

LIES

MY DOCTOR TOLD ME

MEDICAL MYTHS
That Can Harm Your Health



KEN D. BERRY, M.D.

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*To my amazing, beautiful wife Neisha.
And my children, Jonathon, Madison,
Morgan and Abby Grace.
You all are my saving grace,
And my inspiration.*

Prologue

*The doctor is more to be feared
than the disease.*

— FRENCH PROVERB

This book will upset many doctors, it may even upset your doctor. If it does upset your doctor, that is a good sign you either need to work on the relationship between you and your doctor, or find a new one. You see, there are two basic types of doctors. The most common type of doctor is comfortable where he is. He might read a little to keep up his CME (continuing medical education), but have no real interest in reading deeply and broadly about medicine. This doctor readily accepts any new guidelines published by medical societies or the federal government. He doesn't care who paid for the research used to *prove* that a new pill works. He only wants to practice medicine with as little effort as possible. He considers himself the boss in the doctor-patient relationship. He holds all the knowledge that matters, and the patient should listen respectfully, and not question him.

If a patient suggests to this kind of doctor they try something new or consider a new treatment, he will become flustered, impatient or angry. He doesn't seem to be interested in the uniqueness of each patient. This type of doctor believes he learned all he needed to know in his training, and is not interested in continuing to learn. He will belittle, or berate, a patient who suggests there may be another way to treat something besides the usual way. He is not happy at all if a patient brings information printed from the Internet to discuss with him. He will quickly let the patient know he is the

doctor and doesn't have time for such silliness. This kind of doctor will not like this book at all.

There is another type of doctor. This doctor is an eager learner and a lifelong student. He reads far, wide and deep in his own specialty, but also reads about the findings in other specialties. He is always considering new treatments as well as ancient ones. This type of doctor is impressed when a patient is concerned enough to learn about their own symptoms, and bring what they found to their office visit. He feels he is the patient's learned partner in their health care, not a dictator. This type of doctor is not offended when a patient speaks of chiropractic, naturopathy or essential oils. When a patient shares a print-out with him, covered in hand-written notes, he is excited, because he knows this patient is very interested in their health. This type of doctor will most likely applaud this book.

This Book is Not Medical Advice

This book is meant to stimulate thought in both doctors and patients. I want you as a patient to re-examine your health and any medical conditions. Are you doing the best you can to optimize your health? Is the advice you've received from doctors the best possible advice? I want you to read, research and think about your health. Stimulating such action is what this book is for. This book is not medical advice. You should not start, stop or change any medication based on what you read in this book. You should discuss such changes with your trusted doctor. If you don't trust your current doctor, then find a new one.

When writing about health and medicine, especially as a doctor, one has to be careful not to give medical advice. This medico-legal term refers to information you should receive only in a doctor-patient relationship, not from a book or website. Medical advice is something that can only be given by a provider to a patient in a particular scenario. This advice is given to the patient either in the hospital, clinic, urgent care or increasingly, during an on-line consultation. You should use the information in this book to become an expert on your health and medical conditions. You should use this book to form intelligent questions and requests for your doctor. You should not, however, change your medical regimen based on the contents of this book alone.

How to Use This Book

You might not want to read this book from cover to cover. It is perfectly fine if you want to skip around, or read only the chapters that apply to your health. Please, underline, high-light and write in this book. Fold down corners, copy and share this book all you want. I want it to help the most people have the best health possible. There is a homework section at the end of each chapter. If a chapter doesn't apply to you, then feel free to ignore the homework. If, however, a chapter seems important to your unique health, then the homework section is where you can continue learning about the subject.

Where are the Works Cited?

The ultimate purpose of this book is to encourage you to do your own thinking. I want you to think about your own health and any diagnoses you might have been given. To take charge of your health, you need to learn how to research health topics on your own. Because of this, and to keep the size of this book under control, I have omitted any footnotes or list of works cited. I am not selling anything, so I have no motive to mislead you. I won't be pushing any supplements, powders or pills on you, I just want you to be awake and aware of your health and the health care offered to you. You can use [DuckDuckGo.com](https://duckduckgo.com), [Bing.com](https://bing.com) or [Google.com](https://google.com) to search any health topic.

When you are ready to dive deeper into the medical research you can go to [PubMed.gov](https://pubmed.gov), type in your keywords and search every medical research article in the world. This is the website doctors should use when looking for the latest research on a topic. With your personal internet connection, a cup of coffee and a few hours of research, you can be as knowledgeable as any doctor about your own particular health issues. If you can answer your own medical question then good, if you cannot, then print out what you have researched, along with your notes, and take your research to a trusted doctor. He should be happy to discuss with you the information you have found.

Pronoun Usage

I debated how I would handle pronouns in this book. English is behind other languages in this area. We often must resort to the awkward *he or she*,

or *his or her* (He or she should always respect his or her patient). This is distracting to the mind and painful to read. Years ago I had the idea of using *E*. Much as we use capital *I* to talk about ourselves, I thought there should be a way to say he or she easier, by using a gender-neutral capital *E*. It would save time, ink and be easier to read (*E* should always be respectful of patients). I had full intention of using *E* in this book, but decided perhaps people were not ready for that yet. My wife Neisha, suggested that I pick a pronoun and use it throughout the entire book. We discussed which pronoun it should be and decided a coin-flip would be a fair way to decide. He/his won the toss, and so in this book I will use he/his in all such cases. I will use she/her in the next book.

Use of the Word Doctor

To simplify the reading of this book, I use the word doctor to refer to all health-care providers. The word doctor, as used in this book, can be used interchangeably with nurse practitioner, physician assistant and nurse midwife. Any of these health providers can tell you medical lies, but are also capable of taking your health to the next level by telling you helpful medical truths. Regardless of which kind of provider you see for your health care, this book can help you improve your relationship with your health-care provider.

Find an error or typo?

To get this book into the hands of as many people as possible, as quickly as possible, I decided to self-publish. My wife might also add that I am hard-headed and don't like being told what to do, and she would be right. I would also add that I wanted this book to be authentic and honest, and sometimes when a book like this goes through a publishing house it gets watered down to be non-offensive to large organizations; I do not care about this. I have made every effort to have this work edited to the same standards as a book published by a professional house, but I might have missed something. If you find any sort of error in this book, please send me a quick email to LMDTM@theberryclinic.com, it will be corrected as soon as possible. I, unlike some doctors, have no problem with being shown my mistakes, and with correcting them.

Contents

Prologue

Trust in God, Not Your Doctor

So What's Going on Here?

The Skinny On Fat

Your Bones Deserve Better

Is Cholesterol Really Your Enemy?

Wheat is Not All it is Cracked Up to Be

Turn that Pyramid Upside Down

It is Great But Won't Help Much With Weight Loss

Nuts and Seeds Don't Cause This Problem

Will This Give Men Prostate Cancer?

There is More to Women Than Estrogen

Viruses Laugh at Antibiotics

Salt of the Earth

All Calories are Not Created Equal

Does Too Much Calcium Cause Kidney Stones?

Your TSH is Normal So Your Thyroid is Fine

If you Don't Have Rickets Then Your Vitamin D is Normal

Breast Milk Doesn't Contain Everything a Newborn Needs?

God Made the Sun and God Made You

Little White Lies

Do As I Say And Do As I Do

Dearest Colleagues

Epilogue

Trust in God, Not Your Doctor

Chapter 1

*Though the doctors treated him,
let his blood and gave him medications to drink,
he nevertheless recovered.*
— **TOLSTOY, WAR AND PEACE**

Do you have a good working relationship with your doctor? If not, you should keep reading. If you do, you should keep reading, because you might strengthen that relationship with what you are about to learn.

I am sure your doctor is a caring, kind and thoughtful individual. However, he is not super-human, and he is not God. Your doctor, at some point, had to possess intelligence and curiosity or he would not be your doctor today. The life-path through college, medical school, residency and medical practice is a very demanding, tricky road. As a result, not everyone can travel it. At some earlier point in his life, your doctor was an energetic, eager-to-learn, ready-to-try-new-things student, who couldn't wait to learn everything possible and apply it to improving the health of his patients. What has happened to him since then? How did your doctor change from being an intelligent, curious creature into a stuck-in-a-rut, bored, burned-out individual who just spent a whopping three minutes with you for your medical visit? That is a complicated question, and it varies from doctor to doctor.

In the following pages, I will attempt to explain the thinking and motivation of your doctor. This will help you understand what is happening during the average office visit, and what is going on behind the scenes and inside the head of your doctor. Let me begin by telling you the story of one doctor I know, me.

I went through medical school with 175 other individuals of all shapes and sizes, ethnicities and genders. We had all done the work and suffered the hardships to get there for one reason, to become doctors. Some of my friends in medical school were only there because their family had demanded they either go to medical school or law school. Some were there only because they wanted to be the first person in their family ever to become a doctor. There were a few of my colleagues in medical school who were just there for the money and the prestige. Honestly, they were few, and far between. Most of us had jumped through all the hoops required to get into medical school because we wanted to be an important person in our patient's lives, who did great things and helped lots of people. We wanted to make the world a healthier place.

You can lead a doctor to knowledge, but you can't make him think.

I, like several of my classmates, was married and had a family as I went through medical school. This made the process much harder than it would have been, had I been single. I'm not saying a single person would not have had a whole other set of responsibilities, but most likely none of those responsibilities would have felt slighted, betrayed or destroyed, if the promises made about life on the other side of medical school had not been kept. Medical school requires many hours of study, both solitary and in groups. My home away from home for the first two years was a small 4 foot by 8 foot room on the seventh floor of the library, containing a desk, chair and lamp. I spent many of my waking hours as a young adult, sitting and studying in that drab, depressing little study-room.

As medical students, we would always vie for the best of these study-rooms, with a slightly bigger desk, or a newer lamp. A fellow student and I once almost came to blows when I caught him stealing the comfy chair

from my study-room. It was a chair I had stolen fairly and squarely from another student's study-room some months before. Those hours spent in my study-room were hours I could not be spending with my family. I tried to make all those hours studying count so that when I was a doctor I could somehow repay my family for the lost time. My children were growing up every day, and I was missing milestones of their development much more often than I would have liked. However, I had this calling and compulsion to become a doctor, and everything I imagined that must mean.

The problem with medical students (past and present) is that, unless one of their parents was a doctor, they don't really understand what it means to be a doctor. We had all watched the TV shows and read the books and dreamed the dreams. However, we had no idea how our daily lives would be, when we finished this journey. Looking back now, it seems a little crazy to work so hard and so long to attain a career, the daily workings of which you are ignorant.

The day-to-day life of an actual doctor was an absolute mystery to us, but we still wanted to live it. Many doctors, when they finish this journey, are disheartened and disenchanting with the realities of their new career. They regret their decision and the years they spent (wasted) making it their reality. However, there are school loans to pay and obligations to meet. The family waiting at home would be confused, dismayed and disappointed if their new doctor told them that despite the sacrifices they had endured, he wasn't at all happy with this new career. After all the work, sacrifice and expense used to get through medical school, few doctors will walk away from their investment in this career. This is even though they discover they're miserable living the life of a doctor. You are therefore often left with a disheartened doctor doing something he doesn't love, with no real interest in doing his best.

Regardless of the reasons why your doctor went to medical school, he is now a doctor, your doctor. You can be sure that his career, no matter how successful it appears to be, is not what he had hoped or dreamed it would be. His daily reality is nothing like the TV shows he watched, the books he read or the dreams he dreamed. There is too much paperwork to read, millions of words of federal regulations to follow, employees to manage, bills to pay and a family at home begging for more time with him. The weight of such things can stifle even the most brilliant and motivated mind. Instead of looking for the *best way*, he is often reduced to accepting the

least bad way, or being forced to comply with the *state-mandated way* of doing things. Primary care doctors are usually too busy to even think of doing any kind of research, or of even considering different or better ways of doing things. Being a doctor, business owner and parent, and doing each well, is more than most mere mortals can manage. Therefore, to even expect him to keep up with all the latest research and have his own independent thoughts about his patient's conditions is just too much to ask.

All these pressures and expectations can stifle a mind and extinguish any flicker of hope a doctor may have of doing great and new things in medicine. So, what is a poor patient (you) to do? Wake your doctor up. He doesn't voluntarily want to read, study and think new thoughts. However, if you ask him respectfully, he will probably do it for you. If you word your request properly, you will develop a much stronger relationship with your doctor. You might also even improve his partnerships with other patients. Being demanding, pushy and loud are the opposite of what you should do. I agree with what you're probably thinking. It shouldn't be your job to coddle and coax your doctor into going the extra mile for you, and your health. Your thinking is correct. However, even though this is not your fault, it is your problem. You have one life and one body to live it in. If you take charge of how it is treated, you could avoid years of suffering and disease. I know from being in the trenches of medical practice for over a decade, what works and what doesn't when it comes to converting your doctor back into a curious, eager learner, who is willing to work with you.

For years, I've had patients try every trick and strategy they could think of to get what they wanted from me, both good and bad. If what they wanted was a medication they didn't need, my answer was and still is, "This isn't Burger-King, you can't have it your way." If what they wanted was for me to help them take their health and well-being to the next level, then I was more than willing to help. I am already receptive to alternative options and to the ideas of optimization and true prevention, but most doctors are not. How can you tell if your doctor is willing to learn, or if he isn't? How can you find a doctor open to your ideas about your own health?

The most powerful and most deceptive medical lie of all, is that your doctor knows everything there is to know about your health, or about medicine in general. A corollary to this medical lie, is that medical scientists and researchers have discovered everything there is to know, or everything worth knowing about the human body and human health. As a

doctor, I can tell you it would be nice to know everything. It is nice when patients place their trust in me and assume that I know everything. However, as a young doctor, I realized that not only were there many things I did not know, there were also many things my mentors and professors did not know. Doctors often carry themselves as if they know everything worth knowing. This is human nature. However, as a patient, you cannot let yourself be deluded into believing this. Your doctor is only as good as the knowledge he possesses, and only as good as the effort he puts into staying current, looking for further knowledge and updates.

It is common for today's doctor to believe he has learned everything worth knowing. As a result, there seems to him little value in continuing the strenuous study he was used to in medical school. This way of thinking is the rule for most doctors in practice. Most of them will admit they don't know details of new studies coming out, but they feel confident the bedrock of their knowledge is solid and without cracks. State medical societies and boards do very little pro-actively to encourage doctors to remain current in their studies. However, they do too much in preventing doctors from thinking outside the box or trailblazing new treatments or therapies.

Nothing will start a group of doctors grumbling quicker than mentioning that there should probably be more required continuing medical education for doctors. There is more to their grumbling than just not wanting to be told what to do. Many doctors have a real problem with cramming new knowledge into a brain they already consider full. Even worse than a patient who believes their doctor knows everything, is a doctor who believes this foolishness about himself. This is what you will be up against, as you try to forge a meaningful partnership with your doctor, or in trying to find one worth partnering with.

You can lead a doctor to knowledge, but you can't make him think. It is rare to find a doctor who stays energized and excited about the field of medicine and caring for patients. Most doctors get comfortable quickly in the rut of their medical practice. As a result, they will only learn the bare minimum needed to stay current with their medical society's requirements. Even that is done begrudgingly. Doctors are not bad or evil, they are simply human. To get the most out of this book, you will need to realize several things. These things might seem simple-minded and obvious at first, but please think about each one. The main reason this book is even necessary is that most patients and doctors have forgotten these important facts.

- 1. You have one life.** This is not a video game or a movie. Every decision you make about your health, or allow your doctor to make, whether well thought out or foolish, can have an enormous impact on your long-term health and happiness. You don't get extra credit for blindly believing your doctor. You don't get a free pass, just because your doctor told you to do something. If your doctor gives you bad advice and you apply it to your health, it is you and your family who suffer, either a little or a lot, and perhaps for the rest of your life. Even if you can prove his error in court, and successfully sue him for millions, you will still be the one without some part of your health.
- 2. Your doctor is human.** Your doctor, despite his reputation or your belief in him, is only human, just like you. He is motivated by the same things that you are. He has the same weaknesses, and makes the same sorts of mistakes. In spite of this truth, you should still hold your doctor to a higher standard. He should study and think harder than most other people you know. He should also strive to remain current on a wide variety of medical subjects. However, you cannot blindly assume he does this, you must make sure. Only by establishing a partnership, and building trust with a doctor, will you be able to decipher whether he is an eager, life-long student, or if he is doing the bare-minimum to get by.
- 3. The Doctor-Patient relationship should be a partnership.** You should absolutely expect the latest and best medical knowledge from your doctor. His job is to sift through tons of medical studies and textbooks, and even to read far and wide outside the field of medicine. This will allow him to provide medical advice that is customized just for you. Advice that will honor your DNA, and ensure you the best chance for a long, healthy life. You should expect your doctor to not give you incorrect or outdated advice. You should expect your doctor not to offer you a new pill, just because of the slick ads and cute drug-reps that big-pharma sends to him. You should never blindly accept your doctor's advice, and you should absolutely trust your intuitions about your health. True health is found within a blend of your own research, health-intuition and your doctor's learned advice.

4. **Research studies never tell the whole story.** This is your doctor's job to know. However, since many doctors do such a poor job at this, and since your one life is at stake, you will have to help. The Internet puts all the latest research within your reach. Therefore, to use this information to your best advantage, you should have a basic understanding of how medical research is conducted, and perhaps more importantly, who pays for it. There can only be so much medical research conducted at any given time. This research costs billions of dollars to conduct and someone must pay for it, Due to this, we are left with most medical research being paid for by big-government or big-pharma. There are serious drawbacks with either choice. For scientists to conduct meaningful research, their thinking must be impartial and unbiased. Impartial and unbiased thinking is seldom used by big government, and never used by big-pharma.
5. **No one can keep up with all the research.** There is currently so much medical research being published that no doctor can possibly keep up with all of it. It is the job of a good doctor to sift through as much of this research as possible and decide which studies give useful conclusions which can be applied to the health of his patients. Conversely, he must also decide which studies are thinly veiled, pseudo-science performed by big-pharma to get their next billion-dollar baby (drug) FDA-approved. A good doctor will obviously look for and find meaningful research within his specialty. A great doctor will also search for information from other specialties and other branches of science. This search for information he can use to prevent disease and to keep your health optimized should be his all-consuming calling.
6. **This book is not an indictment of doctors.** Remember, I am a doctor. I do not intend to make doctors out to be the bad guys. My goal is to call attention to very correctable problems in the current thinking of most doctors, and how they are educated going forward. This book should serve as a wake-up call for both doctors and patients. They both need to step it up a notch.

Doctor, it is your job to keep as up to date as possible on current research, and not to believe every word that comes out of big-pharma sponsored research, or the cute drug-rep's mouth.

Patient, this is your one life we're talking about here. Nothing is more important to your long-term health than your diet and lifestyle. Stop being mentally and physically lazy. Stop blindly trusting your doctor and big-pharma to give you a magic pill to fix the health problems your diet has caused. Stop expecting your doctor to have a magic treatment to correct the damage being done by your lifestyle. Think about your health, research the latest options, think about solutions and ask your doctor thoughtful questions. If your doctor becomes upset by all your questions, then your partnership may not be working. It might be time to repair it or to look for a new one. If you blindly take the advice of your doctor and he is wrong, it is you and your family who will suffer. Doctors who give bad advice have a way, just like everyone else, of placing the blame elsewhere. Most doctors won't lose a minute of sleep if your health suffers because you followed their bad advice.

Your health is both robust and fragile, at the same time. If your diet and lifestyle are correct, you almost can't get sick. If your diet and lifestyle are incorrect, you almost can't get well. You are the product of thousands of successful reproductions. Your DNA is the product of an awesome creation, and the culmination of many generations of improving stock. All it takes is one wrong prescription or one unneeded medical test, and you could suffer a side effect that will devastate your health, or end your life. You should never trust something so precious and valuable as your health to the opinion of one person, not even your doctor.

So What's Going on Here?

Chapter 2

The life so short, the craft so long to learn.

— **HIPPOCRATES**

Who am I anyway? I am a board certified medical doctor, recently accepted as a Fellow in the American Academy of Family Medicine, which is kind of a big deal for a family doctor. I've been practicing medicine in a small southern town for over a decade, and have slowly become more and more aware of the failings of modern medicine. If you break your leg or rupture your appendix, modern medicine is exactly what you need. If you are relatively healthy and are interested in optimizing your health, and in true, meaningful prevention of disease, then modern medicine will probably let you down.

I am planted firmly in the middle of both the good and the bad that is modern medicine. I never wanted to be part of the problem, but looking back now, it's obvious I was. The small, rural county I have practiced in my entire career was recently named one of the unhealthiest counties in our state, which made me feel like a failure. I was getting paid well to set a terrible example and give terrible advice to my patients. I had started my practice young, thin and in superb health. As the years went by my diet kept getting worse, and I was always too busy to be more active.

A few years into my career I had my lab values checked and was shocked to find I was becoming a diabetic. That was not something I was OK with at all. One day, I got short of breath trying to tie my shoes. I've

always tried to give good advice and set a good example, but it became apparent that I was doing neither. I realized it was both comical and embarrassing that I was telling patients every day they needed to lose weight, while my belly was looking like I might go into labor at any moment.

My *waking up* has been a years-long process, starting with the self-discovery that I was an obese doctor expecting my patients to take my advice about weight-loss and health. I applied my natural inclination and ability to question everything and accept nothing blindly to the study of medicine for the first time. The deeper I researched, the more I realized just how ignorant I was. I have always had the natural ability (some would call it a curse) to question what the experts in any field say. Sometimes this ability has gotten me into trouble. However, this time it cleared the way for me to become a better doctor. Since our bodies are made of the food we have eaten, I thought nutrition would be a great place to start. I dug through the boxes containing all my notes from medical school, pulled out everything that I had been taught about nutrition, and looked it over.

**Patients should be able to trust their doctor
to be intellectually honest. They aren't
paying for a good-sounding random answer
to their medical questions.**

Since nutrition is so important to good health, I'm sure you are imagining a huge stack of books and notes on my desk, right? It consisted of one-half semester's notes and a small paper-back book. It all comfortably fit in one hand. No joke, that is the total of what the 175 of us were taught about nutrition in our four years of medical school. A biochemistry professor, who was a native of New Zealand, had given most of our nutrition lectures. All I could remember was his accent and the interesting way he said pasta (paassta). I remember how he said the word both because of the way he said it and because of the number of times he said it.

During his few lectures he shared with us that he was a brittle diabetic. He also told us about the many servings of whole-wheat paassta he ate

daily, trying to keep his blood sugar under control. As a medical student, I did not understand how the two were related, or how ridiculous his statement was back then. The lesson we medical students learned was that somehow lots of servings of whole-wheat paassta must be good for diabetics. Looking in the mirror at my fat belly, I realized eating lots of whole-wheat pasta wasn't working for me, or my patients. Increasingly convinced I was ignorant of the actual nutrition needed to nourish the human body, I studied nutrition for the first time in my medical career.

First, I assumed that studying nutrition textbooks and journals would be the proper approach. I quickly realized that most of these are sponsored by big-food corporations, and offered little that would help in prevention and healing. I next looked at the *Atkins Diet*. We were taught in medical school that this diet could be bad for your kidneys and probably shouldn't be recommended to patients. When I looked at the research the first time, the conclusions of most of the studies seemed to support this belief. When I looked a second time, at the whole of the research, not just the conclusions of the studies, I realized the conclusions weren't supported by the actual findings of the studies. It was a weird awakening for me as a doctor. It is common practice for a busy doctor to read only the conclusion of research papers, not the entire paper. Doctors do this because of their justifiable assumption that the conclusion of the research paper should honestly sum up the research, findings and take-home message of the research in a few hundred words.

It turns out that the conclusions of studies are often slanted towards what the researcher thinks, or wanted the study to show, or not show. Even worse, the conclusion is often tainted by the desires of the big-pharma or big-food corporation who sponsored the study. I decided the Atkins Diet wasn't as dangerous as I'd been taught. Therefore, I tried it myself. I lost 20 lbs. in two months and my kidney function was better than it had been before I started! My problem with the Atkins Diet was that I actually liked veggies and berries and I missed eating them. I got bored eating rib-eye steak and butter all the time (true story). I looked at the *South Beach Diet*, the *Ornish Diet* and a few others. Then I found a book called *The Primal Blueprint* by Mark Sisson. It spoke to me and changed my paradigm about nutrition, health and medicine. This diet tried to mimic a primal or paleo diet, like the one our ancestors ate thousands of years ago.

Here is the thinking which sold me on Primal/Paleo as the best possible way for humans to eat and live. For thousands of years our DNA has been on this planet. It has survived and thrived while eating certain things, and never eating other things. If our distant ancestors made it through child-birth and dodged infectious diseases and predators, they seemed to stay healthy and live robustly well into old age. Only with the introduction of grains, sugars and other starches as a large part of our daily diet, did we begin to get fat and sick (with chronic non-infectious diseases). I memorized that book and tried to live it as best I could. I lost another 20 lbs. and started having fun and enjoying life again. I didn't feel the need to work-out any more. I would just go outside and play like a kid. I was going through family and social changes, yet they didn't get me down and make me angry like they would have back when I was fat. It was almost as if changing my diet had also changed my mood, attitude and outlook as well.

Since then, I have read many more books about human nutrition including *The Paleo Diet*, *The Paleo Solution*, and *The Bulletproof Diet*. My diet and lifestyle are a blend of all those concepts. Currently, I'm investigating intermittent fasting, thermogenics and optimizing my gut bacteria as ways to further improve my health and mood. When I find something that works and is safe, I share it with my patients. So you see, doctors can wake up and get out of their little boxes if they try. You might even be able to wake up your doctor.

So, what's wrong with your doctor? Let me first reassure you that your doctor is probably a well-meaning, thoughtful and caring person who wants the best for you. All doctors start out this way. Although these traits get buried and sometimes become dormant, I'm sure they are still down in there somewhere. Doctors are very, very busy people. There are pressures and expectations on them that you might not imagine. There are hundreds of pages of medical journals to read weekly, and thousands of pages of government/insurance regulation updates to read monthly. All this, plus a practice (small business) to run with all the challenges that involves, social expectations and let's not forget the family who rightfully expects their portion of time and attention.

I don't say this to make excuses for your doctor. I say this to remind you that your doctor is human. He only has so much time, effort and brains to go around. Unfortunately, it is human nature to look for shortcuts when you are over-stretched, over-stressed and over-promised. Let me describe

for you some of the short-cuts of human nature your doctor might be taking that could have an impact on your health. Keep in mind, it is not because your doctor is mean, dishonest or part of some conspiracy. It is because there are only so many hours in a day, and he can't do everything.

The Laws of Human Nature that Apply to Your Doctor

Doctors are humans, (at least for now) and as such, they are just as liable to fall victim to errors of thinking, of taking shortcuts, and of being, well... human. This is why my [first chapter](#) reminded you to have faith in God, but not your doctor. Doctors are on average very smart people, but that doesn't make them infallible or above suspicion. Just ask any state medical board. Medical boards are suspicious of all doctors, especially a doctor who steps outside the box, or tries something *new*. Here are a few thought-errors your doctor probably falls victim to.

When the only tool you have is a hammer, everything looks like a nail. This is an important law of human nature. You should understand it in relation to your doctor, your mechanic and every other *expert* in your life. It has been described by Maslow and others as the *Law of the Instrument*. Maslow noted that if you give a young child a hammer, then everything within the child's reach needed to be hammered. Let me explain how this applies to your doctor. We all understand what a hammer is and what it does to a nail. However, you should consider that not only do tools help us do work, but they also affect the way we think about the work we do. As a result, they can actually alter how we go about doing that work.

If a carpenter only has a hammer and nails, then he will think about nailing things to whatever he is doing. If all he has is a saw, then he will think about ways of cutting pieces off of what he is doing. This was a great strategy back in the Paleolithic days, when we had limited *tools*. It helped us to figure out how to take a stick or a rock (the only tool we might have) and knock fruit out of a tree so we didn't starve. Today, however, we have multiple tools at our disposal. Some of them are good and some are not so good. However, this way of thinking is still hard-wired in our brain. As a result, it can cause us to use the wrong tool. We tend to consider using only the tools we have easily available, the tools we have actually learned how to

use and how we can use them to get our work done. Let me explain how this could affect a doctor's thinking.

If an obese diabetic went to see his family doctor, he would probably be told to cut back on calories, eat less fat and more whole grains, and exercise more. He might also be given a daily pill or three to take. The *tools* this doctor has easy access to, are the nutrition *facts* he was taught in medical school and his prescription pad. He is too busy to learn about other tools that he could use to help this patient. Therefore, the patient will only get the benefit of the tools their doctor knows about, and chooses to use. If that same obese diabetic then went to a surgeon, he might be told that he needs stomach-bypass surgery to cure his diabetes and obesity. The tool of a surgeon is surgery, so that is what the patient would be told he needs. If this same patient went to see an endocrinologist (a doctor specializing in glands and diabetes), then he would probably be given an insulin pump and a prescription for some of the most expensive medications on the market. Those are the tools that this *expert* uses daily, and thus the ones he is expert at using. We are talking about the same patient here, but he would get three different *tools* used on him depending on which doctor he went to see. This should raise the question in your mind, "I wonder if there are other tools which would work better for this patient that weren't used at all?"

Good question! These three types of doctors are each using the tools they are comfortable with. They aren't considering each patient as a unique individual, nor are they looking for new (or old) tools which might work better than their current tools. How should we feel about these three doctors? Should we judge them, hate them, praise them or ignore them? These behaviors don't make the family doctor, the surgeon or the endocrinologist bad, or dishonest. It just makes them human. There are other tools available to help this patient, but these doctors are only using the tools they currently know about and believe in. Only a doctor who is constantly reading and learning, often outside of his specialty, or even outside of the field of medicine, will discover better tools.

Learning about new tools is time-consuming and full of dead ends. You may invest hours studying some new tool only to find it doesn't work, is too expensive or is just too dangerous to use. Doctors are taught to be stingy with their time, and rightfully so. They only have so much of it, and much of it is already spoken for. Time is also money. Time spent searching for a better tool means less time to use your existing tools to make money.

Therefore, you can understand why a doctor might choose to not look for new tools, or might ignore a new tool that is unproven or not approved by his medical board, professional society or the FDA.

When your income depends on believing a certain thing, you tend to believe it. *Upton Sinclair* once wrote, “It is difficult to get a man to understand something, when his salary depends on his not understanding it.” This law of human nature sounds dishonest on its face. However, it doesn’t necessarily mean that your doctor is being dishonest. The way the current system is set up, the family doctor will never get in trouble with the state medical board by telling you to eat fewer calories, eat whole grains, eat low-fat and exercise more. Even though this counseling has been shown in multiple meaningful studies to be terrible advice and to almost never work. His income and his future as a doctor are perfectly safe repeating this foolishness daily, for the rest of his career. He helps no one with this advice. All of his patients end up feeling guilty and give up because it is impossible for them to follow their doctor’s *advice*. The surgeon will never get into trouble with the state medical board for performing bariatric surgery, even though his patients can be left with long-term problems and a very uncomfortable life. They can even gain back the weight, assuming they have no devastating surgical complications in the operating room (a signed waiver legally protects the surgeon from these). The endocrinologist is safe with the medical board by prescribing an insulin pump, even in a patient whose pancreas still makes insulin. He is even safe prescribing medications so expensive, the patient is guaranteed never to be able to afford them at the pharmacy. Let’s suppose that a doctor, through thinking, reading and researching, comes up with a diet plan, pill or shot which will actually cure this overweight diabetic patient permanently. What can he, and what should he, do with this treatment?

If this good doctor started trying to tell the world about this new tool to cure their obesity and diabetes, how would he go about it? In our culture, he would advertise. That is how we spread the word about new discoveries that other people could benefit from. Therefore, this doctor takes out ads in the newspaper, gets a website, and a Facebook page, and proceeds to tell the world about this new tool he has discovered. He would proudly proclaim to the world that none of the other tools doctors had told them about were necessary. They need only use his new tool and their obesity and diabetes

would go away and they could be healthy and happy. Can you guess what would happen next? This doctor would quickly receive a not-so-nice letter from his medical board telling him to stop advertising his tool immediately, or even worse. He might even receive a summons from the board with the threat of a fine. They might even take action against his medical license, suspending or revoking it. Even if his tool does, in fact, work better than every other tool out there. Even if it's the best tool to cure obesity and diabetes ever invented, the medical board wouldn't care, or even want to hear about it. This is a true story my friends.

Humans (doctors) are always looking for shortcuts in every part of their life: We all love shortcuts. That is one reason we live in a modern society where there is a machine to do almost everything for us. As we discussed previously, one seemingly useful time saving shortcut that doctors take is to read only the conclusion in the many medical journals they skim through, not the entire article. This is because most medical studies, when published, are broken up into parts including the: abstract, background, methods and conclusion. Summarizing only the conclusion is also what the news media does when they report on medical studies trying to scare you. Often, when I hear a news report on one of these studies in the media, I have to roll my eyes. It is obvious that someone with no medical training read only the conclusion, or someone else's summary of the conclusion. The conclusions of medical research studies often don't truly represent what the study's results revealed.

Another shortcut that doctors take, is lumping all patients into several groups. Then, when encountering an individual patient who seems to fit into one of these groups, the answer to the question of which prescription pill to give is obvious. For this type of doctor, there is no such thing as a unique patient, just different types of patients. Thinking is hard work and if a doctor is a little lazy or a lot over-stretched. this shortcut seems well worth it in the short-term. Obviously, with these shortcuts the patient is often short-changed, and can even be harmed.

Association seems to imply causation. Just because there is an association between two things does not mean that one of those things causes the other thing to happen. This is a very hard concept to understand and to keep in mind. Sometimes it seems that since two things are related, that one thing

must have caused the other thing. This is why your mother told you to stay away from the bad kids because she believed that good kids who hung out with bad kids would become bad kids themselves. A medical example of this law is the story of HDL cholesterol. Medical studies have shown that having a high HDL (good) cholesterol level is associated with a lower risk of heart attack. Therefore, it would seem like a good idea to give patients a pill to raise their HDL cholesterol level. That should decrease their risk of having a heart attack, right? Doctors actually tried this, but the subsequent research found that giving someone a pill to raise their HDL cholesterol level did not lower their risk of heart attack. High HDL and low heart attack rates are related, but raising a person's HDL does not lower their heart attack risk. High HDL cholesterol levels are associated with a reduced heart attack risk, but they do not *cause* the decreased risk.

Another example of this, is when a mom brings her sick child with a runny nose and a cough to the doctor. He prescribes the child a course of antibiotics and a few days later, this child is feeling much better. It appears to the mom that the antibiotics cured the child's illness. In fact, the viral infection actually causing the illness would have gotten better in exactly the same amount of time without the antibiotics. Even though the antibiotics seemed associated with the cure, they did not cause the cure.

There once was a study showing that swimming pool drownings were associated with the number of Nicholas Cage movies released during that same time. Even though there was an association between these two things, you would have to be a little unstable to think the drownings were Mr Cage's fault. It was just a coincidence in the numbers. In this example, it is easy to see that the two variables (drownings v. Cage movies) can't possibly be related. However, in medicine it is sometimes much harder to tell (HDL levels v. heart attack rates).

Most doctors are taught about this error in thinking early in their training. However, they are not taught well enough because it is one of the most common errors I see doctors make regularly. I would love it if every person on the planet understood this error in thinking, but I don't expect that to happen. I do expect every doctor in medical practice to understand this concept completely, and never to be fooled by it. I do expect every doctor to see through big-pharma's advertising, which sometimes craftily exploits this error, and not subject their patients to unnecessary pills because of those misleading ads.

When something sounds true, we often start believing it is true (even doctors do this). It is like the example of the historical lie about George Washington cutting down the cherry tree. Sometimes when a lie sounds like it should be true, and it is repeated often enough, even experts in the field begin to believe the lie, and repeat it. Just as many teachers through the decades have *taught* their students the historical lie about George and his naughty hatchet, sometimes doctors *teach* their patients medical lies that are untrue and harmful. When we learn a myth (a lie) about a past president, there is no real harm done. However, when we learn a medical lie from our doctor, it can affect our health in negative ways.

This is seldom how a medical lie actually starts, but it is the birth of a few of them. The problem is, when an expert tells a medical lie, whether it is your doctor, the ADA, the FDA, the AMA or the USDA, patients tend to blindly believe it. They then repeat it, and keep repeating it for years, even after the experts have disproved it, and stop repeating it themselves. Experts very seldom, and by seldom I mean never, retract their previous opinions in a meaningful public way, when they are proven wrong by further research. They just stop repeating the lie, and move on with their careers, as if nothing had happened. You, as a patient, would have no way of discovering this change in expert opinion, without doing hours of research. Therefore, you just continue to believe it. This is what I call the *echo of the lie*.

A lie keeps echoing through society, even after it has been proven false. When researchers realize in later years that what they'd been publishing as truth in their previous studies turns out to be false, they don't issue a press release, apologizing and asking everyone to forgive them for their error. They just stop saying it, and move on to the next thing. It is a huge non-event. They don't want to admit publicly they were wrong, and no one makes them, so... they don't. For example, where are all the doctors pleading for forgiveness, on bended knee, who told us for years that we shouldn't eat butter? They are nowhere to be found. They have already moved on to other medical topics while leaving the rest of us confused about what really happened. You will never read a published retraction, a public apology, or even a good explanation as to where they went wrong, or a promise that they will never do it again.

They just moved on. Although this is understandable (no one wants to admit they were wrong), since they are experts, it actually causes harm. The

lie continues to echo down through society, sometimes for decades, continuing to harm or inconvenience patients. For example, even after researchers quietly backed away from the *eggs-are-bad-for-you* lie, it kept getting repeated by the media and doctors for years. When the scientists, and most of the media (not all), had stopped telling this lie, it was still repeated by primary care doctors, wives, moms and know-it-all neighbors for many more years. To this day (2017), I still have the occasional patient who will argue with me that eggs are full of cholesterol and bad, so they shouldn't eat them. When I tell them to stop eating cereal and milk for breakfast, and to eat eggs instead, they look confused and mutter, "But I thought eggs were bad?" This makes me want to climb a few ivory towers and slap some experts (figuratively, of course). The researchers should have made just as big a deal, and just as big a press release, revealing to the world that their original conclusions about eggs were wrong. If what they are searching for is truth, and not recognition, that's probably what they would have done.

If something is less bad, then it must be good. Two arguments we will deal with deeper in this book are, whole-wheat food is better for you than processed wheat food, and raw milk is better for you than the processed version in the carton. When the research is presented on these two arguments, it will be seen that, in fact, whole-wheat foods are less bad for you than processed wheat foods. In the same way, raw milk (properly collected and stored) is less bad for you than the processed milk in the supermarket. However, just because whole-grain is less bad for you does not mean that it is actually good for you. Less bad does not equal good. This is an error in thinking that doctors make all the time. If we did a medical study comparing the health effects of smoking unfiltered cigarettes versus filtered cigarettes, what do you think we would find? Of course, filtered cigarettes (assuming the filter is made of something safe) should cause less disease than unfiltered cigarettes.

You, as the researcher, would publish your results in a medical journal with a title such as "Filtered Cigarette Usage Leads to 15.3% Fewer Lung Cancers", and you would feel like you had made the world a better place. A news outlet, or government agency, publishes a story about your interesting little article, and their story is titled "Filtered Cigarettes Are Much Healthier than Unfiltered". Finally, the local news stations, smaller websites and

moms everywhere tell the world “Filtered Cigarettes are Good for You!” Do you see what happened there? In your research, you never meant to claim that filtered cigarettes were actually good for people. You were just studying two variables and reporting your findings. Sadly, once your findings had filtered down through doctors, the government and the media, it had been turned into a lie. This sort of transformation happens all the time in medical research, and it is your doctors job to detect it, and protect you from it.

Mindless repetition of a lie makes people believe it. When your neighbor Bob tells you something like, “Trust me, the more you exercise, the more weight you will lose”, he is not breaking any rules. Regular people get to say whatever they want, whether they know what they are talking about or not. You can’t hold Bob liable for this error, and you can’t sue him for damages. He was just stating his opinion on the matter. If your hair-dresser tells you, “Honey, you shouldn’t eat seeds and popcorn, it will flare up your diverticulitis!”, then it is up to you to decide how much she learned about the human colon in her cosmetology classes. She is not an expert in the field, and she doesn’t have to be right, or even try to be right. Both Bob and your hair-dresser are repeating things they have heard, things that sound correct to them, so they then pass these little nuggets along to you, and everyone else who will listen.

For regular folks, this is perfectly acceptable. You shouldn’t be surprised if they are very often wrong. Doctors, however, should be held to a higher standard. They should either be certain that they know the right information, or realize that they might not know, and tell you as much. When doctors repeat medical lies, people do get hurt and the doctor can be held responsible.

When a doctor mindlessly repeats something he read in a medical journal, or something he was taught in medical school 25 years ago, without thinking about you as a unique patient, he is doing you a great disservice. He should be held accountable for his lack of effort. He is not your neighbor Bob, nor is he your talkative hair-dresser, he is a licensed expert in human health, tasked with the responsibility of giving you the best medical advice available. You have every right to expect that your doctor knows what he is talking about when he speaks. Your doctor, as a licensed expert, doesn’t have the lazy luxury of just repeating something, and not knowing

if it is true. He has a sworn duty to read the medical journals, the relevant studies (not just the conclusions) and to even read outside the field of medicine. Doing so will help him see the bigger picture concerning the health and well-being of his patients. It will also keep him from mindlessly repeating the latest guidelines from big-government or big-pharma without stopping to think if they are even based in meaningful research.

When doctors fail us in this most basic area of trust, they also lose credibility in other areas. A doctor should willingly tell his patient he doesn't know, if that is in fact the case, and that he will research the issue and report back when he knows. Patients should be able to trust their doctor to be intellectually honest. They aren't paying for a good-sounding random answer to their medical questions. They deserve a well thought-out, researched answer applicable to their unique case. This medical lie, more than all the others, is why I wrote this book. Patients deserve a doctor who will either know the answer, find out the answer or refer them to a specialist. A patient never deserves a thoughtless canned answer which may or may not be true. A doctor should never repeat a medical lie he has heard or read to his patient, call it medical advice and be held blameless for it. Those days are over.

The Skinny On Fat

Chapter 3

Unless we put medical freedom in the Constitution the time will come when medicine will organize itself into an undercover dictatorship. To restrict the art of healing to doctors and deny equal privileges to others will constitute the Bastille of medical science. All such laws are UN-American and despotic.
— **BENJAMIN RUSH**

The Lie:

Eating fat, especially saturated fat, will lead to high cholesterol, obesity and heart disease.

Why You Should Care:

If fat in our diet does lead to high cholesterol, obesity and heart disease, then we should avoid it at all costs. If, however, this tasty food has been falsely accused, then wouldn't you like to enjoy it at your liberty? If it is actually good for you, then wouldn't you want to eat more fat, not less? This is an important question in the fields of nutrition and medicine, and needs to be answered with meaningful research and common-sense.

Support for the Lie:

All experts, federal government agencies and academies eagerly repeat this medical lie. It seems so self-evident to the well-meaning experts that dietary fat equals body fat, that there is little need for actual thought or research on this subject. When one looks at the actual hard research, however, one finds very little support for this lie. Multiple large studies over the years, which were conducted to show once and for all that eating fat was bad for you, have repeatedly shown no link between fat consumption and increased risk of heart attack or stroke.

The Common-Sense:

In few areas of human health and nutrition have medical scientists been more completely and embarrassingly derelict than on the topic of fat nutrition. Something as basic as what human beings should eat to be healthy, is still a mystery in the 21st century. Or is it? Our experts would have us believe that we need to fill up on whole grains and wash them down with glasses of skim-milk and fruit juices. We are told by these same experts that we should turn away from all saturated fats. However, their evidence is lacking.

Common-Sense is defined by Webster.com as, *sound and prudent judgment based on a simple perception of the situation or facts*. What sense could be more common than thinking we should follow the same diet and behavior as our ancestors followed for thousands of years. These hardy ancestors of ours were hunter/gatherers, and didn't stay in one place long enough to grow and genetically modify grains or grasses. They moved around and ate what they could get their hands on. They probably wouldn't have touched skim-milk, had it been a choice. They went out of their way to eat fat (breaking open bones for marrow, and skulls for brains).

The DNA you carry in every cell of your body was formed and perfected in the harsh environment that was your ancestors' lives. For thousands of years, that DNA was tweaked and perfected on certain foods, green things, protein and fat, while never encountering other foods (grains, fruit-juices and skim-milk). Therefore, the true common-sense thinking on this topic would be to honor your DNA, and eat as much like your ancestors as practical and possible. Unfortunately, most of us don't do this because the experts stepped in a few decades ago and lied to us.

A sort of *pseudo-common-sense* has hijacked this topic. Since the fat in foods and the adipose tissue on our bodies are called by the same word (fat), most people (and most doctors) will childishly assume they are the same. As a result, eating one fat, in your food, must lead directly to the production of the other fat, in your body. Although this *logic* might satisfy the child-like yearning for symmetry and simple arithmetic in the mind of the average person, we should justifiably expect a much higher standard from our nutrition experts and doctors. It is neither their lot nor their privilege to accept anything blindly as fact, even if it sounds like perfect common-sense, without rigorous study and trial. Their job is to think and to study, and to prove or to disprove what they and everyone else thinks they know to be true.

With regards to this medical lie, and several others, doctors have let their patients down, and embarrassed themselves by continuing to claim that they are experts on the subject. Many a patient has been deprived of the taste and nourishment of the fats our ancestors enjoyed, because a well-intentioned doctor or dietitian said it was bad for them. People have been made to feel guilty and selfish for eating the very foods their DNA craved. Our DNA knows exactly what we need and ignoring it leads to obesity, disease and early death.

Let's turn to the farm for some common sense. When a farmer wants to fatten up a cow or pig, what does he feed them? Bacon, butter and egg yolks, right? That would make perfect sense based on what we are told by doctors to avoid when we are trying to lose weight. Umm, no, that wouldn't work at all. It would be very expensive and the farmer's animals would become leaner not fatter. When a farmer wants to fatten up livestock as quickly and as cheaply as possible, he feeds them starches and carbohydrates as aggressively as the animal can stand it. It is usually a combination of corn and grain. If a doctor went to the farm and told the farmer that feeding his cows whole-grains and corn would be a great way to help the cows lower their cholesterol and lose weight, he would be justifiably laughed off the farm.

When a farmer wants to cause a goose's liver to become as fatty as possible (pâté is made from the fatty livers of geese) he force-feeds the goose lard and tallow, right? That's what a doctor would apparently recommend. No, he force-feeds corn down the goose's throat with a plastic tube, a not very nice process known as gavage. To give the goose a fatty-

liver he doesn't feed the goose any fat at all. If you have been told by your doctor that you are developing fatty liver disease because you've been eating too much fat, you can start to see the silliness of this lie. To fatten up any animal, you feed it large amounts of corn and grains, but somehow, magically, you fatten up humans by feeding them fat? Are you starting to see the upside-down inside-out nature of current nutrition advice given by doctors?

The Research:

You would expect, given how often this medical lie is repeated, that there must be hundreds of medical studies showing beyond all doubt eating fat makes you fat. In fact, there are no studies showing this to be the case, and there are multiple large studies showing the exact opposite to be true. We expect doctors and experts to think about and study everything, even the seemingly self-evident, but they don't. Doctors ought to question everything and believe nothing until it has been proven by meaningful medical research. However, remembering that busy doctors are only human, it is understandable that they believed this medical lie and repeated it, because it seemed so self-evident, and was championed by every leading medical authority. It just didn't seem worth the time and study needed to prove or disprove it.

This lie originally gained real traction with the publication by Dr. Ancel Keys of the Seven Countries Study, begun in 1956 in Yugoslavia and finally published in 1978. This deeply flawed (some would say dishonest) study seemed to show eating saturated fat was linked to cholesterol in the blood which then lead to heart disease. Dr. Keys collected data from 22 different countries, but when the study was published, it mysteriously contained data from only seven of the countries, hence its name. Are you wondering why Dr. Keys didn't publish his data from all 22 countries? Can you guess? The reason, I kid you not, was because the data from the other countries either showed that eating fat had no effect on the rate of heart disease, or that eating fat actually protected the eater from heart disease. So, the other data was intentionally left out, and we were suddenly being told by every expert, even the federal government, that saturated fat had been proven bad for our hearts.

Why did the government get involved you ask? Dr. Keys had received grants of \$200,000/year by the U.S. Public Health Service. Evidently, they needed to show some results from spending all that money. It quickly became clear to doctors in the U.S. that unless they wanted to be laughed at, left behind or worse, that they better climb on board the eat-low-fat, cholesterol-is-bad train. Researchers on the subject just began accepting the Seven Countries Study as fact, and started doing research, not to retest Dr. Keys theory, but to prove sub-theories that were all tainted with the assumption that the Seven Countries Study was proven truth. These studies did some suspect things like lumping saturated fats and trans-fats into the same category. This is an obvious flaw that would provide meaningless conclusions when it came to human nutrition. Trans-fats (margarine and shortening) are most certainly bad for your health. Lumping them in with saturated fats tainted the research and made the conclusions misleading and dishonest. Only in recent years, has more honest research started to be conducted and published. We will discuss Dr. Keys and his study in more detail in [Chapter 5](#).

The Take-Home:

Medical science and doctors are sometimes wrong. Thankfully they are usually just a little wrong, not completely wrong. In this case, it looks like doctors were (and most still are) completely wrong. They are giving you exactly the wrong advice on the subject. Telling you to cut down the amount of saturated fats you eat as a way of losing weight and avoiding heart disease won't have the effect most doctors expect. It will remove many tasty things from your diet, and result in no meaningful weight loss, or decrease in the risk of heart disease. With the obesity epidemic in our culture, we need to focus on dietary and lifestyle changes that lead to real improvements in our weight and waistlines. Dr. Keys must be taken down from his demigod status and recognized for what he was.

He was someone who wanted to do great things and help mankind. He was also a man who made a horrendous mistake that then became one of the biggest medical lies of all time. He cherry-picked the data he would publish in his flawed study and evidently didn't have the courage to admit that his research findings were flawed and wasted, and had actually disproven his hypothesis. Most other experts at the time accepted his study

without the critical thought they were duty-bound to apply to it, and they parroted his misleading results to the world. The pharmaceutical corporations smelled a few billion dollars to be made and jumped into the research whole-heartedly. We shouldn't be surprised that every research study paid for by big-pharma found more and more people should take cholesterol pills and eat less fat. Their paychecks depended on it proving this.

Your brain and nerves are made largely of fat and cholesterol. Without the fats in our cell membranes, life as we know it wouldn't even be possible, neither would the signaling that occurs between the cells that make up our body. This has been known for decades as medical fact, so I'm still unclear as to why Dr. Keys study had the huge effect it did on doctors and medical practice. Even to this day, for a doctor to suggest eating fat is anything but bad is shocking to most people, and especially to most other doctors. When I tell patients that eating fat won't make them fat, as I routinely do, the usual expression is one of shock or disbelief (Wait, what did he just say?). Never in their lives have they heard that phrase. It flies in the face of every shred of nutritional advice they have ever received from their doctor, their neighbor and their mom.

I tell them to go home, look in the mirror and repeat 10 times, "Eating fat won't make me fat, but eating sugars and starches will." Usually that helps them begin to wrap their head around this new way of thinking. It also allows them to start to think logically about their diet and weight loss for the first time. Our ancestors never left behind available fat. It was usually the first thing they ate. We should copy their behavior, and honor our DNA, by often eating good fats.

A hundred years ago, everyone cooked with animal fats like lard and tallow. Heart attacks back then were unheard of in patients younger than 70. Obesity was a very rare thing back then. I often ask patients in their 70's and 80's how many fat kids were in their first grade class. The answer is always either one, or none. Now that we all cook everything in vegetable/seed oils, and lard is a dirty word, childhood obesity is rampant, and heart attack and stroke are the leading causes of death. It is becoming all too common for people to have their first heart attack in their 40's and 50's. Go to the average first grade class these days and look at the kids who have never eaten anything cooked in lard. Forty percent of the class is obese. You think that there might be a connection? Here is a hint. A

researcher went back over *all* Dr. Keys' research, and he found that sugar consumption was much more correlated to heart disease than fat consumption. This means that sugar consumption was much more likely to be the cause of heart disease than fat consumption. The relationship between sugar consumption and the risk of heart disease existed in all 22 countries, not just the seven countries Dr. Keys wanted to talk about.

If your doctor tells you the key to losing weight is to eat less fat and exercise more, get up and politely walk out of the interview, and find another doctor. There is probably no hope for him. This one statement, perhaps more than any other a doctor can make, tells you all you need to know about how current he is with his reading, and how active he is with his thinking. *Eating fat makes you fat* is the statement of a lazy, unthinking doctor. It is not the statement of someone who has done the work to stay current, in order to give you the correct advice you need. There are regular individuals making YouTube videos with better nutrition advice than you can get in the average doctor's office. Good diet and proper nutrition, both vital to health and long life, have been ignored by doctors for too long. If your doctor won't give you real, useful diet and nutrition advice, then go get it elsewhere.

Do As I Do:

I eat plenty of fat in my diet. Sometimes I eat so much fat that it freaks out my lunch partners. I have found eating fat to my heart's content helps keep my weight under control and my lab results within normal limits. My body seems to love fat, and it runs much better on fat as fuel. I put grass-fed butter in my coffee and on almost everything else. Egg yolks are now my favorite part of the egg (back in my fat-assed dumb-doctor days, I would only eat the whites). Bacon is no longer a stranger to my plate.

Homework:

There is so much good information about how healthy good-fat consumption is, that I am going to recommend three books, not just two. After reading these books, you will be as smart as any doctor when it comes to the health consequences of eating good fats.

Book:

Eat the Yolks. By Liz Wolfe, NTP. February 2014. Foreword by Diane Sanfilippo, BS, NC. This entertaining book explains in plain words the somewhat complicated story of how fat and cholesterol became dirty words in modern medicine.

Book:

Fat for Fuel: A Revolutionary Diet to Combat Cancer, Boost Brain Power, and Increase Your Energy. By Joseph Mercola, MD. May 2017. One of the most thoughtful, well documented, books on the subject of fat in human nutrition I've ever read.

Book:

Eat Fat, Get Thin: Why the Fat We Eat Is the Key to Sustained Weight Loss and Vibrant Health. By Mark Hyman, MD. February 2016. One of the few doctors in the know. Dr Hyman explains all the ways eating fat is good for you.

Your Bones Deserve Better

Chapter 4

*The reason doctors are so dangerous
is that they believe in what they are doing.*

— **R. MENDELSON**

The Lie:

Drinking milk is good for you and helps keep your bones strong.

Why You Should Care:

You only want to eat and drink what is good for you. If milk is indeed healthy and good for your bones, then drink up. If it is not healthy, and actually bad for your bones, as some studies show, then you should avoid it.

Support for the Lie:

Virtually no research shows that drinking milk strengthens human bones, and there is no research showing a society which consumes dairy on a regular basis has stronger bones or is healthier than one which does not. Without research to back up the healthy claims for dairy, the mega-corporations producing it spend millions of dollars making slick commercials and ad campaigns (Got Milk?), tricking you into thinking milk is popular and good for you. Now that dairy farms are big business, we can no longer trust what they tell us about their product.

The Common-Sense:

Baby mammals are born small and helpless. To survive, they must grow, and gain weight as quickly as possible. The milk of mammals is meant to do one thing very well. It is meant to help infant mammals, of that species, grow and gain weight quickly. Human beings are the only mammals on the planet who drink milk as adults. No other adult animal does this, unless we humans give it to them. As soon as non-human mammals are mature enough to catch and digest other food, they stop drinking their mother's milk.

If drinking milk as a non-infant was truly healthy, then you would think at least one other species on the planet would do it, not just humans. There would be some sneaky weasel who would steal into the nest of another mammal and pretend to be a little kitten so it could nurse the nutritious milk from its new mommy. But there is no such animal, even though animals will trick and mimic to get almost every other form of nutritional advantage. The common sense of this lie takes us back to the truism that just because something tastes good, doesn't mean you should eat or drink it. I tell patients all the time that I hear that crack cocaine is amazingly pleasurable, but, that doesn't mean we both should run out and try it. This usually gets a chuckle from them, but also a look of understanding.

Milk is the perfect food for babies of the same species it comes from, but is only a tolerably good food for baby mammals of other species. It is well-known that milk from different species has different percentages of fat and other nutrients uniquely tweaked to be perfect food for the babies of that species. Milk from cows is ideally suited as food for young calves, but is not a great food for humans. Mammals are born, from cows to Californians, small and vulnerable. They need to gain weight quickly to survive. Milk is the perfect food for helping them gain this weight as quickly as possible, to ensure their survival into adulthood. There are much better sources of nutrition for humans than milk from another animal.

The Research:

Recent research shows that drinking milk can actually weaken bones, not strengthen them. Countries with the highest dairy consumption actually have the highest rates of osteoporosis. Countries whose populations drink

the most milk have higher rates of hip fractures as they age than countries whose population drinks much less milk. Read those two sentences again and let them sink in.

Studies show we get plenty of calcium from our diet if we are eating lots of organic whole-foods. Leafy green vegetables are excellent sources of absorbable calcium. They do not have the inflammatory sugars and proteins contained in milk, nor the other chemicals added to milk, either accidentally or on purpose.

Most of the time when comparing the calcium content of two different foods, they are listed by the cup. This can be misleading. A much better way to compare the calcium levels in different foods is to compare them by the calorie. When compared to other foods by 100 calories worth, milk is actually revealed to be a very poor source of calcium. In addition, only about one-third of the calcium in milk is absorbable by the human body, the remainder is filtered from your blood by your kidneys, and excreted in your urine.

Researchers are even beginning to show that we don't need as much daily calcium as was once believed. An excess of calcium can lead to other problems including possibly heart artery disease (but not kidney stones!). Cow's milk available in stores does not naturally contain useful amounts of vitamin D. It is added to the milk during processing. Only enough vitamin D is added to the milk you find in the grocery to keep humans from developing rickets. It is not nearly enough vitamin D to optimize bone and hormonal health. Thus, milk is also a very poor source of vitamin D.

The Take-Home:

When I was a high school student playing basketball and football, I would drink almost a gallon of milk every day. I just knew, in my teenager brain, this had to be healthy for me, and would make me be a better athlete. I was a decent athlete during my high-school years, but I doubt the milk had much to do with that. It is likely the milk did have something to do with the chronic allergies, dandruff and acne I suffered from back then. There are much better choices I could have made, but I was a high school kid and didn't know much. My entire family was brainwashed by the commercials promoting milk on TV. The billion-dollar big-dairy industry spends millions promoting ads on TV, and in magazines, and millions lobbying the federal

government, making sure that the USDA keeps milk in their misleading Food Pyramid.

I think milk is delicious. I would still drink it if I could find any research or reasons to convince me that it was healthy. There is just no meaningful research showing that dairy products are a healthy daily choice for food or drink. I often tell my patients if you are going to drink a dairy product then please drink heavy (whipping) cream. It has much less milk sugar and fewer of the inflammatory proteins, casein and whey. The worst dairy choice of all is skim milk. With all the fat removed, it is a non-satisfying high-sugar/inflammatory-protein drink which serves no nutritional purpose whatsoever, except helping you gain weight as quickly as possible. The fat in milk is not the culprit, as most people and doctors believe. The real culprits are the sugar and the inflammatory proteins in the milk.

Today's milk is certainly a heavily processed food. It has been pasteurized and homogenized to the point that it no longer resembles its original self, except for being white. There are multiple problems with the big-milk production process, which are the subject of numerous books and documentaries. However, the take home message is people with the strongest bones in the world just don't drink milk. One large study found that women who drank two to three glasses of milk daily, had a higher fracture risk than women who drank less than a glass a day. Another study found that men who drank two or more glasses of milk daily had higher rates of prostate cancer than men who drank less. The list goes on and on.

I find it sadly ironic that most doctors will only half-heartedly encourage mothers to breastfeed their infants the perfect milk actually made for them, but whole-heartedly bully the same mother into giving that same child multiple daily servings of cow's milk in later years. You can barely find a doctor who will take a firm, vocal stand saying breast milk is the perfect food for infants, and infinitely better than formula. However, you can line up doctors around the block who will tell you that cow's milk is a great food for us all at any age. This is more of the upside-down circus called modern medicine.

There is an argument to be made that raw, organic milk from cows, goats and other animals might be a healthier food for adults to drink than processed cow's milk. Although organic and unprocessed, these milks are still a concentrated source of milk sugars and proteins. This is another case

of claiming that since something is less bad for you, then it is actually good for you. Animals make milk nutrition-rich so that their young will grow and gain weight as fast as possible. My concern with drinking milk as an adult is three-fold.

First, if drinking milk as an adult animal was a smart strategy, you would think other animal species would have discovered this in all the thousands of years we've been on this planet. Animals are expert at adapting to things that increase their chances of survival, so you'd think some species would have made use of another animal's milk, if it were such a great idea. Second, many people are lactose intolerant and cannot drink milk at all, so obviously it is bad for them. Lastly, even people without lactose intolerance often have allergic symptoms after drinking milk. I suffered from chronic severe allergies until I stopped drinking milk. I now never have allergies. I have had multiple patients suffering from allergies, acid-reflux or acne report that their symptoms improve when they stop drinking milk.

There have been times in human history when nutrition was very scarce. During those times drinking milk was much better than starving. The nutrition in milk has kept many people alive during times of famine. However, in today's time of plenty, there are much better sources of nutrition than milk. If you love milk, and your body can tolerate it, then enjoy it occasionally as a treat. But, you should no longer be deluded into thinking that processed milk is a health food. It is not good for your bones, or any other part of you. Milk does not do a body good.

Do As I Do:

Drinking milk is a thing of the past for me. I avoid all liquid dairy and would never touch skim milk. I put heavy cream in my coffee, but never lower-fat versions of dairy. My weight and mental clarity are much better by avoiding liquid dairy. The dandruff, allergies and acid reflux I suffered from in the past is gone, now that I avoid milk. As a result, I will never drink milk again. I get plenty of calcium from all the leafy greens and fish I eat. Since I don't live near the Equator, and I work mostly indoors, I take a daily Vitamin-D supplement.

Homework:

The paradigm that milk does a body good is so deeply mired in the subconscious of most doctors and patients you should probably do a little more reading on the subject yourself, if you are still undecided.

Book:

Whitewash: The Disturbing Truth About Cow's Milk and Your Health. By Joseph Keon and John Robbins. 2010. This book gives a truthful look at how milk is produced, and how our bodies react to it. There are also several documentaries about big-dairy and their questionable practices on the Internet you can find, and will learn from.

Is Cholesterol Really Your Enemy?

Chapter 5

*It doesn't matter how beautiful your theory is,
it doesn't matter how smart you are.
If it doesn't agree with experiment, it's wrong.*

— **RICHARD FEYNMAN**

The Lie:

High cholesterol levels in your blood are dangerous and increase your risk of heart attack. You should eat less saturated fat and take cholesterol medicine if your cholesterol level is above normal.

Why You Should Care:

Decreasing the risk of a heart attack should be important to all of us. No one wants to have a heart attack, and we will all do whatever it takes to prevent having one. All we need to know is what actually leads to heart attacks, and what we need to do to prevent them. If you are taking an expensive, potentially dangerous, pill every day to lower cholesterol, and thus prevent a heart attack, you want that pill to do what it is advertised to do, which is to lower your risk of having a heart attack. If, on the other hand, high cholesterol levels don't increase heart attack risk, then let's all shake hands and have some bacon.

Support for the Lie:

Hundreds of research studies, thousands of television commercials and billions of dollars have been used to convince everyone that high cholesterol is a serious problem for which you need a daily pill (or two). Virtually every expert and organization acts as if this is a no-brainer; they act like you would be a fool not to want to lower your cholesterol. The cholesterol level considered to be normal has been reduced several times over the years. With each decrease, there were then millions more patients who needed to take cholesterol medication. At one time, a total cholesterol level under 300 was considered by doctors to be just fine. But then, new research (both directly and indirectly funded by big-pharma dollars) found that level much too high, and lowered the upper limit of normal to 250, then 240, and now currently we are told it should be under 200. Once studies funded by big-pharma recommend lowering the upper limit of normal low enough, every single human on the planet will meet the criteria for taking a daily cholesterol pill. Obviously, big-pharma is eager to fund more of these studies.

The Common-Sense:

This embarrassing lie, an awful example of medical research and medical science gone wrong, should make patients question every word coming out of their doctor's mouth. Neither common sense nor meaningful research have ever been allowed to play much of a part on this controversial subject.

The common sense concerning this lie is much different from what we've been taught by doctors and the media. Cholesterol is essential for all animal life. Almost every single cell in your body produces it. At least a third of the cell membrane of every one of your cells, is built with cholesterol. Without cholesterol, none of the cells in your body, including those making up your heart and brain, would function properly. Your body also uses cholesterol as the framework molecule to make Vitamin D, and all of your sex hormones.

Never, so completely, has the practice of medicine been kidnapped, brainwashed, and made to do the bidding of big-pharma on such a scale, as when it comes to the cholesterol theory, and the medications that lower cholesterol levels. The retelling of the origins of this lie is so unbelievable that I won't blame you one bit if you doubt what I say here and must

confirm it for yourself. I encourage you to verify the information I've told you about this lie, and all the others.

The Research:

It has been known by scientists for over a hundred years that fat and cholesterol are needed for the human body to create and repair healthy brain and nervous tissue. In fact, cholesterol is used by your body for hundreds of different repair processes daily. However, in the 1950's, that fellow we discussed earlier by the name of Dr. Ancel Keys published a study, the Seven Countries Study. Everyone, back then, respected Dr. Keys as an honest, intelligent expert. Therefore, when his study showed eating fat and cholesterol raised a person's cholesterol level and increased that person's chance of having a heart attack, they believed him. What no one suspected was that this trusted doctor had manipulated the data he collected, either consciously or unconsciously, to show the outcome he desired. He removed the parts of his data that contradicted what he was trying to prove.

You'll remember that he collected data from 22 countries. However, it is called the Seven Countries Study. He simply didn't include the data from the countries which didn't support his theory in his final report. No, I'm not joking. He really did that, and the medical community which was evidently itching for some medical enemy to fight at the time, immediately jumped on the cholesterol-is-bad bandwagon, and away they went. Butter, eggs, and some meats were vilified, based on no research other than this one huge lie told by Dr. Keys. Some experts disagreed with Dr. Keys and his study findings. However, professional peer-pressure and the federal government soon silenced them. Once the cholesterol theory was officially accepted, everyone started trying to cash in on ways to lower patient's cholesterol levels. All future research was focused on ways to lower cholesterol. No further research was conducted to confirm Dr Key's findings, or to try to reproduce them.

In 2015, the USDA Dietary Guidelines Committee Report stated very plainly, "Previously, the Dietary Guidelines for Americans recommended that cholesterol intake be limited to no more than 300 mg/day. The 2015 guidelines will not bring forward this recommendation, because available evidence shows no appreciable relationship between consumption of dietary cholesterol and serum cholesterol, consistent with the conclusions of the

AHA/ACC report. *Cholesterol is not a nutrient of concern for over-consumption.*” If you are now looking at this book in disbelief, you might want to read that again. *NOT A NUTRIENT OF CONCERN FOR OVER-CONSUMPTION!!!* Has your doctor told you this yet? I sure hope so, but I fear it will be you who must tell him instead.

A Japanese study published in the *Annals of Nutrition and Metabolism* in 2015, reported that high cholesterol does not lead to heart disease and actually protects against many illnesses, including cancer. This study found an inverse relationship between all-cause mortality and cholesterol levels. What does that mean? It means that the higher your cholesterol level is, the less likely you are to die from any cause. Yes, you read that right. Very low cholesterol levels are associated with an increased risk of dying. As soon as you finish cursing and throwing things, please come back and we’ll discuss why you have been told this medical lie so many times by your doctor and media outlets of every kind.

To this day (2017), Dr. Keys’ original flawed work is still cited in research studies and the media, as if it proves anything other than that humans are flawed and imperfect creations, always capable of making mistakes. Most regular doctors have never actually heard of Ancel Keys, and they cannot quote from his study. However, they will repeat, parrot-like, his made-up findings as truth and expect you to follow their recommendations. Research has recently shown that elderly people with the highest cholesterol levels have better memories and less dementia than those with lower cholesterol levels. So, could we doctors have actually been causing higher levels of dementia in elderly patients by lowering their cholesterol levels with medicine?

Only time and research will tell. More and more, research is now showing that a high intake of saturated fats (butter, egg yolks, bacon) has little if any negative effect on heart disease rates. I predict we will continue to find that saturated fats in our diet are not negative, but are indeed vital to the function of multiple organs and body systems, the most important being the brain and its memory. Most doctors know that the human brain can burn glucose as energy. However, many doctors have forgotten that the brain can also burn selected fats as energy. Some progressive doctors are actually starting to believe that the dementia epidemic in our society could be at least partially treated or prevented by increasing the fat intake of the elderly,

and perhaps even by stopping elderly patient's cholesterol medicine (statins).

The Take-Home:

In 1961, Dr. Keys was on the cover of Time magazine. The associated article described how dietary fat had been *proven* to cause high cholesterol which then led to increased rates of heart disease. For the next 50 years, doctors and patients frantically tried to lower cholesterol levels with a pill, or two, or sometimes even three. However, by 2014, butter was on the cover of Time. Yes, butter. The accompanying article about how medical science had gotten it all wrong for decades, fat and cholesterol in your diet have no effect whatsoever on cholesterol levels, or on heart disease. It took fifty-plus years for enough thoughtful researchers, doctors and curious laymen to topple the shrine erected to the cholesterol theory. What was odd about this lie, and also awe-inspiring, is that many non-medical people had somehow gotten wise to this medical lie before the media had even started talking about it. Alternative medical thinkers and individual patients themselves had out-thought the medical elite. They somehow knew that statin pills were more dangerous than the cholesterol levels these pills were supposed to treat.

Back when I was still a believer in the cholesterol theory, I can remember having patients who were afraid of the side effects of cholesterol-lowering medicines, and wouldn't take them. I wasn't sure, at the time, why they felt this way, because I was too arrogant at the time to explore their *foolishness*. However, they had it figured out way back then. I would try to get them to at least take a very low dose statin drug, just so they could get some *protection*. They would feign being allergic to any cholesterol medicine I started them on. As the years passed, and I continued to study, I slowly realized that I was doing my patients no favors by prescribing them high-dose statin therapy (the most recommended form of cholesterol-lowering medicine). I began slowly to decrease their statin dose with each scheduled refill.

As many of my patients have transitioned from high-dose statin therapy to very low-, or no-dose, statin therapy, there has been no increase in the rate of heart-attack in these patients. However, I certainly have noticed a decrease in their muscle-aches and stiffness, and an increase in

their energy levels. Meanwhile, my colleagues were busy prescribing the highest dose statin therapy their patients could tolerate, despite the published fact that most patients who have a heart attack have a cholesterol level of less than 200. My fellow doctors were busy making Lipitor the best-selling drug in world history, not actually preventing heart attacks.

Many doctors today, even though they are beginning to understand that the cholesterol theory of heart disease is fatally flawed, are hesitant to stop their patients' statin medications, due to fear of lawsuits and/or medical board consequences. It is truly a shame when a doctor is afraid to do the right thing for his patients. If you are on a statin, talk to your doctor about slowly decreasing the dosage. And, please take a daily dose of coenzyme-Q10 (200mg) along with the statin. Taking coenzyme-Q10 can reduce muscle aches associated with taking a statin and is very good for your heart health as well. I wouldn't blame you if you decided to stop taking a statin altogether. If you feel like I'm tip-toeing around just telling you that taking a statin is stupid, and it is not protecting you from heart attack, and may actually be hurting you in other ways, you would be correct. I've already felt the wrath of my medical board for recommending natural alternatives to prescription medications, and thus my attorney is a little gun-shy of me running my mouth too much, and incurring another fine, or worse.

I predict that one day, history will look back on the cholesterol theory of heart disease, and the statin-era of medicine, with shame and embarrassment. It will be taught in medical schools as an example how research can go wrong, and how big-pharma can influence medical practice for profit. We doctors let our practices, and the care we give our patients, be high-jacked by big-pharma based on flawed research, while being bluffed and/or stiff-armed by our medical societies and medical boards to comply, or else.

Shameful practices such as this, are a large part of the reason that alternative and homeopathic medicine are making in-roads, and are starting to be accepted as equally effective by patients. I can't blame patients for feeling this way and for trying other alternatives. If what your doctor is recommending is silly, and perhaps dangerous, then you are justified in looking elsewhere for advice on preventing heart attacks. We doctors can try to blame the drug-makers and the medical journals for this travesty in

modern medicine all we want, but it was us doctors who were signing all those prescriptions...

Do As I Do:

I never give a thought to the cholesterol content of any food I eat. I eat as my ancestors would have eaten thousands of years ago and let my body take care of the rest. Although my diet is cholesterol-filled, my cholesterol levels are always within the normal range.

Homework:

Since the average doctor is so far behind on his homework concerning this lie, you should do a little homework yourself. Read the following books to become your own expert on cholesterol, and what it actually means for your health.

Book:

The Great Cholesterol Myth by Jonny Bowden, Stephen Sinatra, MD. 2015. Written by a nutritionist and a cardiologist who teamed up to tease out the truth of this overly complicated subject.

Book:

The Cholesterol Myths: Exposing the Fallacy that Saturated Fat and Cholesterol Cause Heart Disease by Uffe Ravnskov, MD/PhD. October 2000. Good information that will make it easy to understand why you shouldn't fear fat and cholesterol.

Wheat is Not All it is Cracked Up to Be

Chapter 6

*Does history record any case in which the majority was
right?*

— **ROBERT HEINLEIN**

The Lie:

Wheat is a healthy food that is very good for your body. Everyone should eat multiple servings of whole-wheat foods every day.

Why You Should Care:

We all want to be as healthy as possible. This can only happen if we eat the healthiest foods and live the healthiest lifestyle. If wheat is good for us, then we should eat it all the time. If, however, it isn't good for us, then we should limit how much we eat, or not eat it at all.

Support for the Lie:

Endorsement of wheat as a health food is akin to a religious belief, when it comes to all governmental and medical experts who make diet recommendations. From the USDA Food Pyramid and MyPlate, to the newly minted medical student, they will all passionately tell you that you're

not eating enough whole-wheat. Doctors will admit that a few people with celiac disease should not eat wheat, but think the majority of people will thrive on its nourishment. You will be hard-pressed to find a single authoritative committee or organization who doesn't consider wheat a perfect food. We are told that wheat helps in everything from cancer prevention to weight loss, especially products produced with 100% whole-wheat. You would expect volumes of meaningful research to be available on this subject, given the experts whole-hearted endorsement of whole-wheat, but you will soon find this to be untrue.

The Common-Sense:

At first glance, wheat would seem to be just another plant growing from the dirt. Therefore, it should be safe to eat and nourishing to our bodies, unless it contains some poison, as some plants do. Since wheat is a plant which comes from the earth, common-sense would seem to give it the stamp of approval. Applying this same thinking to eating other plants, like castor beans and rhubarb leaves, is soon revealed as folly, because they both contain poisons which can sicken or kill you. Just being a plant doesn't automatically make something healthy for humans.

The wheat that your bread is made from today is markedly different from the wheat your great-grandfathers bread was made from. As we discussed earlier, another common-sense view is that farmers feed livestock they want to fatten up for market wheat and corn and other grains, not the grass that cows crave, or the fat that supposedly makes humans gain weight. If it will fatten a cow, it will probably fatten humans too.

The Research:

There are no meaningful research studies showing that eating wheat, either whole or processed, is good for your body. Just because eating a plant causes no obvious short-term problems doesn't mean it is good for your long-term health. There are research studies showing that whole-grain foods are slightly healthier than bleached flour foods. Based on these, the whole-wheat food is then recommended as healthy by the average doctor.

This is another example of the thought-error of declaring something as good for you, since it is less bad than something else. The argument that whole-wheat is healthier than processed wheat is exactly like the story

about the research study comparing unfiltered and filtered cigarettes that we discussed in [Chapter 2](#). Doctors accept and repeat the lie that wheat is great for human's health as self-evident, no further research is needed evidently.

The Take-Home:

The *glycemic index* of bread, whether whole-wheat or not, is higher than that of table sugar. This means that eating two slices of bread will make your blood sugar increase faster than eating pure sugar with a spoon. This fact alone, should make everyone reconsider how healthy wheat is in their own diet. Glucose spikes, and the accompanying insulin spike appear to be the root cause of obesity, and multiple other chronic diseases. Please doubt my word and research these facts for yourself. Some experts will argue that *glycemic load* is more important than glycemic index, but, even if true, that doesn't make the glycemic index unimportant. The great majority of my patients express disbelief the first time I tell them eating wheat is slowly turning them into fat diabetics. It is only after I have repeated this several times, explained the reasoning behind it, and after they have lost weight by stopping or slowing their wheat intake, that they begin to believe and understand the *facts* about wheat they thought they knew, were just part of another medical lie.

The truth is that everything from cataracts in the eye to arthritis in the knees, and from high triglycerides levels to high blood sugar levels, are caused, in large part, by eating multiple daily servings of foods containing wheat. It appears that eating wheat causes these problems just as quickly (or even quicker) than eating table sugar with a spoon. The few minerals and vitamins found in wheat products (white-bread is virtually devoid of nutrients) can easily be found in other healthier foods whose glycemic index is much more acceptable. Why do you think wheat is pushed as aggressively as it is by big-food and by the medical experts they fund?

Big-food (the huge corporations who profit from manufacturing and marketing food products) can make anything and everything, from pizza crust to a jelly donut, with inexpensive wheat flour. Given all the big-government subsidies given to wheat producers, they can make it very, very cheaply, thus leading to increased profits for them. What a hugely profitable run big-food has had marketing and selling wheat as a health food. It is a shame that this wheat doesn't live up to all the marketing hype.

The wheat contained in all the food-products on store shelves today, is very different from the wheat of our ancestors. Today's wheat is a semi-dwarf hybrid wheat that was bred out starting in the 1960's, and has become the only type of wheat contained in products on grocery shelves today. It has a much higher gluten content than older varieties of wheat, such as einkorn wheat. Many experts are increasingly finding that this hybrid wheat leads to increases in inflammation both in patients with documented celiac disease and in normal patients who don't have this condition at all.

The gluten and other proteins in today's hybrid wheat seem to contribute to gut inflammation and leakiness, both of which can lead to body-wide inflammation, and even possibly to autoimmune conditions such as hypothyroidism and lupus. I have had several patients tell me of enjoying increased weight loss and mental clarity after greatly decreasing wheat in their diets, among many other benefits. Until further meaningful research explores these connections, it is best to minimize wheat in the diet, even if you do not have celiac disease. A good rule of thumb in doing this, is to avoid eating any product that comes from the factory in a cardboard box, and to avoid all bread, crackers and pasta. I know some of you are feeling anguish at the very thought of eliminating these foods from your diet, almost as if you are addicted to them or something.

There is convincing evidence that wheat contains substances which partially activate the opiate receptor in the brain (which causes activation of the pleasure centers) and have addictive potential in the human brain. Several experts in the field consider substances in wheat food-products to be habit-forming and could explain the reason why we want to eat every 2-3 hours, when we are trying to live on a low-fat whole-grain diet. Many people find they are strongly craving these products a few days after they stop eating them. Many people fail in their diet attempts and go back to eating as they did before. Further study is needed on this subject, but it is quite possible that the craving you have for baked goods is actually an addiction.

A new drug being used to assist weight loss, called naltrexone, works by blocking these pleasure receptors in the brain. It can prevent these cravings and thus lead to weight loss. It takes from 5-14 days to break the craving associated with wheat after you stop eating it. After that you can pretty much take it or leave it. I suggest that you leave it. I have had many patients tell me they felt tired and achy for two weeks after stopping grains.

Many of them compare it to the time they tried to stop caffeine. However, once they pass the two-week mark, they feel better both mentally and physically, and the weight loss begins.

Do As I Do:

These days, I rarely eat any wheat at all. If it is all I have available at a meal, I will eat the toppings off a pizza, and leave the crust behind. I will order the meatballs and the sauce and have the waitress hold the noodles (which seems really to upset waitresses for some reason). My overall health and weight have responded remarkably to this new way of eating.

I went from being the fat-assed doctor telling my patients to lose weight, to the doctor leading by example when it came to his waist-line. Sometimes I do eat something containing wheat as an occasional treat, but I am fully aware it is just that, a treat. It isn't real food for nourishing my body.

Homework:

It is apparently going to take most doctors another decade or two to catch up on their reading when it comes to wheat and its negative effects on human health. Therefore, you can help your doctor start to catch up on this important information after reading these two excellent works.

Book:

Wheat Belly: Lose the Wheat, Lose the Weight, and Find Your Path Back to Health. By William Davis, MD. 2014. Dr Davis does an excellent job of breaking down the arguments and exposing the flawed science that has fooled modern medicine about this topic.

Book:

Grain Brain: The Surprising Truth about Wheat, Carbs, and Sugar - Your Brain's Silent Killers. By David Perlmutter, MD. 2013. Dr. Perlmutter presents overwhelming reasoning for why you should get wheat out of your life, your belly and your brain.

Turn that Pyramid Upside Down

Chapter 7

*Often the less there is to justify a traditional custom,
the harder it is to get rid of it.*

— MARK TWAIN

The Lie:

The USDA Food Pyramid offers the healthiest way to make food choices. If you follow it, you will have better health.

Why You Should Care:

The obesity and diabetes epidemics that our society is suffering from, logically, must be directly related to our diet. Choosing the wrong foods on a daily basis, can result in you being over-weight and sick, or worse. Along with not smoking, making smart food choices is the most important daily health decision you make. If the Food Pyramid and MyPlate guidelines are good for our weight and our health, then we should follow them. If the Food Pyramid and MyPlate guidelines are only good for big-farming's and big-food's profit margin, then we should look elsewhere for dietary advice.

Support for the Lie:

There are many references to expert consensus, as well as several studies with worrisome conclusions that are based on iffy research, that are used to

support the Food Pyramid and MyPlate food choice guidelines. There is no meaningful research showing that people who adhere to the Food Pyramid or the MyPlate systems will have better health, or more healthy body-weights. The federal government and every expert will, however, tell you to follow the Food Pyramid and MyPlate guidelines.

The Common-Sense:

For 99.99% of human existence on this planet, we have been slim, fit and diabetes-free. We never, as a species, ate the amount of grains and low-fat dairy that is recommended by the USDA Food Pyramid and MyPlate guidelines. It stands to reason that we should eat as our ancestors did, because they successfully survived, thrived and reproduced, right down to the day when you were born. Of course, diets varied from region to region, and from season to season. Less important than what you should eat, is what you shouldn't eat.

Some ancestral diets were very plant heavy while others consisted mainly of animal products. Both sets of ancestors thrived on each different kind of diet, even though their diets were very different. The few things that none of our ancestors ever consumed until a few hundred years ago, were grains in any quantity, low-fat dairy and high levels of sugars and processed starches. Our DNA is not yet able to use these products as healthy food for keeping our bodies healthy and lean. Obesity rates have increased steadily since the introduction of the Food Pyramid and MyPlate guidelines by the USDA.

The Research:

If you want to understand how an agency like the USDA runs, then just Google "*Food Pyramid History*". You will read about how big-food and big-farming got the final say on these guidelines. You will also learn about how these corporate giants got to make drastic changes to the Food Pyramid guidelines, before they were published.

In fact, they got to proof-read and change some of the guidelines, after the nutrition scientists had finished with it, and before it was released to the public. Keep Googling, and you will have as much trouble as I did, finding any research proving that the Food Pyramid or the MyPlate systems do anything positive for your health at all. Good luck and don't be too

disappointed with your government and big-food. You might have done the same thing had you been in their shoes.

The Take-Home:

The USDA Food Pyramid and MyPlate guidelines repeat many medical lies. This pyramid of disease tries to get you to eat more starches, more dairy, less fat, less veggies and less meat than you should. The amount of grains (breads, crackers, pasta, cereals) recommended is ridiculous, and the amount of low-fat dairy recommended is worrisome. As you would expect, healthy fats are demonized, as well as salt. Low-fat or fat-free dairy are pushed as the healthiest choice, while healthy fats are lumped in with the unhealthy fats and *vegetable* oils.

You should now be asking, “Why would my government allow this sort of thing to be published, if it wasn’t correct and helpful?” That is a very good question to ask. The answer might surprise or sicken you, or both. When the USDA was designing the Food Pyramid, they initially recommended 5 servings of grains daily and 5-9 servings of fruit. The Pyramid was originally designed by nutrition experts who actually knew a thing or two about human nutrition. However, as government is prone to do, the USDA let big-food and big-farming take a look at the suggested Food Pyramid guidelines prior to publication.

They actually allowed these profit-driven corporations to make changes they felt would be acceptable to them, and their boards of directors and their future profits. When the proposed Food Pyramid came back from the corporations, it had been violated by them to protect their profits. The guidelines thereafter recommended 6-11 servings of grains daily (up from 5), and only 2-3 servings of fruits (down from 5-9). Dairy had gotten its own section, as if it was a necessary food category for all humans to consume, even though 80% of humans on the planet are unable to consume dairy at all. Also, processed and “junk” foods were lumped in with natural whole foods in the all the guideline sections. This was an embarrassing and worrisome sell-out by the agency that most people assume is watching over their food and their health. This is another story that you can research on your own.

For 99.99% of our species’ existence on this planet, we have been hunter-gatherers and/or nomads. We never raised or ate grains in any

meaningful amount. The grains we did grow and eat barely resembled the big-farming wheat of today. Our ancestors always chose to eat the highest-fat part of whatever they had for dinner first. If one of our ancestors had requested something low-fat, he would probably have been stoned to death for stupidity. As our DNA has evolved over the eons, it grew accustomed to certain foods, and never had to deal with certain other things we are now told are healthy foods.

If you could go back in time and transport your 47th-great-grandfather to the present day, he would most certainly be muscular, lean, alert and sharp, even in his elder years. If you made him follow the Food Pyramid guidelines (and you would have to make him, he wouldn't willingly do it), he would be fat, sick and sluggish, in less than a year. His DNA would have no idea what to do with all the starches, sugars and low-fat dairy. Eating them would put fat on his belly, waist and butt, as well as inside his liver. It makes sense (since we share the same exact DNA he does) that the reverse should also be true. If you were to take a modern human (you) back in time, and feed him only what his distant ancestors would have eaten, you would change him from fat, sick and sluggish, into someone who is muscular, lean and sharp.

Since their guidelines are not mandatory for most of us, people don't give a lot of thought to the Food Pyramid and MyPlate guidelines, however, they should. Even though you may not consult the Food Pyramid and MyPlate guidelines, they have to be followed by any institution which prepares food and receives federal funds, like public school cafeteria programs and most hospital cafeterias. Our growing children, and the sickest among us, are often trapped in situations where they have no choice but to eat according to the USDA's Food Pyramid and/or MyPlate guidelines. This is a danger to students and patients, and a shame on doctors and nutrition experts who lazily allow this to happen. These experts falsely believe that the USDA is in business to promote health, forgetting that the A in USDA stands for agriculture (big-farming), not health. But you can make a choice to eat properly, according to the needs of your DNA, and you can choose to try and make changes at your local school and hospital. But you should start with you and your own diet first.

If your doctor tells you the key to losing weight is to cut back on calories, exercise more and to follow the Food Pyramid or MyPlate guidelines, you should get up and politely walk out of the interview and

find another doctor. If your doctor says this, it reveals a complete absence of thought or effort on his part. Therefore, you probably won't be able to educate him to be your partner in health.

Do As I Do:

I would never punish my body by eating according to the Food Pyramid or MyPlate guidelines. I eat according to my DNA, as my ancestors ate. If I did anything less, it would be a betrayal to both. Of course, I will occasionally have a treat I know is not good for me, we all do that. I use the example with my patients of the honey tree. Probably once every year or two, our ancestors would have the luck to find a bee-filled honey tree, and the bravery to attack it. I can picture them lying around in a sleepy *sugar-coma* for days after-wards from eating too much sugar. Occasional treats like this aren't really harmful. Daily treats like this lead to obesity and disease.

Homework:

It seems that some people, and some doctors, just can't shake the belief that *if the federal government says something, then it's the truth*. Since you only have one life, and you want it to be a healthy one, I recommend you stop believing big-government and read this excellent book. After reading it, terms such as *government guidelines* and *government recommendations* will always mean to you, *special interest groups came up with this recommendation to benefit their bottom line, not my health*.

Book:

Death by Food Pyramid: How Shoddy Science, Sketchy Politics and Shady Special Interests Have Ruined Our Health. Denise Minger. 2014. Denise proves you don't have to be a doctor or researcher to write meaningfully on the topics of nutrition and health.

It is Great But Won't Help Much With Weight Loss

Chapter 8

*I firmly believe that if the whole materia medica
could be sunk to the bottom of the sea,
it would be all the better for mankind
and all the worse for the fishes.*

— O. W. HOLMES

The Lie:

If you would only exercise more, you would lose weight.

Why You Should Care:

Being over-weight, even a little, is dangerous for your long-term health. It is vital that you know how spend your time, effort and money to reach and maintain a healthy weight. If exercise does, in fact, lead to significant weight loss, then you should do it faithfully, even if you don't like it. If, on the other hand, exercising does little to cause significant weight loss, then you should focus your time, effort and money elsewhere, and stop feeling guilty about not having joined the gym.

Support for the Lie:

Almost every doctor in the world will tell you this medical lie. They will look at you like you're from Mars, if you ask to see the research proving it. It seems self-evident to doctors who haven't studied this, and who still believe in the *All Calories are Equal* lie and in the *Burn More Calories Than You Eat* lie, that, the more you exercise, the more weight you will lose. When we look for research to back this up, we come away empty-handed. Expect every doctor and expert to tell you this lie, and to belittle you if you doubt them. You should also expect that every gym, sports equipment manufacturer and sports clothing manufacturer will tell you this same lie. It is in their financial best-interest to do so.

The Common-Sense:

Common-Sense is sometimes wrong, this is why we as humans came up with the scientific method in the first place. This method of looking at theories and evidence was scientists' attempt to take fallible human nature out of the equation, when it came to important things like scientific conclusions and medical advice. In the case of this lie, it seems to make perfect sense that the more you exercise, the more calories you will burn, therefore the more weight you will lose. When you eat you are taking in calories, right? When you exercise you are burning calories, right? So... if you exercise enough, you should be able to burn off any number of calories you have eaten, and create a *calorie deficit*.

It seems like a simple solution. Just join the gym or buy some home exercise equipment, use it daily, and you will be on your way to a leaner body. This is one of the times that we need the scientific method to protect us from our wrong-headed common sense. This line of reasoning makes so much common-sense to us that, even though the research shows exercise is all but useless for weight loss, doctors still tell their patients this medical lie all the time.

The Research:

Research studies uniformly show that exercise is a very poor method of weight loss. Over 60 meaningful studies show very little benefit from exercise as a means of losing weight. Those last two sentences should stand alone. However, I feel like I should say it one more time. As a young doctor if someone had told me those two sentences I would have laughed at them

for saying such a foolish thing; most doctors still would laugh. Please do some googling and verify this for yourself. Then, stop feeling guilty because you hate the treadmill, and focus your money and effort elsewhere.

The Take-Home:

It has been proven, beyond a doubt, that exercising more is a terrible method to lose weight. You may need to repeat this several times while looking at yourself in the mirror. You might need to get up and take this book into the next room, whack your spouse over the head with it (not too hard). Tell them to read that sentence aloud and then shut the hell up about your needing to exercising more! This medical lie is still repeated on a daily basis for several reasons: the common-sense issue, money-making opportunities and our seeming need to be made to feel guilty in order to get motivated.

Common-sense is a very useful tool. It helps us to figure out the world, and all the problems it throws at us on a daily basis. When you drop a ball, you know which direction it will travel, and you also know what will happen when it hits the floor, even if you have never dropped that particular ball before. Common sense gives us hundreds of mental short-cuts which save us time and effort. Sometimes, however, common sense will fool or confuse us, and this medical lie is one of those times. Even now, you may be reading this with a bit of suspicion, because it seems to make so much sense that exercising more will lead to significant weight loss. Profit-hungry corporations are quick to exploit this error in common sense to make a fortune. They do it in both blatant and subtle ways. They probably truly believe this lie themselves. There is money to be made on both sides of the equation. Food companies advertise to associate their unhealthy products with all kinds of sports, while gyms and exercise equipment companies cash in by selling you the things you need to use to burn off more calories than you eat.

Imagine that you are in the business of selling sugar-cookies. You know they don't contain much in the way of nutrition, and they contain lots of sugar. Still, they taste so darn good that people are tempted to buy them anyway. How could you help your customers give in to temptation and buy your cookies? What if you told them all they had to do was burn more calories by exercising more and they could enjoy all the cookies their belly

desired without any consequences? You could even include a discount coupon in your packaging for the local gym to encourage your customers to exercise more. Your cookies could then actually take on the image of being health conscious.

Food and beverage companies have been doing things like this since the 1920's. Their ads showed famous athletes drinking their cola after a vigorous ball-game. They also showed children enjoying their treats after coming in from playing outdoors. Food and beverage companies don't want you to know what the research shows. If you knew without doubt that no amount of exercise would erase the damage done by eating those sugar cookies, then you just wouldn't eat them.

Now, imagine you are selling sportswear or athletic shoes. How could you take advantage of this error in thinking to make a fortune? You know that almost half of your customers are obese, so all you have to do is help them see that by exercising in your new shoes or your new line of spandex, they will be able to burn off all those sugar-cookies and lose weight. You could have the same athlete who drank the cola after his big game, actually wear your shoes during the game. That would really tie everything together. Can you see how they get in your wallet coming and going? First, you buy the cookies because you have plans to exercise more and burn off the calories. You then buy the shoes because you need them so you can run farther/faster, to burn off all those sugar-cookie calories. Companies selling athletic equipment, shoes, clothing and videos absolutely don't want you to know about the research, because, if you did, you would certainly save your money, and not waste it on their products. One of the main tools they use in their ads is the guilt you feel from eating those tasty sugar-cookies.

Guilt can be used in many ways to exploit this error in common sense. Your doctor will imply that you're to blame for being overweight, because you eat too many sugar-cookies, and don't exercise enough. This takes the responsibility off him for not educating you correctly on how to lose weight, and places all the blame (guilt) on you because you aren't acting right. The shoe company will show dedicated models exercising in their shoes. You will look at these ads and feel the guilt in your gut. You know you need to buy those shoes and start running today. The cookie company will try to erase the guilt you should feel from eating their worthless cookies, by helping you make plans to exercise more in the future and burn off those calories.

None of this helps you achieve your health goals. It does not help to teach you or show you what you should actually do to lose weight. You're caught in an endless guilt-cycle, feeling guilty for eating the cookies, guilty for buying the shoes and then not using them as much as you should. To top it off, your doctor, who should know better, confirms all this guilt by pointing out that this is all your fault anyway. All of this and you now have a much lighter wallet because you spent all your money on sugar-cookies and shoes!

Do not spend your time, effort or money on hours of exercise, and all the shoes, clothing and gym memberships you are told are necessary. So many people spend hours each week slaving away at a gym they hate, and spending money on memberships, shoes and other equipment to help them exercise more. When this doesn't work (because it doesn't work), they feel guilty for their failure. They are sure that it would have worked if only they had been more dedicated, or maybe spent more time on the treadmill.

Let me be clear about exercise and what it will do for you. It is wonderful for your mind, body and spirit in hundreds of ways. Exercise will make you healthier and happier (if you're doing exercise you enjoy), but it will not help you lose weight. There are many studies showing that exercise does everything from decreasing your risk of dementia, to building good looking muscle. But, don't spend your time, money and effort on exercise just to lose weight when those things could be so much better spent on strategies that actually work.

If your doctor tells you the key to losing weight is to cut back on calories and exercise more, get up and politely walk out of the interview and find another doctor. Maybe just hand him a copy of this book and tell him that is a really careless and damaging lie to tell an over-weight patient, who really needs their doctor's help.

Do As I Do:

I'm very active and exercise a lot, but I never, ever work out. I jump on the trampoline with my kids, cut down trees, lift heavy things on my little farm and run really fast sometimes. However, I never do any of these things for the purpose of losing weight. I wouldn't join the gym if it was free, and you couldn't pay me to run on a treadmill. Do what you enjoy. Don't work out, go outside and play! Fun, playful exercise is great for your body, mind and

soul, but you will need to look elsewhere for meaningful weight-loss. If you actually enjoy running on a treadmill then by all means, do it daily. But, don't expect to lead to permanent weight loss.

Homework:

You probably won't get much help from your doctor, if you ask him if exercise is good for weight loss. Better to read the book below and then let your doctor borrow it. He might thank you for helping him to stop mindlessly repeating this medical lie.

Book:

The Calorie Myth: How to Eat More, Exercise Less, Lose Weight and Live Better. Jonathan Bailor. 2015. One of the very best books I have read on explaining how food quality, not food and exercise quantity, is the key to meaningful weight loss.

Nuts and Seeds Don't Cause This Problem

Chapter 9

*The specialist is too commonly hypertrophied in one
direction
and atrophied in all the rest.*

— M. H. FISHER

The Lie:

Popcorn, nuts and seeds will either cause diverticulitis, or cause your diverticulitis to flare up if you eat them.

Why You Should Care:

Diverticulosis is a condition that occurs when small pouches form and push outward through apparent weak spots in the wall of the large intestine. These pouches are very common in individuals over 40, who eat a western diet. These pouches commonly occur in the lower part of the large intestine. Most people with diverticulosis do not have symptoms or problems. However, some people have attacks of diverticulitis (inflammation or infection occurring in those small pouches) which can be quite severe. If eating nuts and seeds will cause flare-ups of diverticulosis, then you should avoid them. Nuts and seeds, however, are very nutritious. Therefore, if this

is a medical lie, then everyone with diverticulosis should enjoy them for their taste and many health benefits.

Support for the Lie:

There is no scientific support for this medical lie. I couldn't find one large, reputable study supporting this medical lie. None. As I read that last sentence, it makes me worry about doctors in general, repeating lies like this with no supporting research, just because the lie appeals to our common sense.

The Common-Sense:

This is another medical lie that has common sense to blame for being so widely believed and repeated, even by doctors. It seems to make good common-sense that if you have small pouches in the lining of your large intestine, then eating tiny things like seeds, or pieces of popcorn floating around, might increase the risk of diverticulitis. And, it makes sense that one of these little seeds clogging up the opening of one of the pouches could cause problems. Clogging up the opening could cause the pouch to become inflamed or infected, aka diverticulitis. It is amazing to me that doctors can latch on to the common sense behind this lie, but then completely ignore the common sense regarding other medical lies.

The Research:

One very large, well-done, research study shot this medical lie in the head years ago. It was published in JAMA (Journal of the American Medical Association) and should have been read by every doctor in the country. However, doctors and news sources just refuse to let this lie die the death it deserves. This study was large and well-done. It included thousands of participants. It showed without doubt there were some foods that would increase your risk of getting diverticulitis. However, it was definitely not seeds, nuts or popcorn to blame. The patients in the study who reported eating the most nuts, seeds and popcorn were the least likely to get diverticulitis. Yes, you read that right.

This lie is very revealing in that it shows without doubt that doctors don't need any medical research at all to believe fervently in a medical lie,

and to repeat it to their patients. Very good doctors will thoughtlessly repeat this lie to patients who would really benefit from the nutrition in nuts and seeds. Even though, according to the study in JAMA, the nuts and seeds probably protect patients from having bouts of diverticulitis.

The Take-Home:

Nuts and seeds are some of the healthiest foods you can eat. The nutrients and fiber they contain are great for your health. When I was first taught this lie in my residency training I was suspicious, but as is usual, I was so tired and busy I had no time to do research on it at the time. This lie was verified to me many times in my training by experts in the field. It was only after completing residency and starting my practice that I had time to look into the research behind this lie. As is often the case in medical practice, a patient must suffer for a doctor to learn.

I had sent a patient to see a gastroenterologist (a specialist in the stomach and intestines) in a nearby metropolitan medical center, because he kept having severe bouts of diverticulitis. The patient went to see the specialist and returned to see me a few weeks later. When I walked into the exam room, my patient was anxious to tell me what he had learned because he feared I would be offended. He knew I encouraged all my patients to eat a natural whole-food diet, and what the gastroenterologist had told him went against this. With a little prodding, I finally learned that he was told by this respected specialist to stop eating nuts, seeds and popcorn because they were probably getting trapped in his diverticuli and causing his bouts of diverticulitis. I immediately remembered being suspicious of this theory back in residency, but I didn't argue with my patient. I just told him to give it a try and see how it went. Meanwhile, I made myself a mental note to research ASAP.

It didn't take me long to find the study I mentioned earlier. There was just one problem. The study had been published in 2008, and my patient was told to avoid nuts and seeds by the specialist in 2012. I kept re-reading the study, thinking that I must be missing something. However, the study showed very clearly that nuts and seeds do not cause flare-ups of diverticulitis. The specialist I had sent my patient to was one of the best in this part of the country. He was very well respected, yet had told my patient a medical lie. A lie that would not help him, and might actually harm him.

This was *the lie* which made me really start to wonder if there were other lies out there, even ones I had been telling my patients. Did this specialist, whom I greatly respected, not read the medical journals? Did he not research the things he told patients before he told them?

I saw this patient again about a month later with another severe bout of diverticulitis (I resisted the urge to call him back sooner to tell him of my discovery). After treating my patient, I gave him a copy of the JAMA article. I explained, as respectfully as I could, that the specialist was probably wrong to recommend not eating nuts and seeds. My patient agreed, saying he had avoided all three completely, and still had another flare-up anyway. He wanted to know what was actually causing these flare-ups. I pointed to the article which showed that bouts of diverticulitis were actually associated with smoking, being overweight, eating red meat and taking NSAIDS (anti-inflammatory medicines like ibuprofen and naproxen).

My patient was obese, smoked and took ibuprofen almost every day. With this real medical information, he was able to start eating nuts and seeds again (which actually protect him from bouts of diverticulitis). He was also able to refocus his attention on the real and true causes of his suffering. The specialist hadn't mentioned his weight, smoking or ibuprofen use at all during their visit. He had ordered and performed a colonoscopy (inserting a long scope into the large intestine to look around) and then just told him to avoid nuts, seeds and popcorn. That was all he did for my patient.

My patient was skeptical at first of what I said, since I am only a family doctor. However, he took a copy of the study (I had printed a hundred copies to give to patients with diverticulosis by this time) and said he would read it and consider what it had to say. My patient, being a smart man, did just what he promised to do. He returned a few weeks later for my advice on how to best lose some weight and quit smoking. He told me during this visit that during his research about diverticulosis, he had discovered that the internet had hundreds of news articles and blog posts proclaiming the results of the study I had given him. He wanted to know how it was possible that the respected specialist had given him such terrible advice.

I made some excuse for the specialist (doctors are notorious for protecting their own, despite the disastrous consequences of another

doctor's ignorance) and steered the conversation back to his diverticulosis. We also discussed other ways to control his joint pain besides taking ibuprofen all the time. Over the next few months, he quit smoking, lost a few pounds and stopped the ibuprofen in favor of weekly massage therapy. He now very rarely (less than once a year) has a flare-up of diverticulitis, despite eating nuts and seeds every day.

We can, therefore, add diverticulitis to the growing list of things cause by being overweight, smoking and taking too many pills. We seem to be uncovering a pattern that these three things are very dangerous to our long-term health. They won't kill you today, but they will harm you a little each day until the damage builds up and causes a health catastrophe in the near, or distant, future. You can Google *diverticulitis* and *seeds* and you will find hundreds of bloggers and news outlets who know nuts and seeds don't cause diverticulitis. Therefore, if you are told this medical lie by a doctor, I suggest that you get up and walk out of his office before he finishes his next sentence. He is either unread, lazy or both, and you can do better for your health. You could also print out a copy of the study and mail it to him, or drop off a copy of this book at his office. Maybe he will read it and give better advice to his other patients.

Do As I Do:

I love nuts and seeds and eat some every day. I don't smoke and I try hard to keep my weight under control. I've never suffered from diverticulitis, but if I ever do, I would still eat nuts and seeds, and you should too.

Homework:

Here is a link to the JAMA article so you can read it yourself and print out a copy for your doctor. After you read this article, you are going to be at a loss as to why doctors repeat this lie. Please be gentle when you give a copy to your doctor, evidently he can't help it. goo.gl/s8tftZ

Will This Give Men Prostate Cancer?

Chapter 10

*Formerly, when religion was strong and science weak,
men mistook magic for medicine;
now, when science is strong and religion weak,
men mistake medicine for magic.*
— T. SZASZ

The Lie:

Giving testosterone to men causes prostate cancer.

Why You Should Care:

As men age their testosterone level drops. This leads to a long list of negative symptoms and suffering. These symptoms can be easily treated with testosterone optimization therapy, giving these men greatly improved quality of life. So if this is a medical lie we shouldn't be afraid to optimize a man's testosterone. But, if testosterone optimization might cause prostate cancer then we shouldn't take the chance.

Support for the Lie:

You'll be surprised when you hear the story of where this lie started, and how little meaningful research supports it. It basically comes from one man's opinion based on no real research. Believing the unproven opinion of this one man, almost every doctor and expert has repeated this medical lie for decades.

This lie started with the well-meaning work of an eminent doctor, Charles B. Huggins, MD, at the University of Chicago back in the 1940's. He was working with dogs and studying their prostates. Only dogs and humans have trouble with their prostates enlarging as they age (related to processed food diets?). Anyway, Huggins found that when he castrated the dogs their prostates shrank in size. While looking at microscope slides of the dog's prostates he noticed areas that looked just like prostate cancer in humans. He noticed these areas on the slide also got smaller when the dogs had been castrated.

Based on this, he did some limited research on humans who had prostate cancer using a lab test that no doctor would use today (acid phosphatase) and concluded that giving a man who has a prostate any testosterone replacement is like throwing gasoline on a fire. He published an article in the very first issue of the journal Cancer Research. This article detailed Huggins' results of studying just three men who had received testosterone injections. But, he only reported on 2 of the men, and one of those men had already been castrated. So this medical lie is literally based on the results of ONE patient who had already been hormonally manipulated!

Dr Huggins, although a seemingly intelligent expert in his field from a prestigious institution, had based his conclusion on almost nothing at all. Despite its less than impressive beginnings, this medical lie couldn't be argued with by a doctor for decades, without that doctor being shunned or persecuted by other doctors. Although it is slowly dying, this lie is still repeated by unthinking or lazy doctors (including urologists) to this very day.

The Common-Sense:

We all start with a testosterone of zero in the womb, and it goes up from there. We rarely check testosterone levels in healthy children or adults. If, however, a man over forty years of age starts to exhibit symptoms of

fatigue, muscle loss or loss of interest in life, etc., then we will check his testosterone levels as part of a complete work-up. Male testosterone levels peak around 17-20 years of age and then start to slowly decline. At some point a man's testosterone level gets so low he begins having the classic symptoms. When his level gets low enough, he will benefit greatly from having this level corrected. Indeed, testosterone optimization has been practiced for decades in Europe and California without any increased rate of prostate cancer, and with a definite increase in strength, stamina and health.

To blindly say increasing testosterone in a man will increase his risk of prostate cancer is silly. If high testosterone levels were a risk factor for prostate cancer, then male high school seniors would be dying of prostate cancer routinely, because their testosterone levels are very high. Think back to your senior year in high school, how many senior males had prostate cancer? That's right, not one. But, their testosterone levels were the highest they would ever be. It is only as a man gets older and his testosterone level drops, or perhaps his testosterone/estrogen ratio drops, that he is at risk for prostate cancer. Prostate cancer is a disease of older men, older men with low testosterone levels. Young men, with their high testosterone levels never get prostate cancer. Just think about that for a moment. This common-sense fact alone should raise serious doubt about this lie in the average doctor's mind, if he is thinking at all.

The Research:

So, this lie, which has fooled many doctors and caused suffering in many patients, began with research documenting the findings of testosterone therapy on one patient. Since then, much research has been done in this area and virtually all the large, well-done studies show there is no link between optimizing testosterone levels and an increasing risk of prostate cancer.

Each new, properly done, research study is slowly but surely disproving this medical lie. Researchers are still a little skittish about their research proposals and study conclusions considering past animosity towards this subject, but the tide is inevitably turning to show that testosterone replacement is very good at best, and neutral at worst, with regards to the incidence of prostate cancer in treated men. Much more research needs to be done on this topic to find out just how beneficial testosterone optimization is for men.

The Take-Home:

A man feels and acts his best when his testosterone level is in the upper limit of normal. As long as a man's testosterone levels are kept in the upper range of normal there appears to be no negative risks involved. Many years ago, the average older man's testosterone level was substantially higher than the average older man's level is today. We are not sure yet if this was because their diet was better, they were more active, they were exposed to fewer toxic chemicals, or exactly why. Regardless of the reason for the decreased level now, it needs to be fixed. I routinely find men in their 30's now with testosterone levels under 300 (Normal range is 350-1200). This is very concerning because it means that these men, if left untreated, will suffer a slow, painful decline for decades. Doctors need to be optimizing their male patients' testosterone while they search for the environmental and dietary causes of the plummeting testosterone levels in the average man.

This medical lie should caution all doctors and experts that, although they should always listen to the prominent leaders in medicine, they should never blindly accept what they say as absolute truth. It should also caution all patients never to blindly believe what their doctor tells them. Thousands of men have suffered for years, and died early, unnecessary deaths, because doctors were afraid to check and/or treat their testosterone levels. Men deserve this level of care from their doctor, but may find they must become educated on the subject first themselves, then educate their doctor.

Medical opinion on this subject is currently doing a very slow about-face, in doctors who read and think, that is. Experts are now looking seriously at low testosterone being a possible cause of prostate cancer. It looks like keeping a man's testosterone level optimized might just protect him from the risk of prostate cancer, along with many of the other problems of aging. More meaningful research is needed to clarify this area of medicine, but it looks like testosterone optimization is safe, and most likely protective against multiple diseases and conditions as well. If your doctor tells you testosterone optimization is dangerous for you, and will increase your risk of prostate cancer, then you have the obvious choice of walking out of the interview, or, if you like your doctor, trying to educate him.

Do As I Do:

Currently I am able to keep my testosterone levels in the mid to upper range of normal with diet and activity, and avoiding as many toxins as I can. I never eat or drink anything hot out of a plastic or Styrofoam container, and I also limit what I eat that comes in a can as well. I am cautious of these activities due to what is in the plastic containers, and in the can's lining. Many thinkers on the subject believe it will lower testosterone levels, and cause other problems. The minute I cannot keep a decent testosterone level with diet, exercise and lifestyle choices I will have it optimized with a bio-identical testosterone replacement.

Homework:

There are an increasing number of good books and websites about optimizing your testosterone levels as a man. The ones I find most helpful at dispelling myths and giving good, useful information are listed here. The more you read, the less afraid you'll be about keeping your testosterone levels in the upper range of normal.

Book:

Testosterone For Life. Abraham Morgentaler, MD. 2008. This Harvard professor tells it like it is; after reading this book you'll have no fear of optimizing your testosterone level.

Book:

The Life Plan. Jeffrey S Life, MD. 2012. Testosterone optimization and other topics older men need to know are covered in great detail. Dr Life teaches by leading, and by setting a great example for other men to follow.

There is More to Women Than Estrogen

Chapter 11

*Doctors are men who prescribe medicines of which they
know little,
to cure diseases of which they know less,
in human beings of which they know nothing.*
— VOLTAIRE

The Lie:

Menopausal women usually don't need progesterone, and definitely don't need testosterone. They only need synthetic estrogen to control hot flashes, if anything at all.

Why You Should Care:

Your hormones, more than anything else in your body, make you who you are. If they are optimal, then so are you. If they are lacking, then so are you. Low hormone levels are easy to diagnose and treat by an informed doctor. You deserve to feel your best. If optimizing all three of your female hormones is safe and leads to more enjoyment in life, then we should do it. If all that women need is fake estrogen to be their best, then we shouldn't worry about testosterone and progesterone.

Support for the Lie:

Women have unwittingly drawn the short straw as patients for hundreds of years. For example, notice how hysteria and hysterectomy sound much the same. This is because doctors of the past truly thought that when woman acted too hysterical (outside the social norms of the time?). It was because their uterus was wandering through the body and making them crazy, and therefore, they needed a hysterectomy (surgical removal of the uterus) to cure them. No, I'm not kidding. That was the standard-of-care for medical diagnosis and treatment for many years. The smartest doctors and experts in the country at that time, agreed on this diagnosis and treatment plan for thousands of women. Keep this story in mind when your doctor tells you a medical lie, and then says that all the experts say the same thing.

Therefore, don't be too surprised to hear doctors say silly things such as "Menopausal women never need any other hormone than estrogen", meaning synthetic (fake) estrogen. They may also say, "Women don't need testosterone because they don't make it naturally". I have heard licensed, practicing doctors say both of these things. Saying such a thing out loud is embarrassingly ignorant, and treating patients in this manner borders on malpractice. Healthy pre-menopausal women do make testosterone naturally. Suffice it to say there is little or no meaningful research on either side of this question, as unfair as that is. Doctors and big-pharma haven't cared enough about menopausal females' comfort and health to thoroughly study this issue, unless they were trying to get a new billion-dollar-baby (drug) approved by the FDA.

Just to give you an idea of the poor treatment women have gotten from modern medicine when it comes to their hormones, let me tell you the story of taking testosterone pills. There used to be a testosterone pill on the market for men that would increase their testosterone levels. It was called methyl-testosterone, and was marketed under several brand names. Although initially considered safe, it was later determined that taking methylated testosterone by mouth could be toxic for men's livers, and the pill was effectively taken off the market. This same exact methylated testosterone is still readily available for women as a combination pill with fake-estrogen (Estratest) in 2017!

Yes, that's right. Either women's livers are magically tougher than men's, or somehow their livers just don't matter as much? Either way, I don't prescribe oral testosterone to either my male or female patients,

because I believe that, based on the research, it is bad for both of their livers. If your doctor has been prescribing this pill for you with testosterone in it, ask him how it can possibly be safe for your liver but not for your husband's or brother's liver. You should also ask him what research his decision is based on.

The Common-Sense:

When women are in their late teens and early twenties, they typically feel the best they will ever feel (this is what my patients tell me). Their bodies look and behave how they want them to, and their mood is much more predictable and stable. The rate of breast and other cancers are extremely low (almost zero), in this age group. According to the average doctor's current thinking, women in this age-group should have lots of breast and uterine cancer because their hormones are so high.

This is the same *logic* used when this doctor tells a patient wanting to optimize her hormone levels in her forties and later, that it will increase her risk of cancer. If it doesn't make sense that high hormone levels in her twenties will increase her cancer risk, then it doesn't make sense in her sixties or seventies, if bio-identical hormones are being used. Big-pharma has produced fake estrogens (Premarin, Prempro and estradiol), and even though they have been proven to increase a woman's risk of cancer, many doctors are still comfortable prescribing them, at least for a few years. However, this same doctor will most likely be very uncomfortable prescribing bio-identical hormones which should be safe. I only recommend that a woman use bio-identical hormones in her body to optimize her hormone levels.

The Research:

Given women's apparent second-class citizenship when it comes to medical research, there is very little meaningful research into women's hormone needs during and after menopause. Just enough research was done to show the fake estrogens found in products like Premarin were safe enough to get FDA approval. After that, all meaningful research basically stopped. There are many studies (sponsored by big-pharma) showing that this or that fake estrogen is better than another. No studies have been done comparing

synthetic estrogens to bio-identical estrogens, although this research should be at the top of the to-do list for doctors in this field.

When it comes to progesterone and testosterone, the story really gets embarrassing. Most doctors, even to this day (2017) will tell their patients that progesterone only acts on a woman's uterus, and if she doesn't have a uterus, then she doesn't need progesterone. Apparently the progesterone receptors in a woman's brain (Google it) were put there to serve no purpose. Testosterone is viewed in much the same way. Most doctors have no idea that a woman needs testosterone to feel, act and look her best. These doctors will tell you it is unnatural and dangerous to give women testosterone, despite all those testosterone receptors on her heart, and in her brain. Research is severely lacking in this area of hormone optimization, and it should be an embarrassment to doctors who claim expertise in the field of woman's health.

The Take-Home:

There are multiple hormones in the human body, and each one has important effects on multiple different organs and systems. For a doctor to pretend that all an aging woman needs is either a pill for depression or a synthetic estrogen for a few years to get rid of the misery of menopause, is shameful. In my opinion, it is well within the scope of practice of a good primary-care doctor to optimize the hormones of his female patients, and help them feel great, stay slimmer and really enjoy life. Estrogen is certainly very important in this process, but so is testosterone and progesterone.

For a woman to feel her best she needs all three hormones optimized. Testosterone is just as important to a woman as it is to a man for heart health, energy-level and sense of well-being. She also needs optimized testosterone levels for good muscle tone, good hair and good skin. A woman needs less than one-tenth of the amount of testosterone that a man needs, but without her own portion, she is left feeling physically exhausted, mentally foggy and older than her age. Without optimized progesterone levels, anxiety, insomnia and weight-gain become a menopausal woman's constant companions. Simple lab work can determine a woman's current estrogen, testosterone and progesterone levels and can also be used to follow the optimization therapy so the hormone levels stay in the ideal

range. Optimizing your hormone levels won't change who you are, but it will make you feel like you again.

If you are a woman over 35 years of age and fatigue, anxiety, insomnia and/or depression seem to be your constant companions, ask your doctor to check your hormone levels, along with all the other labs that should be checked. Ask him which hormones he will check and if testosterone and progesterone are not included, ask him why. If you are told a woman doesn't need testosterone, or worse that it is a male hormone, let the eye-rolling and walking-out begin. If you are told you don't need progesterone, perhaps give your doctor a copy of this book as a gift, with a strongly worded message written inside, because he needs it. You deserve to feel your best and that can only happen if your hormones are optimized, all your hormones. Don't let your doctor's laziness, or lack of critical thought, keep you from being your best.

Do as I do:

My wife has her hormone levels checked yearly, and her doctor will begin optimizing her hormones just as soon as her diet and lifestyle no longer keep them in the upper limits of normal. I would be negligent as a husband who is also a doctor if I let her suffer unnecessarily due to falling hormone levels.

Homework:

Just bringing up the fact that women need more than estrogen as they get older, can switch many doctor's minds to the *off* position. Going into your visit armed with knowledge will help you either open your doctor's eyes or discover that you need a new doctor. The book below will give you all the knowledge you need to begin your journey back to optimal hormone health. This doctor is a real advocate of women's health and is a leading authority on the real hormone needs of women.

Book:

The Secret Female Hormone: How Testosterone Replacement Can Change Your Life. Kathy C. Maupin, MD. 2015. An expert in the field for

decades, Dr. Maupin gives women empowering information about everything their body needs to be optimal.

Viruses Laugh at Antibiotics

Chapter 12

*Drugs are of price
value when needed,
but they are at best emergency measures of most temporary
utility...*

*The more effective they are in the right place,
the more harmful in the wrong one.*

— **W. HUTCHINSON, MD, 1914**

The Lie:

Your runny nose/ear-ache/cough won't get better, unless you take a course of antibiotics. If you take an antibiotic, you will get over your runny nose/ear-ache/cough quicker.

Why You Should Care:

Even though we have been trained to think that taking antibiotics is no big deal, taking a course of antibiotics is a very big deal. It can be dangerous while taking it, and can also cause long-term issues with your health far into the future. If there are certain types of infections which don't respond to antibiotics, then we shouldn't take the risk of using antibiotics for those infections. If there are some infections that respond to antibiotics, then we should weigh the risks and benefits of taking antibiotics for them. When

taking antibiotics, we should always consider additional steps to minimize other complications of taking the antibiotics.

Support for the Lie:

Since penicillin became known for its life-saving, bacteria-killing properties, modern humanity has rushed to receive this seemingly miraculous class of medicines. There is no doubt that many lives have been saved by antibiotics used in the right situations. It is also true that many a life has been taken, or made miserable, by inappropriate antibiotic use. There is extensive research showing that antibiotics are effective against certain bacteria, and showing the benefits from taking them. Unfortunately, both laziness and the quest for money has led to the gross overuse of antibiotics, for infections which do not respond at all to them, or for infections which would have resolved on their own without medicine of any kind. Of course antibiotics work well for us under the right circumstances, no question about that. The question is why does your doctor prescribe them so often when they are not needed, and not helpful.

This medical lie has been told in deed, if not in word, by doctors for decades. Even if your doctor has handouts in the waiting room about how colds and other infections are caused by and viruses don't respond to antibiotics, you might just still leave his office with a prescription for antibiotics anyway. It's almost as if doctors have been trained by demanding patients (and patients' moms) to prescribe antibiotics, even when they obviously are not needed.

The Common-Sense:

Taking any medicine when it is not needed is foolish, and possibly dangerous. Medicines, including antibiotics, are powerful and potentially life-threatening tools, to be used only in the proper amounts and in the proper circumstances. We have all been taught since birth that germs and bacteria are bad, and that we should destroy all of them we can. From anti-bacterial soap to kitchen-cleaners, any bacteria must be destroyed at all costs. Every homemaker's dream of a perfectly clean counter includes a bacterial count of zero.

It turns out the dream of a bacteria-free life is a recent invention. It was invented primarily by companies trying to sell products for profit. We

have lived with bacteria, viruses and fungi, both on us, and in us, since the beginning of time. It is true that some of them are very bad for us, but the vast majority of them range from neutral to beneficial. In the body you claim as yours, bacterial DNA actually outnumbered your DNA by a hundred to one. Bacteria, just like people, can be friend, foe or neutral. The job of doctors is to decide which you have and only use antibiotics against the dangerous foes.

The Research:

Research on this subject takes several directions and can be roughly summarized as follows:

- Most infections are not caused by bacteria
- Antibiotics do not work at all on viral infections
- Viral infections last for a few days (3-14) and then go away
- Some bacteria can make us very sick, or even dead
- Some bacteria are beneficial to us
- Antibiotics kill many bacteria, both bad and good
- Antibiotics do not kill some bacteria
- Over-use of antibiotics can lead to resistant bacteria
- Killing good bacteria can have negative health consequences
- Taking antibiotics can lead to weight gain
- Wise use of antibiotics often means not using them

I know this list may seem complicated. In that respect, it mirrors just how complicated and clouded this subject is, both in research and in practice. All the latest research, and expert opinion, seems to be moving in the right direction. We should only use antibiotics in certain situations, for a limited time, and avoid them at all costs in every other situation.

The Take-Home:

We have lived in the muck and mud for most of our time on this planet. Being dirty has been the rule rather than the exception, for most of our existence as a species. Our immune system has been learning from, and indeed even incorporating, these bacteria for eons. You have so many

bacteria inside of you right now that it is a valid question as to whether the bacteria belong to you, or you belong to them. Only a very few bacteria in a very few situations are dangerous, and should be treated with antibiotics.

Any time you take antibiotics for a cold or other viral illness two things occur: one is that the antibiotic has absolutely no effect on the cause of your illness, or on the number of days you will be sick, and the second thing is that you kill billions of beneficial bacteria in your gut, and other places, both in and on your body. That bacterial slaughter can have a negative effect on your health in many ways. As we continue to learn, these beneficial bacteria do everything from protect our skin from the environment, help us remain slimmer and keeping us from developing autoimmune diseases.

It is highly likely that these bacteria serve us in hundreds of other ways we don't fully understand yet. When we actually consider this, it quickly becomes obvious that we should be very careful with doing anything to damage these herds of good and gentle bacteria. A decent analogy of taking an antibiotic for every little infection, would be if you were a farmer and there was a fire-ant nest in your pasture. Since the fire-ants (virus) were stinging you and your cows, you hired an expert (doctor) to get rid of them, and his treatment consisted of setting off a huge cluster-bomb (prescribing an antibiotic) in your pasture (body). When the smoke cleared, the farmer would be excited to see that all the fire-ants had been destroyed, but devastated to see that the expert had also killed all of his cattle as well. And, knocked over his barn. You don't have to be a wise farmer to know that this is a very bad strategy.

Some doctors are quick to blame to their patients for the over-use of antibiotics. The truth is, this is not an antibiotic over-use problem, it is an antibiotic over-prescribing problem. When a worried mother brings her sick child to the doctor for care, it is not her fault if the doctor gives in to her demands for an antibiotic. She is only trying to do the best she can for her child's health. Is it the diabetic patient's fault, if the doctor prescribes too much insulin? Is it the drug-addicted patient's fault, if the doctor prescribes them more narcotics? No, it is not, and neither is it the mom's fault if the doctor prescribes her child antibiotics, just because she is demanding them. In my opinion, this is one area where state medical boards should be much more active, sanctioning and fining doctors who over-prescribe antibiotics.

The best way to be sure you are not given an antibiotic for a viral infection, is to not go to the doctor when you have a runny nose, scratchy throat and a cough. These symptoms are always caused by viruses and there is no magic pill which will make them go away one second sooner than they would without the pill. Your doctor wants badly to help his patients and be seen as good at what he does. When you go see him for something he can't help you with, you kick his human nature into gear ([Chapter 2](#)). He will quite possibly do something rather than nothing, even if the something leads to negative long-term consequences. Doing nothing is very difficult for most doctors to do, even though it might be the exact treatment you need at the time.

We are learning that, instead of killing bacteria, the better strategy is to put even more bacteria, good bacteria, into your system. An infection or an illness is often not caused by a bacterial villain, but by a bacterial imbalance which allowed a viral infection to happen. Probiotics are becoming very popular and, although we still have much to learn about the amounts and varieties needed for different conditions, it is obvious that this is a much more effective strategy than setting off an antibiotic cluster-bomb in your body.

You should only take a course of antibiotics, if it is certain that a bacterial infection is causing your illness, if the illness probably won't go away on its own and if the illness caused by the bacterial infection presents a risk of significant danger to you. If you go to your doctor with a runny nose and cough and low-grade fever, you do not need antibiotics. If he gives them to you, he is hurting your health, not helping it. Only rarely will you need well chosen, carefully given antibiotics in your entire lifetime. If your doctor seems to give you antibiotics almost every office visit, ask him why, and request a copy of the research backing up his prescriptions.

Do as I do:

I haven't taken antibiotics in years. It is true that I very rarely suffer from infections of any kind. When I do have a viral infection, antibiotics are the last thing on my mind. Probiotics have a daily place in my supplement regimen, and I find this prevents most infections that people suffer. Only with specific severe bacterial infections, would I even consider taking an antibiotic.

Homework:

I'm so glad the table is finally turning on this issue. More and more doctors and experts are realizing antibiotics are dangerous tools, to only be used in very specific situations. These two books describe in elegant detail just how important having the right bacteria is. After reading them you will protect and nourish your bacteria, not cluster-bomb them.

Book:

10% Human. How Your Body's Microbes Hold the Key to Health and Happiness. Alanna Collen, PhD. 2016. This brilliant book explains, in interesting detail, how many bacteria you contain, all the good things they do for you, and why it is a bad idea to be mean to them. A must-read for all doctors and patients.

Book:

Missing Microbes: How the Overuse of Antibiotics Is Fueling Our Modern Plagues. Martin J Blaser, MD. 2015. A very informative work explaining the damage that has been done, and all the negative health consequences that come from unneeded antibiotics.

Salt of the Earth

Chapter 13

*We are in the age of M.D., medical darkness,
which seeks legislative protection from the light.*
— J. BASFORD, 1897

The Lie:

Eating salt will increase your risk of having high blood pressure, and therefore, increase your risk for heart attack and stroke. You should eat a low salt diet as much as possible for heart disease prevention.

Why You Should Care:

Obviously, you would like to never have an early heart attack. You would also like to enjoy good-tasting food. The worst possible outcome of this situation would be to endure years of a bland salt-free Food Pyramid diet and then still have an early heart attack. If eating salt truly does increase heart attack and stroke risk then we should avoid it and eat bland foods. If eating salt is safe then we can relax and salt our food to taste. If you are busy worrying about something that doesn't increase your risk of heart attack, like salt, then you will not be focusing on things that do increase your chances of a heart attack (insulin resistance, chronic inflammation, obesity, alcohol abuse and others).

Support for the Lie:

The educated opinion, of nearly every scientist and doctor in the world, is that eating less salt will lead to lower blood pressure, which will lower your blood pressure, thus decreasing your chances of suffering from an early heart attack. For some reason, this medical lie caught on so strongly that, even though there was no real evidence supporting it, and little money to be made from it, almost every doctor piled on the band wagon to bad-mouth salt. Hundreds of articles in every publication, from the most scientific journal to the lowliest gossip rag, agreed that eating salt increases your blood pressure, and your chances of having a heart attack. When one looks closely at the scientific literature, even at articles which supposedly proved the salt-hypertension link, it is clear the conclusions were stretched to the limits of believability. Time and again, meaningful research has failed to show any link between enjoying salt with your meals, and increased blood pressure, or in increased heart attack risk.

The Common-Sense:

For all our existence on this planet we have loved salt, and eaten as much as we wanted, or could find. All mammals crave salt and will travel impressive distances to enjoy it. For a desire to be so hard-wired into all mammals, usually means that you need that substance to survive. Farmers put huge blocks of salt in their barns because the cows love to lick it. It is good for them, not bad. It is actually very hard for a normal cow, or person, to eat too much salt. A person with healthy kidneys can easily urinate away any excess salt that has been eaten. If you have kidney disease then you should discuss your salt intake with your doctor.

The Research:

Hundreds of studies have been done on both sides of this argument, but three, very large, well done studies leave little doubt about this lie. A 2003 *Cochran* review of 57 trials stated that “there is little evidence for long-term benefit from reducing salt intake.” In 2006, *The American Journal of Medicine* recorded the salt intake of over 70 million Americans, and compared it to their risk of dying from heart disease over a 14-year period.

What did they find? The more sodium people ate, the less likely they were to die from heart disease (yep, you read that right).

Finally, *The American Journal of Hypertension* reported that, after studying over 8000 participants, salt had virtually no impact on blood pressure. So with all this research proving beyond doubt that decreasing salt intake gives no protection from increasing blood pressure or heart attack, why do doctors still tell this medical lie? I honestly have no idea.

The Take-Home:

This medical lie is a fine example of well-meaning experts believing something, and trying to *help* mankind by pushing their belief onto all of us. The ideas and research the experts based their assumptions on was flawed, and thus, their conclusions were inaccurate. Because of this, they give misguided advice to millions of patients. These patients had to suffer from bland low-sodium diets, which tasted awful, and (according to the one study) actually increased their odds of having a heart attack.

When the experts first published their beliefs about salt intake, the regulatory bodies (FDA, USDA, AHA, AMA) picked up this lie and ran with it, spreading it even farther. Then every doctor told his patients this lie, thinking he was doing them a favor. Finally, your mom, your wife and your next-door neighbor were yelling at you every time you picked up the salt shaker. Eventually, as the decades pass, this medical lie will slip into oblivion. Doctors will just stop saying it, and later still, so will wives and moms.

Unless you have poor kidney function or significant heart failure, you are free to relax and eat salt to taste on all your food. Humans with healthy kidneys and adequate water intake can eat as much salt as they want. It will not hurt them, or elevate their blood pressure. They will excrete the extra salt with each bladder full of urine they release. The sodium and chloride, and other electrolytes in salt, are some of the most tightly regulated substances in the human body.

The body has very strict mechanisms for keeping the proper amounts of these electrolytes in the blood stream and tissues. To think eating a little extra salt on your dinner will somehow screw up these mechanisms, is silly. Unprocessed sea salt is a little better for you than processed, *umbrella-girl* salt. This makes the processed salt less good, but not bad. Since most of us

are deficient in some mineral or another, an excellent choice is to use the unprocessed pink or grey sea salts. That way, you get all the flavor you want, and the multiple minerals your body needs.

If you see your doctor and he tells you to reduce your sodium/salt intake to lower your blood pressure, or for some other health reason, please try to take it easy on him. This medical lie is only now starting to slowly die. Many good doctors just haven't yet done the reading needed to see past it yet. A respectful question about what actual research he is basing his advice on, should be enough motivation for him to put on his reading glasses, and begin getting up to date. This lie is another great example of how patients can begin to take control of their own health, research as deeply as they want into the subject, and begin to take pride in their knowledge, and in their improving health. Addressing this medical lie with your doctor can be the beginning of a much stronger partnership between the two of you. Either he will do his reading, and become a better doctor, or he will be rude to you, and you will can then find a new one.

Do as I do:

We always have salt on our table and in our kitchen. We use salt in virtually every dish we prepare. I've never liked the taste of too much salt, but I have no fear of using it. We use unprocessed Himalayan sea salt that we grind ourselves, and we put it in everything. Even if I do have a blood pressure problem later in life, I will continue to use my sea salt without fear.

Homework:

Salt is necessary for optimized human health, but you will probably need some knowledge bullets in your gun, when you attack your doctor with this idea. Below is a great book, and a magazine article describing all the benefits of actually eating good salt. Also included are all the dumb things that experts and government agencies have said and done about salt.

Book:

Salt Your Way to Health. David Brownstein, MD. 2006. Dr Brownstein has been bucking the system for decades. This book is full of great ideas and great information about salt and its actual health benefits.

Magazine Article:

It's Time to End the War on Salt. Melinda Wenner Moyer. Scientific American. July 2011. A great summary of the history of making salt a health no-no, along with the bumbling of state and federal health *experts*. Some of the decisions made at the federal level are embarrassing to say the least.

All Calories are Not Created Equal

Chapter 14

*What some call health,
if purchased by perpetual anxiety about diet,
isn't much better than tedious disease.*

— **G. D. PRENTICE, 1860**

The Lie:

A calorie is a calorie; whether it is from birthday cake or broccoli. You can eat whatever you want as long as you limit your total calorie intake. You will be slender and healthy but counting calories, because all calories are the same. If you want to lose weight, then you should burn more calories than you eat.

Why You Should Care:

If this medical lie were true, it would let you think of junk-food/treats as actual nourishing food. Birthday cake is not food, but if the calories in it are the same to your body as those in broccoli, then it is a valid food choice. You just need to make sure, according to this lie, that you don't go over your total calorie limit each day.

If this lie is true, then eat whatever you want, just watch your total calorie count. If the total calorie count of the foods you eat is not important, then you should be careful to only eat real, whole foods daily, and to enjoy treats only occasionally. Good health is built on the foundation of a good

diet. We must know what really matters, and what things we should spend our money and our effort on, if we want to have a strong mind and a healthy body.

Support for the Lie:

Most doctors and magazine articles will imply that a calorie from one food is the same as a calorie from any other food. Nutrition experts often tell us that a calorie of cake is no different than a calorie of spinach. Scientists and a few doctors stopped repeating this lie years ago because they knew all the research was showing it to be false, and not worthy of repeating. Very few medical studies can be found concerning this lie. It is repeated mainly as unsupported, expert opinion. Lazy doctors and concerned moms are now the main repeaters of this medical lie, but it is still out there causing people to make dietary mistakes.

You may have read, or been told, that fat has more calories/gram than protein or carbohydrates. This is true if you burn up your food in a little oven, but it makes absolutely no difference as far as your health and weight loss goals are concerned. Of all the important nutrition facts that young doctors could be taught, this is the one they choose? This type of *fact* is repeated by lazy doctors everywhere, because they don't know any better, and don't make an effort to learn the truth. Many a well-intentioned doctor has instructed their patient that the key to weight loss is to burn more calories than they eat. The patient is told that this daily *calorie deficit* will lead to weight loss.

The Common-Sense:

The way that most of us were taught the calorie paradigm, it would seem to make sense that a calorie is a calorie, no matter what the food source. Scientists came up with the whole concept of a food calorie by small amounts of different foods being burned up in a little furnace and the escaping heat measured to determine the calories in the food. The number of calories shown beside a given food has absolutely nothing to do with how the food is metabolized in the human body, it only tells you how many calories of heat-energy were created by burning the food in that little furnace. We don't burn the food we eat, we digest it. Common-sense really

doesn't apply to this lie, since we were taught a silly way of describing the *energy* contained in different foods in the first place.

The biochemistry used by the human body is extremely complicated. The analogy that we burn the food we eat is a bad one, and misleads our thinking on the subject. There is no such thing as common sense at the biochemical level. Don't let a doctor or nutritionist tell you they know everything there is to know about how the body uses our food and stores energy, it just isn't true. The Calorie was invented as a way for scientists to talk about the heat energy in food. It has nothing to do with how healthy a given food is, or whether that food will cause you to gain or lose weight.

The Research:

There is minimal research attempting to prove this lie. Research has been done to determine the calorie-count of virtually every food on the planet. However, there is little research showing that the human body cares about this determination or agrees with the laboratory count of calories in a food or beverage.

No meaningful research has ever shown that a calorie of cake is the same, speaking from a health and obesity standpoint, as a calorie of bacon, or a calorie of artichoke. It was just accepted by the medical and nutrition communities as self-evident that all these calories are equivalent, and all nutritional advice was then based on this medical lie.

An article appearing in JAMA, in 2012, definitively laid this medical lie to rest. This study showed three different groups of patients, all eating the same total number of calories daily. One group ate a high carbohydrate diet, one group ate a high protein diet and one group ate a high fat. According to what you've been told all your life, which group do you think lost the most weight? No, the high fat diet group lost more weight than both other two groups. Your doctor should have read this article and should know not to be wasting your time talking about counting calories and eating low-fat.

The Take-Home:

Doctors are very busy and most of them don't truly understand that being very educated about nutrition is much more important for their patient's health than knowing all about the newest pill or shot from big-pharma.

Doctors don't really want to be nutritionists, they want to be experts on drugs and medical procedures. Very few doctors seem to realize that most prescription drugs and medical procedures would be unneeded if patients were educated and encouraged to follow a proper diet. I often wonder what the average doctor's answer would be if asked by a patient, "Do you think type 2 diabetes is curable?" or "How important do you think nutrition is in preventing heart attack and stroke and cancer?" I'm afraid the most likely answers would be "No," and "*Somewhat important, but not as important as the newest pill from big-pharma.*" A good primary care doctor should be an expert on the latest nutritional research and be able to educate his patient on how to eat to reach and maintain a healthy weight. He should also follow his own advice and set a good example for his patients.

A good way to look at this issue is to examine medical advice and obesity rates over the last 30 years. Part of the usual advice is one calorie is no worse than any other calorie - a calorie of broccoli is the same as a calorie of birthday cake - repeated over and over as everyone continued to gain weight. Counting calories is a complete waste of time. It squanders your valuable energy and motivation by keeping you busy doing something that doesn't help with weight loss, thus almost guaranteeing you will fail.

When the average person gets motivated to lose weight, and get healthier, they will usually get started counting calories with a bang. They will continue for a month or two, and when there have been minimal results, they will get discouraged and slowly stop trying. Sound familiar? Sometimes this poor patient will then be made to feel guilty for giving up, by the very same doctor who gave them the bad advice that led to the failure. Yes, they will be made to feel guilty for giving up on a stupid concept that doesn't work in the first place. If a large part of your current *diet* plan consists of counting and keeping up with calories, then you will ultimately fail. It doesn't help and doesn't work, if your goal is long-term permanent weight loss and health. You should start doing your own research about how humans should eat and what helps them attain an ideal body weight.

When you are ready and motivated to lose extra weight, you want your effort to produce maximum weight loss. You don't want to put a lot of effort towards this goal, only to lose a few pounds, and then gain them right back. You want to do what will give results up front, and what will work permanently. If your doctor tells you the key to losing weight is to cut back

on calories and exercise more, please try to contain your anger. Perhaps he has recently been released from solitary confinement where he was not allowed to read any medical journals for the last few years. You might be able to help him by pointing out an article or two that would bring him up to speed.

You can tell him you are going to eat real whole foods and eat until you're full. You can tell him a calorie of cake is not equal to a calorie of blueberry, and that you will avoid the former and enjoy the latter. Please don't waste one second of your time, or one calorie of your effort, worrying about calories, they are irrelevant, and your doctor should know that by now. Weight gain is caused by eating the wrong foods and screwing up your insulin metabolism, not by eating too many calories.

Do as I do:

Eating large amounts of food-products, which had a long list of ingredients on the box, used to be my usual diet-plan. After realizing I was a fat-assed, grouchy, fatigued, heartburn-suffering, runny-nosed doctor who shouldn't be giving anyone health or nutrition advice, I changed all that. Now I rarely eat anything having more than one ingredient. The ingredients in broccoli are, umm, broccoli. Eating real, whole foods is the rule, not the exception, in our house. The human body and digestive system knows perfectly well what to do with whole foods. It gets confused by foods coming in cardboard boxes with weird ingredients and tends to put them on your belly or your butt, as fat.

Homework:

The *all calories are equal* lie is so stupid that I'm done talking about it. What you need to do some homework on, is what your human body actually needs, and how it really uses the food you eat. Two great books are listed below. After you've read these two, you will be smarter than 95% of the doctors in the world when it comes to human nutrition.

Book:

The Primal Blueprint: Reprogram your genes for effortless weight loss, vibrant health, and boundless energy. Mark Sisson. 2013. This book really

goes into the entire lifestyle to look (muscular and fit) and feel (happy and energetic) like a hunter-gatherer.

Book:

The Paleo Diet: Lose Weight and Get Healthy by Eating the Foods You Were Designed to Eat. Loren Cordain. 2001. One of the best books I've ever read about human health and nutrition. This author grabbed modern nutrition science by the hair and slapped it silly. Slowly but surely, doctors and experts are waking up to the truth of human nutrition.

Bonus Book:

Dr. Atkins Diet Revolution. Robert Atkins, MD. 1972. I can't even imagine the cold shoulders and stern looks Dr. Atkins must have endured back in the day, when he initially promoted his book. This doctor, a doctor who thought outside of his box, should be knighted and sainted and other stuff. A true revolutionary, rest his soul.

Does Too Much Calcium Cause Kidney Stones?

Chapter 15

*The art of medicine consists in amusing the patient
while nature cures the disease.*

— VOLTAIRE

The Lie:

Eating or drinking too much calcium can lead to kidney stones. Alternatively, if you've had a kidney stone, you should decrease your calcium intake so you don't get another.

Why You Should Care:

Large kidney stones are without doubt, one of the most painful things the human body can experience. Any time a woman describes a pain as worse than child-birth, you better bet you don't want it. I've had multiple women over the years tell me their kidney stones were much more painful than the worst of their labor pains. As a man, all I can do with this information is place the pain at about a 25, on a 10 point scale, and pray I never experience it. No woman has every described any other pain to me using the child-birth analogy, even multiple broken bones. So, if high-calcium foods increase your risk of kidney stones, then maybe you should cut down

on eating them. But, if high-calcium foods don't increase your kidney stone risk, then you can enjoy them as much as you want.

Support for the Lie:

Many people on the street and some doctors will repeat this medical lie as truth. There is absolutely no research showing that high calcium foods in your diet increase your risk of a kidney stone. There is some mediocre research showing a possible relationship between taking large doses of calcium supplements and kidney stones, but the jury is still out on this, one until a meaningful study is performed.

The Common-Sense:

Since most kidney stones are made up of calcium, along with other things, it seems to make sense that eating too much calcium might increase your chances of having a kidney stone. Calcium is vital to hundreds of bodily functions as well as in building bone, so it stands to reason we should make sure we get plenty of it. Calcium levels in the blood and urine are very tightly controlled by the body's mechanisms. Calcium metabolism is much more complicated than simply eating too much will cause it to produce stones and cause you to experience the worst pain known to humans.

The Research:

No research has ever shown that high levels of calcium, occurring in what you eat and drink, increases your risk of a kidney stone. In addition, no study has ever shown any benefit in lowering calcium intake, if you have a kidney stone, with regard to decreasing the risk of having another stone in the future. A study presented at the 94th meeting of The Endocrine Society showed a possible link between taking a calcium supplement (pill) and increasing risk of kidney stones, but the evidence was far from convincing.

The Take-Home:

Calcium in your diet does not cause kidney stones. If you have a kidney stone at some point, it does not mean that you should avoid natural high-

calcium foods. The risk of having a stone can definitely be reduced, but not by avoiding calcium in your diet.

For a few years it was very popular, especially for women, to take a calcium supplement. Although this was probably unnecessary and probably didn't increase their bone strength at all, it did not lead to more kidney stones in these women. There is a nutrient most women are deficient in, that most likely will increase bone strength along with helping the body's biochemistry in hundreds of ways, and that nutrient is vitamin D3.

Most women, and men, get enough calcium in a healthy diet, but it is almost impossible to get enough vitamin D3 in a modern diet. Since we are told to hide from the sun, due to it causing cancer, you're not getting vitamin D the way nature intended any more either. Therefore, most people will have to take a D3 supplement daily. Don't worry about too much calcium in your diet causing kidney stones, but do ask your doctor to have your Vitamin-D,25 level tested, it's important.

If your doctor tells you to decrease your calcium intake to keep you from making kidney stones, you should respectfully tell him you would like a copy of the research he is basing his advice on. This will most likely fluster him and give you the perfect opportunity to start working on an improved partnership with him, concerning your health.

Do As I Do:

I've never had a kidney stone, and I definitely want to keep it that way. Eating a natural whole food diet, gives me plenty of calcium (kale, sardines, broccoli, okra, almonds). No, drinking milk is not necessary. I will also take a vitamin D3 supplement daily until I've saved enough money to move to Key West.

Homework:

Since getting enough or too much calcium is not a challenge, let's learn about vitamin D instead. Here is a page that will make you an expert on vitamin D, a very important nutrient most of us don't get enough of.

Website:

Vitamin D Resource Page. Mercola.com. Goo.gl/HYwpRc

Your TSH is Normal So Your Thyroid is Fine

Chapter 16

*It is easy to get a thousand prescriptions
but hard to get one single remedy.*

— CHINESE PROVERB

The Lie:

A lab test called the TSH (Thyrotropin Stimulating Hormone) is all you need to have checked to find out if your thyroid is functioning normally. If the TSH is within normal limits, then your thyroid gland is fine and your symptoms are all in your head.

Why You Should Care:

The thyroid gland and the hormones it produces affect virtually every biochemical reaction occurring in your body. If your thyroid is not functioning properly, it leads to disease, suffering and even early death. If the TSH is the only lab test that needs to be checked to assess thyroid health then so be it. If, however, a full panel of thyroid lab-work, and the patient's actual symptoms and signs, need to be considered before any diagnosis is made, then let's make sure and check it all.

Support for the Lie:

It is the opinion of almost every thyroid specialist (endocrinologist), that if your TSH level is within normal limits, then your thyroid is fine. Recommendations from endocrine societies recommend the TSH as the only test needed to screen the thyroid gland. All doctors were, and still are, taught this lie in medical school and residency, and they haven't thought much about it since. The test is quick, easy, and the results appear to be undeniable black and white. Very few doctors have any doubt in using the TSH test for diagnosing thyroid disease.

The Common-Sense:

Given that the thyroid is known the world over as the master gland of the human body, it would seem that proper diagnosis and treatment of thyroid conditions is vital to long-term health and happiness. The TSH level became the standard way to test the thyroid way back in the 1970's. For some reason, doctors, even so-called thyroid specialists, want to bet your thyroid health on this forty-year-old test.

TSH is not even a thyroid hormone, it is a hormone produced by the anterior pituitary gland in the brain. The pituitary produces TSH as the way of telling the thyroid gland to produce more thyroid hormone. When the thyroid hormone level circulating in the blood is at the proper level, it feeds back to the pituitary gland, telling it to stop producing TSH. There are multiple places in this feedback loop where something can go wrong and remain completely undetected in the lab, when your doctor only checks your TSH level.

An article by Dayan in the 2001 *Lancet* Journal appreciated this potential problem and suggested checking at least a TSH, FT3 and FT4 to minimize the chances of missing hidden disease. FT3 is free T3, the active form of thyroid hormone circulating in the blood, and FT4 is free T4, the storage form of circulating thyroid hormone. Even though this doctor told the medical world, in this respected medical journal, that checking just the TSH was not enough, hard-headed doctors kept right on checking only the TSH.

The Research:

Research supporting this lie is tenuous at best. When the TSH test became available, doctors got excited about having a fast and easy thyroid test. They basically forgot how to use their critical judgment and physical examination skills when it came to the signs and symptoms of thyroid disease. They just started to blindly trust this one test. Research papers will often initially imply up front that the TSH is all that needs to be checked, but then waffle later in the article, and mention something like *the TSH test's weaknesses should be kept in mind*. Many doctors have stopped reading before they get to the second part. Therefore, they falsely think the TSH is the only test needed to diagnose thyroid disease.

When any such wonder-test is discovered and marketed as the new gold standard, it tends to dull the critical thinking of doctors. When all the advertising, and the doctors with the longest white coats, say the tests works, regular doctors begin to blindly accept this advertising as unquestionable truth, and stop thinking. This sort of error has often happened in medicine. It has occurred so many times, in fact, you would think doctors would be wary of blindly trusting your health to such new tests. No research I know of has ever attempted to prove the TSH is the only test needed to check the state of your thyroid health, yet doctors keep acting as if it is the only thyroid test needed.

The Take-Home:

Any time test or treatment is called the *gold standard* in medicine, it tends to make doctors mentally lazy. It leads them to think everything worth knowing about a topic is already known, and there is no need for further thought or effort. The TSH is one such gold standard. It very often makes doctors look foolish, and causes patients to suffer. Doctors use the TSH test for everything from a physiological marker of thyroid function to a guide for initiating and monitoring thyroid medication dosages. It is an inadequate test for all these uses.

Most doctors have no idea how the normal range of a lab test is determined, or what can falsely elevate or depress the measured level of a test. Before the TSH test became widely available, doctors listened to and examined their patients for symptoms and signs of thyroid disease. If a patient had severe fatigue, weight gain, constipation and was losing the

outer one-third of their eyebrows, doctors diagnosed the patient with hypothyroidism, not needing the TSH test.

As I hinted earlier, when a gold standard is announced in medicine, doctors tend to stop thinking. Therefore, most doctors stopped looking for actual signs and symptoms of thyroid disease, and just checked a TSH level instead. Another serious problem with this test is, the TSH level can be affected by smoking, sickness, stress or even by working out before having your lab work checked. Most doctors have no idea that a patient's TSH level can be affected by so many things, and that the level can change substantially over the course of a single day.

Whenever a patient takes time out of their busy schedule to make an appointment with their doctor because fatigue, weight gain, mental cloudiness and other symptoms have gotten so bad they can hardly function, doctors should listen to the symptoms and look for the signs of thyroid disease. In other words, they should take the patient seriously. Next, the doctor should order a full thyroid panel consisting of a TSH, FT3, FT4, RT3, TPO and a TGA, not just a TSH. There are several other non-thyroid tests that also need to be checked to fully investigate possible thyroid problems. You can find the complete lists of needed tests in the book and website listed in the Homework section at the end of this chapter.

Many patients have been told that their thyroid was fine after having a normal TSH value, even though they have serious thyroid disease and severe symptoms. Patients can have their TSH level come back *normal* for years, before they are finally diagnosed with thyroid disease, if the TSH is the only thyroid test being checked. Many of these patients are started on an anti-depressant pill, or told to exercise more and eat less, or simply told that their suffering is all in their head. I consider this very disrespectful and poor medical practice, malpractice, in fact.

To say the TSH is the only test needed to diagnose thyroid disease is a lazy medical lie. If you have multiple thyroid symptoms and have been told your *lab work* was normal, ask for a copy (your lab results belong to you, not to your doctor), and see what was checked. If only the TSH was checked, then you have the choice of either going back and trying to educate your doctor, or of finding a new one who will listen to you, and take your symptoms seriously. Spend some time educating yourself, using the two resources at the end of this chapter, about all the testing and thought that must be done to correctly diagnose thyroid disease.

Do As I Do:

Since thyroid symptoms can be rather subtle, I have my thyroid tested at least annually. I check a full thyroid panel, not just a TSH. I also make sure my wife has her levels checked as well. Thyroid health is closely linked with eating an organic, whole-food diet, and avoiding as many environmental toxins as possible, so that is how we eat and live.

Homework:

Since it seems that most doctors refuse to do their homework on thyroid disease and thyroid testing, you will have to do it for yourself. Here are two great places to begin learning about the complicated gland that is your thyroid. One book and one website...

Book:

The Paleo Thyroid Solution by Elle Russ, 2016. Written by a patient so mistreated by multiple doctors, she began a personal study and taught herself to treat her own thyroid condition. Includes an in-depth commentary from integrative physician Gary E. Foresman, MD.

Website:

StopTheThyroidMadness.com by Janie Bowthorpe, A couple of hours of reading and taking notes on this web-site will honestly make you smarter than the average doctor concerning hypothyroidism. There is also over a decade's worth of patient experience concerning both testing and treatment of thyroid conditions.

If you Don't Have Rickets Then Your Vitamin D is Normal

Chapter 17

A smart mother makes often a better diagnosis than a poor doctor.
— **AUGUST BIER**

The Lie:

You get enough vitamin D in your diet. The fact that you don't have rickets (weak, bending bones in a child) or osteomalacia (weak, painful bones in an adult) is proof that you are getting enough. There is no need to take a Vitamin D supplement.

Why You Should Care:

Vitamin D is not just a vitamin, it is a pro-hormone. It is involved in thousands of biochemical reactions in your body. If it, in fact, does help your body in thousands of ways, and perhaps even prevents cancer, then you should make sure that you get enough vitamin D every day. If all you need is enough to prevent rickets and osteomalacia, then you are free to continue not caring about your vitamin D level.

Support for the Lie:

The federal government established an RDA (recommended daily allowance) for vitamin D that will prevent rickets (soft, weak bones in children) and osteomalacia (soft, painful bones in adults) in most people. Somehow, doctors took these minimal recommended amounts and decided this minimal amount is all you need. All the big medical associations and other expert groups parrot these minimal values and then move on to other business.

There have been several small and medium sized research studies showing that getting more vitamin D could benefit health in many ways, but not many doctors seem to care. The USDA was content for decades to recommend the tiniest daily amount of vitamin D possible. Recently, the vitamin D RDA was increased a little, and it was recognized that different types of people (pregnant woman, children and the elderly) needed more vitamin D. The recommendation remains substandard for optimum health and disease prevention.

The Common-Sense:

Vitamin D is very important to hundreds of biochemical functions in the human body. It is so important, in fact, that our bodies learned thousands of years ago to make it from sunlight shining on our skin. That seems like a pretty big deal. Over the last century, we have moved most of our activities indoors, out of the sun, and drastically cut the amount of fat we eat (fish oil, lard and bacon are great sources of vitamin D), so our average vitamin D level has been steadily falling.

Vitamin D is not just a vitamin, but also a pro-hormone. It is responsible for so many beneficial things in the human body that it deserves a book of its own. Most of us know that it helps us absorb calcium and thus keeps our bones strong. However, an increasing number of experts are recognizing that this may be the least of its benefits. It appears to have great benefits for your immune system, mood, heart health and even sexual function. It is becoming clear that taking the minimal amount to keep rickets and osteomalacia away, just isn't enough for optimal health.

The Research:

There are two groups of thought, and two types of research on this topic. One set of experts only focuses on the minimal amount of vitamin D needed

to keep severe deficiency away. All their research was directed towards this topic and they just didn't do research studies concerning taking more than 1000 daily IU's (international units, that's how we measure vitamin D). These studies are what is taught in medical schools, therefore most doctors only know about this side of vitamin D.

More recently, another set of researchers have found that higher levels of vitamin D can be very beneficial for many different areas of human health. Research studies and reviews have shown a correlation between higher vitamin D intake and reduced rates of cancer, type 1 diabetes, multiple sclerosis, skin cancer and many others. A review of the literature finds it is very hard to harm yourself by taking too much vitamin D. One case study followed an individual who was accidentally taking over 100,000 IU daily (from a mislabeled supplement) for months. Although he suffered nausea and body aches while taking this much, as soon as his overdose was discovered and stopped, he went right back to normal with no long-term consequences.

The Take-Home:

I read an article about vitamin D in 2007 stating that there was a rampant deficiency in most people. I didn't find this article in a respected medical journal. I found it on an alternative health website. I was very skeptical of this information, since I hadn't read anything about this in the official medical literature. I, therefore, decided to start checking vitamin-D-25 levels (not the 1,25 level) in some of my older patients, who were at risk of osteoporosis. Vitamin-D-25 is a much more accurate test and is the only one that should be checked.

To my great shock, I found 72/100 patients had a vitamin D level below 30. Normal is 30-100. Optimal is, in my opinion, 50-100. That means that a total of 72% of my elderly patients were deficient in this vital substance, and I had had had no idea! I was never taught about this, and was blind to this deficiency that was happening to my patients, right under my nose. I began checking vitamin-D-25 levels in younger and younger patients, and found many of them deficient as well. Mortified by this discovery, I immediately read everything available on vitamin D and began recommending that all my patients take a vitamin D3 (Not D2) supplement.

I spoke to several of my doctor friends about my finding. They told me that they never checked vitamin D levels in their patients, and obviously had no interest in starting to do so. The more I read about vitamin D, the more I was convinced that it was a vital ingredient for overall health. However, I felt like a lone voice in the wilderness. Most patients would have no idea why they should take vitamin D, since they had never heard anything about it in the media, or from other doctors. I even had patients come back to see me, after I had referred them to a specialist for other reasons, tell me that the specialist had told them to stop taking the Vitamin D supplement I had recommended, because they didn't need it, and might have a dangerous overdose.

This *advice* was given by the specialist usually without even checking the patients' Vitamin D level. It was based on no research or critical thinking at all on the part of the specialist. When I checked further into the research on vitamin D overdoses, I discovered not one serious overdose has ever been reported. Not one. Although people had accidentally taken thousands of times the RDA for long periods of time, there was not a single death or serious injury. So, if your doctor warns you against taking more than 1000 IU of vitamin D, you can be sure he has read nothing new on the subject since medical school.

Do as I do:

As I said in an earlier chapter, I play in the sun without sunscreen as often as possible. I also take five to ten thousand international units (IU) of vitamin D3 every day. Checking my vitamin D level in my blood twice yearly, shows I am not close to overdosing. I will always take daily a vitamin D supplement, unless I move closer to the equator, where the sun is stronger.

Homework:

There are several books about vitamin D therapy, how much you should take and why it is important. However, the website I've listed below is a great place to start your vitamin D education. Armed with this information, you can discuss your vitamin D needs with your doctor.

Breast Milk Doesn't Contain Everything a Newborn Needs?

Chapter 18

*It is important to keep in mind
that our bodies must work pretty well,
or there wouldn't be so many humans on the planet.*

— **INA MAY GASKIN**

The Lie:

Human breast milk is deficient in vitamin D. Babies who are exclusively breast-fed should be given a supplement of vitamin D drops.

Why You Should Care:

We want our babies to receive the best nutrition possible, so they can have a head start on a healthy, happy life. If breast milk is truly deficient in vitamin D, then we should give exclusively breast fed babies vitamin D drops. If breast milk does contain everything a baby needs then let's not tell new mothers they are deficient, and need big-pharma to help them nourish their babies.

Support for the Lie:

Every medical and nursing student has been taught this medical lie since any of us can remember. Studies that looked at nutrition contained in breast milk did indeed show it had almost no vitamin D at all. With this seemingly straight-forward information, it seemed clear that infants who were to be exclusively breast-fed should be given supplemental vitamin D drops to make up for this maternal short-coming. This lie is very ingrained in medical education and will probably take decades to erase.

The Common-Sense:

One of my first *what-the-hell?* moments in medical school, came when I first heard this lie. I have always been of the opinion that the Creator and Mother Nature have taken care of everything, and the job of doctors is to correct the little errors that occasionally happen, and fix the trauma we inflict upon ourselves. I remember, it was very early morning on the labor and delivery ward, and my medical team, led by our attending physician, consisted of a senior resident, two interns and three of us lowly medical students. We had been on-call all night, delivering babies and assisting on cesarean-sections. We were all exhausted. The intern was presenting a patient's information to the team and was going over the baby's regimen.

He mentioned Vitamin D drops. One of the medical students (not me, I was too tired to ask questions that day) asked why the newborn was getting these drops. The senior resident, who was annoyed by all medical students, told us that all babies needed vitamin D drops, because there is no vitamin D in breast milk. This statement woke me up. My glance shot to our attending physician, who I was sure would correct the resident, but he only nodded in quiet agreement. "How can that be?" I thought to myself, being too tired to speak out. When did mothers stop putting vitamin D in their breast milk? I was about to ask that question, but by that time we had moved on to the next patient. I filed that question away for later research. Although I didn't have time to research the issue then, I kept returning to that thought. Something about it just didn't seem right.

Since vitamin D drops have only been around for less than a hundred years, it makes one wonder how we could survive for thousands of years without giving breast-fed babies (all of them back then) vitamin D drops. Maybe vitamin D is not that important? Oh no, research continues to show it is vital to thousands of biochemical reactions in the bodies of babies and

adults. It is both pro-hormone and vitamin. We must have this essential substance, so how did babies get it back before the days of vitamin D drops? Were mothers back then somehow were able to produce vitamin D in their breast milk, and modern moms had lost this ability? Turns out, this is actually the case, and you won't believe how common-sense the solution is.

The Research:

As I said earlier, research done about 70 years ago showed that human breast milk contained almost no vitamin D. This was never disputed, and apparently no one ever questioned the reason for this for decades. However, Professor Bruce Hollis, in South Carolina, decided he might have a theory as to why mothers seemingly let their infants down in such an important way. He decided to give breast feeding mothers some supplemental vitamin D and then see if they would then produce any in their milk. He began by giving the mothers 2400 IU of vitamin D daily (much more than the RDA for breastfeeding mothers). Still, even with this seemingly high amount of the supplement, they were producing so little vitamin D in their milk that the ethics committee stopped the study, for the safety of the infants.

He then decided to give the mothers 6400 IU of vitamin D daily and amazingly, these mothers started excreting vitamin D in their milk! In fact, they produced so much vitamin D in their milk that their infants didn't need the supplemental drops. They were getting everything they needed from their mother, just as it should be. This study was published in 2015 and should have jerked the entire medical community awake. But of course, it did not. Very few obstetricians, pediatricians or family doctors even know about this study, much less use its results to counsel their patients. This study was large, well done, randomized and double-blinded. There can be no doubt as to the truth of its findings, yet very few patients are helped by its findings.

The Take-Home:

So, here we have it. Hundreds of years ago, breast feeding mothers got plenty of vitamin D from the sun, and from their high fat diet. Therefore, they produced plenty of it in their breast milk for their babies. My feeling about this had been right all along. The female body, if properly fed, will

produce every single vitamin, mineral and nutrient an infant needs to grow and succeed. The reason why the previously mentioned studies had shown low levels of vitamin D in human breast milk was because those modern women, who lived indoors and ate lower fat foods, had very low levels of vitamin D in their blood. They were, therefore, not able to produce it in breast milk for their baby.

I'm still flabbergasted when I think of the intelligent professors and doctors who taught me medicine at the university. Why had none of them ever thought about, or questioned, this seeming deficiency in the make up of breast milk? They were evidently too busy, and/or not willing to make negative waves by questioning the traditional teaching. Every day, doctors are busy interacting with an endless cycle of miraculous bio-chemical events in human metabolism. Doctors are used to the human body healing itself, growing, reproducing, and many other amazing things. However, doctors seemed comfortable thinking that this same human body just forgot how to produce one of the most important vitamins in human breast milk?

This should have immediately raised red flags about the deficient amount of vitamin D in the mothers' diets, but it didn't. As usual, instead of fixing the underlying underlying problem or deficiency, doctors and big-pharma decided instead to give the infant a prescription (vitamin D drops) to fix the problem. But what if a mother couldn't afford the drops, or just didn't want to administer them for the time that her baby was exclusively breast-fed? Wouldn't it have been more elegant to give the mother the right amount of vitamin D? Then, not only would she have had the vitamin D she needed for her own body, she could have effortlessly given her baby vitamin D every time she breast fed. What often happens with the drops is that busy young mothers forgot to get them at the pharmacy, or forget to give them to baby every day. Thus, their babies have an increased risk of diseases. such as rickets and others. When these babies are all grown up, they will most certainly suffer from vitamin D deficiency.

Any time an expert tells us that our body doesn't make or do something we need, we should be immediately suspicious. Unless they can convincingly explain why this is the case, you should start doing your own research. Expectant mothers should take 6,000-8,000 IU of Vitamin D daily, from the time they start trying to conceive, until the day after they wean their baby from breast milk. That will take care of their baby's needs. Since

the modern diet is currently so deficient in vitamin D, we should all probably take that amount every day whether breast-feeding or not.

Do as I do:

I get excited every time I explain to one of my pregnant patients, that if she will take a vitamin D supplement, then she will make everything her new baby needs to thrive and be healthy. Make sure any of your friends or family who are with child know they can make everything their baby needs. Their baby doesn't need anything mom can't provide.

Homework:

Once you understand it, this topic is such a no-brainer, no further study is needed. I think you deserve the day off.

God Made the Sun and God Made You

Chapter 19

*I think you might dispense with half your doctors
if you would only consult Dr. Sun more.*

— **H. W. BEECHER**

The Lie:

Exposure to sunlight causes skin cancer. To decrease the risk of skin cancer, you should stay out of the sun as much as possible. If you must go in the sun, then you should wear lots of high-SPF sunscreen to protect yourself. You should even wear sunscreen indoors, if you will be exposed to sunlight from windows.

Why You Should Care:

Any time medical science tells you to avoid nature or something natural, your BS-sensor should sound an alarm. If the sun is now dangerous, you should protect yourself from it. However, there better be some darn good research to back this up. If, however, there is no meaningful research to support this *dangerous sun theory*, then you may continue to play in the sun, and use it to make vitamin D, as humans have done for thousands of years.

Support for the Lie:

The American Society for Dermatologic Surgery (ASDS) and the American Academy of Dermatology (AAD), the two leading academies of skin-doctors in the U.S., have an endless supply of brochures which repeat this medical lie. They recommend that you wear sunscreen to prevent skin cancer (even indoors!). Thousands of pages of “patient education” on this topic can be found on their websites.

Almost every doctor you ask, will tell you to limit your sun exposure and to wear sunscreen, if you will be in the sun, if he doesn't tell you to avoid sunlight altogether. Some studies seem to show a link between sun exposure and certain types of skin cancer. However, most of them are poorly designed (one was done on donated baby foreskins, that were no longer attached to the baby), or the conclusion of the study does not logically follow from its findings.

The Common-Sense:

Humans have been playing and working in the sunshine for many thousands of years. Sunlight is as natural as, well... sunlight! Making the claim that exposure to sunlight causes cancer would require exactly the same stretch of the imagination as saying that drinking pure mountain spring water causes cancer, or that eating organic green plants causes cancer. Human skin has been exposed to sunlight for so long that it learned to use sunlight to make a vitamin/pro-hormone (vitamin D).

Despite these facts, a few decades ago doctors *discovered* that somehow the sun is dangerous to human skin, and should be blocked. On the common sense level, this lie is ridiculous. In our modern society, where things which make no sense are often believed and repeated as truth, this lie has caught traction and become the official stance of the skin specialists. It has become the mantra of skin-care experts everywhere. From dermatologists to sunscreen makers, everyone who can make a living promoting the dangerous sun theory is doing so.

For thousands of years, no one gave a second thought to sunshine as the cause of any disease. However, in the last 40 years, some of the smartest among us have *discovered* that the very thing which made all life on earth possible is also now the leading cause of skin cancer. Life wouldn't exist on

earth if it were not for the sun, so it strains believability that this same sun is now dangerous to life.

The Research:

There is no major scientific study which proves conclusively that exposure to sunlight causes skin cancer. What? There must be some research proving this lie true. Otherwise, doctors wouldn't keep repeating it. There are several kinds of skin cancer. However, by far the most dangerous and worrisome is melanoma. If sunlight exposure increased the risk of melanoma, it would be easy to prove with scientific studies showing that you are more likely to get skin cancer on your face, or other areas of your skin which receive the most sun exposure. However, this has not been the case. Melanoma is often found on areas of the skin with minimal sun exposure, or no sun exposure at all. There is no research proving that melanoma is more likely to occur at sites of repeated sun exposure. This one fact alone should cause doctors to rethink their sun-blocking advice.

As sunscreen, hat and long-sleeve use to block the sun has increased, researchers should have been able to detect a decline in the rates of melanoma. However, the research shows that rates of melanoma have actually increased in the past decade.

Every research study cited by the AAD or the ASDS contains flaws in either the method, number of participants or the conclusions drawn. If another researcher attempted to use the exact same study design to prove that sunlight does not cause cancer, the AAD and the ASDS would have a field-day discrediting that study, because of its fatally flawed study design. Your doctor's job is to dig into such research and prove to himself that the conclusions are valid, before giving you advice based on that study. Unfortunately, doctors seldom spend the time or effort to do this.

A much more common series of events is that a primary care doctor sees a news story on television saying the National Academy of Super-Geniuses has decided that Something causes Something and that Everyone should avoid that Something. With no research or real thought, this doctor then starts making this recommendation to his patients. Sadly, this is how it usually works in the real world. This doctor might also skim the first couple of paragraphs of an article in a medical journal about this same Something causing Something, so it would be better to avoid that Something. And,

without bothering to read how the study was done, the number of participants in the study, or if the conclusion matches the findings, this doctor will begin counseling his patients to avoid that Something.

There is actually a sizable amount of research showing that sunshine actually reduces certain kinds of skin cancer, as well as cancer in other parts of the body. One large study showed that people who work outside in the sun, are actually less likely to get skin cancer than indoor workers. What? Yes, you read that right. Another large study shows that living further from the equator is a risk factor for skin cancer, and other types of cancers. What? Yes, you also read that correctly. Since these studies don't support the popular expert opinion of the moment, they get little traction with doctors, or the news media, and therefore, you may have never heard of them.

The important question we should all be asking, is why are we only researching putting chemicals on the skin, and/or avoiding the sun, to decrease skin cancer? Why, for instance, are we not researching whether it matters what our skin is made of? In other words, research should be done investigating if what we eat and drink increases our risk of skin cancer. Could it be that eating quality natural foods would help you build better skin, skin which is much less likely to become cancerous?

I've had many patients tell me an interesting thing. They found that after they had decreased the amount of grains and vegetable oils in their diet, and started eating more colorful berries and veggies, they could stay in the sun longer, without burning. A few of them, who had had severe reactions to the sun in the past, were happily surprised to find that they no longer had these reactions, after they started eating an improved whole-food diet. So, why are medical scientists not interested in investigating if there are things in our diet actually increasing rates of skin cancer?

The sun hasn't changed at all in the past 50 years, as we will discuss shortly. The ozone layer has changed a little in the last 50 years, but the average human diet has changed almost completely in the past 50 years. That sounds like an important place for researchers to look, if you ask me.

The Take-Home:

So what should we make of all this? How can we think about this problem in a way that honors our extensive experience as a species on this planet,

while balancing it with what doctors are currently telling us? We have been told that the increase in skin cancer over the past few decades is because the ozone layer is getting thinner, and letting in more ultraviolet (UV) light. However, there is a major problem with that theory.

If you started at the North Pole, where the sun's rays are very weak, and traveled south towards to the Equator, the UV exposure you would receive from the sun along the way would increase by over 5000% as you neared the Equator. People who live along the Equator in places like Ecuador, Brazil and Kenya, receive many thousands of times the UV radiation as people who live in the far North, in countries such as Norway, Canada and Russia. For the increased UV radiation that enters our atmosphere through a thinning ozone layer to actually be the cause of the skin cancer epidemic, wouldn't the UV levels need to be increased by an amount greater than the naturally occurring increase one would encounter while traveling from the far north towards the equator? Ozone depletion during this period has actually been reported by leading climate scientists to have increased UV exposure by, at most, 20%. This is a minuscule percentage, compared to the large increase in UV exposure caused merely by traveling from Canada to Brazil. This fact alone should cause every doctor to re-evaluate what he believes about this topic. The UV exposure from the sun because of ozone depletion has barely changed, yet we have a growing skin cancer epidemic. What else could possibly be to blame?

Your skin is literally made of what you have eaten. Your skin is completely replaced with new skin cells every month or two, and the new cells are made of the proteins, fats and other nutrients you have eaten, for better or for worse. Therefore, what has changed over the past 50 years that could lead to these increasing rates of skin cancer? Has the sun somehow changed? It obviously has not. Has the ozone layer changed? It has changed a tiny amount, but not nearly enough to account for our skin cancer epidemic. How much have our food choices, and food quality, changed over the past fifty years? A heck of a lot.

During this past century, our species has gone from eating a mostly organic, vegetable-rich food supply grown by local farmers, to eating a mass-produced grain-heavy food supply that is grown, harvested and processed by large corporations. Our diet is much higher in sugar, grains and vegetable oils, not to mention all the questionable chemicals added,

either accidentally, or on purpose. Why does no doctor ever stop to consider this?

The very building blocks that our body is being given to build our skin with have changed. In the meantime, all that doctors can focus on telling patients is to avoid the sun, slather our skin with expensive products and/or that they need an expensive medical procedure to remove a piece of their damaged skin. On the AAD's skin cancer prevention web-page, there is no reference whatsoever as to how your diet might be related to your risk of skin cancer. This is a shame. Why is a web-site seemingly dedicated to skin-health giving up such a wonderful opportunity to educate people on how important a proper diet is in the prevention of skin cancer?

Are we as doctors really that simple-minded? Since the sun shines on the skin, then must it be the sun's fault? If you built the roof of your house with shoddy materials, and it fell through in a few years, was this caused by the roof's exposure to the sun, or by what you built your roof with? Part of the explanation for this seeming simple-mindedness, is how companies make money for *preventing* skin cancer, and how doctors are paid for treating skin cancer.

Companies are paid for developing products that block the sun. There are now hundreds of different kinds of sunscreens on the market. The more sun they block (the higher the SPF), the more they cost. If a company develops a sun-screen that is better, easier to use, cheaper, etc., then their profits increase. A company would make very little profit at all by telling people to stop eating junk food. The same concept applies to how doctors are paid to treat and remove skin cancers.

Insurance pays a doctor about the same amount as they pay for a routine office visit to remove a non-cancerous skin lesion. For removing a pre-cancerous skin lesion (actinic keratosis), the doctor gets paid roughly twice the amount paid for an office visit. Therefore, just by *calling* a skin lesion a pre-cancerous lesion, a doctor can double what he is paid to remove it. If the lesion is diagnosed as cancer, with or without a pathologist confirming this, the doctor is paid anywhere from four times the cost of an office visit fee, up to many times more, to remove that lesion.

If the doctor removes a large enough piece of skin, the patient will then need expensive skin grafting procedures to repair the defect. There is, of course, another charge for that. You can easily see how it is in the doctor's financial best interest for your skin lesion to *be* labeled pre-

cancerous or skin-cancer. That very same doctor would have been paid very little to counsel that very same patient years earlier, to avoid eating grains, or using vegetable oils in cooking, and to include certain vitamins in the diet to prevent that skin cancer from ever starting in the first place.

Before you gallantly jump to your doctor's defense, and say that your doctor would never stoop so low as to misdiagnose a skin-lesion, consider this. The diagnosing of a skin lesion as something worse than it actually is, has become so common that the practice actually has a name. An article in the *British Journal of Dermatology* calls this practice *diagnostic-drift*. This article reveals diagnostic-drift to be a significant cause of the skin cancer *epidemic* that we have been hearing about over the past few decades. If a doctor's prestige and income depend upon a skin lesion being cancer, then it will be diagnosed as cancer, more often than not. You should refer back to [Chapter 2](#), to understand why this is not necessarily caused by dishonesty, or by some kind of conspiracy. It is just human nature.

I know this chapter has given you a lot to think about, and question. I'm also very aware that dermatologists will not be thrilled with me for having spilled these particular beans. However, my duty is ultimately to my patients, and to you, dear reader. If I, as other doctors have done, ignore common sense and blame something as natural as the sun for this skin-cancer epidemic, then I am just another part of the problem. I plan, however, on being part of the solution, come what may.

Do as I do:

I eat many servings of colorful veggies every day, take my vitamins and play in the sun all I want. I rarely use sunscreen. Since I have a fair-complexion, I will still burn if I stay in the sun too long, so I try never to do that. Sunburns that cause peeling hurt, and might actually lead to an increased skin-cancer risk.

Back when I ate a processed, grain-based, junk-food diet, I sun-burned easily and terribly after only a short time in the sun. I probably had a much higher risk of skin cancer back then as well. Talk to your doctor about the real causes of skin cancer, and do your own reading and research. You can then decide how you and your family will work and play in the sun, and keep your skin healthy.

Homework:

The homework for this chapter is more active. I want you to email the AAD (ndivito@aad.org) and the ASDS (shlavik@asds.net) and ask them to send you copies of the research studies which prove that sun exposure leads to skin cancer. Ignore the BS, bluff and bluster you will receive in reply, and look only at the facts. You are likely to get a stack of brochures stating their official opinions and positions, but no actual research studies. Next time you are at your doctor's office, ask him the same question. Tell him to take his time and find the most powerful study he can, showing the link between sun exposure and skin cancer, and email a copy to you.

You will be amazed, and perhaps disappointed, at the dodging and subject-changing that takes place. Don't be tricked or dissuaded, be respectfully persistent. If you actually are sent an email containing a study, read it carefully and research it. I think you will discover the actual findings in any study sent to you will be lacking and lame, and not worthy of making you fear something as natural as sunlight.

Little White Lies

Chapter 20

*Be careful about reading health books.
You may die of a misprint.
— POSSIBLY M. TWAIN*

Various little white medical lies, like the ones in this chapter, are almost too numerous to count. I've included the most common ones here, along with a brief response to each. It is usually your mom or your friend who will tell you these lies, but there are still some doctors who will also repeat them. If you hear one of these lies from your doctor, first, try and determine if he is joking, if not, then run, don't walk, from his office in search of another source of medical care. Any doctor worth his co-pay should know better than to repeat any of these little white medical lies.

These are included mostly for fun but also so you can tell your friend or your mom (be respectful) that she is wrong about this one. I'm a bit of a stickler over such things. We are supposed to be an intellectual, technologically-advanced species. That should mean we don't believe silly things that aren't true. We should only believe and repeat things that are true, to our friends and to our future generations.

With that being said, here are some lies you can quiz your friends, and your mom, about. Remember, always be respectful to your mom, she is right even when she's wrong...

1. **We only use 10% of our brains.** MR (magnetic resonance) and PET (positron emission tomography) scans have shown this repeatedly to be false. This lie is sometimes attributed to Albert Einstein, to give it credibility. All of your brain is working all the time. Which is either a good thing or a bad thing, depending on how you use it.
2. **You should drink at least eight glasses of water a day (or more!).** This lie likely comes from a recommendation from the Nutrition Council in the 1940's. They recommended we ingest 64 ounces of fluids each day. They were actually talking about the water included in the food you eat, and in other beverages besides water. No research has ever shown that you need a certain amount of clear water each day for health or weight loss. However, it is probably a good idea for you to drink a few glasses of good water every day. Your thirst mechanism is hard-wired, and very good at determining how much fluid you need each day, it doesn't need your help in deciding how much water you need.
3. **Shaved or cut hair grows back thicker and darker.** This lie has been disproven many times. I know, I know, it sure seems like the hair grows back darker and thicker, but it does not. I once had an argument with a cosmetologist about this lie, which almost lead to blows. She assured me that this lie was definitely true, and was verified in her cosmetology textbook. She would just show me. Alas, after diligently searching for this lie in her book, without success, she decided just to throw the book at me.
4. **Reading in dim light (or watching TV too closely) is bad for your eyes.** Absolutely no research supports this lie. The human eye is one of the most impressive things in the known universe. Its ability to adjust to different situations is astounding. This lie was probably thought up by siblings who hated reading, and just wanted to mess with you. Or by your Mom, who just wanted you to go outside and play.

5. **Eating turkey will make you drowsy.** Turkey contains tryptophan which is known to make you drowsy. The only problem with this little lie is that chicken, beef and many other foods also contain just as much, if not more, tryptophan as turkey. What makes you drowsy (and fat) after that huge holiday meal is the starches and sugars, not the turkey.
6. **Don't let someone who's suffered a head injury fall asleep.** If your friend has been knocked out due to head trauma, he should be evaluated by a doctor. Once he has been diagnosed either with or without a concussion, he is perfectly safe to take a nap, if he wants. If a doctor actually tells you not to let your friend go to sleep after a suffering a head injury, I want you to roll your eyes as far back in your head as possible, then send me a selfie of you and that doctor. I might just include it in my next book. Falling asleep presents no danger whatsoever to someone who has sustained a head injury. Indeed, doctors will sometimes induce a coma in a patient with a severe enough head injury, causing them to sleep for days.
7. **Swallowed chewing gum stays in your stomach or intestines for years.** Umm, no. I am not sure when or where this lie started, but it has no basis in reality. The ingredients of chewing gum (a detailed list is actually quite hard to come by) while probably unhealthy, pass through the gut at the same speed as all of the other foods you eat.
8. **You should wait an hour after eating before swimming.** No research supports this lie. I used to really enjoy making friends and relatives nervous at picnics with this one. I would eat a huge plate (or two) of food, and then announce immediately afterward that I was going for a swim, then dive head-first into the nearest body of water. The fact that I didn't cramp and die seemed to have no effect on the continued belief in this lie by my friends and family.

9. **Fingernails and hair continue to grow after you die.** No. After a person dies, their skin dries out and contracts, because they are no longer drinking their eight glasses of water per day (lol). The skin pulls away from the nails thus making the nails *appear* to grow. Dead things do not grow.
10. **Spicy foods cause reflux, ulcers or other stomach problems.** Some foods do inflame your stomach and intestines, but it's not the spicy foods you should worry about. Some spices can burn or tingle your tongue, but not your stomach or intestines. Your stomach deals with concentrated hydrochloric acid constantly, and laughs these wrongly accused spices. More likely causes of stomach irritation are stress, medications, sugar, dairy and grains. If your doctor advises you to avoid spicy foods, again, roll your eyes waaay back, and send me a selfie with him for the cover of my next book.
11. **A woman can't get pregnant during her period.** Don't trust this one! Sperm can sometimes live in a woman's body for up to a week, and as any woman can tell you, periods can be long or short, or even skipped. It is highly unlikely that a woman will get pregnant from having sex during her true period, but it is definitely not 100% fail-safe.
12. **You lose most of your body heat through your head.** No, according to actual research, probably done by scientists who were tired of being told by their moms to wear a hat when they go outside, you only lose 7-10% of your body heat through your head when outdoors in cold weather. Therefore, wear a hat if you want to, but it's optional. Feel free to tell your Mom about this lie, but you should still wear your hat when you go out, if she tells you to.
13. **Suicide attempts increase over the holiday season(s).** Research shows that the suicide rate is actually lower during December, than in other months. I am not sure how this lie got started. It was most likely started because it makes a very good

story. We are always eager to believe the time of year, or phase of the moon, causes something or the other.

- 14. Poinsettias are deadly.** No confirmed human or animal has death has occurred from eating poinsettias. Out of the thousands of episodes of people, or pets, eating poinsettia, and then Poison Control being contacted, the worst symptoms ever reported were vomiting and stomach cramping, just like when you eat any other non-edible plant. Poinsettias are not edible, and they don't taste good (yes, I tried a little piece, while researching this book), but if you are thinking of committing suicide this Christmas season, the poinsettia is not the plant you will want to use.
- 15. Eating at night makes you fat.** The time of day you eat, according to the research, has nothing to do with weight gain. It's all about what you eat, not when. No research supports this lie, not even a little bit. Eat whenever time of day you want. Just eat the right foods. Please don't argue with your mother over this one. Just sneak down for a late-night snack without waking her, like everyone else does.
- 16. Emergency Room/Labor and Delivery/Morgue visits increase during a full moon.** I realize I will offend many nurses (including my wife, a labor & delivery nurse), by saying that this lie has been studied (Mayo Clinic, 2005), and found to be false. It's not even a little true. I actually discovered this back when I was an emergency room doctor, and was planning to do a study on it myself. I believed this lie to be true at that time. I began to study and obtain data, but the numbers I collected from three different small hospital emergency rooms weren't really showing any relationship with trauma and the phase of the moon. After a little more research, I found out that the Mayo Clinic had already conducted a large study proving the phase of the moon was irrelevant to ER visits, and abandoned my own study. Sorry nurses, please forgive me, but the truth must be known.

- 17. Coffee stunts the growth of children.** My grandmother was a firm believer in this lie. Therefore, I was forbidden to drink coffee until I was sixteen. Of course, I would sneak and drink coffee whenever I could. I had an aunt who did not believe this lie. She had given all 6 of her children coffee without harm, and used to sneak me some, when Granny wasn't looking. I have friends from Central America who tell me that coffee is an every morning beverage for most children there, beginning at around age three. Everyone there grows up just fine. Apparently, this lie was started by C. W. Post (the cereal maker), who was trying to market his new breakfast drink called *Postum*. His ad campaign warned American parents of the evils of coffee, in an effort to shame them into switching their child's morning drink from coffee, to Postum. Made from wheat and molasses, Postum much less healthy for children than good old coffee.
- 18. Sugar intake makes kids hyper.** There is a long list of valid reasons why I would encourage you to limit your child's sugar intake, but this isn't one of them. This lie sprang from a letter written by a doctor, and published in a pediatrics journal. No research supports this lie so far, although a great many parents (including myself) seem to see a correlation between sugar consumption and bad behavior. I wouldn't give my children sugar close to bedtime either.
- 19. Blood is blue until exposed to air.** There are several versions of this lie, all of them untrue. Blood is always red. It is actually a brighter red when it is carrying a full supply of oxygen (in your arteries), but is still also red when its oxygen has been used up (in your veins). Blood appears blue in your veins because of the color of the vein walls.
- 20. Eating lots of carrots improves your night vision.** No. Raw carrots are fairly good for you, but no research supports this lie. It probably started as British propaganda during World War II, to encourage citizens to eat root vegetables. Root crops eaten raw

are full of fiber and good nutrition, but when cooked for too long, they just become a starch.

21. **You are born with all the neurons in your brain you'll ever have.** No! This terrible lie was started long before we knew better. Doctors in the past, without any supporting research, believed that once you were grown up, you could never form new neurons (nerve cells) in your brain. We now know for a fact, based on good research, that grown humans make new brain cells all the time. This is one of the reasons why eating a proper diet with plenty of healthy fats is good for your memory, and lowers your risk of dementia. Your brain needs good nutrients to make new neurons. Some older doctors still believe this lie, but it has been completely disproven.
22. **Ecstasy, Meth or other drugs make holes in your brain.** Although these illegal drugs can have disastrous and permanent effects on brain function, none of them cause actual holes in the brain. I bet that this lie scares some kids into not trying drugs. However, you always should think about what might happen when they find out you lied to them. It is better to tell them the truth, since it is almost as scary as the lie.
23. **Brown sugar is better for you than white sugar.** This probably started because it resembles the stories that brown bread is better for you than white bread (lie) and that brown rice is better for you than white rice (also a lie) This is like saying unprocessed, organic poison is somehow better for you than processed poison. No dummy, they are both poison.
24. **Stretching before exercising will prevent injury.** Every high school football coach in the world believes this lie is true, but it's not. Several studies have shown that stretching before physical activity does not decrease injury risk. It is, in fact, a waste of time. However, it does give football players something to do until the game starts.

- 25. Eating six small meals a day is ideal for diabetes/weight loss.** No. There is no research to back this up. Just like the *three square meals* advice of the past was based on no research or medical fact, so was the idea of six small meals a day without scientific backing. You should eat as many times a day as you are hungry, whether this is once or four times. Eating six meals daily will keep your insulin level elevated and probably lead to weight gain. Only if you are eating a high-carb, low-fat diet will you get hungry six times/day anyway. Eating a diet with healthy fats produces a lasting sense of fullness, and you just won't be hungry that often. Also, there is increasing research showing that intermittent fasting, fewer meals each day, might be a much better strategy for long-term, meaningful weight loss.
- 26. Eating more protein will make muscles grow.** This is not true, unless you are working out hard. It is true that proteins are the building blocks of muscle tissue, but you must work those muscles to have muscle growth. Gorging on proteins will only make your kidneys work harder to excrete the surplus protein, and elevate your insulin level. It will not make your muscles grow, without resistance exercise.
- 27. Cracking/popping your knuckles will lead to hand/finger arthritis.** The moms of many medical researchers must have harped on this lie, because there have been multiple studies showing this lie to be false. Popping your knuckles causes no damage, and therefore, leads to no long-term problems. However, please don't argue with your mom, or crack you knuckles in her presence.

Do you have a little medical white lie that your doctor or your mom told you? Send it to me at LMDTM@theberryclinic.com and I might use it in the next book.

Do As I Say And Do As I Do

*You have a cough? Go home tonight,
eat a whole box of Ex-Lax —
tomorrow you'll be afraid to cough.*
— PEARL WILLIAMS

We've all heard some variation of the story of the preacher who told his congregation to follow the straight and narrow or else face hell-fire and damnation. When confronted with the fact he was often seen in the bar drinking and smoking and flirting with women, he frowned and said, "You should do as I say, not as I do!" Many doctors live and act just like this preacher, and it is disappointing. Some doctors use tobacco while telling you not to, while many are quite obese and still feel they have the right to tell you all about how to lose weight. Many are unhealthy and unhappy, while preaching to you how to be healthy and happy. If your doctor doesn't put his health first, while possessing all the knowledge he supposedly does, then why should you listen to him? This is one of the greatest embarrassing questions of modern medicine. How can a doctor have any credibility at all while doing the very things he tells you not to do? Perhaps state medical boards should focus more on this type of bad behavior, than on some behaviors they currently focus on.

One day, back in 2008, as I discussed earlier, I realized I was a fat, unhappy and unhealthy doctor who spent five days of his week *teaching* patients to lose weight and be healthy. These conditions had crept up on me slowly. I was busy with my family, practice and community, and gave little thought to my own health, and to how this looked to my patients. So, there I

was, a former high school athlete, so fat I couldn't breathe while tying my shoes. Something obviously had to be done. I had always been an athlete, so I decided I'd start jogging on the treadmill to get back into shape. I kept eating pretty much as I had been (terribly), figuring I'd burn off the extra calories I was eating with the increased exercise. My plan was to burn more calories than I ingested. This calorie deficit, as I had been taught, should guarantee weight loss. I got started and was doing pretty well in the exercise department, but after a month I had actually gained a pound. That was the last straw. Even though no other doctor in my community seemed interested, I had always suspected there was more to nutrition than I had been taught in medical school. I was beginning to believe the answer to my weight problem might somehow be connected to this deficiency in knowledge. So, like a good student, I hit the books.

I read a couple of the popular low-fat diet books, and wasn't impressed. I then read *The South Beach Diet*, and *The Adkins Diet*. They both seemed to make more sense than the low-fat diet books. I kept looking, and eventually came across two books, *The Primal Blueprint*, and *The Paleo Diet*. These books were about both diet and lifestyle, and they made an incredible amount of sense. I capped off my reading with two more books about the Paleo/Primal diet, hours of reading research studies on PubMed, and several other books which seemed to be on the right track. The key concepts I came up with were not new. In fact, they were as old as the human species itself. These ideas were so old and seemingly forgotten, that they were only now being re-discovered, and appeared to many people to be new, or even fad-ish.

I realized I was a fat, unhappy and unhealthy doctor who spent five days of his week *teaching* patients to lose weight and be healthy.

These concepts can be summarized as follows: we humans have been on this planet an incredibly long time. For 99.99% of that time we never, ever ingested grains, sugar, or milk; we never drank fruit juices or high-calorie

liquids. We lived mostly on green stuff, and ate fat and protein every time we could catch it. There are a few rare exceptions to this analogy, but they are so rare as to be not worth considering. To get the health, mind and body we want, we must honor our past way of eating and living, and realize that our DNA hasn't had time to catch up with all the starches, sugars and grains we are taught to consume in our modern life. Your DNA responds to unneeded sugars and starches by putting them, in the form of adipose tissue, right where you don't want them, on your belly, butt and thighs. It will also put this adipose tissue in your liver, where it can lead to abnormal liver function, and even severe liver disease. To achieve the health you want, and the body and mind you desire, you have to honor certain things. Here is a partial list of those things:

- 1. Honor your human DNA.** The DNA in your cells right now is the end-product of multiple mating pairs over eons of time, all 100% successful. It makes it difficult for you to think of yourself as a loser if you keep this fact in mind. The DNA you have been given by all those successful ancestors is very good at certain things, likes certain things, needs certain things, and has no idea what to do with other things, in your diet. Your DNA has become very good at interacting with your gut bacteria, working with it and benefiting from it. Mutilating or mutating your bacteria with unneeded antibiotics can have disastrous consequences on your health, and on your level of obesity. Your DNA needs certain nutrients to repair the cells and tissues of your body, or it cannot optimize your body and your health. Think about what your ancestors ate. That is what your DNA craves, and what it knows how to use. Three major things your DNA has only been exposed to for the last few hundred years are eating grains, sugars, and drinking the milk of another species as an adult. Most people across the world cannot drink milk without serious stomach upset. Their DNA doesn't code for the enzyme which breaks down the lactose in milk. Those of us who seem to be able to comfortably drink it, suffer more slowly and subtly from drinking milk. Feed your DNA what it has been eating the longest and it will reward you with great physical and mental

health. Your DNA, and the parts of it that get turned on and off, decides whether you will be healthy or not.

2. **Honor your Diet.** Your diet is the part of your environmental exposure that you have the most control over. If you wanted to take the time and effort, you could organically grow every morsel of food that passed through your lips. Since most of us are busy with other things, being organic farmers isn't really an option. So, you have to do the best you can and remember that you are literally made of what you eat. What you eat and drink becomes *you*, and the old computer idiom of GIGO (garbage in, garbage out) is a good way to think of your diet. Not every bit of food you ingest will be pristine and organic. But, if you do the best you can to fill your belly with natural whole-foods, your health-span and your life-span will benefit.
3. **Honor your Environment.** The environment you live in is filled with things you allow into it, and is void of the things you avoid. Therefore, if you fill your environment with tobacco smoke, junk food and lots of stress, don't be surprised if you lead a shortened and miserable life. Avoiding toxins such as tobacco smoke, unsafe water and unsafe food additives are simple things you can do to protect your environment. Avoiding BPA (bis-phenol-A) is very important. BPA leaches into your food and drink from plastic containers when they are heated. It can cause problems with your glands and hormones, and is just one of the many things harming your environment that you might not have heard about. Of course, you can't control everything substance in your environment, because there are just too many. But, you will be rewarded with better mental and physical health for the effort you put into honoring your environment.
4. **Honor your Activity.** Although not a great method to lose weight, daily exercise is very good for your body and mind in many other ways. Being active has been shown in studies to benefit you both physically and mentally. When you go to the store, don't drive around for five minutes looking for the closest parking space. Park at the end of the lot and walk. Most of the time you'll get in and out quicker by doing this. You'll also save gas, and keep your mind and body in better shape. Little tricks

like this can be used to make your life a more active one, without spending much effort or money. Our ancestors walked a few miles each day, sometimes had to run very fast and sometimes had to lift very heavy things. By building these activities into your modern life, you will replicate the lifestyle your DNA was accustomed to for thousands of years, and it will reward you for that. Don't waste time and money joining the gym unless you really love it, and it is fun for you.

5. **Honor your Lab-work.** After a certain age, it becomes wise to partner with an understanding, knowledgeable doctor, and check meaningful lab values a few times each year. There are organs and systems in the human body which can start having subtle problems, and get worse for years without causing any noticeable symptoms. Only with routine lab work can you and your doctor detect these problems early, and correct them before permanent damage occurs. Many of the preventative tests recommended by the authorities serve little functional purpose, therefore, you must have a doctor you trust to guide you through the maze of medical testing options.
6. **Honor your need for Screening.** Catching diseases such as cancer early, greatly increases the chances that your doctor will be able to treat and cure them. Regular consultation with a trusted doctor, will lead to meaningful screening tests looking for early signs of disease and cancer. Without doubt, some screening tests are over-used and/or mis-used, but the wise use of screening tests by a competent doctor can increase both your health-span and your life-span.
7. **Honor your Telomeres.** These little areas of DNA at the end of your chromosomes appear to protect your DNA from damage, and quite possibly help keep you younger and healthier. Studies show that avoiding things like smoking, processed foods, toxic chemicals and bad stress help keep your telomeres longer, and thus keep you healthier and younger. The study of telomeres, and ways to optimize them, is an exciting branch of medical research right now, and should yield significant health benefits for you.
8. **Honor your Mitochondria.** These little power-houses inside your cells provide the energy that your cells need to perform

their best. You have to feed your mitochondria the correct diet and protect them from toxins, otherwise, they will become weak, sick and start to dwindle in number. They are yet another reason to avoid toxins in what you breath, eat and drink. Your mitochondria are your best friends, if you want to stay active and vigorous into older age. Therefore, you should treat them right. Research into how to optimize mitochondria is another exciting branch of medical research and should also benefit your health in many ways.

- 9. Honor your Stress amount and type.** There is both good stress and bad stress. Good stress is beneficial to your body and mind, and comes from things like challenging yourself with difficult games, puzzles and sports, learning new things, going new places, etc. Bad stress can really harm your health and should be minimized, as much as possible. Bad stress can come from things like bad relationships, a job you hate, a sedentary lifestyle, or negative thinking. Although these things may sound trivial to you, it is important that you honor these things, and continually make your life a place you actually enjoy living.

Your body is not just a single entity. We are becoming increasingly aware in medicine that your body is an orchestra of many players, both human and non-human. New research, for instance, is showing that the trillions of bacteria living in your intestines are vital to the quality of your overall health. Those mitochondria we discussed earlier were almost certainly bacteria we lived with in harmony for so long that we actually invited them to move in with us permanently. Focusing all your effort and resources on something like joining the gym, or taking expensive supplements, is folly, and will never lead to the long-term improvements in your health that you desire. Only when you honor all of the things listed above, will you achieve and maintain the mental and physical health you want and deserve.

Dearest Colleagues

Chapter 21

*Observation, Reason, Human Understanding, Courage;
these make the physician.*
— M. FISCHER

*Doctors always think anybody doing something they aren't is
a quack;
also they think all patients are idiots.*
— O'CONNOR, *THE HABIT OF BEING*

Brief Advice and Admonitions for My Fellow Doctors

Shame on You

There was a time when doctors were greatly trusted, by almost everyone. There was a time when doctors worked diligently to ascertain the truth for their patients, even if the truth wasn't what the patient wanted to hear. Doctors used to deliver bad news with the same discipline and character that they delivered good news. But some disturbing things have happened along the way. Doctors became distracted and disenchanted, stopped paying attention, and worse, stopped caring. Some of us have slowly morphed from healers and teachers, into corporate medicine zombies and big-pharma pill-pushers. I know this because I also went down

this road, for a few years. I used to caution patients with diverticulosis about eating seeds and nuts, and all patients about staying out of the sun. I used to tell patients to cut back on salt, and I wrote many high-dose statin prescriptions in my early career. But remember dear colleague, we don't do medicine, we practice medicine. This means we are supposed to improve as the years go by. Are you improving in the advice and counsel you give your patients each year? Hint: knowing lots of details about the newest, expensive big-pharma pill is not a sign of getting better at practicing medicine.

**There is often so much politics in medicine
that being right, can actually get you into
trouble.**

Remember, there is redemption and forgiveness in every good story, if it is deserved and earned. Your patients look(ed) up to you blindly and trustingly. They followed your advice in the face of facts and friends telling them to do otherwise. They were potentially harmed by your pills, and your procedures, as well as by your indifference to the truth, and your push for profit. You are well aware of your frustration, laziness and your ennui. Those feelings are there for a reason. The earned pride that you once felt, and the deserving self-respect you once enjoyed, are withering and crumbling. You hate the style of unthinking medicine you are practicing, and the patients don't like it either. They are being awakened by thoughtful, articulate experts in other fields of health, from herbal medicine to acupuncture. The Internet has given your patients access to more meaningful medical research and knowledge than ever before. Patients now have more medical research at their fingertips than the best of doctors used to have. That, despite how you might feel about it, is a very good thing. If you found yourself with a case of cognitive dissonance from reading that last statement - if you get upset when your patient brings printed info from a website to their office visit with you - then you have a problem. If you don't start righting past wrongs, there will soon come a day when you and your profession will be no more respected than politicians or used-car

salesmen. You will lose your title of expert and healer, and will be looked upon as pretentious, and usually wrong. There are factory-workers posting videos on *YouTube*, who give better advice on nutrition and weight loss than you currently do. Every day, new videos are posted by regular people from all walks of life, who obviously have a greater grasp of nutrition and prevention, and how to apply them to real human problems, than you do. If that last statement pisses you off, then good. I want to piss you off, wake you up and slap you around, before you ruin the practice of medicine for all of us.

You are losing credibility

Patients once had only their doctor to go to with questions about their health, and only their doctor to trust. There was no Internet, and the average town's library shelves only had a few dusty old medical books and journals. If a patient didn't believe their doctor, their only choice was to go see another doctor, who was usually in another town. The odds were, they were going to hear the same verdict from him, and the matter was then settled. Only those of means could travel to larger facilities and specialists. Once there, they might receive better news or a different plan of care, or not. Doctors didn't know everything back then either, but there was no way for patients to fact-check them. Today it is different. Your patient can be checking the validity of your diagnosis, on a website on their phone right in the exam room, before you have even finished your sentence. Experts from around the world can be virtually consulted and videos watched on the way to and from your office. Upon arriving home, they can know just as much about their diagnosis as you do, and maybe even discover that you don't know what you are talking about.

In this atmosphere, we doctors find ourselves in both the scariest and the most exciting time to practice medicine. Merely wearing the white coat, and draping the stethoscope over your shoulders just so, will not save you from the world of near-instant information your patients can now access. If you thought you would comfortably cruise through your career in medicine, and no one would ever discover you had become intellectually lazy, and had stopped caring, you were wrong. You must read broadly and deeply, not only in your specialty and in your field, but also in other fields, if you hope to remain respected and relevant. You can rest assured that your patient is

reading opinions of their symptoms and conditions from experts in multiple disciplines, because to them, the answer is supremely important. Hear this, your patients don't care where they get good nutrition and wellness advice from, they are just as happy to get it from the Internet as from you. If you are not willing to discuss their Internet research with them, distill it, add to it and ultimately synthesize a working diagnosis with them, you will become as obsolete as a VCR player, and as disrespected as an exposed charlatan. If, however, you chose to step up to this challenge, you will enjoy relationships of mutual respect with your patients that your predecessors would have only dreamed of. You will become a trusted and loved adviser, expert and friend.

It's not too late

No matter how far you've allowed yourself to drift into frustration, laziness and blind belief in what the American Academy of Whatever, and the latest big-pharma company-sponsored research tells you, you can turn your career around and move slowly but surely back to the rewarding and awesome career of being a doctor. If you are a specialist, don't fall blindly for the latest procedure, no matter how great the remuneration. If meaningful research doesn't show improved long-term outcomes from the new procedure, then don't perform it. If you are primary care, don't fall for the catchy spiel of the pretty drug-rep without fact-checking the story for yourself. If you fail to do this, your patient's health and your reputation will suffer. You should understand, you may be protected from professional sanctions by following the latest guidelines, but you will not be protected from the disgust and disenchantment your patients feel for you, if the guidelines reveal themselves later as folly. You only remember your patients as a blur of humanity. Your patients remember you quite clearly as the doctor who either got it right, or got it wrong.

Be very careful about repeating anything to your patients as medical fact that hasn't been proven. Once a medical lie takes hold, it can take decades to get it out of our collective memory. An example is the lie that testosterone replacement will cause prostate cancer. This lie, as you may know, began in the 1940's based on the belief of one doctor (albeit a very respected and credible one) and quickly spread to the brains of all learned professors and teachers in the profession. They promptly passed it on to all

their medical students (including you), who in turn spread it to the world as they began to practice. It quickly spread to the news media who told everyone with a television or a magazine subscription. Most experts in the field now know that this is absolutely untrue. However, a great many doctors, patients and patient's wives, still believe it to be true. The quality of patient's lives and relationships are being negatively affected because of this sort of medical lie. Please verify that the advice you give your patients has been distilled through both common-sense and meaningful research.

Medical Students

You've made it, now if you only had enough hours in the day! I can remember sitting in my tiny library study-room, thinking if I took even a one hour nap, it could lead to failure in pharmacology class. I feel your pain, but don't lose hope. Reading lots of research on various topics is not something you have time for yet. So, I want to share a few tips with you that will give you a much better chance of having a happy, successful practice when you get there. If you can ingest these few nuggets of knowledge and apply them to your present and future life, I think you will be a better doctor for it.

First, we are not even close to knowing everything there is to know about medicine, the body and the mind. Sitting in your classes, you can get the impression that all has been discovered and written down about a given subject, and that your professor plans on including all of it on the next exam. You do need to pay attention and do well in your classes, but you also need to remember all your professors are human, fallible and very proud of their position in life. You just want to do well on your exams, and get through this with the best medical education possible. When you combine all the facts in the last two sentences, and mix in lots of insecurities, fears, pressures and dreams, you have a training plan that can lead you to being much less of a doctor than you could have been otherwise.

Helping people live the happiest and healthiest lives they can is an amazing career. Trust me, you want to be very good at it. By remembering a few key concepts now, you will be preparing yourself for success later.

Leeches were once standard of care. I say this to remind you never to forget that what you're taught as brilliant today might be stupid tomorrow. The best doctors in the country once used leeches with pride for many diagnoses; leeches were the *standard of care*. If a doctor at that time had told other doctors who were using leeches it was stupid and dangerous, they would have run him out of town. Just because the *American Academy of Whatever* recommends doing or not doing something does not give you the leisure of leaving your thinking cap at home. You are responsible for your patient's health, and helping them to prevent disease. Those guidelines are often published to stoke egos or plump up big-pharma bank accounts. Sometimes it is scary and takes quite a bit of courage to stand up against something you think is wrong, but you went into medicine to be a hero, and make a positive difference in your patients' lives, right?

Your professors are not Gods, but don't argue with them in class. Lecture halls and medical journals are designed to appear as if what they contain came down from the most high. Your professor and clinical instructors are human, and make mistakes. They are trying their best, but may very well be repeating a medical lie to you, as part of your education. Be alert for these lies, but don't point it out if you think you hear one. Overall, teachers don't appreciate being revealed to be wrong, especially in front of the whole class. You are very busy and have little time for extra-curricular study, so if you are taught something which seems to go against common-sense, or the research as you currently understand it, file it away and research it more thoroughly when you get a chance.

Read the entire study, not just the conclusion. If you've ever seen a news report about a medical subject and thought the point the reporter was trying to make was silly, then you know what can come from just reading the conclusion of a medical study, and then acting on it. Conclusions are there to save time, not to make medical treatment decisions from. As you begin to read medical studies, pay careful attention to how often the conclusion doesn't follow from the findings, or how the study design is flawed enough to give questionable results.

Always be looking for inconsistencies, but ask about them respectfully. Any time something said in lecture doesn't make sense to you, or seems

backwards to your way of thinking, remember it. You may not have time to research it right now, but you will find the time later. This is the behavior of a learned scholar. You should never blindly, dumbly accept what you are being told, no matter how long the white coat of the lecturer. Look for inconsistencies now, but point them out later. Remember, you are trying to become a thoughtful, intelligent medical professional, not a blindly following apostle of a medical dogma.

You have a responsibility to know what you're talking about. When you become a doctor, you will be responsible for the professional advice you give your patients, and accountable for the outcome of bad advice. Make sure that your medical opinions and logic are rock-solid, not just in what you have been taught, but in what you have thought and what you have learned. There is a difference.

New Doctors

M5-M9's: Fresh out of Med School, you have big ideas and big dreams for your future. Busy with your residency duties, or just finishing up, the present duties and future obligations take up almost every waking minute. You have been in the game long enough to know that some attending physicians are very good at being doctors, and some are full of crap. You have to make it your mission to not become an attending physician who is full of crap. Let me give you a few concepts to help you wind through this medical maze.

You have to look like you know what you're talking about, but at the same time always be doubting what you think you know. *Read or perish, re-read or suffer*, was the advice given to me early in my career by a respected mentor. There is a very fine line between exuding the confidence patients need to see in you to trust you, and in being a sophomoric pseudo-intellectual. Walking this thin line will be part of your daily duty for the rest of your career. Doctors who are self-doubting in front of patients, inspire no confidence, and doctors who know it all, even when they don't, are dangerous. Be neither.

Patient's don't esteem doctors for their actual ability - they can never truly know your ability - it is their perception of your ability that matters to them. Some of the worst doctors I ever worked with, were held in God-like

reverence by their patients. Conversely, some of the smartest doctors I've known didn't inspire confidence in their patients, because they weren't self-confident. You want to carry the perfect blend of public confidence, and private self-doubt. This will make it easier for your patients to believe in you, while at the same time allowing you to keep your clinical acumen sharp and ready. You owe it to yourself and your patients to keep reading, studying and thinking.

Keep reading! I can't emphasize this point strongly enough. You must keep reading and learning, or your body of available knowledge, and the depth of your differential diagnosis, will shrivel over the years. Most of us have been around an older doctor who had neglected his reading for so long that he only recognized ten different diagnoses, and prescribed the same five medicines, over and over. Don't be that doctor.

Read outside your specialty. It goes without saying you need to stay current in your field, but your responsibility goes much further than that. Some of the most rewarding cases I've cracked, came about because of something I had read totally outside my specialty. To be truly helpful to your patients, you have to know a lot about a lot, whether you are primary care, or a sub-specialist.

Read outside the field of medicine. Be an eager student with an unquenchable thirst for knowledge in all areas of life. There is an intellectual strength that comes from being widely and deeply read. Often, the only way to synthesize a difficult diagnosis is with knowledge from several sources, the key sometimes being knowledge you find outside the field of medicine. Remember, humans and their health, are not separate from the rest of the world, they are right in the middle of it.

Shut up and listen to your patients, and they will tell you their diagnosis 90% of the time. I once heard a doctor tell a patient to stop talking, so he could examine her and diagnose her condition. I was stunned by the ignorance of this statement. I thought he was joking at first, but he was not. You need to keep your physical exam skills honed, but make no mistake, your most valuable tools are asking and listening. The history you

glean from listening to your patient, is the key to diagnosis. Never ever forget that.

You will have hard days, suck it up. It really is true that the doctor doesn't get to be sick. The doctor also doesn't get to be wrong either. The buck stops with you, and it always will. You are ultimately responsible for every single thing that is done under your name, and written above your signature. This is all the more reason to have a head filled with knowledge, and a differential diagnosis list as deep as the ocean.

Younger Doctors

M-10-M-15's: Early in your practice, you have one million different things competing for your attention. You've made it through your training, and now you're trying to get the hang of being the doctor for your patients. Your practice is probably growing so quickly that you don't have much time to think of anything else. You squeeze in as much family and friend time as you can, but it's not enough. As if your plate wasn't full enough, let me pile a few paradigm shifters on there, so you can keep your head straight through this hectic time.

Keep reading! This is not optional. You have to stay abreast of the latest meaningful medical research. You can never lazily trust your patients' health to the opinion of older colleagues, without verifying what they recommend against the research. Older doctors you will work with are often *right*, even when they're wrong. I was very bad at learning this lesson. You don't have to correct anyone else's paradigm, you are only responsible for yours. You have to show deference to older, respected doctors, even if they are wrong. Give them the respect they expect, while protecting your patient from their error at the same time. If you are not actively reading and thinking, you are slowly falling behind, and so is the treatment your patients are getting from you.

Be a leader in your medical community. The competition is gaining on you. Herbalists, chiropractors, naturopaths and other alternative practitioners are gaining your patient's trust. The public is trusting them more, and doctors less. By reaching out to these practitioners and building a

working relationship with them, you continue to lead your patients' medical care. Many a doctor has bluffed and blustered when asked by a patient about some alternative therapy, only to have that patient never return to their clinic again. You no longer have the liberty of pretending everyone else is wrong, and you are right. Join them, and lead them, or be left behind.

Build and solidify your practice financially. You will be much more likely to make medical decisions based on how they will affect your income if your finances are tight. Don't be the doctor who orders a CBC on every single patient you see because you are trying to pay off your CBC-machine. Work to become independent both financially and clinically, so your treatment decisions for your patients remain pure and unbiased.

Older Doctors

M-15's +: You have had some degree of success in your medical practice. Over the years, you have come to feel that you can handle anything a patient might bring to you. Usually, after just a few words from a patient you already know their diagnosis, and what treatment they need. However, you then have to sit politely and let them finish their story, before you talk about their diagnosis and treatment plan. You have to remind yourself that sometimes hoof-beats actually are from a zebra, because you now know just how rare zebras are. This is a very dangerous time in your practice for you, and for your patients.

If your career as a student is over, then so should be your career as a doctor. The reason I love the M numbering system is that it reminds me that I (an M-21 as I write) am still a student. I am still learning, not just details, but whole new paradigms, concerning medicine, nutrition and health. Reading and re-reading are just as important for you now, my dear colleague, as they were when you were a lowly M-1. If you think you know everything there is to know, or even if you think you know all you need to know, you are a danger to every patient you treat. It's so easy to become complacent (lazy), jaded (bored) and burned out (done) that you just can't bring yourself to question long-held truths, and newly published ones. Well, tough. You chose to wear a title which means *teacher*, and you can't be a good teacher if you don't continue to be a good student. That doesn't just mean keeping up with the latest guidelines from your governing body. It

means going back and questioning the old basics, and questioning those new guidelines as well.

Most patients believe the longer a doctor practices, the better he gets. However, you and I both know that isn't necessarily true, don't we? Only if a doctor continues to read, study and think can this be true. The minute you stop having time to read, both in your specialty and outside of it, is the moment you start becoming less of a doctor. Neither your patients nor your nurse will necessarily see any sign of this, but you and I both know it's true. Doctors have no real way of receiving meaningful social or peer feedback, and this can make it hard to stay on the proper path. It is easy for a seasoned doctor to bluff, pontificate and confabulate in a way which makes him seem very impressive to all who hear. It doesn't mean that he knows or remembers a damn thing.

There is often so much politics in medicine that being right, can actually get you into trouble. Please don't be part of this problem. Step away from that dark-side and be part of the solution. I've respectfully included several suggestions for you, the seasoned and respected doctor.

Keep reading. If macular degeneration steals your vision, then learn braille. Doing your reading is not optional at any level of medicine. No matter your age or career status, books and journals will occupy much of your time if you're doing things properly. The doctor who is nearing retirement owes it to his patients to keep reading right up until the last day.

Know the guidelines, but don't blindly follow them. I'll bet that two hundred years ago, the American Association of Leech Medicine published guidelines on all the uses of leeches in medicine. Every doctor had a copy of these guidelines and followed them faithfully. If a doctor strayed from these peer-reviewed guidelines he would be censored, or chastised by the powers that be. Does this example sound ridiculous to you? Well, let's change the variables a little. Let's change the name of the association, and the name of the treatment. The American Heart Association published guidelines on the use of statins in medicine. Every doctor had a copy of these guidelines and followed them faithfully. If a doctor strayed from these peer-reviewed guidelines, he would be censored, or chastised by the powers that be. Same story, different players. The problem is that, both these treatments, leeches and statins, were ill-conceived, and continued to be

standard of care long after it was clear that their use was foolish. They both offered little benefit to the average patient and were fraught with dangerous side-effects.

The lesson here is to stay up to date with the guidelines but don't follow them blindly. The statin fiasco didn't have to last decades, it could have been killed quickly, had doctors kept examining the research and asking questions. Millions of patients have suffered and billions of dollars have been spent on a class of drugs that effectively did nothing positive at all for the average patient. This should get you thinking, what else are you now prescribing right that is ill-advised? Always be thinking and exploring the literature.

Your patients love and trust you; you owe it to them to be right most of the time. I have always thought of my patients as my children, although some frown on this paradigm. It helps me and the way my mind works to think this way, but it also holds me to a very high standard. One example is, if the AHA says that the newest big-pharma pill will lower the risk of something, but when you read the actual research, it is obvious that the right people at the FDA were taken to the right lunches, what should you do? If you don't hold your patient in a special place in your heart (even the difficult patient), then you might just say, "Hey, who am I to question the big-dogs, I'm just a small-town doc, trying to get by."

This might sound justified to your ears, however, it is one of most shameful abdications of your position you could ever perform. Yes, you are caught between a rock and a hard place, yes there might be ramifications if you don't follow the guidelines, so what will you do? By thinking of my patients as my children, it makes it easy for me to tell the regulatory agencies to stick their guidelines up their... well, it makes it easy for me to not give my patient a pill fraught with side-effects, just because the big-dogs said I should. I wouldn't do that to one of my children, and I won't do it to one of my patients either.

Dear colleague, read, think, teach and heal. Be a part of the renaissance of modern medicine, not a part of its demise..

Epilogue

*Here's good advice for going into practice:
go into partnership with nature;
she does more than half the work
and asks none of the fee.*

— **M. H. FISCHER**

Congratulations. You have finished a book that was meant to change the way you think about your body, mind and health. I hope you enjoyed it and learned a little something in the process. You must be wondering, “What should I do now?” Here are a few suggestions...

First, do your homework. At the end of each chapter I named a book or website which I find to be very helpful in helping patients understand the concepts of the subject. Go back to the chapters that were most relevant to you, and look for the homework section at the end. You will find that while doing your homework, you will come up with a unique plan for your own health. It is up to you to decide which chapters are most important to you, and which homework assignments will help you most.

Second, decide whether you will keep your doctor, and try to train him, or find a new one. This might be a very hard decision. You don't have to make it right now. A good way to help you decide is to take this book, or some pages from your homework, to your next appointment and see how he reacts. If he is willing to listen, and work with you, then he might be a keeper (just remember, I used to be a regular doctor recommending a low-

fat, whole-grain diet, who prescribed statins left and right). Doctors can change, just like anyone else. If, however, he reacts in a negative way, and doesn't seem interested, then it might be time to do some doctor searching. Finding a doctor who will be your partner in health is a priceless thing.

Third, start applying what you have learned to your life, and the life of your loved ones. Every small improvement you make in your diet and lifestyle now, can lead to huge rewards later. Stopping milk, or having your testosterone checked, can lead to more improvement in your life than you might imagine. Taking baby-steps in the beginning both expected and appropriate. You can take bigger steps as you grow in your new-found knowledge.

Fourth, take more responsibility for your health. Keeping you healthy is not your doctor's job, nor your spouse's. It is your job, and you only get so many chances to work on this. You are made of what you eat, so eat the right stuff. Your brain is filled with the knowledge you put in it, so put in good stuff. Your life is filled with what you accumulate, so make sure you keep only what you really like.

Fifth, enlist your family and friends. Being healthy yourself is so much easier when those closest to you are also striving for good health. If your spouse or best friend isn't on the right track, then let them borrow this book, or gift them a copy. It won't take long before your work towards better health will produce results that others can see. When they ask what you are doing, tell them what you're doing and why you are doing it.

Sixth, join with me on a journey to improve your body, mind and spirit. Subscribe to my email newsletter. I'm not much of an email writer, so I promise not to bug you too much. I'll send occasional updates about new information, research or books that I recommend. I will also alert you when my next book is released (if Neisha lets me write another one). I promise to never sell or give away any of your information or your email address. Subscribe at LMDTM@theberryclinic.com

Word-of-mouth is crucial for any author to succeed. If you enjoyed this book, please consider leaving an honest review on [amazon.com](https://www.amazon.com), even

if it's only a line or two. It is really easy and only takes a minute. I would appreciate it greatly, because it helps so much to get the message to others.

Seventh, join me on social media. There is no easier way to share good health info with the people you love, than on social media. Sharing helpful info you have found on Facebook or Instagram is the new word-of-mouth. Here is where you can join me:

YouTube: www.youtube.com/kendberrymd

Facebook: www.facebook.com/kendberry.md

Instagram: www.instagram.com/kendberry.md

Thank you so much for giving my book a chance, and I wish you the very best in health.