

# What I Learned at TrueNorth Health Center

## *Lessons from a naturopath's residency*

by Natasha Thompson, ND

Located in Santa Rosa, CA, TrueNorth Health Center is the largest water-fasting treatment center in the world. Founded in 1984 by Drs. Alan Goldhamer and Jennifer Marano, TrueNorth has used medically supervised water fasting and a health-promoting diet of whole plant foods to conservatively manage a wide range of health conditions in over 20,000 patients. I completed my naturopathic residency at TrueNorth from October 2018-July 2020. This is what I learned.

### **1. Achieving optimal health is usually a problem solved by subtraction rather than addition.**

As a doctor, it's easy to fall into the thinking that "I" want to cure the patient: something that I do to them, something that I give them, will make them better. It's popular in nutrition-based medicine to base treatment plans on a model of deficiency rather than excess. Maybe the patient needs more minerals, more vitamins, more supplements. This bias makes sense, as deficiency was a significant problem for human survival throughout most of our evolutionary history. Our brains are wired to look out for this problem.

While deficiency may still be relevant, the results I saw at TrueNorth through water fasting suggest that problems of dietary excess are more pertinent today. Removing the problem of dietary excess leads to faster recovery from many diseases compared to treatment plans aimed at correcting deficiency. For example, treatment using naturopathic therapies for hypertension, such as adding a magnesium supplement or prescribing *Crataegus* (Hawthorn) tincture, might bring about reduction in blood pressure over a period of weeks to months. At TrueNorth, however, I frequently saw blood pressures fall to normal in 2-3 days of fasting and remain there after refeeding. In the most difficult cases, normalization of blood pres-

sure sometimes took more than 14 days of water fasting, but in those cases, previous interventions similar to that described above had resulted in minimal to no effect. Similarly, I saw rheumatoid arthritis patients report resolution of joint pain in just three days.

The speed at which the body was able to resolve chronic issues during a fast far exceeded what was possible by adding a natural therapy, demonstrating that it is most important to remove the obstacle to the cure (often dietary excess), rather than to add any supplement/herb/superfood, etc. Said best by Voltaire, "The art of medicine consists of amusing the patient while nature cures the disease."



Dr. Thompson in front of the TrueNorth Health Center

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### **2. Healing isn't linear.**

From standard American dieters to paleo to keto to junk-food vegans to vegetarians to predominantly plant-based to plant-based but including salt, oil, and sugar (SOS), we saw all diet types enter TNHC. Rarely, we saw patients who were 100% compliant with the diet recommended at TrueNorth\* from the start. For those with the worst diets, the change to TNHC's dietary program brought about rapid and drastic positive changes in health outcomes. Patients lost weight, achieved healthy blood pressures, normalized blood sugars, became pain-free, etc. Big changes led to big results. I was shocked however, to see

how many patients entered TrueNorth with what I would consider to be a near-perfect diet, yet still had significant health concerns. Some of these patients suffered from autoimmune diseases, others from persistent high blood pressure or skin conditions. Despite their 90%-compliant diet, they may only have achieved 70% towards optimal health. Most were at a healthy weight and didn't have any of the diseases associated with overnutrition, such as metabolic syndrome, diabetes, or cardiovascular disease, but they were still suffering with another set of symptoms/diseases. In these



cases, I sometimes saw a small change towards greater compliance with the TrueNorth diet result in a much greater than anticipated “return on investment” in terms of positive health outcomes.

For example, a male patient who was 100% compliant with the exclusively whole-plant foods aspect of the diet, but who included salt, suffered from persistently elevated blood pressure and a few extra pounds of body weight. By eliminating salt, he saw a drastic drop in blood pressure into the healthy range, something he was not able to achieve with his previous dietary improvements. He also easily achieved an ideal lean weight as his finicky appetite mechanism functioned properly on a diet with no added salt. This is just one example. Each individual is different in terms of what degree of dietary change brings about the desired result. Some patients leave TrueNorth and are able to maintain their positive health changes by adopting a more lenient diet. Other patients need 100% dietary compliance to alleviate their chronic complaints. Dr. Goldhamer has a special way of putting it when asked by a patient if they can include this or that noncompliant item in their diet. He answers, “It depends—how fat and sick do you want to be?”

### **3. You can trust your appetite if you eat the right foods.**

When the calorie density of the diet is consistent with human natural history, the mechanisms that govern appetite work as they are designed to produce an individual of healthy weight. Eating a diet exclusively of whole plant foods (vegetables, fruits, grains, beans, nuts/seeds) and free of the hypercaloric or chemical adulterants of salt, oil, and sugar allows the body to accurately tabulate calorie intake and adjust appetite accordingly to produce an individual of healthy body weight.

I did not see a single patient at TrueNorth who was following the eating plan and able to maintain a consistent body weight above the healthy range. All patients tended towards steady, sustained weight loss if they were overweight, and even underweight patients coming out of a fast

were able to gain appropriate weight to bring them into the healthy range upon refeeding. There was no calorie counting. There were no instruments to measure “appropriate” serving sizes. Patients were advised to eat until they were satiated. Exercise was forbidden for fasting patients and strenuous exercise was not recommended as a means to weight loss for feeding patients. Of course, there were patients who wished to lose additional weight even though their weight stabilized somewhere in the normal range.

Needless to say, these patients were all women. They, too, were able to achieve their desired weight by still eating to satiation on a diet that was slightly stricter and less calorie-dense. Some of these patients started their meals with a salad first and then finished with denser cooked starches. Others chose to eliminate nuts and seeds from their diet. The take-home message is this: no one needed to count, measure, journal, etc. to maintain a healthy weight. In an environment of appropriate food choices for humans, they were able to let their appetites guide them to a healthy weight.

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### **4. So long as the patient is living, they are capable of healing.**

This is one of the most important and inspiring lessons I learned at TrueNorth. One case that was particularly uplifting was that of a 69-year-old woman who was clinically obese and had been diagnosed with Fuch’s endothelial corneal dystrophy 18 years prior. This degenerative eye disease had worsened her vision to the point where she could no longer read, cook, walk without falling, or identify people in social situations. The only course of action that was recommended by her doctors was bilateral corneal transplants. At TrueNorth, she followed the eating program only, never fasted. Within a few months of these changes, her vision improved from 20/200 (legally blind) to 20/40 without corrective lenses. Clinical signs of her eye disease improved drastically. In addition, she lost a tremendous amount of weight and reduced her blood pressure and pain. This is just one of the many cases of tremendous healing I witnessed at TrueNorth. Despite decades of abuse to her body through



poor diet and nearly two decades of a diagnosed degenerative disease, her body was capable of reversing disease given the proper parameters, namely an appropriate diet.

## 5. Happiness and pleasure are not the same thing.

It's hard to imagine that a life following the TrueNorth-recommended diet could ever be as enjoyable as one filled with treats of various kinds. I learned from Dr. Goldhamer that happiness and pleasure are not the same thing. In fact, they're governed by two entirely different neurochemicals: happiness by serotonin and pleasure by dopamine. Eating a diet of simple, whole plant foods, similar to what our distant ancestors ate, still allows for both happiness and pleasure.

### On pleasure:

Dopamine is released primarily during two normal life events—eating and intercourse. The presence of dopamine when released in these circumstances signals the organism that it has made a favorable decision in terms of its genetic survival. If the organism ate food, it survived another day without starving. If the organism had sex, it passed on its genetic material to a future generation. Either way, the genes were better off than they were before, so the behavior was rewarded with a nice dose of dopamine.

The feeling of pleasure from the dopamine release is relative to the amount of dopamine normally experienced day to day. I was shocked to see how patients would practically moan in intense pleasure when eating their first plate of steamed squash after breaking a fast. As you can imagine, dopamine release during a water fast is low. No food and no sex—and on purpose! Humans are a rare breed.

Any amount of dopamine after a period of relative absence creates that intense “feel-good” sensation of pleasure. Similarly, patients who maintained a diet of appropriate calorie density for our species (mostly whole plant foods) reported that they really enjoyed their food. They had appropriate sensitivity to normal dopamine releases, so that juicy fruit and starch-rich sweet potatoes gave them that “feel-good” satiety. Patients who came to TrueNorth eating a stan-



*Once a person's taste buds and neurochemistry are reset, whole plant foods that previously seemed bland become immensely satisfying.*

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dard American diet typically reported that the food was bland. No such complaints were heard when these same patients began their refeed after a water fast or spent a few weeks eating the food and allowing their taste buds and neurochemistry to adapt appropriately. The key is in maintaining a diet that is low enough in average calorie density and free of added chemical adulterants, so that healthy food is still appealing.

### On happiness:

I learned from Dr. Lisle that true happiness is the result of achieving esteem in the right way from the people who matter. However, you don't need to obtain outright cues of esteem from others in the way of compliments, pats on the back, etc. as the only means to feeling happy. Every human being has what Dr. Lisle calls

an “internal audience” inside their head that witnesses the individual's daily actions and rewards behaviors that are likely to improve the genetic survival of the individual.

Life is a competitive process filled with competitive problems in various domains, including romance, friendships, trade (career), etc. Consistent, diligent efforts that are thought to improve an individual's standing in any of these areas will be rewarded by the internal

audience with feelings of happiness, so that the individual will be more likely to continue to make the effort. Likewise, lack of effort or ineffectual effort will be met with a feeling of disgust/disappointment from the internal audience. I've certainly felt these opponent processes in my life.

Interestingly, patients at TrueNorth typically reported increased general happiness despite enduring a water fast or choking down bland food. And this increase in happiness is not for reasons unknown. Many patients experienced the cheers of the internal audience as they lost weight, stuck to a healthy diet, and abstained from addictions, thus improving their competitive standing in the domains of life. These “cheers” were further amplified when their friends and relatives remarked on how good they looked.

## 6. Protein is never the limiting factor during a water fast.

Based on how much attention the average person puts

on making sure they meet their daily protein needs, from selecting a “protein” component for their “balanced meals” to how many times a plant-based eater gets asked “Where do you get your protein?,” you would think protein deficiency would be a primary concern during water fasting. Well, it’s not a primary concern—nor is it a secondary, tertiary, or other concern. During my time at TrueNorth, a fast was never discontinued due to a protein deficiency, and we supervised fasts spanning up to 40 days in length. Of course, there are many reasons to discontinue a fast, but frank protein deficiency has never been the limiting factor. To go along with this point, there is no nutrient that an individual needs to consume each day. The body is smart, and it has evolved primarily in an environment of scarcity for much of human history. It has the ability to conserve, recycle, and reabsorb the nutrients of concern. It is likely that these physiological mechanisms, in which the body conserves resources and survives on less than it needs, are what confer lifespan extension in animal models of caloric restriction.

## 7. Genes mean everything—and nothing—when it comes to weight.

I learned from Dr. Lisle that genetic heritability accounts for the majority of the variance observed between individuals in many aspects of human health. I was surprised to learn that 70% of the variance in weight between individuals is attributed to genetic heritability. Initially, I was quick to dismiss this figure, as I had observed differences in environment, specifically food environment, to have a large impact on any one individual’s weight. My mistake was in thinking about a single individual rather than individual differences in a population. In a wealthy country like the United States, where access to convenient hypercaloric food is ubiquitous, differences in body weight between individuals can be attributed mostly (70%) to genetics. In poorer countries such as Albania or Nicaragua, where access to these same foods is more inconsistent, less of the variance in body weight between individuals can be attributed to genetics. In a consistent food environment, whether consistently calorie-rich or calorie-dilute, genetic variance will be the major contributing factor to differences in weight between individuals.

This information, however, has virtually no significance on an individual level. Your genes are your genes and nothing can change that, but your weight is not genetic destiny.




*Focus on eating a healthy diet and creating a clean food environment to manage weight.*

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weight.

Lastly, with this new understanding and with the knowledge that the vast majority of Americans eat a similar diet, view with skepticism those consistently lean individuals who attribute their figures to methods within their conscious control, such as superior willpower and portion control. In the same manner, do not attribute someone’s long-term struggles with excess weight to conscious gluttony. It

is true that overweight individuals eat more calories on average than lean individuals, but the assumption that this overconsumption is under conscious control, rather than unconscious and unchangeable genetic variability in the mechanisms of satiation, is incorrect.

*\* The diet recommended by TrueNorth is an exclusively whole-plant-food diet free of salt, oil, sugar, caffeine, alcohol, and recreational drugs. Foods included are intact, gluten-free, whole grains, beans, fruits, vegetables, nuts, and seeds. *



**Natasha Thompson, ND**, completed her naturopathic medical residency at TrueNorth Health Center in Santa Rosa, CA. There she witnessed the innate healing capacity of the human body as patients improved their health and reversed disease simply through water-only fasting and an exclusively whole-plant-food diet free of salt, oil, and sugar. She found naturopathic medicine through the writings of Herbert Shelton, ND, Andrew Weil, MD, and Henry Lindlahr, ND, and was later greatly impressed by the research of Caldwell Esselstyn, MD, John McDougall, MD, T. Colin Campbell, PhD, and Dean Ornish, MD. She graduated summa cum laude from the University of Bridgeport College of Naturopathic Medicine in Connecticut.

During her residency, Drs. Alan Goldhamer, DC, Doug Lisle, PhD, and Michael Klaper, MD, were foundational in her understanding of the human body and her role as a physician.