on that?

**WB** In my view, the controversy about salt content is more a theoretical issue than a real one. I would argue that it's hard to say that fermented foods are horrible for our health when the countries that eat the most fermented foods, like South Korea and Japan, have a far longer life expectancy than we do in the United States.

In the gut-health space, fermented foods are not controversial at all. In fact, they are gaining steam as being an important part of building a healthy gut. That assertion is based upon a summer 2021 study out of Stanford University, where for 10 weeks they had people increase their fermented food intake. What they saw was a very surprising increase in diversity within the microbiome, which, by the way, is one of the ways that we measure gut health. They saw more diversity within the microbiome, and they also saw a reduction in measures of inflammation.

I'm not arguing that we should eat bowls of sauerkraut, but a tablespoon of sauerkraut could be considered a healthy serving. And if you're otherwise on a low-salt diet, that amount is not going to induce hypertension. The same is true for other fermented vegetables like kimchi, tempeh, miso, kombucha, or water kefir. When you include these foods, you are helping to build a healthy gut. That's what the science is showing us.

**MH** When I go to the big warehouse-style outlets and national grocery stores, kombucha has become all the rage as a superfood. Is this just marketing hype?

**WB** In the world of nutrition, it really depends on what you're replacing with what. If you give me the choice between water or kombucha, I would argue that water is

healthier. If you give me the choice between kombucha and soda, the kombucha is healthier. I don't think kombucha is the backbone of a healthy diet, nor is it the fermented food of choice. But I do think that if you like carbonated drinks and you're choosing to replace soda with a moderate amount of kombucha, meaning four ounces or less per day, that is within reason.

**MH** What about spices? Are they on your good list or bad list?

**WB** They are definitely on the good list. When you get that intense flavor, what you're tasting are the phytochemicals that have benefits for the human health.

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You should never think that a couple milligrams of supplements will outweigh the pounds of food that you eat on a daily basis.

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**MH** You know, in the health food movement that I grew up in since my parents had a "mom and pop" health food store, I witnessed wave after wave of products, mostly supplements, to make health simple to achieve without having to radically change your diet. Today, with the recent focus on the importance of a healthy gut, pre- and probiotics are all the rage. Is this just more hype?

**WB** You can't supplement your way from a C- gut to an A+. That's not possible. If you change your diet, you can take your C- gut and turn it into an A- or an A. And you may be able to bump it up from a A- to an A or an A to an A+ with the addition of some supplements, but you should never think that a couple milligrams of supplements will outweigh the pounds of food that you eat on a daily basis.

**MH** Sounds like you're a fan of T. Colin Campbell's "wholistic" view, which cautions against the concept of reductionism that supplements represent.

**WB** Yes, though I do think there's a role for supplements, which can be helpful in many situations. What I'm pushing back against,

however, is the idea that taking supplements means you don't need to change your diet. To me, that makes no sense.

**MH** For those that have not been following this lifestyle for a long time, let's talk about some of the daily discomforts that so many folks experience in the gut-related arenas. As you know, the pharmaceutical industry bombards us all the time with the wonderful benefits of taking antacids when you experience reflux, laxatives and diuretics when you can't go to the bathroom, and special creams if you have hemorrhoids. Are these wrong-headed approaches to address these kinds of problems?

**WB** I don't want to go so far as to say they're the wrong approach. They can be a part of a treatment protocol, but they certainly are not fixing the root of the problem. If the faucet is running and the sink is overflowing, you shouldn't just perpetually mop up the water on the floor; you should first turn off the spigot. But again, I don't want to make people feel that taking a medication is always wrong; sometimes there's a place for that. What I do think is wrong is that we have a healthcare system that does not identify and address the root of the problem, which is generally dietary lifestyle.

**MH** Let's move from some minor discomforts that people experience to some of the more serious gastrointestinal issues, like ulcerative colitis and irritable bowel syndrome, where the recommended medications can be pretty potent. In your experience, can patients who adopt your fiber-fueled, whole-plant-food diet reverse such conditions and return to a more normal life?

**WB** Yes. If a person has a poor diet and they change to a fiber-fueled, whole-food, plant-based diet, that is a radical transformation for their body, and it's going to yield benefits. The real question is, "How much? How far can those benefits take you?" I don't want to make it sound like a silver bullet where all your problems instantly go away. But have I had patients who put themselves into a permanent remission of their ulcerative colitis? Yes. Have I had patients whose irritable bowel syndrome goes away and don't have symptoms anymore? Yes. Have I had patients come off of the medication they've been taking to control their acid reflux? Yes. Is this true for every single

patient? No. But, it makes complete sense to me to maximize the diet and lifestyle opportunities you have so that you are not dependent on medication that just covers up the issue but never really addresses the root of the problem.

**MH** I imagine some of the medications that are used to treat ulcerative colitis and irritable bowel are pretty extreme, are they not?

**WB** Yes, they are, particularly when it comes to inflammatory bowel diseases like ulcerative colitis and Crohn's disease. These medications can cost thousands of dollars per month. And they're also relatively new medications, meaning that they've been developed in the last 10 to 20 years, so we don't really know what the potential downside of long-term use is.

**MH** And once again, they're not removing the cause of the condition?

**WB** No, they're not. To be fair, these medications can be transforming in a good way for people who really need them. But again, we're not identifying and addressing the root of the problem. To me, that's not the approach healthcare should be taking for people suffering these conditions.

**MH** From many interviews and podcasts I have watched of yours, I see that you've spoken a lot about colorectal cancer and the precursors of that, polyps. Can you talk a minute about polyps—what they are and what people should do with them?

**WB** Polyps are an abnormal growth on the lining of the colon. They will initially start off as the size of a tip of a pencil. Over the course of years, they can grow to be the size of an eraser, then a blueberry, then a raspberry, and then a strawberry, and then they become cancerous. We currently think that process takes about 15 years. Unfortunately, people often never know that they have a polyp because they don't cause symptoms. In fact, early-stage cancer generally doesn't cause symptoms either, which is part of the problem. Fortunately, polyps are visible during colonoscopies, and if they are removed during the procedure (which they usually are), you are basically removing the threat of it turning into cancer. Once they're removed, they are permanently gone.

**MH** But their removal doesn't eliminate what caused them in the first place, does it?

**WB** No, it doesn't address the root cause in the sense of preventing the polyps in the first place, but part of the challenge is that there's no perfect way to prevent polyps and colon cancer from developing when we live in the United States. Simply living in the United States and having our cultural norms has a negative effect on people's digestive health, and it increases their risk of having colon cancer.

I'll give you a quick example. We have about 400% more colon cancer in the United States compared to India. And when people from India immigrate to the United States, their colon cancer risk almost instantly doubles compared to their family's back home. In the Adventist Health Studies, they found that among Adventists eating a vegan diet, the likelihood of being diagnosed with colon cancer was reduced substantially, yet it was only by 22%. It's not a 100% risk reduction.

Considering this data, should we optimize our diet and lifestyle and increase our fiber intake, nurture a healthy gut microbiome? Yes. Should we ignore and avoid colon cancer screening opportunities (which are usually covered by our health insurance, anyway)? Absolutely not! Every single person should get screened.

**MH** Are all polyps cancerous, and is that why they should all be screened for and removed?

**WB** There are different types of polyps. Some of them are completely benign, meaning that they don't even need to be removed. The ones that we worry about are the ones that are precancerous; they're not cancer yet, but if we allow them to grow, they will turn into cancer.

**MH** Is that something that's determined by a biopsy before surgery?

**WB** It's determined by looking at any polyps removed during the colonoscopy. The removal is painless, so if I find a polyp during a colonoscopy, I can remove it, and the patient honestly can't even tell whether I did or didn't remove it. When a polyp is removed, it is sent to the pathologists. They review it and tell us whether it's benign or precancerous or is already cancerous. They also can tell us whether or not we've completely removed it, and if we've completely removed it, even if it was cancer, it's cured and it's gone.

**MH** So, you're here to say that if you're having a colonoscopy and a polyp is identified, there's no harm in removing it.

**WB** Oh, the doctor will remove it if he sees it. In fact, it would be malpractice for the doctor not to remove it.

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Should we optimize our diet and lifestyle and increase our fiber intake, nurture a healthy gut microbiome? Yes. Should we ignore and avoid colon cancer screening opportunities? Absolutely not! Every single person should get screened.

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**MH** In listening to a few of your recent podcast appearances, it appears that you're much more a fan of colonoscopies than you are of screening with Cologuard. Why?

**WB** Cologuard is a noninvasive stool test, and for people who are unwilling to have a colonoscopy or who have a medical reason not to have a colonoscopy, then the Cologuard could be an appropriate choice. But comparing Cologuard to a colonoscopy is not an apples-to-apples comparison. Colonoscopy is the gold standard test for the detection of both polyps and for colon cancer.

One of the scary things that can happen with Cologuard is that there's about a 10% chance of a false negative. The test result will say, "You're perfectly fine. There's no problem," when there is. And that's very alarming, because any undetected colon cancer will continue to grow until it becomes life-threatening.

**MH** What about the argument against routine colonoscopies due to the risk of perforations during the procedure?

**WB** Statistically speaking, the risk of a person in the United States getting colon cancer is extremely high—about 5%, or a one-in-twenty chance. If you go on a plant-based diet, it goes from 5% to 4%—not a radical reduction in that risk. The risk of a

perforation during a colonoscopy, though, is extremely small. Let me frame this for you: in my practice from 2016 until 2022, there were three doctors, and we each performed colonoscopies every single day, resulting in thousands of colonoscopies per year—and there were no perforations in those six years.

**MH** What about the fluids prescribed for prep for the procedure? Any dangers to emptying your gut microbiome with those?

**WB** I think that the only people in danger of emptying their microbiomes are those who are doing things like colonics, where they are repeatedly traumatizing their microbiome by emptying it once or twice a week for weeks on end. There is no danger from a one-time colonoscopy. Does it change the microbiome? Yes. Is the change something that manifests with disease, meaning that new people come up with ulcerative colitis? I have not seen that.

**MH** During your recent appearance on the NHA's monthly "Power Your Health Q&A," you indicated that you practice what you preach and recently submitted to your own colonoscopy. Do you want to share with our readers what you ate before and after the procedure and any recommendations you may have for folks who will be doing the same?

**WB** Sure. In the days leading up to a colonoscopy, you typically want to go on a low-fiber diet for about five days. This is because fiber can get trapped inside your intestine and obstruct the view of the gastroenterologist. The approach I took and recommend is actually rather simple. You particularly want to get rid of stuff that has seeds and skins, and when I say skins, I'm talking about the skin of an apple or the skin of a pepper. You want to take whatever fiber content is there and either break it down as much as possible or really soften it to the point that it's not hard fiber anymore. So, during those five preceding days, I stopped eating salads, even though I normally eat salads for lunch almost every day. Instead, I ate a lot more soups. I typically don't eat white rice, but I did during those five days. I also ate white pasta with pasta sauce. The key is shifting to a low-fiber diet during that time period.

**MH** What about after?

**WB** After the procedure, I shifted back towards reintroducing fiber almost

immediately. The first meal that I had was actually a black bean soup, because beans are really good for the microbiome. And the fact that it's a soup means that it's slow-cooked; it's nice and soft, and that's a little gentler on the gut.

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The choice I faced was between continuing a life as a traditional medical doctor or choosing a nontraditional path and attempting to do something much bigger, a call to action to try to impact as many lives as possible. This larger opportunity was there for me, and I decided to take it.

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**MH** Let's shift from your procedures to your practice. If I heard right, I believe you recently left private practice. So what is your new world of work?

**WB** My new world has grown out of the coming publication of my book and growing online opportunities. I found that, through these, something that was initially my hobby has turned into a full-time job. But it put me into a place of feeling very compromised because not only was it affecting my ability to be a full-time doctor, but I also didn't feel like I was doing either of the two jobs as well as I could. And at the same time, it was limiting my time for my family, and that was a situation that I was not willing to accept. From my perspective, it's not acceptable to be a workaholic and then not have a relationship with your kids.

So, I knew that a change needed to take place, and the choice I faced was between continuing a life as a traditional medical doctor or choosing a nontraditional path and attempting to do something much bigger, a call to action to try to impact as many lives as possible. This larger opportunity was there for me, and I decided to take it. I left my practice in February, and I'm now

focused full-time on doing as much as I can to try to educate the masses and improve health for as many people as possible across the globe.

**MH** Well, not to be mundane, but how do you make any money doing that?

**WB** There are several ways. But first I want to add that I feel they are all very ethically sound because this is not exclusively a financially oriented choice. That said, the finances fall into place. First, I am able to do a lot of work for free because I am paid for my books. Second, I offer educational courses for which people pay, and through the power of scale on the internet, I can make the costs as affordable as possible while reaching a wide audience.

**MH** Tell me about the courses.

**WB** I have several programs. I have courses that I teach that are one-night events where I teach for several hours on one particular topic. For example, I teach a constipation course that shares with sufferers all of the knowledge that I apply to this particular problem as a gastroenterologist. The format

is a video lesson with a live question-and-answer format, and the viewers get a 35–40 page workbook that complements the presentation. The materials empower them with new knowledge they can not only apply in their own lives, but also better inform them for their interactions with their healthcare providers. That way, they're asking the right questions, and that leads to better results in healthcare. I firmly believe that an empowered, intelligent patient is more likely to push their doctor to ultimately create solutions for them.

**MH** As you are probably aware, Dr. Dean Ornish has programs where people are taught a complete-lifestyle approach to reversing their heart disease. Are you planning to do something similar?

**WB** In part because of COVID-19, I haven't done any in-person events yet, but I am just getting started in this space, so I may in the future. At present, however, my programs are strictly online, mostly one-night events. However, I also have my Cadillac program, which is a seven-week, fully immersive



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online experience. It is a very large-scale masterclass that includes audio lessons, video lessons, live Q&As, live interviews, and recipes. I built it very thoughtfully with a specific structure as it moves through the seven weeks.

One of the great things about the masterclass is that it brings people together. Many of the participants have become my friends, and many of them also create connections with other people who have similar symptoms. They learn from one another and, in many cases, become friends or advocates.

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What makes me tick right now is that I'm very passionate about educating the world to understand the pivotal importance of gut health and our power in achieving that health. It's life-changing for people.

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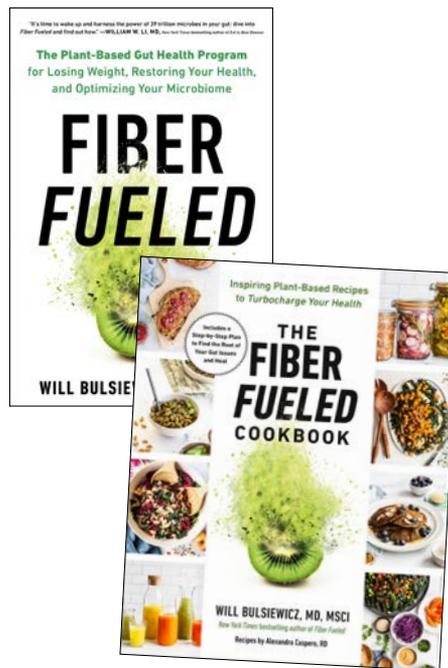
**MH** Sounds like your work is creating a community.

**WB** It is, and that's been pretty amazing for me. I feel almost like a proud parent, seeing people helping one another and problem-solving together.

**MH** Where do people get the details about signing up for your programs?

**WB** They can go to my website, which is [theplantfedgut.com](http://theplantfedgut.com), to find out about all the things that I do. There you can sign up for my courses and my free email list, check out my books, and find a host of resources that I provide, completely free. The nice thing about many of my online courses is that anyone can take them at any time; you can register at midnight and take it immediately. I'm offering the seven-week masterclass again in July of this year; it's been a year since I've taught it. I want people to experience it as a group, going through it together.

**MH** As if that isn't enough, your new book came out in May. Tell us about that.



**WB** My new book is called *The Fiber Fueled Cookbook*. It has more than a hundred new recipes that are whole-food, plant-based, but the book is actually much more than a cookbook. It also has 11 chapters that are designed to help people understand how to heal and optimize their gut, and they don't get to recipes until the end of chapter four. For the person who has food intolerances, for example, I actually teach them my step-by-step strategy for how to heal those problems.

**MH** Who came up with the recipes?

**WB** The recipes were developed by Alexandra Caspero. She is a registered dietician, and she also did the recipes for *Fiber Fueled*.

**MH** Where can people order it?

**WB** If people buy a copy of my book, no matter where they buy it from, I'm very grateful for their support. In a perfect world, I want to support our local bookstores, because they are usually owned by one of your neighbors in your community and they are going through a tough time with this pandemic. So, given the choice between handing my \$20 bill to them or handing my \$20 bill to the big online marketplaces, I would rather give it to the neighbor in need. That being said, I recognize that there are other considerations, and you certainly can get it wherever books are sold.

**MH** It seems that your wife's initial inspiration to become vegan has grown into a whole-food, plant-based, fiber-fueled life for your entire family.

**WB** It truly has become our life; we don't really even think about it anymore.

**MH** I am sure you consider that quite a blessing.

**WB** It really is, and my wife and I are now additionally blessed to have three beautiful children. We're not perfect, but we're doing the best that we can like everyone else. It's important to see how the love we have for our family, the way we raise our children, and the way we live as adults impacts our family, positively or negatively. Our choices also will have a ripple effect across generations, so we hope those choices create effects that are very positive and lift the family up.

**MH** Sounds like that's what makes you tick right now—helping make that generational change.

**WB** I think what makes me tick right now is that I'm very passionate about educating the world to understand the pivotal importance of gut health and our power in achieving that health. It's life-changing for people. I don't understand why the healthcare system that I was raised in is completely dropping the ball when it comes to this. This passion started with the foundation of being sick myself. It makes me very motivated to want to introduce this wisdom to as many people as possible in whatever way possible.

**MH** It's got to be a little inspiring for you in 2022 to look out over the horizon and see the increasing number of physicians that are turning to lifestyle medicine, certainly more than there were 10 years ago, by a long shot.

**WB** It really is inspirational. And we have to pay these physicians our respect because the system has still not changed and is still not making this any easier. These are individuals who know that this is right, and they're willing to continue to practice this way despite the fact that the system says that they should not. That inspires and encourages me, but at the same time, we still have a very long way to go.

**MH** Well, Dr. B., we in the NHA are proud to have you helping to lead that fight.

**WB** And I'm proud to be an NHA member, Mark, and very grateful for the opportunity to be increasingly connected to you and the NHA community. 🌱

# The Challenges of Managing Chronically High Blood Cholesterol, Even for the Plant-Based

by Joel Kahn, MD, FACC



A large portion of my clinical care of patients over the last 30-plus years has been the assessment and management of a chronically high blood cholesterol level. This issue has been the reason for many consults, particularly in my advanced preventive cardiology practice. Patients may arrive with considerable fear regarding the decision to take prescription drugs their primary care or specialist health care professionals have advised them to use long-term. Many have adopted a whole-food, plant-based diet recently or even years prior, but still have not been able to lower their cholesterol to a safe level. They fear the consequences of not taking the medications, and they fear the possible side effects of taking the drugs, too. Here, I'll discuss the issues and the approach used at my clinic. All individuals, even those on plant-based diets, are advised to pursue advanced testing and not consider themselves to be "bulletproof" to the risk of cardiovascular events.

## What is cholesterol?

Cholesterol is a waxy substance, one of the sterol family of chemicals that are modified steroids. Our bodies make cholesterol, if needed, to build cells and make bile acids, vitamins, and hormones like cortisol.

Cholesterol is not necessarily "bad," but too much cholesterol can pose a problem, as will be discussed.

Cholesterol comes from two sources: within the body and via foods. The liver makes all the cholesterol you need. In reality, all cells make cholesterol. The other main production sites are the intestines, the brain, the adrenal glands, and the reproductive organs. The body makes approximately 1,000 mg of cholesterol each day, with about 35,000 mg stored within the body, mainly in cell membranes. If the diet is completely plant-based, there will be no cholesterol ingested. The average omnivore might ingest 300–400 mg a day, so more cholesterol is still produced internally than consumed.

The foods that are high in cholesterol, like egg yolks, meats, dairy, and poultry, are also rich in saturated and trans fats. These fats cause the liver to make more cholesterol than it otherwise would, so the blood cholesterol levels tend to rise. Although they contain no cholesterol at all, tropical oils like palm oil, palm kernel oil, and coconut oil contain high amounts of saturated fat that can increase cholesterol. These oils are often found in baked goods.

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All individuals, even those on plant-based diets, are advised to pursue advanced testing and not consider themselves to be "bulletproof" to the risk of cardiovascular events.

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## What are lipoproteins?

Since cholesterol is a fat, it can't dissolve in the blood and travel to organs to provide substrate for metabolism. To do that, the body packages cholesterol in protein-covered particles that mix easily into blood. These are called lipoproteins, and they move cholesterol and other fats through the blood like little dump trucks. There are several different forms of lipoproteins based on density, such as low-density lipoprotein (LDL). When it carries cholesterol, it is called LDL-C or LDL-cholesterol. LDL-C is what is usually reported on a routine lab examination at the doctor. In reality, it is a calculated number, not a directly measured

amount, unless special labs are ordered (direct LDL-C). The other lipoproteins you hear of are high-density lipoprotein (HDL), intermediate (IDL), and very low-density (VLDL). All can carry cholesterol and other fats through the blood like dump trucks.

### Why might cholesterol matter? The lipid hypothesis

Cholesterol does serve an important role in a healthy metabolism. Why is this an important matter to measure and, if elevated, to consider lowering? The lipid hypothesis, also known as the cholesterol hypothesis, links blood cholesterol to the development of the most frequent cause of death, cardiovascular disease—heart attacks, strokes, and peripheral vascular disease. The hypothesis argues that measures to control and lower blood cholesterol will reduce these events and, perhaps, prolong life.

### Risk factors for heart disease

One of the most important considerations to master is the concept of risk factors for heart disease. After World War II, there was a rise in heart attacks, many fatal and tragic. In 1948, the U.S. government started to fund the famous Framingham Study outside of Boston. Other studies—led in Minneapolis by Ancel Keys, PhD; in Chicago by Jeremiah Stamler, MD; and in Boston by Paul Dudley White, MD; and others—sought out the public health and epidemiology of heart attacks and strokes. At least as early as 1961, the Framingham Study reported on “factors of risk” for coronary heart disease (heart attacks). This term was flipped to “risk factors” and is commonly used today, too. The Framingham Study identified high cholesterol as a risk factor for heart disease along with other factors: diabetes mellitus, high blood pressure, close family members with heart events at a young age, and, later, cigarette smoking. Another major study led by Ancel Keys, PhD, and other researchers around the world was called The Seven Countries Study. This prospective analysis of over 12,000 men in 16 communities and 7 countries began in 1958 and was published initially in 1970. A high level of blood cholesterol was directly related to the risk of dying of coronary heart disease. The study also found that diets high in saturated fats like meats and cheeses related to high blood cholesterol levels. Soon after, medical organizations like the American Heart Association began

recommending the routine measurement of cholesterol levels and avoidance of foods high in saturated fats.

### Does an elevated serum cholesterol need therapy?

**NOTE: THE COMMENTS HERE ARE GENERAL ONES, AND YOU ARE ADVISED TO ALWAYS WORK WITH YOUR HEALTHCARE TEAM.**

A proposal was made over 15 years ago by an organization of experts called the SHAPE society (Society for Heart Attack Prevention and Eradication) that not all asymptomatic patients need prescription therapy for elevated cholesterol levels. This would not apply to those who already know of some form of atherosclerosis (hardening of the arteries) from a cardiac catheterization, those who have had a heart CT angiogram showing plaque, or those with a prior heart attack, stroke, bypass operation, or stent procedure. Most people learn they have a high cholesterol level from their primary care provider and have no known atherosclerosis. Often a prescription medication is offered based on lab values alone. At my clinic, we use a personalized approach as suggested by the SHAPE group, based on precise measures of artery health and multiple lab tests that go beyond the Framingham Study findings. Some of the practices we use are listed here.

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There are, on average, three to five years between the onset of erectile dysfunction and the finding of CHD, which is plenty of time to detect and to work on preventing heart issues.

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### Clinical clues to atherosclerosis

A thorough history and physical examination can reveal clinical clues to clogged arteries needing cholesterol therapies.

Men have a built-in warning system for silent coronary heart disease (CHD). When achieving an erection is difficult or impossible, it can be a sign of clogged arteries in the pelvis that presents before a heart attack hits. There are, on average, three to five years between the onset of

erectile dysfunction and the finding of CHD, which is plenty of time to detect and to work on preventing heart issues. If you and your partner are worried about sexual performance, look for and treat the root causes of diseased arteries before just popping a blue pill.

Premature baldness could also indicate clogged arteries. In a comprehensive study of almost 37,000 men, severe baldness at the crown of the head strongly predicted the presence of silent CHD at any age. In a separate study of more than 7,000 people (including over 4,000 women), moderate to severe baldness doubled the risk of dying from heart disease in both sexes. Gray hair, too, may be a clue to blocked arteries. A study presented in Europe at EuroPrevent 2017 found that a high amount of gray hair is a risk factor for silent heart atherosclerosis. A total of 545 adult men without known heart disease had a CT angiogram of their heart arteries, a very accurate way to identify silent problems. Having equal amounts of gray and dark hair, or mainly gray and white hair, correlated with finding silent heart blockages. The researchers commented that “atherosclerosis and hair graying occur through similar biological pathways.”

A diagonal ear lobe crease might indicate clogged arteries. The diagonal ear crease may result from poor circulation, including in arteries in the heart. Although some medical professionals have argued that a crease is just a general sign of aging, researchers used the most sophisticated CT scan method to measure silent CHD and found that ear crease predicted heart disease even after the other risk factors such as age and smoking were factored in.

Finally, calf pain on walking, known as claudication (from the Latin for “to limp”), can be a warning sign. Atherosclerosis can block leg arteries, particularly in smokers, before CHD is diagnosed. This symptom requires an evaluation without delay. Your doctor will examine the pulses in your legs and perform simple measurements of leg blood pressure and blood flow to confirm a diagnosis of poor circulation.

### Searching for silent atherosclerosis

After a detailed history and physical exam searching for clinical clues to atherosclerosis, a review of any prior imaging studies, like CT scans, mammograms, ultrasounds, and heart

testing, will be performed. Often a prior chest or abdominal CT scan shows some degree, even advanced, of vascular aging that's either not mentioned in the report (I review the images on CD) or overlooked. A prior chest CT will show if the coronary arteries are diseased and calcified, and this must be assessed; it can often offer "free" additional information. This can be very important in assessing the need for cholesterol-lowering therapies. If there are no prior studies, a carotid thickness (CIMT) ultrasound is performed; it involves no X-rays, is painless, accurately identifies the health of important arteries, and can be repeated yearly to see if arteries are getting healthier or more diseased. The CIMT is much more valuable than a standard carotid ultrasound, as it uses digital measurements that are very precise and objective. Other patients will also get a coronary artery calcium scoring (CACS) CT scan at a hospital or imaging center to identify silent heart artery aging. If the arteries are free of plaque, the elevated cholesterol may not need any therapy at all, as proposed by the SHAPE study and as now endorsed by the American Heart Association.

### Advanced lab studies

Over 20 years ago, a more advanced lab panel was introduced that was shown to be more accurate than the standard one that measures only the total, LDL and HDL cholesterol, and triglycerides. This advanced panel measures the number of LDL-cholesterol particles, called the LDL-p or LDL-particle number. In some patients with an unremarkable LDL cholesterol, the LDL-p may be very high, something called discordant results. This is more common in patients who are overweight and have prediabetes or diabetes. The LDL-p is more predictive of future heart attacks and other events and is the measurement used in my preventive clinic. Other lab studies will also be drawn, like a high-sensitivity C-reactive protein (hs-CRP) level to measure blood vessel (vascular) inflammation. The patient's blood sugar levels over the last 3 months will be assessed with a HgbA1C level. Homocysteine will be measured, and some genetics like apoE and 9p21 may be assessed.

### Lipoprotein(a): The heart's quiet killer

Often the most important lab value to assess risk for heart disease and need for therapy is measured for the first time at

my clinic. It is called the lipoprotein(a) or Lp(a) level and is worth some additional detail. Lp(a) is a complex cholesterol molecule whose presence in the blood is determined by genetics, not diet. It is composed of an LDL-cholesterol particle, a sulfur bridge, and another lipid particle called apolipoprotein(a). If Lp(a) is inherited, levels in the blood will reach a plateau at around age two and remain high through adulthood. It is the most common inherited risk for developing premature cardiovascular disease. It is sometimes called the "sticky" cholesterol.

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## Adherence to the Portfolio Diet was associated with a lower risk of all heart events (11% lower), heart attacks (14% lower), and heart failure (17% lower).

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Lp(a) can cause several types of coronary heart disease, such as heart attack, stroke, peripheral arterial disease, aortic valve disease, and heart failure. The risk of heart disease from elevated Lp(a) will be even higher in the presence of smoking, hypertension, and type 2 diabetes. Elevated Lp(a) can influence the risk of blood vessel and heart valve damage from birth. According to a National Heart, Lung, and Blood Institute report published in 2018, an estimated 1.4 billion people globally have elevated Lp(a) levels, representing about 25–30 percent of the entire population.

Although measurement of Lp(a) is widely available, it is not yet considered a routine lab test and is ordered by only an estimated 1% of physicians, even though all labs measure it and it is inexpensive. In 2019, the European Society of Cardiology recommended drawing a level of Lp(a) once in a person's lifetime. In my practice, it is crucial to measure the Lp(a) level at least once before deciding on risk and therapeutic decisions.

### Using food to lower cholesterol levels: The Portfolio Diet

Once this extensive evaluation is complete, often in just one visit, the role of diet in managing cholesterol is

emphasized, and patients are frequently given two to three months to work on their diet with a recheck before any other therapies are considered. Patients who eat a whole-food, plant-based diet are already benefiting. The EPIC-Oxford study found that serum concentrations of total and non-HDL cholesterol and apolipoprotein B were significantly lower in vegans as compared with meat-eaters, fish-eaters, and vegetarians, so the health benefits of a predominantly plant-based diet are recommended in many clinical practice guidelines. They have been further refined into the Portfolio Diet, an approach which we teach to all patients, even those who are already largely or totally plant-based.

The Portfolio Diet is actually a "diet without being a diet," as it was designed to work with any healthy food choices to lower cholesterol levels by keeping a focus on four food groups in most or all meals. Originally published by David Jenkins, MD, and researchers at the University of Toronto in 2002, Dr. Jenkins noted that plant sterols (found in sesame and sunflower seeds, peanuts, and avocados), soy proteins (in tofu, edamame, and tempeh), viscous fibers (in oats and oat bran), and nuts—foods that are integral parts of a healthy, plant-exclusive diet—were advised for cholesterol reduction, but their combined effect had never been tested. His team evaluated eating a diet with this "portfolio" of added food choices and showed that LDL-cholesterol fell by 29% in a month versus baseline levels. Most of the changes were seen as soon as two weeks, and the reduction was similar to another group given a low-dose statin medication.

Recently, the impact of the Portfolio Diet was assessed from dietary records in 123,330 women in the Women's Health Initiative study from 1993 to 2017 at the Harvard School of Public Health. Heart disease outcomes were assessed, and the impact of adhering to the Portfolio Diet was measured in an average follow-up of 15 years. Adherence to the Portfolio Diet was associated with a lower risk of all heart events (11% lower), heart attacks (14% lower), and heart failure (17% lower). The authors concluded from this nonrandomized study that "higher adherence to the Portfolio Diet was associated with a reduction in incident cardiovascular and coronary events as well as heart failure."

## When diet and lifestyle don't achieve goal cholesterol levels: Treatments

Cholesterol goals may need to be quite aggressive in patients proven to have significant cardiovascular disease, even if asymptomatic. The prior goal in heart patients of lowering LDL-cholesterol to <100 mg/dl was dropped to <70 mg/dl after new research was published. Most recently, the most-advanced-disease patients are often treated to lower the LDL-C to <55 mg/dl, for which supplements and prescription medications are usually needed in addition to lifestyle therapy. While decisions are personalized and take into account all the data available, the menu of choices used in my clinic include those listed below and more.

### STATINS

Since 1987, drugs ending in “-statin” have been available, including the most popular, atorvastatin (Lipitor) and rosuvastatin (Crestor). Studies with hundreds of thousands of patients indicate that those with atherosclerosis may benefit from statins. Although most patients do not have side effects, the risk is real and includes aching muscles or weakness, elevated blood sugar, and some cognitive decline. I combine statins with the vitamin coQ10 to restore depressed levels of coQ10 to normal. People without atherosclerosis on CIMT and heart CT studies usually do not require statins.

### EZETIMIBE

Although less well known, ezetimibe (Zetia) has been available for nearly 20 years as a prescription. Unlike statins, which lower cholesterol in the liver, ezetimibe lowers cholesterol in the intestines. It has an excellent safety profile, and several large studies demonstrate reduced risks of heart attacks and strokes. Ezetimibe can be combined with statins at low doses, resulting in excellent cholesterol levels without side effects.

### PCKS9 INHIBITORS

Over five years ago, two new cholesterol medications were introduced in the U.S. after extensive testing. They are the brand names Repatha and Praluent and are injected every two weeks. They are known as PCKS9 inhibitors. They are very powerful in lowering the LDL-cholesterol and may also lower the lipoprotein(a) level. They are expensive, and usually insurance authorization is required demonstrating that statins and ezetimibe either caused serious side effects or were not effective. Their safety seems very favorable.

### RED YEAST RICE

Red yeast rice, or RYR, is a natural agent in a capsule that lowers LDL-cholesterol with a mechanism similar to statin medications. RYR is available in health food stores. In an adequate dosage, RYR can lower cholesterol on par with a statin. RYR is usually well-tolerated. Several large studies involving thousands of patients demonstrate that RYR can reduce the risk of heart attacks and strokes.

### CITRUS BERGAMOT SUPERFRUIT

Citrus bergamot superfruit, grown in southern Italy, has been studied for its ability to lower cholesterol and blood sugar. It comes in a tablet or capsule form and is very safe. It can be used alone or in combination with statins, ezetimibe, or RYR. Studies have shown that bergamot helps reverse plaque in carotid arteries.

### NIACIN (VITAMIN B3)

Niacin, which is vitamin B3, has been used to lower cholesterol for over 50 years. It has a distinct ability to cause a flushed feeling about 30 minutes after taking a dose. Niacin lowers LDL-C, raises HDL-C, and can lower lipoprotein(a) cholesterol. Niacin has fallen out of favor when combined with statins, but it is used alone or with other agents in patients with an elevated lipoprotein(a) level.

### AGED GARLIC

Aged garlic, white or black, is odorless and is available in tablet or capsule. Studies demonstrate that aged garlic lowers cholesterol and blood pressure. Several studies from UCLA also show that aged garlic can reduce the amount of plaque volume in heart arteries, which is amazing. Garlic can be combined with other agents, is safe, and is inexpensive.

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Studies demonstrate that aged garlic lowers cholesterol and blood pressure [and] can reduce the amount of plaque volume in heart arteries, which is amazing.

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### Conclusions

Considering what to do with cholesterol and how to lower the risk of heart attack and stroke is not as simple as it seems if precise recommendations and safety considerations are of primary importance. Simply put, patients with the most atherosclerotic plaque, whether symptomatic or silent, need the most aggressive lifestyle, supplement, and prescription therapies, often combined, in order to reach very low LDL-C levels. Lipoprotein(a) is enormously important, and treatment can be adjusted to reduce levels; this is the topic of my most recent book. Even those following a whole-food, plant-based diet naturally low in calories from fat may have elevated LDL-C, Lp(a), and other risk factors and should not assume they are “bulletproof” to heart events. Fortunately, the ability to precisely diagnose, measure, and treat heart disease risk factors has advanced enormously, and the future is bright even when heart disease is present. 🌱



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Dr. Kahn has triple board certification in internal medicine, cardiovascular medicine, and interventional cardiology. He was the first physician in the world to certify in metabolic cardiology with A4M/MMI and the University of South Florida. He founded the Kahn Center for Cardiac Longevity in Bingham Farms, MI. Dr. Kahn has made regular appearances on *Dr. Phil*, *The Doctors*, *The Dr. Oz Show*, *Larry King Now*, *The Joe Rogan Experience*, and with Bassem Youssef. He has been awarded a Health Hero award from Crain’s Detroit Business. He is the author of seven books, including *Dead Execs Don’t Get Bonuses*, *The Plant-Based Solution: America’s Healthy Heart Doc’s Plan to Power Your Health*, and his most recent, *Lipoprotein(a): The Heart’s Quiet Killer*. Dr. Kahn can be found at [drjoelkahn.com](http://drjoelkahn.com).



# How to Eat Healthfully at Restaurants

A CHEF'S PERSPECTIVE

by Ramses Bravo

I'd like to talk to you about one of the most common questions that I get asked: "What's the best strategy when I want to eat healthfully at restaurants?" Many others have offered ideas for handling this, but I'd like to flip the coin around and give you a perspective, not just from me, but from other chefs on this topic.

My very first question is, "Do you really have to be there?" People with special diet preferences struggle with going out to eat at a restaurant where there's nothing they can have on the menu. This situation can cause anxiety. So, first things first—do you really have to be there? Sometimes you realize that you don't. However, there are times like family functions, birthdays, and work obligations, when, yes, you do have to be at a restaurant. The rest of this lesson is for those times.

It's hard to be that person who stands out—aka, the vegan—at the table. You don't want to be a pain, but you still want or have to be there. And you think, "Hey, I'm a paying customer. I'm not asking for a free meal. My money is worth the same as everyone else's." But the problem is this: your \$100 is *not* worth as much as a diner's who doesn't need a special order. Let me explain why.

This is what's happening in the kitchen, also known as the back of the house, while people are sitting down waiting for their meals to come. In the kitchen, you have the chef, and he's not in a cheerful mood. It's service time. The orders are coming in, and he's got the line cooks working the different stations—the meat station, fish station, pizza station, pasta station, etc.—with different cooks making those entrées at each station. Service time is a stressful time for most line cooks. It's a show-me-what-you-got kind of a situation. The chef will

call out something like, "Order in, table 23: three chickens; two lobsters; four raviolis; two steaks, one medium-well, one medium-rare." And the response from the line cooks is something like, "Yes, Chef!"

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You think, "Hey, I'm a paying customer. I'm not asking for a free meal. My money is worth the same as everyone else's." But the problem is this: your \$100 is not worth as much as a diner's who doesn't need a special order.

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Now, that's just one table—table 23. Right away, the salads and appetizers get prepared. Next, the chef tells the line cooks that the appetizers just went out, so they know they have that time to make sure their part of the order gets prepared, and when the chef calls back, "Table 23," they'd best be ready.

The medium-well steak is going to take the longest to make, so that line cook will call out something like, "Eight minutes." That means that in eight minutes, all the other stations will have three minutes to be up "on the window," or ready to serve. In those eight minutes, they all have to synchronize the raviolis, the chickens, and the lobsters so that, at three minutes away, they all come up together with the steaks. This way, all the diners at table 23 will get their food at the same time. The worst sin of all in a restaurant is to leave people at the same table waiting for their food while the others are already eating.

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## Chefs are trained in a world that expects every dish to be properly seasoned, and that usually includes oil and salt.

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But multiple orders are always coming in, so multiply the procedure of table 23 by a lot, especially on a Friday or Saturday night. The line cooks have to synchronize for every single table so that, at some point, the chef will call out something like this: "Listen up. Order 23, how long?" And he already knows the answer; he's not really asking how long. The consensus has to be somewhere in the three minutes.

Now, let's say someone has a special order. It's "Order in, table 32: two chickens; one lobster; four raviolis; one steak, well-done; and we need one plate special order. We need steamed spinach, baked potato wedges, no sauce, no salt, no glaze." Suddenly, this is an entirely new order. The cooks don't have the spinach or potato wedges at hand. This is something that they're not used to. Everybody has to



JESSIE MCCALL | UNSPLASH.COM

suddenly think, "How long is this going to take, and how does that fit in with the rest of the order?"

It's a pain in the rear, let me tell you. The no-sauce part is simple; they just don't pour the sauce. But with the other aspects of the order and maybe somewhere in there no salt, line cooks are totally thrown off. There's no "Yes, Chef." There's "What? No salt? What does that mean, Chef?" Now, instead of cooking and orchestrating, they need an explanation, guidance from the chef. And during a busy dinner service, there is no time for explanations. Explanations happen *prior* to dinner service.

So, your \$100 bill is not worth the same as other diners', because now your order is slowing down every other order. To get your \$100, the staff is losing out on pleasing the other diners whose food is now taking too long. And the customers notice; suddenly, the restaurant gets bad feedback. This is why your \$100 is worth less; everything has to pause because of you.

But you still want to eat at a restaurant, so what's the solution? You still want to eat, and you're willing to pay. Let's go through some strategies you can use to make this situation less uncomfortable for everyone concerned.

You've heard of the term BYOB? Well, BYOD—bring your own dressing. Bring a small bottle with you, and you can easily order a salad, tell them no dressing, and just use your own. Members of my family and I do this ourselves, but with a bottle of hot sauce. We're famous for packing hot sauce because a lot of restaurants out there don't cater to people who like spicy food.

Another strategy is to eat before you go to a restaurant. That sounds funny, but if you put yourself in a situation where you're already hungry by the time you arrive, it's going to be very easy to want to eat from whatever menu options are there. And many times, they're not a good choice. If you eat ahead of time, you'll have full brain capacity and will be able to scan the menu and figure out a plan.

Whenever possible, try to direct the restaurant choice to one that will have options for you. If you know where you're going ahead of time, you can look up the menu online and have a plan. Many restaurants will have a baked potato, particularly steakhouses. It's simple for a plant-based person to eat at a steakhouse because they always have plain baked potatoes and a simple salad. Others will have side dishes you can combine to make a main dish or simple components you can work with (like pasta and marinara, but hold the parmesan and meatballs).

I am part of a Facebook group for chefs all across the country, and I posted this question to the group: "A vegan couple who can't eat any type of fat, oil, or refined sugar wants to come to eat at your establishment. Do you welcome the challenge? And how much heads-up would you want from them?"

The first chef responded, "I would not welcome the challenge." This is a very common response from chefs and cooks across the country. We're like, "No. I'm not preparing meals for two people that are completely separate from the rest of the *mise en place*. I'd think there'd be enough places that are geared toward that sort of thing that they shouldn't need to make issues for other restaurants." Basically, the mentality is this: "At the end of the day, they probably wouldn't be that happy with what I served them, as it's not my *forté*. I just don't see a win in that one." This is a very common mindset for chefs across the U.S.

We don't grow up wanting to be vegan chefs. That's one of the furthest things down the list. (I'm odd, I guess. I went down that rabbit hole.) Chefs are trained in a world that expects every dish to be properly seasoned, and that usually includes oil and salt. The fear of God is instilled in you very early on. If the chef is coming down to your station, and he starts pulling out spoons and tasting all your sauces and your ingredients and something is not properly seasoned, you're going to know about it very abruptly. Sometimes, that'll be the end of your shift that day, so that's something we absolutely don't want. Everything's got to be fully seasoned, fully oil-coated, etc.—lots of oils or butter, plenty of salt, the full deal. So, if somebody comes in and says "Well, I don't eat sugar, oil, or salt," the chef's reaction is likely to be, "Go eat somewhere else."

Another chef responded, "Even though my menu is very meat-heavy, we have enough of a variety of ingredients on hand that we could create something delicious without any advance notice." You seldom find that welcoming of an attitude in most establishments.

One chef wrote: "Maybe on a slower night, but damn sure not on a Friday night." Fridays and Saturdays at dinnertime are the worst, busiest times that you can go into a restaurant and start asking for special meals.

Here's another one. "Just because they were really good customers, I once got some guidance and created a special vegan menu. However, like many, they were only moderately satisfied—and this was in a community with no vegan options, only vegetarian." This chef is saying that despite giving it their best effort, the customers weren't really happy.

Another chef said, "I have two former pastry chefs who are both diehard vegans. I'd beg them for help." This chef is already thinking about what resources they have available. Another positive message was "Always welcome the challenge."

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## Be prepared to be told no.

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This one was very interesting to me: "I have a vegan place, and I tell folks like that that I run a restaurant with the menu I chose"—basically, "I created the menu specifically for my particular reasons. I'm the one who decides what's going to be served." Even a vegan place doesn't always welcome special orders! Or, "I do not cater to fad/extreme diets"—suddenly if you don't eat fat or sugar, you're extreme—"so I will steer them to items on my menu that may fit their needs. But I have limited equipment, and we are busy. I can't stop all other tickets to prep for just two meals."

Sara and Peter sent the most encouraging responses. Sara said, "I work in banquets, so I get this stuff all the time. As long as I have a 24-hour notice, anything and everything is accommodated. If they sit down to dinner and have the "Hey, I probably should have told someone I can't eat so-and-so-and-so" conversation with the server, I'll do my best, but it will not be a well-thought-out plate. Finally, Peter said, "No problem. Give me 24 hours' notice for something great, or I'll do my best with what I have in the kitchen if it's a last-minute request."

The last two responses lead into the next strategy, which is as follows: if you have special requests to fit a specific diet, give the kitchen staff a 24-hour notice, at the very least. Specifically, you want to call the restaurant between 2 and 4 p.m. the day ahead. That's the break time, the downtime after lunch rush and before the dinner rush,

so it's the sweet spot when the kitchen has a moment to deal with things.

Do not come into a restaurant during service time at 7 p.m. and say, "I need this, this, and this." They'll probably be polite and just say, "Sorry. We cannot accommodate that." However, they may say, "Sure. No problem." In that case, the order then goes from the server to the chef, and the chef is now pissed off—which means you now have a guy that's pissed off about to cook your food. Is that a situation you want to be part of? I have seen this scenario many times: the chef will go, "Sure, sure. Whatever," and put it in the ticket. He'll call out the orders, and when the cook asks, "Chef, how the hell do I do that?" he'll respond, "Just make it the way that we usually do it, and we'll tell them it's what they asked for." I have seen that happen many times; I admit I've even done it myself. However, if you give the restaurant that 24-hour notice, preferably during their quiet time, you give yourself a great chance.

Still, be prepared to be told no. As you have seen here from the responses, there are places that will just simply say they can't do it. It's not about you; it's about them, how they perceive the situation. However, if they are receptive, you can state your case in a positive, respectful way, something like, "Hello. I am coming into your restaurant tomorrow, and I don't want to be a pain, but my doctor has me on a special diet. I've been at your restaurant other times, love the food. It's just that right now I have this health condition. Would you please ask the chef if he would be willing to make a special meal for me with no oil and no salt? And, again, this is for tomorrow, so I'm hoping that a 24-hour notice is sufficient." And then that's it. Very likely, they'll be willing to help you, but if they say it can't be done, be understanding. They may tell you that they have many options on the menu and can point out the items that you can have. That's a cue that they don't want to cook anything special for you.

Here's a continuation of that strategy. Suppose you made your request, and they welcomed you. They made something up for you, but it wasn't quite right. It happens. Remember that most chefs don't cater to these special diets. However, if it wasn't awful, develop a relationship with that restaurant. Be willing to become a regular.



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If you become a regular at any restaurant, oh, boy, you can get away with so much, let me tell you! It doesn't hurt at all if you tip well when you pay the bill, especially if that restaurant happens to have an open kitchen and you also slip one of the cooks a \$5 or a \$10 bill. You'd be surprised how big of an impact that has on a kitchen staff, because normally kitchen staff don't get tips; the tips go to the wait staff. If you give a little money to the kitchen, they're going to love you—they really will! It's a total shift in the mindset of a cook or a chef to know a customer showed them some appreciation with that tip. They'll think, "Let's take care of this client."

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Chefs are problem solvers. They get into the industry because they want to give people food to eat, and they want to make it taste good for them. They want to get better and better.

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So, let's say you make that call ahead of time, dine at the restaurant, and it wasn't totally up to your expectations. Give them another try, and when you go back, remind them that you called ahead last time with a special request. You'll notice that it gets better, because now the chef recognizes that you obviously liked the food enough to come back. You can probably ask for more this time: "The last time the chef made this and this. If I could just have a little bit of extra sauce or if she could just make it a little spicier—again, please, without the oil and the salt—I would love that." Soon the line cooks will recognize your order and will become your guards in the kitchen; they'll actually protect your order, assuring the other cooks, "They're regs, but this is just what they want, what they like." Suddenly, your status as a diner goes up, so to speak.

Chefs are problem solvers. They get into the industry because they want to give people food to eat, and they want to make it taste good for them. They want to get better and better. So, again, become a regular, and believe me, they will make things happen for you. They might actually want your feedback, and your response will help them improve; you can work as a team when you're a regular. Regulars get away with a lot. They just do. It's the nature of the business.

I'm hoping that this gives you some idea of how a restaurant works and helps you go out to restaurants and maintain a healthy lifestyle for yourself. 🌱



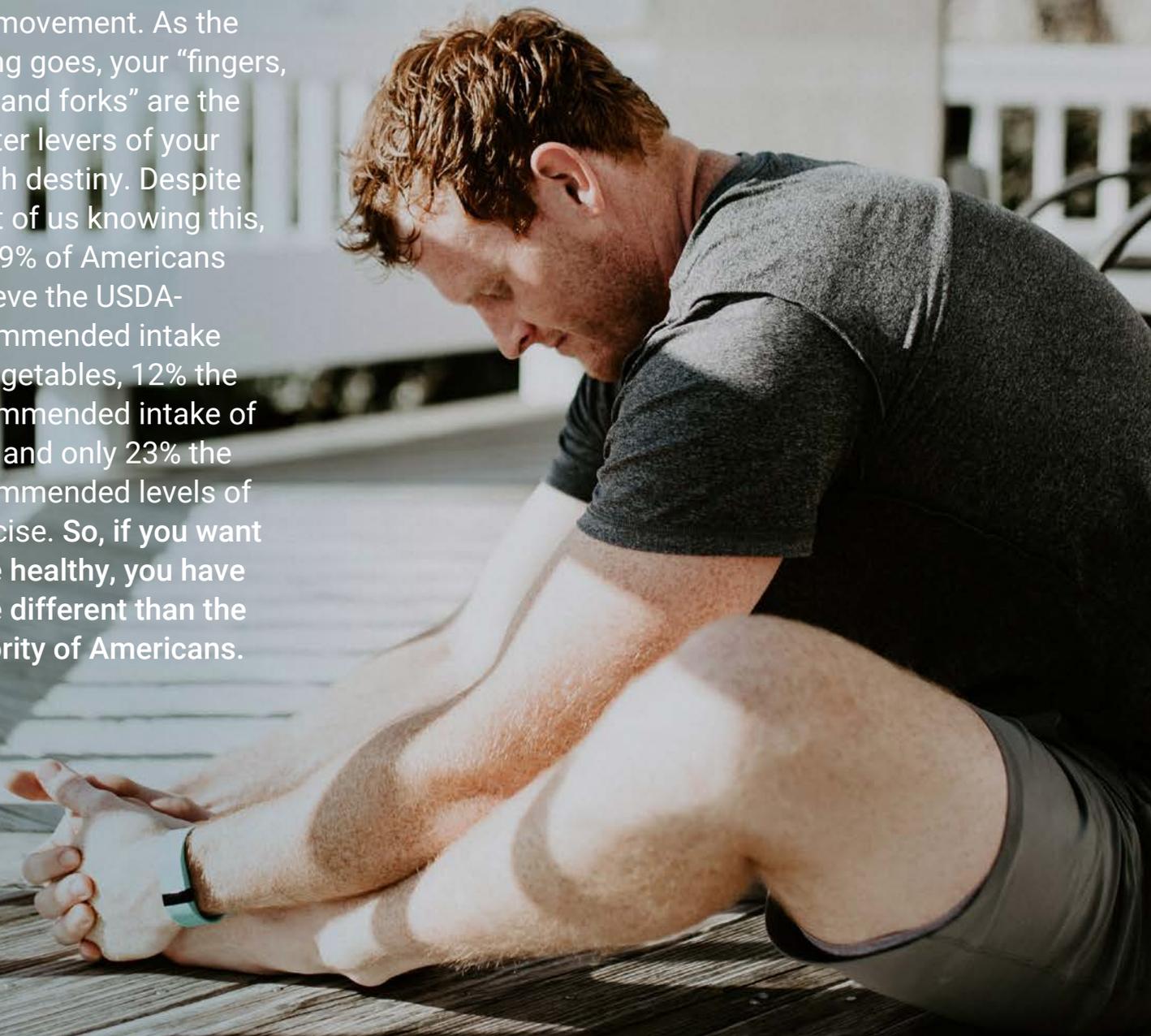
**RAMSES BRAVO** is the executive chef at TrueNorth Health Center in Santa Rosa, CA. Before joining TrueNorth in 2007, he worked in a regular chef's world where butter, cream, red meat, and pizza flowed daily and freely, so the TNHC was not the

obvious choice for him to make. Despite having had no previous training in cooking vegan food—and even when he learned that the food couldn't include oils or sugar—he was willing to give it a try. It wasn't until his last meeting with Dr. Goldhamer that he was told he couldn't use salt either. "I was so close to turning down the job when he said that! But I am so very glad that I didn't, because it was a life-changer." Chef Bravo loves being able to teach adults and children across the country about healthy food. You can reach him and check out his online courses at [BravoPB.com](http://BravoPB.com). His books include *Bravo!* and *Bravo Express!* His hobbies include making his girlfriend happy, doing cooking videos for his YT channel (Bravo PlantBased), photography, creative writing, and sports.

# From Couch to Fitness: Without the Injury!

By Stephan Esser, MD

The two primary pillars of your health are nutrition and movement. As the saying goes, your “fingers, feet, and forks” are the master levers of your health destiny. Despite most of us knowing this, only 9% of Americans achieve the USDA-recommended intake of vegetables, 12% the recommended intake of fruit, and only 23% the recommended levels of exercise. So, if you want to be healthy, you have to be different than the majority of Americans.



Let's say you heard the message. You've started incorporating excellent nutrition into every meal, and now you are ready to start moving. How do you avoid injury? After all, the last thing you want is to start an exercise routine that leaves you in pain or on the surgeon's table. Let's build an outline to guide you in getting up off the couch and into a healthier, more functional version of you...without the injury!

## The Why—Determine Your Goals

First ask yourself, "Why do I want to exercise?" What are your goals? Do you want to increase lean muscle mass and slow sarcopenia? Do you want to reduce blood pressure or blood sugars or lose weight? Do you want to lessen your depression or slow cognitive decline? Do you want to improve your performance on the tennis court, on the frisbee field, or in the bedroom? Do you want to be able to play with your grandchildren, complete a triathlon, or simply get up from the toilet and climb the stairs with more confidence? Knowing what your goals are will influence what exercise regimen you should choose, so get out a sheet of paper and write down three exercise goals.

## The What—Match Your Exercise to Your Goals

Okay. Once you know why you want to start an exercise routine, the next step is to determine what form of exercise to participate in. Federal guidelines recommend 150 minutes/week of cardiovascular exercise, which can be in as short as 10-minute intervals, along with two to three sessions per week of strength and flexibility training. Cardiovascular activities might include brisk walking, running, biking, working out on an elliptical, swimming, and the like. Common strength/flexibility work includes free weights, gym machines, band workouts, body-weight exercises, Pilates, and more. That is the basic recommendation for general health. Don't forget that physical labor, yard work, and house maintenance also provide health benefits.

If you have additional goals like participating in organized sports or competing in endurance events, then you may need to add additional time and other diverse exercises. The key here is to track what you are doing and see if it matches with your personal goals. If you walk at a 12-minute/mile pace once a week but still get winded chasing the grandchildren, then you may need to increase your training regimen. Or if you work a physical job but can't touch your toes, then you need to add some flexibility work. Be sure that your actions will actually help you achieve your desired goals. Lifting weights once a month isn't going to give you bulging biceps, and walking 30 minutes a day isn't going to prepare you for a sprint triathlon.

## The How—Incorporating Exercise into Your Life

So, you now know what your goals are, and you have considered what you have been doing and what you think it will take to achieve your fitness goals. The next step is to put the plan into action. You want to keep it SMART (Specific, Measurable, Achievable, Realistic, and Timely). Don't say, "I'm going to run"; instead say you are going to start a run progression next Monday at 8 a.m. and repeat it three times a week for the next four weeks. See how much more specific that is? With SMART goals, you are far more likely to sustain your exercise intentions and achieve better fitness long-term.





## Minimizing Risk

Sitting on the couch is dangerous for your health, but exercise has its own risks. So, how can you minimize risk of injury as you achieve your fitness goals? First, make sure you are safe to exercise. If you have a history of significant heart or lung disease or are over the age of 60, then you need to be cleared by your doctor before pushing the fitness envelope. If you have a history of joint pain, nerve injury, recent surgery, or other medical complications like epilepsy, active cancer, or other more complex problems, then get checked out and cleared by a sports doctor like me first.

**Your body is amazing, and if you slowly demand more, it has the potential to give you more at every age.**

Second, go slow. That's right—when you start an exercise routine don't go crazy and work out like you are 16 when you are 65. Start slowly so your blood vessels, tendons, ligaments, and muscles can adapt to the new demands you are placing on them. Remember, there is a fine line between improving your fitness and harming your body. You want to push hard enough that the body is uncomfortable in the moment, but not so hard that you injure the tissues. If you are not sure how to find the "sweet spot," then reach out to a local certified personal trainer, physical therapist, or

sports doctor and get guidance. With their assistance you can develop a safe exercise routine and make sure your form and technique are excellent.

Third, keep on going, and be dynamic in your approach to ensure improvement. Many people develop an exercise routine that their bodies quickly adapt to, and then they never advance the program. They achieve early fitness goals but quickly plateau. Your body is amazing, and if you slowly demand more, it has the potential to give you more at every age. Scientific studies at the Buck Institute for Research on Aging in California show that exercising regularly reverses aging at the cellular level and leads to muscular hypertrophy even in your 60s, 70s, and beyond. So don't stop, and don't "go on the shelf."

Fourth, blood flow is key to injury prevention and recovery, and blood flow is mitigated by food and hydration. As you might guess, foods that are low in fat and cholesterol, are high in fiber, and are rich sources of nitrates lead to blood vessel dilation. When you dilate, or open up, your blood vessels, your heart can more readily pump oxygenated blood full of nutrients to your muscles, bones, and joints. This reduces muscle and joint soreness, prevents injury, and promotes recovery. Every bite counts! Fill up with deep green, blue, purple, and red vegetables and fruits, and dilate your vessels all day long. Then exercise and pump all those gorgeous colors and nutrients to every muscle, tendon, ligament, and bone cell.

Finally, never stop learning and changing. The exercise routine that worked for you when you were 24 may not be needed nor ideal to help you achieve your healthiest

self at 68. Each decade of life needs its own approach to maximize fitness and minimize injury. Don't say, "well since I can't \_\_\_\_\_ (fill in your former favorite exercise), then I can't exercise at all." The reality is you have more than 600 muscles in your body, and there is always something you can work on!

Also, never forget what Joseph Pilates said: "Fitness cannot be obtained by outright purchase nor wishful thinking."

You got this. One step, one stretch, one bite, and one thought at a time! 🌱



**STEPHAN ESSER, MD**, is a board-certified physician, author, and motivational speaker specializing in spine injuries, sports medicine, and lifestyle modification. He is dedicated to empowering individuals to achieve their best health and maximize

fitness, fun, and function. Dr. Esser completed a bachelor of science at Palm Beach Atlantic University, medical school at the University of South Florida College of Medicine, residency in physical medicine and rehabilitation at Harvard University Spaulding Rehabilitation Hospital, and a fellowship in sports medicine at the Mayo Clinic in Jacksonville, FL. He currently works as a sports and spine physician with Southeast Orthopedics Specialists in Jacksonville, FL, where he combines cutting-edge biologics with powerful lifestyle interventions. In addition to his career in medicine, Dr. Esser is a former pro tennis player and is the grandson of the legendary Dr. William Esser, who was a cofounder of the NHA and the owner-operator of the famous Dr. Esser's Health Ranch in Lake Worth, Florida. You can find more about his work at [esserhealth.com](http://esserhealth.com) or follow him on all major social media platforms at EsserHealth.

# Walking El Camino

## NHA MEMBERS SHARE PERSONAL ACCOUNTS WITH A PLANT-BASED PERSPECTIVE

El Camino de Santiago is one of the world's most famous pilgrimages. Dating back to the 9th century, it's comprised of a network of routes that begin in Spain, Portugal, and France and culminate in Santiago de Compostela, Spain, where the apostle James was laid to rest at the Cathedral. The Camino's trails were formed by pilgrims from all over Europe as they traveled on foot to Santiago de Compostela to venerate Saint James. The tradition and belief is that the sins and transgressions of those who complete the final 100 km (62.1 miles) of the Camino will be forgiven.

Enjoy these personal memories of the Camino from NHA members Nathaniel Bronner Jr. and Victoria Li, MD.



NATHANIEL BRONNER JR. WITH NATHANIEL BRONNER III

## El Camino

BY NATHANIEL BRONNER JR. WITH NATHANIEL BRONNER III

In the summer of 2021, my oldest son, Nathaniel Bronner III, and I walked El Camino Francés (the French Way) on a 42-day, approximately 500-mile trek from France to Santiago, Spain. For us, it was a once-in-a-lifetime journey, but we met people who had hiked the Camino almost 20 times. The first day was by far the hardest as we hiked over the Pyrenees mountains. It reminded me of life, because sometimes the start of a thing will weed out all but the super-committed.

Along the way, we would usually stop for lunch or a snack from a local shop or restaurant. Food on the Camino is not plant-based-diet friendly. There are mostly small trail or roadside cafés, and they offer few options, mainly sandwiches. Though the food is fresh and comes right from the source, none of the sandwiches are plant-based, and even a vegetable salad comes

with tuna. You can survive with a plant-based diet, but it will neither be pleasant, easy, or appetizing. You will need to eat mostly salads (you must state sans tuna) and fruit.

Our days consisted of waking up very early in the morning to get started on what would be a 20- to 25-mile walk for the day, which would take about six to eight hours to complete. The physical stamina required is moderate after you toughen up your feet. Blisters are common, and some of the trails can be extremely perilous on your joints because they are very rocky and can have steep declines.

The Camino was originally a religious pilgrimage, so walkers on the trail are called "pilgrims." It still has somewhat of a spiritual feeling when you spend over a month walking it. The last 100 km is crowded;

pilgrims can get an official certificate of completion for walking just the last 100 km (62 miles) instead of the full 500 miles, so this is the segment that most people walk.

Along the way, we met some very interesting people from all walks of life and from places all over the world. Most people we talked to along the trip seemed to be looking for a change or reset in their life. Some people walked even further than we did—as much as 500 miles longer!

It is an experience we will never forget nor regret. As my son and walking partner wrote, "Though I may have had some apprehension about the journey, I can say completing El Camino will forever change my perspective on the idea of perseverance and determination. I will forever treasure this journey and carry these lessons with me as I walk through my daily life." 🌱

# El Camino de Santiago

VICTORIA LI, MD

In the fall of 2021, my daughter and I spent three weeks walking El Camino de Santiago to celebrate my 60th birthday. We walked the 168-mile Portuguese Way from Porto along the coast, taking the spiritual variant to Santiago de Compostela, and then we walked a part of the Camino Finisterre from Cee to Finisterre (“the end of the earth”) and from Finisterre to Muxía, which offers amazing ocean views.

We walked 15–20 miles on most of the days and occasionally 25 miles in a day. My goal of walking the Camino was simple: to walk the entire distance with plants-only meals. They say the Camino provides. I can testify to that. The Camino helped me in every way to reach my goal day by day.

I have a vegan card that I carry on my bag, and at each place I went I showed it where food was provided. The chef would make me something if they didn't have a vegan entrée on the menu. Some were better than others; sometimes I had more bread, other times I had more veggies. I was just very grateful that the Camino provided for me. I never had a day when I went to bed hungry.

Eating optimal plant-exclusive meals with no added salt, oil, or sugar is virtually impossible unless you have plenty of time on the Camino and can stay in places with a kitchen every day so you can cook your own meals. Also, it may not be good to eat salt-free when you sweat a lot while walking; replenishing salt may be necessary to prevent cramping. Our daily meals were bread, salad (mostly lettuce, tomato, and onions), Padrón peppers, mixed veggies, boiled yellow potatoes, and vegetable rice. Sometimes the soup was vegan.

When we walked by a supermarket, we would buy a few bananas or peaches. With a 13- to 15-pound backpack on the long walk each day, we didn't want to have extra food to carry. Beans or legumes were not readily available on the restaurants' menus on the Camino, so I bought a small jar of peanut butter. My morning meals were usually included a cup of café Americano, a glass of freshly squeezed orange juice, and bread with peanut butter. In some places, they had whole-wheat bread, toasted, with fresh tomatoes on top—a very interesting combination for breakfast. The Spanish melons and peaches are so delicious! A €2 piece of vegan pizza in Santiago and the DaTerra vegan buffet in Porto are at the top of my favorite vegan meals.



VEGAN BUFFET IN PORTO



VICTORIA AND OLIVIA IN CAPE FISTERRA



This spring I returned to the Camino, walking a little over half of the Camino de Francés. There was a list of albergues (hostels) that would prepare vegan meals, and I tried to stay at those. I found very friendly people and an even richer selection of vegan food choices there, so I didn't have to struggle to eat well. There were supermarkets with lots of options—lots of fruit, of course, and also plant-based yogurts, lentil soups, and quinoa and rice. The large cities have more vegan selections. I relied on little supermarkets and vegan-friendly albergues (hostels) in small villages.

Walking the Camino was a very special experience for both my daughter and me. The feeling of being together on foot to see the beautiful lands of Portugal and Spain along the Atlantic Ocean was unforgettable. Walking the Camino Francés this past May by myself was a great challenge for me but equally unforgettable because there was plenty of time for self-care and I met so many interesting and amazing people along the way. *Ultreia!* 🌱



VICTORIA AND OLIVIA, ARRIVING AT SANTIAGO



VEGGIE PAELLA

## Corn-Zucchini Fritters

These corn fritters bring two of summer's best vegetables together, fresh corn and zucchini. Oven-baked with a crispy golden-brown exterior, each bite is both sweet and savory. The batter comes together quickly, and you choose when to eat them—for breakfast, as an appetizer, or side dish. Topped with salsa, these are a winner!

### Makes (8) 4" fritters

#### INGREDIENTS:

- ½ cup corn flour
- ¼ cup cornmeal
- ½ teaspoon garlic powder
- ½ teaspoon baking powder
- Black pepper, freshly ground
- 1 cup fresh corn (or frozen)
- ½ cup zucchini, grated and all liquid squeezed out
- ¼ cup red peppers, diced small
- 1 teaspoon jalapeño, finely chopped (optional)
- ¼ cup scallions, chopped
- 1 tablespoon ground flaxseed plus 3 tablespoons water (to make flax egg)
- ½ cup plus 3 tablespoons unsweetened plant-based milk

1. Preheat oven to 400°F.
2. Make the flax egg by combining ground flaxseed and water, and set it aside for a few minutes.
3. In a large mixing bowl, combine the flour, cornmeal, garlic, baking powder, and a few twists of fresh ground black pepper. Whisk to combine well.
4. Add corn, zucchini, red peppers, jalapeño (if using), and scallions.
5. Pour plant-based milk and the flax egg over the dry ingredients and mix. The batter will be thick.
6. Line sheet pan with parchment paper or silicone baking mat. Using ¼-cup measuring cup, portion out the batter. Pat so that each fritter is ½" thick.
7. Bake 15–20 minutes until fritters are brown on the bottom, then flip and cook for an additional 15 minutes.

**Chef's note:** As an alternative to baking, you can cook these on top of the stove in a nonstick sauté pan.



## Watermelon-Tomato Gazpacho Soup

This make-ahead, chilled summer soup has two ingredients with the powerful antioxidant known as lycopene. Watermelon and tomatoes are a great combination for those hot summer days when you want to eat well but can't bear to turn on your stove or even stand in your kitchen.

### Serves 4

#### INGREDIENTS:

- 4 cups seedless watermelon, diced
- 2 large tomatoes, halved and cored
- 1 cup cucumbers, chopped (preferably Kirby or English)
- 1 small red bell pepper, chopped
- ¼ cup red onion, chopped
- 2 garlic cloves
- ½ jalapeño pepper, seeded
- 1 teaspoon cumin seeds, roasted
- 3–4 tablespoons red wine vinegar
- Black pepper, freshly ground

1. In a blender combine watermelon, tomatoes, cucumber, bell pepper, red onion, garlic, jalapeño, and cumin seeds. Purée until smooth.
2. Pour into a large bowl, and add vinegar and a few twists of fresh black pepper. Taste for seasonings.
3. Chill in the refrigerator until very cold, at least 30 minutes.
4. Garnish with sliced avocado, cucumber, chopped red peppers, and onions.





## Creamy Potato Salad with Radishes & Peas

There are an infinite number of recipes for classic potato salad. Substituting mayo for a dressing made with a plant-based yogurt, this creamy vegan potato salad is a must for your summer picnics!

**Serves 4–6**

### INGREDIENTS:

1 pound unpeeled smallish red potatoes, scrubbed (low-starch, often called waxy or boiling potatoes)

1 10-ounce bag of frozen peas (or fresh, cooked and drained)

1 5.3-ounce ( $\frac{2}{3}$  cup) unsweetened plant-based yogurt or cashew sour cream (see recipe below)

2 teaspoons Dijon or grainy stone-ground mustard

1 tablespoon apple cider vinegar

1 small bunch of chives (or 3–4 scallions), finely chopped

1–2 garlic cloves, minced

1 cup flat-leaf parsley, chopped

1 small bunch of radishes, sliced

Black or white pepper, freshly ground

1. Place whole unpeeled potatoes in a large pot with enough water to cover by 1 inch. Bring to a boil over medium-high heat and cook until potatoes are just tender, 20 to 25 minutes. Drain, cool, and as soon as you can handle them, cut potatoes into  $1\frac{1}{2}$ -inch pieces.

2. In a skillet over medium heat, add the peas with a small amount of water and cook for a few minutes. Drain and cool.

3. In a large bowl, whisk together the yogurt (or cashew sour cream), mustard, vinegar, chives (or scallions), garlic, and parsley. Stir until thoroughly mixed.

4. Add the potatoes, peas, and radishes to the bowl with the dressing, and gently stir to combine everything. Finish with a few twists of freshly ground pepper.

## Cashew Sour Cream

### INGREDIENTS:

$\frac{1}{2}$  cup raw cashews, soaked in 1 cup of water

1 tablespoon lemon juice

$\frac{1}{4}$  cup water

$\frac{1}{2}$  tablespoon nutritional yeast (optional)

1. Place the cashews in a small bowl with 1 cup of water. Set aside, uncovered, at room temperature for several hours or overnight. The cashews are ready when they break apart when pressed between two fingers.

2. Drain the soaking water from the cashews. Add the cashews, nutritional yeast (if using), lemon juice, and  $\frac{1}{4}$  cup of water to a blender. Blend on high speed until completely smooth, about 3 minutes.

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# Jicama Salad with Oranges, Lime, and Cilantro

Jicama, a native Mexican root vegetable, is common in Latin and Asian cuisine but is less well known in the U.S. It's worth seeking out for its impressive nutrient profile, and it's also low in calories and high in fiber. A perfect accompaniment to Mexican dishes, this salad brings a bright crunch to any meal.

## Serves 4

### INGREDIENTS:

2 large oranges, peeled and segmented

1 large jicama (approximately 1 pound)

1 teaspoon of zest from an orange or lime

¼ cup red onion, sliced

½ cup cilantro, chopped

Juice of 1 lime

¼ teaspoon ancho chili powder

1. Peel and segment the oranges with a paring knife. Squeeze the empty membranes over a large bowl to release the juices.
2. Trim the top and bottom of the jicama and peel its tough brown skin. Cut jicama into matchstick-size pieces.
3. Add jicama, onions, zest, lime juice, cilantro, and ancho chili powder to the bowl with the orange segments. Toss well.
4. Serve immediately or refrigerate for several hours.

**Chef's note:** In addition to the oranges, you can also add grapefruit. You can also use blood oranges when they are in season.



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# Israeli Salad

This salad is a staple in my summer kitchen. Traditionally made with olive oil and salt, when replacing these ingredients, you have to pack in more fresh herbs and add citrus zest to give you a satisfying burst of freshness.

## Serves 4–6

### INGREDIENTS:

6 small Persian cucumbers, cut into ¼-inch dice

3 medium tomatoes, cored, cut into ¼-inch dice

1 red bell pepper, cored, cut into ¼-inch dice

3 whole scallions, thinly sliced

1 cup fresh parsley, chopped

½ cup fresh mint leaves, chopped (optional)

2 tablespoons fresh lemon juice, plus zest from the whole lemon

Black pepper, freshly ground

1. In a large bowl combine all ingredients and mix thoroughly.

2. Adjust lemon and pepper to taste.

**Chef's note:** I like to add sumac, Aleppo pepper, or crushed red pepper for an extra kick.

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# Pilaf-Stuffed Tomatoes

When I think about foods that celebrate summer, the first thing that comes to my mind is ripe, tasty tomatoes. Whether you're picking them from your garden or buying them at your local store or farmer's market, look for big, round, juicy tomatoes that can be carved out and filled with a delicious pilaf. These can be made for a few or for a crowd, either served as a meal by themselves or alongside a fresh salad with some crusty bread.

## Serves 6

### INGREDIENTS:

- ½ cup brown basmati rice, uncooked
- ½ cup white basmati rice, uncooked, plus 2 pinches of turmeric
- ½ cup pine nuts
- ½ cup scallions, chopped
- ½ teaspoon allspice
- ⅓ cup currants
- 2 tablespoon fresh dill, plus extra for topping tomatoes
- ¼ teaspoon black pepper, freshly ground
- 1 teaspoon orange zest
- 6 medium tomatoes

### FOR THE PILAF:

1. Separately rinse both brown and white rice and soak, separately, for 30 minutes.
2. Cook each rice in its own pot. Add a few pinches of turmeric to the pot of the white rice.
3. In a medium bowl, combine the cooked rice and let cool.
4. In a small skillet, toast pine nuts and add them to the rice.

5. Add scallions, allspice, currants, dill, black pepper, and orange zest to the bowl. Mix and set aside.

### FOR THE STUFFED TOMATOES:

1. Preheat oven to 375°F.
2. Cut a thin slice off tops of tomatoes and set aside.
3. Scoop out tomato pulp and reserve.
4. Fill the tomatoes with the rice mixture so that they are full.
5. Place the stuffed tomatoes in a casserole pan leaving a little space between each tomato. Place tops of tomatoes back on for baking.
6. Pour a little water (to a depth of approximately ½ inch) into the bottom of the pan.
7. Chop the reserved pulp (including the seeds and liquid), add the remaining dill, and pour into the bottom of the pan.
8. Cook for 30–40 minutes.

**Chef's note:** You can substitute both kinds of rice with several colors of quinoa or other grains.



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# Pea Hummus

I spend a lot of time rethinking traditional dishes that I love, looking for healthier versions that still deliver comfort and satisfaction. This light and delicate, beautiful green pea hummus is so versatile! It can be spread on sweet potato toast, eaten as a dip with crudité, or tossed over warm pasta.

## Yield: 2 cups

### INGREDIENTS:

- 2 cups frozen peas (or fresh)
- ¼ cup tahini
- 2 large garlic cloves
- ½ cup fresh mint, packed
- ¼ cup lemon juice plus zest from the whole lemon
- 2 tablespoons cold water

1. Bring a small pot of water to a boil. Add peas and cook for 3–4 minutes until the peas become bright green. Be careful not to overcook. Drain peas in a colander and cool completely.
2. In a food processor, add all ingredients: peas, tahini, garlic, fresh mint, lemon juice, zest, and cold water. Pulse the mixture until you have desired consistency.

3. Taste and adjust. You may need a hint more lemon juice or zest.

**Chef's note:** If you want to add more protein, add ½ cup of cooked chickpeas. If you don't have a food processor, you can mash the ingredients together with a fork, but you'll have to mince the garlic and chop the mint.



## Plum Tart

Late summer is stone fruit season! Though another type of plum can be used, ideally this delicious tart uses prune plums, a smaller fruit with deep purple, almost-silver skin that maintains its gorgeous color and texture when baked. With a hint of cinnamon, almond, and date paste, you will think you've been transported to Italy.

### Serves 8

#### INGREDIENTS FOR THE FILLING:

1½–2 pounds prune plums, pitted and cut into ¼" slices (or any type of plum)

2 tablespoons orange juice, plus zest from one whole orange

¼ teaspoon cinnamon

¼ teaspoon almond extract

2 tablespoons date paste

¼ cup apricot spread (for glaze)

#### INGREDIENTS FOR THE CRUST:

2 tablespoons flaxseed combined with 6 tablespoons water

1 cup spelt flour

1 cup almond flour (not almond meal)

3 tablespoons cashew butter

3 tablespoons date paste or syrup

#### MAKE THE CRUST:

1. Preheat oven to 375°F.

2. Combine the flaxseed and water in a small bowl, stir, and let sit a few minutes.

3. In a large bowl, combine both flours. Add flaxseed mixture, cashew butter, and date paste or syrup, and mix until the ingredients come together to form a ball.

4. On a lightly floured surface, roll out the dough into a 10" circle about ⅛" thick.

5. Use an 8" tart pan with removable bottom. Drape the dough over the tart pan, cover the bottom, and gently work the dough up the sides of the pan. If dough breaks, don't worry; you can easily patch any holes that form. This is important so your filling doesn't leak. Refrigerate for 30 minutes.

#### MAKE THE FILLING:

1. In a large bowl combine sliced plums, orange juice, zest, cinnamon, almond extract, and date paste.

#### ASSEMBLE AND BAKE:

1. Arrange plum slices in the tart shell, overlapping in a rosette pattern. Pour all the juices from the bowl over the plums.

2. Bake tart for 60 minutes. If your crust is browning faster than the plums are cooking, cover tart loosely with foil and bake until plums are tender and juices are bubbling and slightly thickened.

3. During the last 10 minutes, glaze the tart with apricot spread.

4. Let the tart cool to room temperature before serving.

**Chef's note:** If you don't have a tart pan with a removable bottom, this can easily be made into a free-formed rustic tart, known as a crostata or galette. Roll the dough out into 10" round (dough will look ragged, not to worry). Transfer to a baking sheet and chill while preparing the filling. Pile fruit on the dough circle, leaving a 1½" border. Gently fold the pastry edges over the fruit, pleating to hold the filling in. Bake as directed.



**CAROLE LEVY**, an artist and chef, is the founder of The Veggie Vanguard, a company offering whole-food, plant-based services, resources, and recipes free of salt, oil, and sugar. She is a culinary educator for Plant Powered Metro New York, The Marlene Meyerson JCC Manhattan, and University of New Mexico-Taos, and a Food for Life Instructor for the Physicians Committee for Responsible Medicine. She currently divides her time between New York City and Taos, NM. Find her online at [theveggievanguard.com](http://theveggievanguard.com), on Facebook @The-Veggie-Vanguard, and on Instagram @theveggievanguard.

ALL RECIPE PHOTOS BY CAROLE LEVY

# A Passion for Nursing, A Passion for Health- Conscious Living

A FRONT-PAGE NEWS ARTICLE CHANGED HER LIFE.

by Sherry Uribe

I grew up in Norfolk, Virginia, a child of the 50s, and was raised eating meat, dairy, and (newly invented) processed foods. My older sister and I had the absolute best parents and upbringing that anyone could hope for. My dad was a naval officer who was very involved in his family and his church. He later became a real estate investor. My mom, a chemistry major, was a school science teacher and a devoted mother. She *loved* science!

I was a very rebellious child, and I made many mistakes growing up. My mother, a gifted pianist, supported me through eight years of piano lessons. But when I turned 14, boys came onto the scene. I revolted and decided to quit piano. After high school, I attended a mostly all-girls college. During my second quarter of school, at age 18, I eloped with a junior from a neighboring university. We both dropped out of college, moved home, and a year later, at age 19, I had my son. We stayed married for almost seven years, during which I attended nursing school. I needed a skill, and the hospital nursing school was conveniently close to home. My mother paid for all three years of tuition and also for my son's daycare. I am forever grateful to her.

Nursing, an accidental career, became my passion. I worked in the cardiovascular intensive care unit for half of my 35 years as an RN. It was a conveyor belt of patients, some as young as 24 years old, who came through with clogged arteries throughout their bodies. Some patients came back for coronary artery bypass three separate times, scheduled as "Redo-redo CABG." We also did fem-pop bypasses, carotid endarterectomies, and kidney transplants. My remaining nursing years were spent in the operating room, where **I saw the patient population getting larger and sicker. Modern medicine was able to keep patients alive, though barely functioning, with new drugs and new surgical interventions.**

In 2013, at age 61, I read a front-page article in our local newspaper about the China Study and an upcoming Virginia Beach Diet Study. The article mentioned the documentary *Forks Over Knives*, which I watched immediately. It changed my life! I entered the Virginia Beach Diet Study, in which 400 participants followed one of four different diets for eight weeks: whole-food, plant-based; Mediterranean; DASH; or Paleo. I joined the plant-based group and had phenomenal teachers, Dr. Holly Buchanan and Dr. Deepak R. Talreja. I learned so much!

Since becoming plant-based, I've lost a total of 35 pounds. The following year, in 2014, I earned my Certificate in Plant-Based Nutrition from the T. Colin Campbell Center for Nutrition Studies. My hope is to teach WFPB nutrition to anyone truly interested in healing.

My husband and I had planned to hike the Appalachian Trail in 2020. Two weeks before our scheduled departure, the trail closed due to COVID. Later that year, I shifted my exercise focus to yoga. It, like plant-based eating, was life changing! After many years studying with my teacher and mentor, Grandmaster Adam Nguyen of the International Yoga Institute, I obtained my 300-hour yoga teacher certification in 2021—at age 69!

Following my father's death in 2020, I took up piano playing again. I practiced every day for a year, then searched for a teacher. It took months before I could find one who would take on a nearly 70-year-old student. Finally, in June of 2021, I found Jeanette Winsor, NCTM, and I am thoroughly committed to pursuing my love of playing piano. I find music to be healing. It is miraculous! My dad and my aunt would light up when they experienced live music, so one of my fervent goals is to play piano at assisted-living homes.



My husband, Tom, and I live in Virginia Beach, Virginia, and have been happily married for 29 years. He has been my biggest cheerleader in any endeavor I pursue. I am only able to succeed because of his unwavering support and encouragement. He is slowly coming over to the plant-based side, but I let him eat what he wants without pressure or lecturing.

YouTube, a common learning tool for me, knows what I research and highlights videos it knows will interest me. That is how I discovered the National Health Association; the video "Vegan Since 1951!" introduced me to Mark Huberman and the organization. I was blown away when I watched it and surprised to learn that the NHA had been around since 1948. The physicians associated with it were the same ones that I had followed and learned from for nearly ten years. How had I missed this wonderful organization whose principles mirrored mine?

I am grateful to be a part of the NHA and plan to share its many benefits with others. Its commitment to educate the public and disseminate the facts about the WFPB, SOS-free diet and fasting is admirable. The beautiful *Health Science* magazine, all the videos available, and the annual conference are just a few of the other invaluable benefits to me and others seeking a health-conscious life. I am proud to be a part of the NHA family and look forward to many years of learning from each one of you and sharing goals for the common good of all living beings and our precious planet. 🌱

#### AUTHOR'S NOTE:

There are many papers on the Virginia Beach Diet Study. If you'd like to learn more, visit [https://www.ahajournals.org/doi/10.1161/hcq.12.suppl\\_1.121](https://www.ahajournals.org/doi/10.1161/hcq.12.suppl_1.121)

# Overcoming Crohn's Disease & Ulcerative Colitis

RESTORING HEALTH BY CHOOSING NATURAL HYGIENE,  
THE "ROAD LESS TRAVELLED"

by Roz Reynolds

Fifty years ago, I was given the diagnoses of Crohn's disease and ulcerative colitis. Instead of choosing a traditional medical treatment of drugs, surgery, and relapses, I opted for a holistic approach. It allowed me a life of health and plant-based foods, which medical doctors said I would never be able to eat without excruciating pain. Boy, were they wrong!

When I was in elementary school, I began having abdominal pains every time I ate. I would double over and hold my stomach until the pain subsided. You might think someone in my family would have noticed this, but as with many families "back in the day" and probably even today, everyone was preoccupied with their own lives. As time went on, I began to think it was normal to have pain after I ate.

I was the youngest of three children. My brothers were 15 and 16 years older than me. Since I was the only daughter, my mother was very protective and didn't let me out of her sight, if at all possible. I was not allowed to leave my house except for school, and then I had to come directly home. Food and the TV were used early in my upbringing as a way for my mother to keep me nearby.

The food I ate was SAD, otherwise known as the Standard American Diet. I grew up in a Jewish family, and if you know anything about Jewish cooking, it calls for lots of fatty meats, greasy foods, fried foods, and, of course, baked pastries laden with fat and sugar. My mom was a very good cook and excelled in creating baked goods. So, the stage was set.

Open communication was not encouraged in my home, so I used food for comfort when anything bothered me. And because I grew up with two overweight parents, there was no one to teach me portion control. It was typical to have an entire brisket or chicken on the table, and I was allowed to eat as much as I wanted. It was the same with desserts. From this I became a volume eater at a very young age and started to gain weight. By the time I was 12 years old, I probably already had Crohn's disease and colitis.

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## Diagnosis

Fast forward to my very early twenties. It was 1972, and I was married with two young daughters. By then my weight had ballooned to nearly 200 pounds. Through the years, I'd continued to suffer with untreated abdominal pain, and one day, while eating my typical fast-food lunch of a greasy hamburger, French fries, and a coke, I developed severe abdominal pain that would not subside. I could barely move. I found myself vomiting and having diarrhea all at the same time while breaking into a sweat, running a 104-degree fever, and feeling faint. My husband rushed me to the emergency room in Detroit, Michigan, which is where I grew up and was living at this time.



I was put through a battery of upper- and lower-GI tests, and it was determined that I had ulcerative colitis and "terminal ileitis" (which is what they called Crohn's disease back then). It was also discovered that I had a fistula in my intestines, which is an opening in the gut that allows intestinal juices to flow into the body, causing infection. I was immediately put on several drugs including cortisone, prednisone, and Azulfidine, which caused drastic reactions—vomiting, nausea, more abdominal pain, fever, and diarrhea.

I was told I would need emergency surgery because I had a near-bowel obstruction, and about 18 inches of my intestine would need to be removed. At this time, I was also informed that the prognosis was most likely more surgeries due to the scar tissue that would form at the site of the resection, and I would eventually have to have more sections of my intestine removed as the disease progressed. Doctors said that ultimately I would have to have any remaining intestine removed, in which case I would need an ileostomy (where a person wears a bag to evacuate feces and no longer has normal bowel function).

None of this was health-building, only health-destroying. In addition, the doctors said that I would never be able to eat raw vegetables or fruit again, and that my food would need to be very bland, cooked, and puréed. However in the same breath, I was told that I could drink coffee and eat whatever I wanted, including meat, dairy, sugar, and fat. I was not as educated then as I am today, but I had enough common sense to know this was not how I wanted to live the rest of my life.

## My Bridge to Health

Some of you may remember my late brother, Dr. Jack Goldstein, who wrote and published the book *Triumph Over Disease Through Fasting and Natural Diet*. It was lucky for me that my brother had discovered natural hygiene. When he came back from the Korean War, where he served in the Army, he had a severe case of ulcerative colitis. In his case, the doctors gave up on him and basically sent him home to die.

Jack discovered books that educated him on the miracles of fasting and how the body, if given proper rest and pure water, could heal itself. He was granted 25 years of extraordinary health by following the dictates of Dr. Herbert Shelton. Jack did the first of his many fasts under the care of Dr. Robert Gross at his and Joy Gross's facility in upstate New York. (By the way, Jack was president of the ANHS, both locally and nationally, for several years once he recovered. He was a very active member of our beloved organization.)



ROZ WITH HER HERO, DR. DAVID SCOTT

Shortly after my diagnosis, I called Jack and asked for his help. The next day, my husband drove me to Dr. David Scott's fasting facility in Strongsville, Ohio, to partake in my very first fast to see if I could recover from my intestinal misery. I also had eczema on my legs and arms and had been suffering with itching and scabbing for my entire life.

Once I arrived at Dr. Scott's, I was put to bed and given distilled water. My fast lasted for 36 days. I ate no food, drank only pure water, and got plenty of rest. After only three days of water fasting, I noticed the abdominal pain I had suffered with my entire life was gone! After another few days, I was taken by Dr. Scott to a facility where I was given a test to see if the fistula was still leaking.

My fistula had closed up, and by then my fever was gone as well. In addition, the eczema I had suffered with was completely healed.

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After only three days of water fasting, I noticed the abdominal pain I had suffered with my entire life was gone!

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## Staying on the Path

That fast was the first of several supervised fasts I would undertake over the next many years to maintain my health and to continue healing the damage I had internally. I fasted one other time at Dr. Scott's, twice at TrueNorth Health Center in California under Dr. Alan Goldhamer, and twice in Hyde Park, New York, under the late Dr. Robert Gross. I also did many short fasts at home under the watch of my brother, Jack, and later I did several under the guidance of Dr. Joel Fuhrman. I also have learned much from Dr. John McDougall and his starch-based way of eating.

I did one more fast in November 2019 at Dr. Gracie's. We planned for a 30-day stay, but I ended up fasting for only 10 days—my shortest one ever, but we both knew it was time to stop. Knowing that I'd become an avid cook, Dr. Gracie made me an offer: I could stay for the full 30 days and help cook all the meals for the other patients using my own recipes. Luckily, I had them in my phone! One night, Mark and Wanda Huberman and a



few other friends in the NHA came for dinner at Dr. Gracie's, and I cooked the entire main course. What an honor!

From my first fast until now I have been blessed to be educated in plant-based eating, which for me has meant eliminating all animal products, including dairy, fats, chicken, fish, eggs, fast foods, fried foods, sodas, alcohol, and sugary foods. Those have been replaced by the wonderful world of plants, vegetables, starch-based foods, fruits, nuts, seeds, and legumes. I have also learned so many wonderful ways to prepare these foods, and not once have I missed my SAD diet.

What I really gave up was pain, inflammation, a life of drugs (and most likely, lots of surgeries), and perhaps a shortened lifespan. I have been given a life beyond my wildest dreams, a life filled with health, energy, and passion for healthy eating. I am also a graduate of Dr. T. Colin Campbell's plant-based nutrition course. I love helping others who are interested in achieving a healthier lifestyle.

My life really began when I was introduced to this fantastic, life-changing organization many years ago when I was so very sick. I am proud to say I am a Lifetime Member of the NHA and on the board of directors of this wonderful organization run by our gifted and committed president, Mark Huberman. I don't know where I would be today if I had not taken "the road less travelled," but I believed in my heart that there was a natural way to heal my body, and I found it. 🌱

# The Problems with Milk and Dairy Products

by Dr. Frank Sabatino

The National Health Association (NHA) strongly emphasizes that milk and dairy products are not fit for human consumption and have no place in the diets of children or adults. There are no animals in nature that drink the milk of other species at any time in their lives, and certainly not after the age of weaning. Commercial interests have promoted the dangerous idea that milk consumption “does a body good” and is necessary for normal human growth and health.

## Growth and Development

Following birth, all animals in nature are best suited to consume only their mother’s milk during their early growing periods and then wean from milk consumption for the rest of their lives. The nutrient content of any mother’s milk has evolved for the sole purpose of supporting the ideal growth and development of the babies of that species. Mother’s milk is unique growth fluid for human babies, just as cow’s or goat’s milk is for baby cows and goats. For example, cow’s milk has a significantly higher protein content than human milk because cows grow to full maturity within one to three years, while humans achieve full maturity over a 15- to 20-year period.

If cow’s milk (which also has added growth hormones and antibiotics from the commercial dairy industry) is continually fed to human babies and children, it can foster rapid premature growth and development that is not in their best interest, producing hormonal and other body changes that can compromise their health as children, teenagers, and adults. Childhood consumption of cow’s milk can cause abnormal elevations in reproductive and growth hormones that can foster premature menstruation in girls and premature sexual development and excessive body fat and weight gain in both young girls and boys. It also can increase the risk of breast, ovarian, uterine, and prostate cancer in adulthood.

## Breast and Prostate Cancer

The consumption of milk and dairy products has clear and direct effects on the risk of breast and prostate cancers in adults.

Women consuming the most cheese had more than a 50 percent increased risk of breast cancer.<sup>1</sup> Women who consumed milk demonstrated a dose-related increase in breast cancer risk at even the low intake of one-quarter to one-third cup of milk per day; one, two, or three cups per day increased the risk of breast cancer by 30, 50, and 80 percent, respectively.<sup>2</sup> Men consuming three servings of dairy products daily increased the risk of death from prostate cancer by more than 140 percent,<sup>3</sup> while an increased intake of all dairy products, including whole and skim milk, significantly increased the risk of prostate cancer.<sup>4</sup>

## Lactose Intolerance

Infants and children produce enzymes that break down and digest lactose, the sugar found in breast and cow’s milk. However, as children grow and approach a natural age of weaning within the first few years of life, these enzymes become less efficient, resulting in the children becoming more lactose intolerant. While this intolerance is seen in children across various ethnic and racial groups, there are significant differences in the extent of the intolerance: 95 percent of Asians, 70–75 percent of Native and African Americans, and 15 percent of Caucasians exhibit it. As a result, the continual consumption of milk can create the symptoms of lactose intolerance—gas, bloating, stomach upset, and diarrhea.

## Insulin Resistance and Diabetes

The high saturated-fat content of milk and dairy products interferes with the normal function of insulin, promoting insulin resistance that inhibits the entry of blood sugar into body cells. This leads to increases in blood sugar and body fat and contributes to the development of diabetes and its devastating consequences in both children and adults. Such diets also contain an excessive amount of insulin-like growth factor 1 (IGF-1), which has been associated with a higher risk of prostate, breast, and colorectal cancer. Milk is the biggest culprit and greatest source of this factor; even small increases in milk consumption create dangerous dose-related increases of IGF-1.<sup>5</sup>

## Food Addiction and Inflammation

Examining the chemistry of dairy and how it interacts with the body reveals additional reasons for concern. The major protein in milk, casein, is converted in the body into beta-casomorphine.<sup>6</sup> Casomorphins are protein fragments with opiate-like effects similar to endorphins (the natural opiates in our brains) and synthetic/pharmaceutical opiates. So, milk and other dairy products, including cheese, ice cream, yogurt, and butter, may trigger the high and the potential addiction resulting from a mood-altering opiate response. When you attempt to abruptly eliminate milk and dairy products, you can experience an opiate-like withdrawal that increases craving and makes it hard to remove these foods from your diet. Even worse, casomorphins also act as direct histamine promoters in humans, triggering allergic and inflammatory responses.<sup>7</sup> This assault on the immune system, combined with increased inflammation, can interfere with satiety signals, promote overeating, and lead to compulsive food use, compromising successful long-term weight loss.

## Essential Fatty Acids and Inflammation

The routine and excessive consumption of milk and dairy products provides dangerous excesses of the essential fatty acids linoleic acid and arachidonic acid. These polyunsaturated fatty acids are key components of the omega-6 pathway in the body that produces chemical factors (prostaglandins, thromboxanes, and leukotrienes) that increase inflammation. This exaggeration of the omega-6 pathway and chronic inflammation is the foundation for all chronic diseases, including cancer.

## Heart and Alzheimer’s Disease

Milk and dairy products are significant sources of saturated fat and cholesterol, which play major roles in blocking blood vessels to the heart and brain. This contributes to heart disease, the number one killer in the United States, as well as to potential brain damage associated with cognitive dementia and Alzheimer’s disease.

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## Bone Health, Calcium, and Magnesium

Because milk and dairy products have a high calcium content, they are often promoted for the prevention and reversal of osteoporosis and fractures that can occur from decreased bone density. However, numerous studies have shown that dietary calcium is not associated with the risk of fractures, and there is no evidence that increasing dietary calcium from milk and dairy products prevents fractures.<sup>8,9,10</sup> In men, it also has been shown that milk consumed in their teenage years correlates with a significantly higher risk of hip fractures later in life.<sup>11</sup> In fact, the high protein content of milk and dairy products may actually promote bone loss by urging the body to leach calcium from bone in order to neutralize the acid-forming nature of these foods. Healthy bones require weight-bearing activity, adequate vitamin D, and an important balance of dietary calcium and magnesium from a diversity of whole plant foods, especially green leafy vegetables.

The consumption of milk and dairy products may also adversely affect this delicate and important balance of calcium and magnesium. Dietary intakes of calcium and magnesium influence each other's absorption in the intestine; high calcium intake may decrease magnesium absorption and vice versa. Calcium is a mineral of excitability that activates muscle contraction and neurotransmitter release in the brain and nervous

system. Magnesium is a mineral of sedation that can reduce anxiety and insomnia and relax muscle cramping and tension to improve constipation and fecal elimination. Therefore, the high calcium content of milk and dairy products may interfere with the absorption of magnesium and may contribute to a calcium dominance that may compromise bone health as well as a variety of other body functions.

As a result of these data, the NHA unequivocally recommends eliminating all animal-derived milk and dairy products from the diet. If you need any dairy-like products for any reason, such as for recipes or use on cereals, the NHA strongly recommends using nondairy, plant-derived milks, yogurts, and cheeses without added processed oils and salt. With that in mind, the resources provided by the NHA in its journal, *Health Science* magazine, provide the healthiest recipes for making alternative SOS-free dairy products as well as for meals and desserts that incorporate dairy-like ingredients.

The NHA has been making people aware of the dangers and risks of traditional milk and dairy products for decades. It has an unwavering commitment to helping people avoid these foods in order to break the insidious grasp of the dairy and food processing industries that produce and promote them.

*For a referenced copy of this article, please email [info@HealthScience.org](mailto:info@HealthScience.org).*

**ERRATUM:**

On page 38 of the Spring 2022 issue, we inadvertently misspelled the first name of new NHA member Bobette Hitchcock as "Babette." We regret the error.

**MOVING?**

Please notify us as soon as possible of any change in your address to avoid any interruption in the delivery of *Health Science*. By notifying us before you move you also save the NHA the postage and handling expenses associated with each returned copy of *Health Science* magazine.

# Is Illness Inevitable?

by William L. Esser, MD

Not many are ready to believe that a perfectly normal human being is immune from disease. From the beginning of time, we have been taught to believe that health is an uncertainty; that the next morning might find one subject to a "virus infection," if indeed one has the good luck to awaken the next morning at all.

Most people have a fear complex, and they have been educated into it by the professions in general. Much of the clergy has preached that disease and death results from the wrath of God; the medical profession has taught the uncertainty of health and life; the legal profession has woven a web of law that is hard to escape except by those with influence. The natural result of these teachings is the building of a fear-complex which reduces the general average resistance, helps to lower the average health standard, and is one of the prominent reasons why most other nations point to America as being a country of invalids. It must sadly be acknowledged that there is much truth to this belief, and that the average American has developed a pet sick habit. Seeking cures and curers is the hobby of millions. Cures are as elusive as mirages, but the palliation and consequent impairment of vital organs and the unnecessary surgical mutilation are very real and lasting.

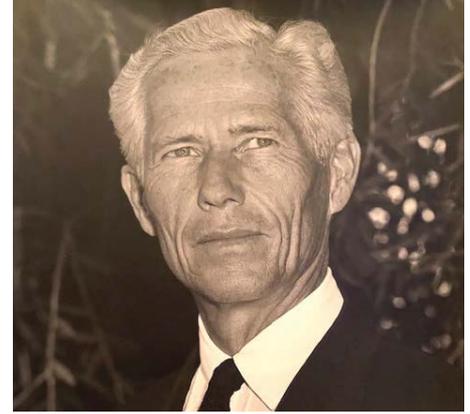
The time is overdue for a thorough renovation. The fear-complex must go. Man has nothing to fear excepting himself and his disease-building and life-shortening habits. Years ago when the microscope enlarged tiny organisms to a size which made them look ferocious and dangerous, a wave of fear swept the land. It was decided that these were the cause of most of our troubles, and as a consequence a sterile existence was assiduously sought after by all who wished to be scientific. This proved to be a dark age for the goddess of love because holding hands, much more a kiss, were considered particularly fraught with danger. Today, the fear of germs is mostly a thing of the past, but another phobia, a little more mysterious and less tangible, in the form of "virus" has taken over to "explain" the presence of disease.

Man has no enemies excepting those he makes. Illness results from his own violations and indiscretions, his own sins against himself. When he ceases to make himself sick, he becomes immune, and disease no longer exists. John H. Tilden, M.D., once said, "All the cures which have ever been invented by man are boomerangs that have returned to do him evil."

Man has his own freedom of will. It is about time that he becomes aware that his destiny is of his own choosing. The knowledge of health and its maintenance is not an exclusive with a small chosen group of people. Nor is the knowledge too technical for the average mind to grasp. Man's willingness to allow someone else to think for him has caused him almost to lose his self-protection.

The animal kingdom has its claws, teeth, beaks and other defense organs which are controlled by instinct in protecting itself and securing food for itself and its young. But man has a mind which gives him dominion over everything on and in the earth. He has opened many doors and unlocked many mysteries with this mind, but at the same time he unfortunately knows more about everything on earth than he does of himself or of self-control. The results of this ignorance and lack of self-control are sickness, pain, and premature death. All the collateral sequences such as crime, perversity, war, and a decaying society are the by-products of this ignorance. Unless man learns to know himself, he will destroy himself.

Sickness is unnecessary. Those who possess good health should know why they are well. If they cannot give a reason other than that they have always enjoyed good health and that their ancestors were good specimen of longevity, they have no reliable knowledge with which to keep the good health they possess. In fact, they are probably frittering away the good potential with which they have been endowed. The fact that ancestors lived to a ripe old age gives one a fine feeling of security, but can be very much like an athlete resting on his laurels. Unless he continues to train and strive for greater achievements, he will soon find his records toppling to a more eager



champion. The asset of long-lived forbears can be offset very easily by the rush and worry of modern business, or by a frantic social pace which outdistances that of our fathers by at least five to one. There are a good many advantages of today over previous decades, but all of them are offset by the extra nerve-energy required to meet them. The machine age, with its telephone and radio, enable men to accomplish ten times the business that could be done over a hundred years ago; but these advantages are putting lungs, digestion, brain, and heart out of business. In order to keep up with the demands of competition, tobacco, coffee, and other drugs are relied upon to stimulate flagging nerves and functions.

Wise indeed is the man, and fortunate too, who can withdraw himself from the whirling madness of modern, graceless living for some somber contemplation about true and eternal values. Natural laws are unchanging. They govern each of us. If we push ourselves beyond individual requirements in working and eating and sex and pleasures, and do not allow enough restorative rest to replace what has been lost, we shall die much earlier, with far greater suffering, than we ought.

Common-sense care of one's body is all that is necessary—not some peculiar kind of food or vitamin preparation nor a disagreeable asceticism. There is no need for any fanaticism; just live rationally and sensibly, in keeping with Natural law; learn moderation and poise of mind and body in any climate, at any altitude, and in any occupation in which one can maintain one's self-respect.

Learning to live in accordance with Natural Hygienic principles is not difficult. The difficulty lies in disentangling oneself from the web of convention and synthetic living. Once we have broken from its enslavement, how beautiful life can be! 🌱

Originally published in the  
summer 1955 issue of  
The Journal of Natural Hygiene,  
a Health Science predecessor.



Dear Mark,

The Spring issue is by far the finest edition, illuminated with your brilliant questions to Dean Ornish, who laid out his life plan so that anyone could see its truth. I was introduced to natural hygiene at Esser's Ranch in Florida by a cousin. I am in my 87th year, and I cannot wait to share this interview with my internist, who thinks I just have a longevity gene! This article made my heart sing. Thank you!

For the second year, I have been chosen as a mentor for a class of students in the medical school at Florida Atlantic University who are learning how to help and treat geriatric patients. When I talked about the importance of listening, compassion, change of diet, stress reduction through yoga and exercise, and less drugs, my whole team got big smiles and said they were leaning in that direction. Tomorrow's hope!

**Ina Sky**

Delray Beach, FL

Dear Mark and Wanda,

Thanks again for another incredible issue. The little boy on the cover is so beautiful! I just finished reading Mark's interview with Dean Ornish and am feeling elated. I love reading words that affirm my lifestyle choices! Mark does such an excellent job of asking the right questions. It was great to hear where Ornish came from and where he is now. What great accomplishments! We owe such a debt of gratitude to the pioneers of our lifestyle—Mark's parents, you two, and the many, many brilliant doctors and practitioners who have spent their lives getting the word out. It is great to move from weirdo to credible, and we are all getting there! I am also so excited for the upcoming conference. Yippee! Thanks so much to you at the NHA for cheerleading for us on the streets. Bravo!

**Michele Sarich**

Peoria, AZ

Dear Mark,

My favorite article was about sprouting by Susan Smith Jones. I enjoyed it, and I also highly recommend sprouting. Food prep does not have to be difficult to be of benefit. Many thanks.

Sincerely,

**David C. Eschan**

Florence, KY

Hi Mark and Wanda,

I've just started reading the Spring issue, but I couldn't wait to try Felicia Slattery's recipe for Fennel, Arugula, and Pea Tendril Salad with Orange Vinaigrette, so I had it for lunch today. What a great salad—a nice change up from my normal salads! The peppery arugula and licorice-tasting fennel was a great blend of flavors. Now, on to the rest of the magazine!

**John Gandy**

Atlanta, GA

Dear Mark,

I just received my first issue of *Health Science* and appreciate your personal attention to my new membership. I have now read all 40 pages and loved it! I must say that it exceeded my expectations with the quality articles and wide spectrum of subjects. Well done! This year my wife, Patty, and I will be virtual attendees at the NHA Conference, but it is our goal to attend in person in 2023. Thank you for all your hard work!

**Drake Jackson**

Cincinnati, OH

Dear Mark,

I heard about your publication through Tami and Tom Kramer of Nutmeg Notebook and have learned so much from them. I have eliminated all other magazine subscriptions; the NHA publication is the only one I get now because it is the only one that matters! I'm looking forward to future issues as well as exploring the archives on the website. Thank you for all you do.

**Janice Dorn**

Cedarburg, WI

Hi Mark,

I just renewed my mother's membership; we all love the magazine! I have also really enjoyed the recent YouTube interviews with you and Wanda. I hope you are planning to mention them in an upcoming issue of *Health Science*.

Every year my lifestyle moves closer to the natural hygiene ideal. At this point I have lost 85 lbs. and have reversed my prediabetes! Thanks for all that you do.

**Linda Ayotte**

Redwood Valley, CA

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When you become a Life Member of the NHA by making a single gift of \$1,000 or by being a Century Club Member for 10 years at \$100 per year, you are making a strong commitment and vital contribution to the long-term success of the NHA. In this issue we are honored to introduce you to our newest Life Members:



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Green Valley, AZ



**Bob & Carol Sexton**  
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**NOT PICTURED:**

**Gretchen Saunders** Spring Hill, FL

**Jeannette Roberts** Juno Beach, FL

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**Give a Gift Membership in the NHA!**

More and more members are continuing to give the gift of health by gifting memberships in the NHA to family and friends, primarily so they can receive a subscription to this magazine that they so value. **And now, giving the gift of membership is easier than ever to do on our new website.**

## Special Thanks to Our Donors!

President Mark Huberman and the Board of the NHA wish to express special thanks to the members who responded so positively to our annual Appeal to Support the NHA Conference. (Donations received after this issue went to print will be acknowledged in the next issue.)

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# Welcome New Members!

We are thrilled to report that members continue to stream into the NHA as word spreads about the extraordinary quality of this publication and the value of joining our Association. As you will see below, just since the last issue, 169 new people have become members of the NHA from all over the U.S. and around the world!

Carol Adams, Nanaimo, BC	Marilyn Friedly, Galena, OH	Mary Maclay, Saint Charles, IL	BJ Scholer, Bluffton, SC
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Denise Deasy, Darien, IL	Jane Kendall, Hilton Head Island, SC	Lisa Poret, Houston, TX	Lissa Werson, Fort Myers, FL
David Demoise, Pittsburgh, PA	Kevin Kerbawy, Bay City, MI	Nadia Pustovit, Bluffton, SC	Darla Wilson, Payton, UT
Caitlin Dennis, Vallejo, CA	Eileen King, Bluffton, SC	Judy Reihmann, Fort Myers, FL	Ruth Yaron, Peckville, PA
Connie Dershem, Lima, OH	Roxanne King, Salem, OH	Tracey Robinson, Deland, FL	Britta York, Spencer, IN
Andrew DiFeo, Saint Augustine, FL	Duffer Kinney, Olympia, WA	Regina Rovozzo, Willington, CT	Darleen Young, Belleair, FL
Linda Donatelli, Feasterville-Trevoise, PA	Kathy Klie, Terrace, BC	Gail Rowan, Lincoln University, PA	Tina Yvonne, Henderson, NV
Janice Dorn, Cedarburg, WI	Keli Klingshirn, Wakeman, OH	Donna Runels, Franklin, GA	Anna Zavitsanos, Manville, NJ
Scott & Susan Dykes, Bluffton, SC	Carol Konyha, Prescott, AZ	Murray Sampson, Winthrop, WA	Trishelle Zerin, Prior Lake, MN
Stephanie Edmison, Austin, TX	Marcella Lawhon, Acworth, GA	Aracelis Sarisky, Youngstown, OH	Rosetta Ziino, Tolga, QLD, AU 🇺🇸
Kimberly Edmond, Rochester, NY	Ellen Loitz, Little Rock, AR	Charlette Sauders, Warsaw, IN	
Zaynub Elshamy, Mays Landing, NJ	Valentin Lossin, Hillside, NJ	Jennifer Saunders, Springvale, VIC, AU	
Nancy Fawcett, Louisville, KY	Jan Lowrey, Azle, TX		

# NHA Travel Is Back!

In late April of this year, 18 NHA members, led by Executive Director Wanda Huberman and travel agent extraordinaire, Lisa McCarl, were lucky enough to sail with Windstar Cruises to Baja California and the Sea of Cortez on an amazing 10-day voyage from San Diego to lesser-known destinations along Mexico's Pacific coastline. Wanda and Lisa report that Windstar did a fantastic job providing beautiful and delicious meals that were 100% whole-food, plant-based, SOS-free, and even gluten-free. There is simply nothing better than vacationing with like-minded friends and not having a care in the world about your meals!

Our next cruise with Windstar will be to Alaska this August. We already have 120 people registered, with only a few remaining cabins available for booking. In February 2023, we have booked a voyage with Lindblad Expeditions and National Geographic to the Galapagos Islands, and in November we will be returning to Windstar cruises for a trip to Greece, Italy, and Spain!

See the Events page on the NHA website for all the details on our upcoming travel opportunities.

Keep in mind that NHA Travel is a member-only benefit of the NHA, and those who are Life and Century Club Members get priority booking. [See you on our next cruise!](#) 🌱

