

Rich: Hey everybody. Before we begin, I just wanted to thank you. Today will mark our 50th episode of the podcast. When I started this show back in December, I would have never dreamed that it would have developed the audience that it has. It's all because of you guys. I just wanted to thank you for all the support.

If you've been enjoying this show, the only thing we ask is that you tell a friend. If you haven't done so already, go to RichRoll.com and sign up for our newsletter so you can be the first to be apprised of all the great trading and nutrition information. I'm going to start sharing exclusive content, podcast updates, giveaways, product offers, all kinds of good stuff.

If you've been using the Amazon banner ad at RichRoll.com for your Amazon purchases, we thank you. Please keep doing so. Thanks for the support and on to the show.

Male: The Rich Roll Podcast.

Rich: Hey everybody, I'm Rich Roll and this is The Rich Roll Podcast. Welcome to the show. If you're new to the show, who am I? Well, I am an ultra-distance triathlete, multisport athlete, avid outdoors person, living in beautiful southern California.

I am a father of four lovely children, married a little over 10 years, been together about 15. I am an author. I wrote a book called *Finding Ultra* which you can find on Amazon. It's an inspirational memoir of my journey from overweight, unfit, disaffected, depressed middle-aged guy to being the athlete that I am today and the outspoken advocate of plant-based nutrition, the plant power revolution, which is a big subject on this show.

What else do I do? I'm a public speaker. As a matter of fact I've got a couple of gigs coming up. I'm going to be in Tucson on September 21st as part of the Healthy You Network. If you've been listening to the show you've heard Dr. Michael Greger. He's going to be there with me as well and Colleen Patrick-Goudreau I believe is speaking. If you want to learn more about that go to healthyyounetwork.org. Tucson, September 21st.

I'm going to be in DC at the DC VegFest. That is September 28th, I'm speaking on Saturday afternoon. That's going to be a good time. I spoke at that one last year. It was a lot of fun. It's good to be back in my hometown. I'm really looking forward to that.

What else do I do? I'm a lifestyle entrepreneur, whatever that means. I don't even know what that means, that sounds weird actually. I just like spreading a healthy message.

What do we do here on the podcast? Well, I try to bring to you each week a wide variety of guests. Some of which you may have heard of and many, many more which you may not have which is part of the fun of the show is introducing new faces and new personalities, people that I find compelling that I think we can all learn from.

I've had world class athletes on, I've had doctors, I've had nutritionists, I've had entrepreneurs, lots of different kinds of athletes in all different kinds of sports. If you listened to my last episode with Tanc Sade, that's certainly off the mainstream radar. But I found his message to be really interesting and fascinating particularly when it comes to the spiritual, mental and emotional aspects of preparing for athletic performance.

What he does as a free diver, different from the sports that we're generally accustomed to. The principles and how he approaches what he does from a mental, emotional, and spiritual perspective is certainly applicable to whatever sport it is that you are trying to excel at and more importantly in your daily life. So I hope you enjoyed that. He was a cool guy.

Today, we have a great guest, Dr. Garth Davis. I've been trying to get him on the show for quite some time. I'm glad we hooked it up. This is a Skype call, just because Garth lives in the Houston area and I didn't have any plans on being in Houston anytime soon and he didn't have any plans on being in L.A.

Rather than wait until our paths cross in person, I figured this was a good guy to hook it up over the internet. He is a really interesting guy not because, not just because he's a doctor and has medical expertise and has a lot of interesting opinions about plant-based nutrition, but his personal story is also quite fascinating.

He's a veteran weight loss surgeon. He manages The Davis Clinic in the Houston area which is basically a weight loss management clinic. He performs weight loss surgery like those surgeries where you have part of your colon taken out or your stomach stitched up and the like. He's learned a lot from dealing with many, many thousands of patients that battle with obesity and how to course-correct their life.

On a personal level, he was a guy who was treating all these patients for this condition and was talking the talk but wasn't exactly walking the walk in his own personal life. He had come to a point about six years ago I believe where he was overweight, he had elevated cholesterol, elevated blood pressure, he had a fatty liver. But more importantly he felt lousy, he had terrible GI problems and just was ready to chalk it up to middle age. This is what a 40-year-old guy feels like.

I'll take the prescription medications that everyone else is taking and go on my way.

He decided that that wasn't going to be enough for him. He took it upon himself to study nutrition for the first time. Despite being a medical doctor who is treating obese patients, he had never had the training or the professional inclination to really take the mantle upon himself and read all the scientific literature, study and understand what's really going with nutrition. What the misconceptions are and what the best possible diet is to maintain your health and optimize your wellness.

I'll let him get into the details of it. But suffice it to say that after a tremendous amount of time, energy, and hard work on his part, he came to the conclusion that a plant-based diet is best. He implemented it into his own life. He balanced out all of his health issues, which all magically resolved themselves and actually took it to the next level when he competed in Ironman Texas in 2011. It's quite a transformation story on a personal level.

Now it's about how he treats his patients differently based upon this knowledge that he has. In the interview it's great to have a real doctor who understands this stuff on. We can put our propeller hats on and geek out on all the science. He has some fascinating opinions about, most particularly at least from my perspective on this low-carb craze and what's going on with all of that, most specifically our obsession with protein.

In fact, he's writing a book at the moment about that subject called *Protein Obsession* where he talks about how we got to this place where we're obsessed with protein and we think protein is the solution to obesity and all of these diet crazes that revolve around the high-protein, low-carb diet. He expresses himself quite vehemently in what his perspective is on this. He's a great guest to have. I'm really excited to share his wealth of information with you.

Before we get to the show, I just want to make a couple, really quick announcements. If you haven't checked it out yet, please go to MindBodyGreen.com and check out our ultimate guide to plant-based nutrition. It's the course that Julie, my wife and I put together in partnership with MindBodyGreen to help kick start on to your plant-power lifestyle.

Essentially what it is is about three-and-a-half hours of online streaming video, broken up into five- to 10-minute chunks, all subject-specific that address basically every issue and topic that comes up that revolves around transitioning your diet to eating more plant-based.

Whether you're just plant curious, brand new to this idea, want to try out a little bit more fruits and vegetables in your diet or whether you want to go 100% plant-based right off the bat or maybe you're even a veteran vegan and just looking to clean things up a little bit or take it to the next level. The course is for everybody. It's really easy to follow and understand. Also very helpful with a bunch of downloadable PDFs with tools, tips and recipes, et cetera.

We also have an online community there where you can ask your questions or you come up against issues that you need a little bit more extra guidance and advice for, and we chime in there and help you out and the community steps in as well. We're all supporting each other there, it's great. It's doing really well. We're getting really great feedback from the people that are doing the course or have done the course. I'm really proud of it. Check that out.

We also have some products. We're going to be offering a couple of different t-shirt designs in the coming weeks. This is taking a little bit of time because we are reconfiguring the website to turn it into a place where we could create a friendly marketplace to share the wares that we believe and are behind.

Next up are a couple of t-shirts that we're really excited to start offering you guys. You might have seen some of the Instagram pictures or Facebook posts or what have you of me wearing the Plant Power t-shirt. I get lots of emails when can I get it? Where can I get it? How can I get it? Well, it's coming soon. It will probably be about two weeks then we'll have it up. Then we have another exciting t-shirt design that I won't divulge right now but it's pretty awesome. That will be up for sale soon as well.

We also have our *Jai Seed* digital, downloadable PDF cookbook. It's 77 pages of awesome plant-power recipes, super easy to prepare and delicious. We have our meditation program Jai Release, a series of guided mp3 meditation tapes, professionally recorded. It's a really interesting, different technique that takes all the guess work and thinking out of meditation and allows you to just focus on focusing to get more grounded in what you're doing. I believe in it completely. I use it all the time. I find it to be very helpful. You can check all that stuff out at RichRoll.com.

What else? That's it. We should just right into the interview. This is a long one. It's a good one, chocked, full of information. You're going to want to break out your notepad and start taking notes. You can research further what the good Dr. Garth Davis has to say and take responsibility for your own choices because if anything, this podcast is designed to provide you with a ton of information. Take what resonates with you, leave the rest. It's incumbent upon you to take personal responsibility for your decisions, for your diet, for how you move your body.

Why? So that you can go on your journey and we respect you to do so. We're not here to tell you what to do or what not to do; it's up to you entirely. I'm just here to share some information. My goal is that I am providing you with enough quality information so that you can take it upon yourself to unlock and unleash your best, most authentic self. That's my goal.

Hopefully this is in line with that, this interview, it is. I hope you enjoy it; without further ado, ladies and gentlemen, Dr. Garth Davis. What happened over there? You guys, you're having a big storm right now. I was all fired up and ready to go. Then I get this email, like, the power is out.

Dr. Garth: Yes. We get these big Texas storms in the afternoons. I was at home because I figured at home it will be quietest. My whole neighborhood went out. I've rushed back over to my office and closed the door. Hopefully we'll be quiet.

Rich: How does that work when you're performing surgery or at the hospital? I assume they have backup generators and stuff?

Dr. Garth: Yes. The hospital always seems to be on track to this stuff. It's always home. The hospital's got backup generators. They've thought this out before.

Rich: Everything is good in your office though right?

Dr. Garth: Yes. Everything is good in the office; we're good, we're solid.

Rich: Thanks for taking the time to do the podcast.

Dr. Garth: No problem I'm excited about it. I love your podcast.

Rich: Thank you man. I'm trying to remember how you first came across my radar. I know it was Twitter. I can't remember. Maybe somebody just retweeted something that you had said or something like that. I looked at your feed and I was like, "This guy is on the game. I got to start following this guy."

I've been following you for a couple of years now. You consistently are putting out great contents. When I started the podcast I knew I wanted to have you on. I appreciate it man. Your story is amazing.

Dr. Garth: Thanks. First of all, much the same with you, I can't remember when you came on my radar. I was like, "Oh my God, this is exactly the person I need to hear from." Your wife's recipes; I bought your online cook books there. It's fantastic.

Rich: Cool.

Dr. Garth: Challenging, you guys, you eat like a king over there. We try but ...

Rich: Yes. A lot of that is because my wife is a fabulous cook. I'm very spoiled and lucky in that regard. With the recipes, we try to make them really easy to make, quick, simple and no crazy ingredients and stuff like that. For the most part, most of the recipes in there you can make in 10 or 15 minutes.

We're actually putting together a new cookbook right now like a real full-fledged coffee table type thing that we're doing. We just have been shooting recipes and coming up with new stuff. It will be nine months or a year or something like that before it's done. It's nice to be in the process of putting together more content to put out there.

Dr. Garth: It's so important. I really think the future of health, the future of medicine, the future of everything is cooking and how we prepare foods. Right now compared to 1970s, I don't know if you know this, we spend about half our food dollars eating out whereas in the 1970s it was less than 20%. It's this eating out that's really killing us. I actually teach cooking classes to my patients.

Rich: I didn't, that's great.

Dr. Garth: Yes. I try to do the same thing you do. I try to teach cheap, quick, easy. I actually use the physicians committee for responsible medicine Food for Life Curriculum. Patients love it. People nowadays they've got no idea.

When you say eat vegetables, they're thinking peas that their Mom gave them when they were a kid. They have no idea just how good it could taste and how easy it is to make, a really important thing.

Rich: Right, amazing. It wasn't always that way for you though, right?

Dr. Garth: No.

Rich: Your story, let's go back to the beginning here and just paint the picture of where you're coming from. I want to start as far back as medical school and what you were taught there in terms of preventive medicine and nutrition or more appropriately I guess I should say the lack thereof.

Dr. Garth: Right. It's funny, you have to see it, it's so hard to look at someone else and understand what they're thinking without experiencing what they've experienced. In other words, people tend to criticize doctors, but when we're going through medical school, we don't learn nutrition. There's no, there was no time where anybody ever said in four years of intensive, intensive study that all of this is because of what we eat.

It was just never mentioned. I never thought Hippocrates, the famous quote from him; we say the Hippocratic Oath but we leave out the part that says that, "Let food be thy medicine and medicine be thy food." That concept is completely foreign to medical school.

At medical school, everything is about ... As I went through medical school, I got this image that we were dealt a lemon, that our bodies are inherently broken and inherently messed up. My job was to fix these bodies and to fix it through medicines and through surgery. In all the time that I was in medical school, I only had one hour on nutrition, and that nutrition was not how to prevent disease but how to give someone nutrition through an IV.

Rich: Right. That's very cause-and-effect, like, here's something that's going on and let's fix something, let's do something as doctors to rectify that. It completely overlooks the cause and effect of how it became so in the first place.

Dr. Garth: Yeah, it completely overlooks it, it's not discussed. You discuss pathophysiology like you discuss cancer and how it forms but you never discuss the initiating factor for cancer to form. You never stop and say cancer may be forming because of higher IGS in the body that's related to the meat that you eat or a chronic metabolic acidosis because of lack of fruits and vegetables.

That's not discussed. It's simply discussed that cancer begins and here is the chemotherapy to gauge it they could use to stop it or surgery. That really was my thing ... You got to understand it's not just doctors' mindset, it's also patients' mindsets.

We could talk about it but my philosophy has changed so much over the years. Now I got to tell you when someone comes to me with disease and I first start to approach it with diet, they seem somewhat offended.

You want to go to the doctor and you want a pill. You don't want a doctor to tell you, "Look, this is a lifestyle thing." People want medical silver boards to treat diseases that are caused by what they're eating.

Rich: Your job really isn't to give them what they want it's to give them what they need, right?

Dr. Garth: Completely true. It's easier said than done. With me people come to me they know what they're going to get for the most part. Let's take the most commonly prescribed drug is Statin. When someone's got high cholesterol, they come to a doctor, the doctor ... It'd take forever for the doctor to tell you how to eat properly in order to not need the Statin number one.

Number two, doctors either don't believe or don't understand that what you eat causes that high cholesterol like a lot of them are always genetic; did your parents have it et cetera?

Number three, they don't believe that even if they knew the diet was going to fix it, if they told you to eat a different diet that you didn't do it, doctors just inherently don't believe patients will change. They don't have time.

The inherent thought is someone's here, they got a problem, I can fix it with this pill, I'm going to fix it with this pill. If I didn't fix it with this pill, they'd be pissed off at me. They like getting the pill and they leave happy and so everybody is happy. That's the state of medicine. We're treating diseases caused by what we eat for the most part with pills and surgery.

Rich: Do you think that's changing at all? There's all this talk about preventive medicine but is anything really happening around that other than the outliers like yourself?

Dr. Garth: Yes. It's mainly happening in outliers. I would say it's edging up because it seems that the younger generation is more likely to be vegetarian or younger generation is asking questions about nutritionists. There is at least a dialogue about nutrition which was probably somewhat absent many years ago.

There's people looking outside of medicine which is both good and bad. It indicates nutrition, that's obviously good. There is movement towards getting better but I still see in my colleagues this ... It's hard to change dogma, this dogmatic belief that the answer is not in diet but in conventional medicine.

Rich: Right. Like you said nobody wants to be confronted with or judged based upon their lifestyle choices. Truly, that's the solution to wellness is being able to look in the mirror objectively and of course correct where you're going wrong. That requires work and effort.

It's a lot harder than popping a pill or taking your stat and putting your mind to these and thinking that you've dealt with the problem when actually you're just masking them.

Dr. Garth: Right. Add to that the confusion about what is the right way to eat. There's that confusion there. You can't believe, I'm writing this book right now. I've been sitting at the library. You can take any given topic and there will be articles pro and con for it. How do you decide what's right?

I could tell you how you decide what's right. A lot of doctors and all patients don't have wherewithal to understand how to read these articles and how to

decipher what's right and what's wrong in the medical literature because science could be manipulated. The manipulation of science is a huge part of what's going on right now. A lot of it comes from the industry.

There was a recent study that showed if you look at articles that were sponsored by dairy in any way shape or form, 0% of those articles show a problem with dairy. However, if you look at articles about dairy that are not funded by dairy, 50% of them show that dairy has a negative effect.

Rich: There probably aren't that many studies that aren't funded on the impacts of dairy that are not funded by the dairy lobby because who's going to pay for that? To really do a legitimate study that's going to stand up and overtime and be legit costs a tremendous amount of money.

Dr. Garth: Exactly.

Rich: Who's going to fund that? It is incumbent upon all of us especially with, when you go on the internet it's like try to diagnose yourself or learn anything, it's exactly like you said. You can find any point of view or any study that's going to support your preconceived notion.

Dr. Garth: Yes. I was reading in the article the other day. It was in Journal American Medicine which is a well-respected journal. I'm reading to it and it's arguing that saturated fat decrease the progression, not stop but decrease the progression of coronary artery disease. This just blew my mind because this is just not true. Every other article I've read.

I'm going through I'm looking at their methods and how they do it. I'm noticing problems with their statistics, stuff that still I'm like gosh where did they even come up with this? At the end, I look at financial disclosure the lead author is Paul Star Harry was funded by Atkins.

Rich: Who's going to take the time to sit through that with a microscope and get to the nitty-gritty of what's really going on? There's an expectation that people are not going to do that.

Dr. Garth: Right, exactly. A lot of these people, I don't know if you know Gary Taubes and his book Good Calorie Bad Calorie?

Rich: Very much so. I want to get into the whole high carb, high fat, Paleo obsession and all of that. When I get into discussions about this, you just end up going around the merry-go-round. The name Gary Taubes keeps going around quite a bit. Why don't you unleash the data a little bit more on where this guy is coming from and what his point of view is and your perspective on it?

Dr. Garth: Right sure. Do you want me to go back through my history as how to get to this and then we could?

Rich: Yes. Why don't we do that? You basically go through medical school like every other medical student. You begin your medical career. Paint the picture a little bit about where things were not too long ago.

Dr. Garth: I start my residency. As I look back on it now although it wasn't clear to me at the time, we are in medicine treating a disease. We're not treating a patient. The patient is like a bystander. For instance we would go on rounds and we would talk about the colon cancer in room one, the gall bladder in room two, it wasn't Mr. Smith with a colon cancer.

Everything, we just didn't treat the patient, ask them what they're eating, ask them how their life is. We would go in, it was a colon cancer, we would take it out. It was almost like the patient was a complete bystander, just show up to your appointments, take these pills and that's it.

That was all fine with me. That just seemed like that's what medicine was and that's what I had been trying to do.

There was probably some nagging thought in the background, as I look back, I could tell that there were, I was having problems with it because at the time I was starting to look into meditations and other forms of medicine and looking at alternative medicine. This was very discouraged by my colleagues but it was an interest of mine. I kept doing what I was doing.

At the same time I was getting overweight. In residency, they have the freshman 15 with college, it's like the freshman 30 with residency because we're working 100 hours, you're in the hospital the whole time. The ultimate of irony, there is a Wendy's in my hospital that I'm training at.

Rich: This is at University of Michigan, right?

Dr. Garth: University of Michigan, one of the premier top hospitals, US World News Report top five, top 10 every year. Wendy's in the ... I'd line up for Wendy's and in that line there would be patients with their IV poles, going off to their cardiologist with their double cheeseburgers.

I would eat double cheeseburgers like crazy. I loved double cheeseburgers. I got, they'd give us these little Wendy's dollars and I ate tons and tons of this food. Starting getting overweight as did all of my colleagues and we looked really bad.

We decided to go on a diet. We knew nothing about diets. We weren't taught that so we all went on Atkins because that's the rage. That seemed pretty easy. I just leave the bun off my cheese burger. We did this. We all got sick on that. I lost some weight, put some weight back on. I just thought after it gets exciting I'm just going to go on with my life.

I go and start my practice and I'm doing general surgery. At the time the chairman of the surgery department calls me because I'm a young guy and says, "What do you think about this obesity problem we're having in the country? It's getting worse and worse. Look at these studies on surgery?"

I go and visit a couple of places that are doing the surgery, the results are pretty dramatic. This is what I went into medicine for. There's a problem I could fix it and I could use my hands to do so, okay perfect.

I start getting into the field of bariatric surgery, people coming in overweight. Funny enough again you would think that part of the history in physical; I'm asking them, "Are you allergic to this? What surgeries have you had? What medicines do you take?" I never in the beginning of my bariatric surgery career did I ever ask them what they eat on a daily basis.

Rich: Explain what bariatric surgery is.

Dr. Garth: It's weight loss surgery. We were doing lap bands, putting bands around the stomach to band weight loss or doing mainly gastric bypass which cutting the stomach and making it smaller, dividing the intestine and bringing it up and joining it to this little smaller stomach. There are some other surgeries, bariatric that we do and we switch.

Basically the long and short of it is that we do a surgery to make your stomach smaller so you can eat less. The results are very good. In fact they're probably too good. I say that because the one thing the bariatric surgery community has done, it's done a lot of science behind it and the science is very compelling. People lose weight, their diseases go away. Nowadays it's done very safely.

There's this movement towards doing more surgery which you think would make me happy. There's several problems with this. There's about 15 to 16 million people that would qualify for surgery. That means their body mass index is above 35 making them morbidly obese.

Now they're even talking about doing it in people with a body mass index above 30, that's 60% of our country. There's not enough surgeons to do that and not enough money to do surgery on everybody who is overweight.

Secondly, as I got into this over years and years I started seeing people coming back, starting to gain weight. The numbers are still really good, far better than any diet but people are gaining weight.

That's bad. I was all excited, we would take the one year post-op picture with my patients and everybody is smiling and they've lost weight and they're holding their small jeans. Two years later they are so upset because they've been shown a glimpse of what life is like being skinny.

For these patients, it's horrible being morbidly obese. You can't imagine how horrible it is. They've been given a glimpse where they get this glimpse of what it's like and now all of a sudden they're going back to it. What can I do to stop it? I can't do anything anymore. I've done the surgery what else can be happening?

Rich: Just to back up a little bit, the effectiveness of these procedures is related to, you could call it a dampening of the appetite response. When you shrink the stomach there is some physiological impact on your hunger impulse. Is that fair to say?

Dr. Garth: Yes, that's exactly right. There's a couple of things. We're making the stomach smaller so you just can't eat as much. You get full a lot faster. Number two, in most of the surgeries we're excluding part of the stomach, the great curve, fundus of the stomach which has these cells in it that secrete a hormone called ghrelin.

Ghrelin feeds back to the hypothalamus in the brain which is a center that gives us our drive to, a drive to eat, drive to breathe et cetera. It stimulates hunger. By bypassing or excising that part of the stomach, hunger reduces considerably.

There's also especially with gastric bypass to plant a whole bunch of different hormones. The one thing we've noticed with gastric bypass is it's just a tremendous cure of Type II diabetes.

That is partly because of several different changes in hormones, GLP-1, GIP, boring stuff. The fact of the matter is you get this very dramatic response to diabetes. The surgeries are both mechanical and physiologic in their changes in hormones.

Rich: I know some people that have had I don't know which procedure exactly they've had. I've seen it be effective where I know one guy who had it years ago and he was incredibly obese and has been able to manage his weight and seems to be doing well, other people not so good.

I just heard something a brother or a cousin of somebody that I know had it. Something went wrong and he ended up in a, they induced coma I believe. I

don't know what went wrong. Maybe you have a better idea of what that might be.

For you it's probably like, "I do this all the time." From your perspective it's safe but not to be mistaken it's still a surgical procedure. This is pretty severe for people that are trying to lose weight, right?

Dr. Garth: It is. It's very severe. It's very invasive. There are risks. Nowadays we've got it in the hands of someone who does a lot of them and who is an expert at it. It's a very safe procedure but when it goes wrong it could go really badly wrong. It's got to be entered in wisely.

Of course with our patients we go through a risk benefits analysis. I'm dealing with people with diabetes and high blood pressure morbidly obese, their knees are short and this is really their only chance. The studies show quite honestly they have more chance of dying if they don't get the surgery than if they get it. The surgeries are very effective.

Rich: With these recidivists, these people that are coming back or putting the weight back on, what are you starting to notice?

Dr. Garth: They're coming back yes. I don't know quite what to do with it. I'm going to our national meetings and we're bringing it up. Funny thing is that the American Society of Metabolic and Bariatric Surgery is a fantastic society. Here are the brightest minds. You can't believe how smart these people are.

Everybody is studying the disease of obesity from microscopic levels to epidemiologic studies and really, really well done science. Yet when we talk about this recidivism, all we talk about is revision surgery. In other words what can we do to change what they, what surgery we did before? Can we make the stomach smaller or can we bypass more of the intestine?

In other words I sit through these week-long conferences and no one is mentioning nutrition. If they do mention nutrition funny enough, it's all high protein. It's all about, "We just seem to put them on more protein, more protein."

Rich: That's based on what, this Atkins perspective or where it that coming from?

Dr. Garth: Exactly. Everything is so well researched, I decide there must be, they're recommending 100 grams to 120 grams of protein a day for my patients, this must have some scientific backing. I go my journals, nothing. I can find absolutely nothing to support this.

Rich: How long ago was this, eight years ago, 10 years ago or something?

Dr. Garth: Since 2007, not even 10 years ago. I'm looking through this. It's just not adding up. I start asking, the patients are coming in to me. I start asking questions I haven't asked before. What are you eating? Take me through a day of eating.

Everybody is like, "I'm doing exactly what you said. I'm getting 100 grams of protein. I'm having protein steak in the morning. I'm eating chicken or ham or turkey. I'm doing my eggs." It's just a long list. It's a slaughter house of animals that they're eating on a daily basis.

I start asking the patients just coming in for first time surgery, it's amazing to me; you don't realize how amazing it is until you step back and look at it. In America, meat is the center point of every single meal.

As I've gotten more and more into it, I started to ask patients, "What do you think is making you overweight?" Everybody says carbs. "It's the carbs I eat because I had a Snickers yesterday or I had an ice cream. I eat pretzels from time to time."

When I look at their diet log, it is absolutely loaded calorie base; it's always eggs and bacon for breakfast. It just seems like every single one of my patients has eggs and bacon for breakfast. Everybody has a sandwich for lunch, everybody has steak or if they think they're being healthy. We can get to those if you're think you'd be healthy, you're eating chicken for dinner.

It's remarkable to see how in 13 years now or 12 years of doing weight loss and weight loss surgery, no, I've never operated on a vegetarian. No one's ever come in and said, "I'm just eating too much." For that matter, we know that no one is getting fat on broccoli, but no one has come in and said, "I'm eating too many grapes, or I'm eating too many bananas," which some people think are bad for you.

Rich: Conceivably, I don't know personally of any morbidly obese vegetarian but if you ate French fries and drank Coca-Cola all day long, I suppose you could get there.

Dr. Garth: There's no question you could get there. We certainly do run into carbeterians, I would say who or my little girl who, my one daughter decided she's going to become a vegetarian. She's six years old. She's like, "I don't want to eat any more animals, daddy." The other one said, "I'm going to be a canditarian and just eat candy." I certainly, she's a four year old.

Rich: I like the commitment.

Dr. Garth: Yes. She's committed to it, believe me.

Rich: A tremendous amount of saturated fat and protein essentially but they're saying it's the Snickers bar but they're overlooking everything else that they're putting into their body on a daily basis.

Dr. Garth: Because they think everything else is good. They think the protein shake that they're eating, and they bring in these protein shakes, ironically. It wasn't completely ironic to me in the beginning but ironically, here they're drinking these protein shakes that I then see at the gym for guys that are trying to gain weight. It's like ...

Rich: Which one is it?

Dr. Garth: These companies are selling on the one hand for weight loss and on the other hand for weight gain. Which one does it matter for? I really start to question stuff. Meanwhile at the same time, two other things are happening.

The other minor thing, it was in the back of mind is that some of my patients I'm amazed at their success. They tell me how not that they just lost weight but all of a sudden they're eating better. We're not really getting into yet to what they're eating that's making them eat better. They feel fantastic. They're having this complete life change. They were this couch potato cheeseburger eating person, now they're a salad eating, running marathons and Ironman and stuff like that.

This is inspiring to me, because I keep thinking when they tell me this, I'd be like, "God, it would be incredible to just have this mid-life change." It just seems, I always thought you can't teach an old dog new tricks; once you pass 40, that's it, your life is what it is and you're going to be what you're going to be.

Along that same time I went and got my eyes examined for glasses. The optometrist who was very concerned; she stopped, she said, "You've got a lot of cholesterol on the vessels of your eyes. I don't usually see this except in really old patients." She's like, "You really need to get your cholesterol levels checked." It took me aback a little bit.

Rich: Essentially like cholesterol deposits in the little, in the veins in your eye or tiny arteries?

Dr. Garth: Yes. You get this thing called [inaudible 00:39:47] which is [inaudible 00:39:49] meaning in older people. That's what I had. It comes from high cholesterol. I go and get my cholesterol checked. Meanwhile my wife is pregnant with our first child so I'm going to get a life insurance policy so I needed to get this checked anyway.

My cholesterol is sky high, my triglycerides are sky high and my blood pressure is high. Of course I go and see my internal medicine buddy and he's like, "No big deal. I'll put you on a Statin, we'll put you on some aspirin and we'll put you on a Beta Blocker and everything will be fine."

Of course the Beta Blocker could cause this problem, that problem and that problem and it's starting to cause muscle pain, this problem, that problem and that problem but no big deal. I went home with my prescriptions and I tell people this all the time.

The funny thing to me about a lot of these diseases is that and it's become so common of western culture, we don't need, patients don't even bat an eye. I'll say to them, "Look, you've got hypertension and diabetes." They're like, "Boy, that's bad. What have you got for me?"

Rich: A lot of the typical middle-aged American male.

Dr. Garth: Exactly. For a moment I accept my lot in life. I just said, "That's who I am. That's my genetics or whatever. I got bad luck but I'll take care of it with these medicines." It just started to weigh on me like, "What am I doing? What am I eating every day? How is this all fitting in? Is this right?"

Rich: As a doctor who is performing bariatric surgery at the same time there's this weird disconnect happening between the life that you're leading and what you're seeing in your patients and what you're advising.

Dr. Garth: Exactly. I felt like a hypocrite. How could I or who was I to tell a patient to eat better if first of all, I wasn't eating better. Not that I thought I was eating badly. I was having the eggs at the doctors' lounge for breakfast, a sandwich for lunch and occasionally steak or chicken for dinner.

I didn't know exactly what the right way to eat was. I usually just sent my patients to a dietician who funny enough would tell them 80 to 120 grams of protein. I wasn't exercising. I was busy.

I was starting to feel like a bit of a hypocrite; how could I tell them to exercise if I wasn't exercising? The funny thing is like this one Houston Paper because I had this TV show that came out about me doing weight loss surgery that was a national show. I was getting a lot of publicity. They wanted to do an expose of me and they wanted to get a picture of me running the stairs.

Rich: I had read that you said when your patients would say, "What do you do?" You would tell them that you do that but not really clarifying that maybe you had done that at one point in the past. This is not exactly a daily practice of yours.

Dr. Garth: Right, not exactly daily. They have me up there running these stairs and I'm running them and I really feeling sick. At one point I'm like, "I'm going to throw up." I'm like, "I got to go." They're like, "One last shot." The funny thing is the last shot I still have it hanging and I laugh at it all the time because right after that shot I actually threw up.

At that point I was just feeling really low. I had written a book about weight loss surgery and there was a diet section in it. That book is extremely well researched except for the chapter on diet. Of all chapters in a bariatric book, the diet chapter, I just said, "Hey, please don't diet."

That's what they said on national meetings. We always tell people to eat vegetables but that's excellent service, eat your veggies but eat a whole bunch of protein, eat protein first to [inaudible 00:43:36] what my all the other doctors were telling their patients. At this point in time I said, "There's got to be something wrong."

Rich: At this point in time you're buying into this high protein concept without really looking into it yourself or taking the time to do your own inquiry?

Dr. Garth: Exactly.

Rich: You're overweight, you're not obese or anything like that. What are you pushing the scales at around this time?

Dr. Garth: I was probably 195 and big belly, skinny arms, skinny legs, the worst possible scenario you can come up with, much like my father who had diabetes. I said, "I have fallen in my father's shape, it's too bad for me." Never really thinking I could change it.

I studied everything else in such detail with my patients. If I'm going to give them medicine, if I'm going to do a surgery, I want to know every possible little research article about it. I decided to start doing that with diet.

The thing that got to me was I never ... I was very defensive of western medicine. No one could ever tell me that western medicine was bad because it just seemed to me like it was the only, how could you do anything else anywhere else?

There was a study that had come out looking at the health of different nations. I was shocked and now it's been so common sense but back then I was absolutely shocked at how poor the longevity was in America ranking something like 55 out of civilized countries.

In a country like Okinawa, we're number one as far as getting to these places. How can that possibly be? How could ... in Okinawa, they don't ... You get a headache, I could get a cat scan on it in one minute. They can't do that in Okinawa, how could they possibly have more longevity than we do?

Rich: Yes. There's an interesting mash-up of the god complex syndrome that I assume occurs in western medicine doctors. This disinclination to look at something that ancestrally has been very successful?

I assume these are the blue zone places. There was a book that came out called Blue Zones where all these cultures that remain untouched by the modern progress and yet remain so incredibly healthy.

Dr. Garth: Right, exactly. I read that Blue Zone book; it was a huge impact on me. It's a small book, it's a short book. There is not a lot of heavy science in it. There is a lot of speculation so I didn't take it for its face value exactly. It's observation.

We went to Okinawa. This is what these guys are doing. They got a close-knit family, they walk around, they don't smoke and/or they eat a lot of vegetables. Same with us, same with us but then they mentioned one blue zone that really got me. That was the Seventh-day Adventist. I was shocked that there was a blue zone in America.

Rich: Yes, it's right outside of Los Angeles right?

Dr. Garth: Right. [Lawndale 00:46:41] California, Why are they so healthy there? It's because that's where the Seventh-day Adventist are and the Seventh-day Adventists are lean. An interesting population study because no one is going to follow all the rules. There's going to be people that are vegan and the people that are not vegan and people that are semi-vegan et cetera.

As I start looking at the research there, oh my gosh there's a million studies on Seventh-day Adventists, these really, really well done epidemiologic studies comparing meat eaters versus lacto-ovo vegetarians versus pesco-vegetarians versus vegans and studying who gets cancer and who gets heart disease and who lives longer.

This is in a population that's fairly controlled. They're under the same environmental influences, they are exercising the same and the whole big difference really is what they're eating.

The data is amazing. It doesn't matter what you look at. If you look at heart disease, if you look at diabetes, if you look at longevity, it's all the same. The more meat eating, the more they have those things, the more vegan, the vegans

had almost no diabetes whatsoever, very little heart disease, live longer than all the other groups and this was amazing.

I start looking at the other blue zones and really looking into their history and what they're eating and looking at the Okinawans. They get about 5% of their calories from protein whereas we get 20% and we're trying to push people to eat more protein.

I start looking specifically at protein and I'm shocked. The more protein a country has or consumes the worse their health is on these other studies. Whereas the less the protein that's consumed and the more that the ...

Here is what really got me, it's not just the less protein, the more carbs that are consumed, to me at this point, just following lay media, lay medicine, carbs are horrible. What could be worse than starchy carbs and yet the Okinawans are eating mainly yams. They're mainly eating starch.

This really set off a huge amount, I've been in, I started going to different national, I joined the American Society of Bariatric Medicine, I started going to all these different nutrition society meetings, I started studying like crazy.

The answer no matter where I look at it, no matter how I look at it is that a plant-based diet is the answer to just about all of our problems. It's the reason that we're getting sick, sick and sicker.

I started seeing in my patients that this predominance of meat in their diet. What if I could change it? I don't know what if I could change it myself? I made a vow first of all not to be the hypocrite anymore so I'm going to change it myself.

It was tough in the beginning. I was a big time meat eater. A lot of things, we touched on this with the cooking and stuff. At the same time I'm trying to get healthy and I'm looking, it was time for a vacation, I decided I'd go to this yoga resort and I would do this yoga in Costa Rica down there.

I learned to meditate because I think maybe that will help my cholesterol and stuff. I'm still not quite into the diet part yet. I get down there. When I get there and find out it's a vegetarian place. I'm shocked because at this point I'm like I've never eaten a vegetarian meal. I literally have never eaten.

Rich: Surprise.

Dr. Garth: Surprise, we're vegetarians, we only want the best for you and it will be here in two days. I'm shocked. The meals there were unbelievable. It was a great start to my vegetarian diet because I'd never eaten so well. In fact it completely messed

up my meditation because I'm sitting there meditating, you're like, "I wonder what's for lunch?"

I became consumed with this food. I went and I talked to the cook. The cook was this French guy. He's in the kitchen whistling just like you pictured on this beautiful day.

I go and I'm like, "Listen, I've never felt better in my life. I feel fantastic, this food is incredible. What is it about this food that's so great? You're the cook, what is it about it?" He goes, "First of all, my most important ingredient is love. This food is made with love." Funny enough, that has run true to this day.

When I got back and I decided with my wife that we were going to change our diet that was part of it. Not only are we going to eat a plant based diet but it's going to be a diet made with love. No longer is there going to be grease, oil and food that's been tortured, et cetera, et cetera, I could go on and on, it's going to be food made with love. That became our motto.

In the beginning it was really hard. I was so used to cheese burgers so I just went to veggie burgers. I was like, "I'm going to be a vegetarian. I'll just eat veggie burgers all day. That's not going to cut it." Slowly we learned how to eat different. We learned how to cook which was the most important thing. We learned how to go to farmers' markets and shopping.

The important thing is that, I try to explain this to patients, to people, you don't understand till you go through it but your case change. In other words I used to love a cheese burger, now it's not that I don't eat a cheese burger now because I want my cholesterol to stay low, I don't eat a cheese burger because it absolutely disgusts me.

The idea of chewing on the flesh of this poor tortured animal that has all these chemicals in it, that was then being fried by some 17 year old kid in the back who doesn't care about it. That changes your case. You don't want it.

Rich: A couple of things, first of all, this idea of only eating foods that are made with love and plus this idea that the vibration that your food carries has an impact on how you feel and your health, that's certainly really outside the rubric of the western doctor or the scientist.

That's really going out on a limb for somebody who's coming from your educational background and your experience to embrace that idea which is more of a faith based way of approaching what you're putting into your body, right?

Dr. Garth: Right. At this time I'm starting to have some serious doubts about western medicine. I'm starting to see its failures everywhere. Every patient that comes in to me is, every single patient that comes in this office has high blood pressure, high cholesterol, more than likely to have diabetes, they're all overweight and they're all eating the same thing. It's being perpetuated over and over again.

I say this, as I start to change my diet and I start going over with patients what to eat, I tell them, "Have a grape fruit for breakfast." They say, "I can't eat a grape fruit because it interferes with my Statin that I'm taking to treat my cholesterol."

The irony of that, if you were to eat grape fruit, you would, it's all starting to come to now, the ... many things are happening at the same. I'm changing my diet and I'm feeling like I never felt before.

Another thing we didn't talk about but I had the worst, I'm embarrassed to even talk about this stuff; I had the worst GI system in the world. I had irritable bowel syndrome to the nth degree, to the point that it really affected my life like life was miserable. I just thought that's how everybody was.

Rich: That's the deal. To touch on this craving thing. I talk about this on the podcast all the time. This idea of going from a cheese burger lover to somebody who, you just don't desire it anymore, it just doesn't come up in your mind as something that you crave is a result of you really do have to put distance between yourself and that food for a period of time and allow your body to adapt and change.

It's very popular right now this diet, this low-carb diet where you get a cheat day, if you're going to eat a cheese burger every Sunday because that's what you love and that's your cheat day, you're always going to remain a prisoner to that craving and you're going to walk around five days of the week dreaming of your cheat day when you're going to get to eat that.

You remain a slave whereas if you can just break that cycle and start eating the foods that nourish you and change the microbial ecology in your gut and start to get used to these different foods that are actually nourishing you, those cravings will dissipate. You have to weather a little bit of the storm and get to the other side of it.

I like how you said that you just started off with veggie burgers, it's like you got to start somewhere. Not everybody is going to be ready to jump in whole hog completely 100% out of the blue and do it perfectly. It's that idea of perfection that trips people up. You just have to start; you have start making little choices, little differences and then embark on your journey.

Dr. Garth: Yes. I do this with my patients now. I had read, I started reading a lot because I figured gosh, in fact when I first, I would describe when I first started reading all these research papers and really looking into it and wondering why I had never been taught this before.

My first thing was fear like, "Oh my God I know the answer now but I don't know if I can actually change." I don't know if I could actually change my habits, because I still have this belief that you can't change that once you hit 40, that's it, you are who you are.

I started reading about behavioral therapy and cognitive behavioral therapy and how to change habits. I use a lot of these techniques with my patients. I copied a lot of things, I started doing aversion therapies for instance which is I would take a picture of myself that I did not like. I've got this one picture I just couldn't stand of myself.

I would put a picture of a cheese burger next to it. It planted in my mind this idea that cheese burger gets me this, when I look at it consciously and when I look at it subconsciously. I was looking at it in terms of ...

Rich: Are you going to email me that picture?

Dr. Garth: No. Maybe it will show up in my book. I was giving a conference to 800 people and I put it up and I switched the slides up fast I don't think anybody saw. I saw your picture. You have a picture like that out on the beach?

Rich: Yes. I'm not looking great but it's not ... It's like you, I never, some people say to me, "You weren't that bad." My response for that is, "That's really more of a indictment of how we perceive obesity." I was too tanned, I wasn't huge, I was like, "You're a 40 year old guy who is working 80 hour a week, that's what you look like. It's not abnormal really."

Dr. Garth: Right. Worse yet, I see this a lot with my patients, my patients will lose weight and their family will get mad at them and say, "You look too skinny." The reason is you got to understand 66% of our country is overweight; the norm now is to have fat on you. If you don't have fat on you, people think you're unhealthy.

Rich: Yes you look, you don't look right. Go back and look at the Guinness Book of World Records from 1976, they have a picture of the fattest man or the fat man, he doesn't look that bad. I remember looking at that as a kid thinking that guy is enormous.

All I used to do is to go to the airport now and you see 30 people that are equally as heavy as that guy in the Guinness Book of World Records. It's our cultural norms have shifted.

Dr. Garth: The opposite thing I was doing is I would take a picture of what my goals were, someone looking really healthy and I would put pictures of fruits and vegetables and that stuff around that picture.

I used journaling. I really started; I felt like the more I threw all this information at myself, the more I devoured the science behind it, the more I would convince myself of it.

It started to become true of me, all of a sudden out of nowhere I started craving kale salads and craving vegetables. I tell you before 30, I can't remember eating a vegetable, I really don't.

Things started change. I started to feel completely different. My cholesterol level dropped like formatted, triglycerides, formatted, I started getting an energy level I hadn't had in years. My GI issues went away completely, 100% completely, dramatically so.

I started doing it with my patients and it started happening with them too. I would see patients gaining weight back after surgery and start to change their diet. The first response was like, "You told me protein, protein." I know I told you protein, protein let's change this. Let's say fiber, fiber, fiber now.

It would work. They would come back each month and they would be smaller and smaller. It wasn't the surgery that was failing; it was what we told them to do with the surgery. We always tell people the surgery is a tool, we just want to give you the right tools to use. Over the years I have seen just such a dramatic change in my patients especially comparing my patients to other patients have had weight loss surgery, my patients look vibrant, they feel vibrant.

I'm not going to say that they're vegetarian. They're eating a hell of a lot more fruits and vegetables than they used to and a hell of a lot more than what's recommended by society. My confidence in this diet and this change of diet has just rocketed to absolute certainty about this is the way we're supposed to eat as human beings.

Rich: What else has fueled that certainty?

Dr. Garth: There are so many funny things about it, because in all the time that I was eating nothing but cheeseburgers and eggs and bacon and I would talk about, diet was [inaudible 00:59:56], we were just going, we never stayed. No one ever asked

me first of all, "How much protein are you getting?" Nor would they ask me, "Are you nutritionally okay?"

As soon as I become a vegetarian all of a sudden everybody is concerned, oh my God aren't you getting enough [inaudible 01:00:11]. There's so much irony in it because doctors would tell me this. I would say, "Are you looking at your patient's numbers?" I would do labs on patients when they came in.

Every one of these meat-eating people is so unbelievably vitamin deficient. It's such an irony to suggest that a vegetarian would have a vitamin deficiency when a meat eater wouldn't. I have never seen such vitamin deficiency as I see with people ... Every single patient that walks in my office has a vitamin deficiency 100%.

Rich: What deficiencies are these?

Dr. Garth: I see everything, vitamin D deficiency, B 12, I see thiamine deficiencies, folate deficiencies, I see vitamin A deficiency quite a bit, vitamin C on the lower ends and normal. I want to say the numbers shouldn't be higher. My vitamin numbers that I check on people are ... If you check my numbers, they're through the roof and I don't take supplements.

I take a microalgae to get some omega-3s, I'm not positive about the benefit of that. I do it because I just stopped really eating fish. Occasionally I'll take vitamin D in the winter time if I'm not getting it out of the sun, that's it.

Occasionally I'll take B 12, my B12s are always fine. This is an interesting topic that needs to be studied because I ate a lot of organic vegetables. It might be that I'm getting B 12; this is highly debated, because there was actually bacteria.

When I get my, I get this organic delivery and there's actually worms on my food that I got to wash off. B 12 comes from bacteria. It's not heavily pesticided food, my B 12 has actually been okay and that's the one area you can see a deficiency in.

Rich: That's interesting. I take a B 12 supplement. I had a Tim VanOrden on the podcast a while ago who was a raw vegan and a very accomplished runner. He said he doesn't supplement with B12, he gets his, like you just mentioned he gets his produce from an organic farm and he just doesn't wash it off that thoroughly. He leaves a little bit of the soil on his food. He's found that by doing that he has had no issues.

Dr. Garth: Yes. I would much rather find a worm in my apple than get one of those shiny red apples from the grocery store. I want something organic. If a bacteria or a worm won't eat it, I don't want to eat it. This idea like McDonald's French fries ...

Rich: There's this soundbyte for the podcast.

Dr. Garth: I love these pictures these people put up on the web about McDonald's fries like this one lady has been carrying around a fries and cheese burger she's had for two years and it hasn't molded. It's like, if a fungus won't eat it, I don't think we should be eating it. I live my life by that.

Rich: Interesting. You left out one thing which is that you turned your health around so wholesome that you ended up completing an Ironman in 2011; you did an Iron man Texas?

Dr. Garth: I did. It was a huge moment in my life. It goes back to number one, watching the patients that did change and how well they did and it's, "I would like to have that feeling of this complete life change."

Number two, feeling so much more energy than I've ever had before and really starting to get invigorated by this idea that we don't need medicine to get better in life. We can actually start exercising, I started exercising lightly.

I'm doing this because I'm feeling better. I'm so excited that I was able to change my diet that I'm looking for new ways to change, how else can I change myself?

I started to really bring into question this idea that you can't change because I had so strongly held on to this notion that you can't change as a person. I never had ever run before, I had never swam before, I had never biked before. I was not an athlete growing up, I was more of a bookworm who sat on the bench type guy.

I started doing triathlons. I never thought I could do a sprint. Then I finished that sprint, I was like, "Oh my God I could do that, maybe I could do an Olympic." One day I said I have ... Ironman had always seemed to me as something that other people did, other crazy people. Is there any way that I could possibly do it?

I'll tell you when I crossed that finish line; the first thought to myself was I will never believe there is anything impossible again. Anything is possible. I'm going to believe that not just for myself but for my patients.

There's a sight over to my patients so much because I'll tell you these people come in and I see in them something I saw in myself but to a worse degree, I just don't believe that they've been given this lot in life that there's no way they're

going to change it, you mentioned something like a marathon, there is no way, that's just so far out of their idea of reality.

My goal in life is to show them that that is in fact a reality because there is nothing more rewarding for me and for them when Matt actually sings to them and they realize that they could use so much more than they ever had, that they're not destined to what they thought they were destined to.

Rich: Yes, that's extraordinary man, congratulations, that's really, that's very, very inspiring.

Dr. Garth: It's [crosstalk 01:05:33].

Rich: Yes.

Dr. Garth: It's impressive for me.

Rich: No, it's impressive for anybody. To think that it wasn't that long ago, it all started with that eye exam and it started your journey and to look where you are right now and to then be in a position or covered in a position where you can turn around and be in direct service to the people that you're seeing on a daily basis coming into your office.

There's that direct connection of now matching your talk with your walk and living authentically the message that you're trying to convey to these patients who desperately need your help.

Dr. Garth: That's what happened, people started, the patients really started connecting with this. They started connecting with my story. They were like, "You look really good Dr. Davis what are you doing?" "Let me tell you what I'm doing."

I started to realize that I'm in this position where I could actually do something. I really started to become somewhat of an activist. I've been working with giving, I give talks to patients all over the country, I give talks to doctors all the time about proper nutrition.

That's gone now on to this Facebook, I've got a Facebook page that I have close to 15,000 followers on Dr. Garth on Facebook and starting to write this book. The book is really focused on, the one problem I have with the way we look at nutrition is we look at it in such a deconstructed way.

You could draw back; you could see where it happened. In the 1970s, in the early 1950s we had dietary recommendations to eat a lot of protein because at that day and age, we were more worried about nutritional deficiencies.

Come to the 1970s, we're starting to see that the problem is no longer deficiency in any way, shape or form but it's actually excesses, obesity and it's heart disease.

Nixon put together or asked for a committee to be formed to address this problem with escalating cardiovascular disease. They had to select a committee in the house that was chaired by McGovern.

They did a lot of research to look at what was the problem. They came up with a pretty simple solution. We need to eat less animals. We need to eat less meat, we need to less protein. That went over horribly as you can imagine with the meat and dairy.

The meat and dairy industry come out and say absolutely not. What do they do? McGovern, the poor guy was from South Dakota, big ranching industry. They had him voted out at the next election. They lobbied the government tremendously with a lot of dollars and they got things changed.

He's part of the food libel laws you can't say anything bad about them. Look at Oprah she got sued because she said meat was bad. They changed the whole vernacular. They changed it from meat is bad to fat is bad.

That was a huge big change because we stopped looking at food as food. We started looking at food as fat, carbohydrate and protein. How confusing is that? Because all food has fat, protein and carbohydrate in it, what's broccoli? It's got protein and carbohydrate.

We started looking at food because of their protein content and it's hard, we got lean steak. Lean steak is filled with saturated fat even though it's lean steak. This really changed the way we looked at food. We started the war of is it carbs or is it fat? The whole time protein was this bystander. Come now into the 2013 era and protein has this ...

Rich: Even in [crosstalk 01:09:24].

Dr. Garth: There was a great Wall Street article, some journal like if it says protein people buy it. There's vodka with protein. If it says this protein we think it is good for us. It is the one nutrient that no one seems to question.

Yet, I have 600 studies showing that too much protein in our diet is extremely bad for our health and like we mentioned earlier people that eat a lot of protein tend to die in earlier age of western diseases.

I'm writing this book about protein not because I want to further confuse people but I want to show them that there's a lot of studies, one of my favorite authors is Michael Pollan. He's got this very simple answer; eat vegetables, he says, what does he say?

Rich: He says, "Eat real food mostly plants not too much."

Dr. Garth: Not too much?

Rich: Yes.

Dr. Garth: There's this call to whole foods let's go back to saying eat foods. The problem is you tell someone that and they say, "Okay." They'll turn around immediately and say, "Where's the protein?"

I really want to address that issue of where is the protein and show people that this idea that there's protein free for all these protein space that people take in, it's all complete junk and extremely bad. It is a huge part of the reason that we have escalating obesity and health care problems.

Rich: Yes it is amazing how effective the marketing has been in pushing this protein message. The health halo effect, if [crosstalk 01:11:05] has extra protein in it that there's literally, it creates a rise in consumer purchases, people just distinctively grab for it.

There is this inherent idea that it must be better for us or that we need that in order to be healthy. Everyone has this idea that they're an athlete and they need all this protein because it's going to make them, without doing anything it's going to give them strong muscles and where does that come from? What is that about?

It really goes back to these giant lobbying groups and the message that they're pushing because they have so much to gain by keeping people wed to the meat and the dairy purchases to keep them alive. It's really palpable.

I was just in a high gym not that long ago and was marveling at the Got Milk ads that hanging all over this public high school gym and just nobody looks twice at that.

I'm thinking, "Students are going to this school, they're in that gym at least an hour a day over a four year period and whether they directly look at those banners hanging and study them or just see it, it's in the back of their mind the whole time this message that if you want to be strong, the gym, there's a guy on the bench press, he's pressing weight.

If I want to be fit like that then I need to drink milk, that's the way to do it. How do you conduct that? How do you overcome that? It's very powerful.

Dr. Garth: Yes. Look at that food plate we have, the government puts out the food plate. It's got, it changed from saying meat to protein which it's getting better.

Rich: It's better but it still has a way to go.

Dr. Garth: What in the world is that glass of milk sitting there? Where did that come from? It's got the plate and it's got a glass of dairy. All of a sudden, with no, really no research to show that there should be that glass of milk on that plate, it comes from the dairy lobby. I can't believe just how powerful they are, look what they did to soy?

Rich: First before we even get into that, most people just assume that that pyramid or the power plate or whatever it's called now, that's the results of science, that independently-minded objective scientists and doctors got together to figure this out and that's what it is. They don't realize that it's a political construct.

Dr. Garth: Right. It is a complete political construct. The USEA they've got this full role which I've really had a problem with, on the one hand they're supposed to protect the consumer but the other hand they're supposed to protect the producer. How do they do both of that when the two are meeting head-to-head?

Rich: Yes, they're diametrically opposed.

Dr. Garth: Right. That's what you run into when you start seeing these food plates and things like that. It's a huge problem because the government puts out this food plate and people are going to gravitate towards that stuff.

Rich: Soy, I interrupted you, you were going to talk about soy.

Dr. Garth: Just going back, one thing I found as I've started doing more of this research and really getting into it, I must have been a little bit of an idealist or just, didn't believe in conspiracy theories. I can't believe how much conspiracy theories were actually true.

Just how influenced our government is as I start to track dollars and where they're spent and who is sitting on housing agricultural committees. Our food bill, the farm bill that they're trying to pass right now, it is humongous and it's so essential to our health and so unbelievably influenced by dollars.

Soy is one of the income [inaudible 01:14:38]. There is an unbelievable belief in this country that soy is bad for you. At first I just couldn't understand where it

came from, soy causes breast cancer whereas if you read the studies, quite the opposite, soy prevents breast cancer.

The best thing you could do if you had breast cancer is to eat soy. There's been really good studies about this. Asian women, they eat soy all their life and they're least likely to get breast cancer. Kids, that's the time when you really ought to hit them with soy.

In fact there's been perfect study showing that meat consumption causes early puberty and increase risk of breast cancer. Yet somehow soy has been defamed in libel by exactly the dairy industry. They have purposely gone out after soy. It's just amazing how influenced we are by what we see on TV and what we read and see.

Rich: With soy you do have to be careful about GMOs though, the proliferation of GMOs and soy is pretty profound [crosstalk 01:15:43]. There is a little consumer education that has to come around that. I was going to say that, I don't know if you heard the podcast that I did with Andy Bellatti who?

Dr. Garth: I did, I love Andy.

Rich: It was interesting, great. For people that are maybe new to this show or didn't hear that, go and check out that episode. Definitely follow him on Twitter because he's constantly calling out the food industry.

He's just, you were talking about conspiracy theories but he'll just constantly tweak these articles where Coca-Cola is sponsoring the latest convention of nutrition, stuff that's so outrageous. You can't imagine that it's actually true.

Dr. Garth: You can't believe it's true. He sent me this picture. He was a nutrition and he was like you're not going to be believe this. He showed me, there was a lecture on how to educate patients on how to eat well at McDonald's.

Rich: I saw that yes.

Dr. Garth: You just can't believe it. Annie and I had lunch one day and we were just dying over the ... He started a group, it's a nutritionist for integrity or something.

Rich: Yes, I'll get the exact name of it. I can go back and listen to the episode and put it in the show notes.

Dr. Garth: I've gone through so many nutritionists in my office because nutritionists, they're taught by the American Dietetic Association and sitting on the Board of

the American Dietetic Association are groups like McDonald's, Dairy and Nabisco and these things.

People just can't understand how much the instructions we give to patients about what to eat is actually influenced by the companies for the political autonomy.

Rich: Yes it's a very interesting point. I would say that in my own personal experience I've had some of the most heated discussions about nutrition with dietitians and nutritionists who really push back on me and tell me what I'm doing is unhealthy and all these things.

I have to realize and understand and have compassion for them that they are just, they're regurgitating a script that they learned in their school and that the heart of that curriculum is informed just as you said by these groups that are embedding the curriculum with their point of view about dairy and meat products et cetera.

It sounds like conspiracy theory, it really does. It sounds like you're nuts to even submit that idea but I'm telling you that it's true.

Dr. Garth: It happens. I've had people come on my Facebook page telling me how awful I am. I've researched them and found out they were biotech lawyers. One of them was going off on me. I was like, "This can't be a patient. There's got to be something going on." I found out she was a biotech lawyer. It's just interesting.

The sad thing about all of this that the really sad thing is people have gotten so confused out there, they've given up on doctors, dietitians, they've turned to the internet. The internet has some of the worst, worst advice I have ever seen and I can't believe it exists and it exists so vehemently. I don't know if you've gotten into the argument online with a Paleo person?

Rich: I try to avoid that. I do want to get into the Paleo discussion and where you're coming down on that.

Dr. Garth: It's just, I read this article somewhere, I can't remember. Someone posted somewhere on Facebook how you go through this whole interconnected web stuff that saturated fat is actually good for you and they're going to have bacon every day.

Rich: That's definitely a big Paleo thing right now. To be clear they're trying to distance themselves from Atkins, they're very adamant that what they're doing is not Atkins. They are advocating more vegetables and whole foods and all that sort of

thing. There's this weird pride that comes along with eating bacon every day like bacon is the second coming.

Dr. Garth: It was so bizarre. Here I am, I'm studying this like crazy, studying saturated fat like there's no tomorrow. Of course we've got to get across Gary Taubes' book as this all goes on.

The funny thing about these online people, they never reference, you know what's happened? The sad thing is PubMed is online. PubMed you can look up any article.

The big thing to do in this little internet websites is to reference an article from PubMed and all you get is the abstract, that's what people are referencing. No one has a first clue about how to read an article or how to analyze whether an article is realistic or no.

For me, in the surgery world, I got to know the author to know if I believe the study. I got to sit in a meeting and question them. They're not doing any of these. They're just like I searched from PubMed I found this one article I'm going to make this argument.

Not only am I going to make it, I'm going to make it so vehemently, I'm going to attack you like you're the worst person in the world to tell someone that they need to eat vegetables. God forbid you tell them that saturated fat is bad for you.

I want to laugh it off, this is funny, I'm just going to ignore these people. I'll tell you what the sad thing is, most experts nutrition do exactly that, they laugh it off. They say, "This is a stupid little movement, anybody who believes this is ridiculous. I'm not going to do anything about it."

The problem is this is really taken hold. People's lives are at steaks. If no one says anything, nutritionists are going to say, "Look, I'm not going to go and argue with an idiot because it's just going to make me look an idiot, I'm just going to ignore them and just do my science."

The problem is that science isn't going out there. These people are really getting a fan hold. All of a sudden people are eating bacon because they think it's actually good for them.

Rich: What is this idea that's being proposed by Gary Taubes and others that saturated ... because I hear it all the time saturated fat is not the enemy, the enemy is carbs and that includes fruits.

It's this high protein message and getting rid of all these carbs which includes fruits because from this perspective whether it's an orange or a candy bar your body doesn't know the difference. That's another big talking point.

We should focus on getting rid of all the grains and the sugars and just start pushing this higher protein protocol. What's going on here and what's the truth, your perspective and the research in the studies that you've been poring over?

Dr. Garth: There's always going to be a middle ground where we should all probably agree. Everyone is so vehement in their spanning, maybe I'm a bit vehement now because it's come to the point that I have a really hard time telling anybody to eat any meat. The science is so strong. Maybe someone will say I'm extreme too but at least I'm extreme after some serious study in the situation.

What Gary Taubes did is he wrote a book, he's a journalist, very good with words, he took articles, boy did he mash-up articles, he did not ... I can't each article, he presents what seems to be a very scientific argument and to read him is to believe him.

Doctors believe him. Doctors read this book, I went to American Society Bariatric Medicine meeting and Gary Taubes book was at every one of our tables next to Atkins book, we all got those two books and he gave the keynote address. These doctors are phoning over him.

How could this be true? How could ... First of all, how could carbs be so bad for us if the societies that eat the most carbs are the healthiest? This doesn't jibe with me, number one.

Number two, fruit consumption is clearly tied to less diabetes. How are these assumptions he's saying that fruits will make you diabetic, how is that possible?

Number two, there's a group called Carb Crying Group, the Carb Crying Group what they do is they realized there's just too many research articles out there. They really can confuse people.

What they do is they get these big groups together, they have this very big, what they call meta-analysis. They've put together the best articles and come up with statements on different things. There's all kinds of this talk about grains being bad for you.

They did a concrete analysis of grains and actually grains consumption decrease diabetes. The science is flying in the face of a lot of what Gary Taubes is saying. Gary Taubes is saying, "You should eat nothing but protein and saturated fat is good for you." He bases it on these articles.

You can't believe, if you actually understand science, for instance, there will be an article that says a low fat diet, this come out all the time, a low fat diet versus a high protein low-carb diet, the high protein low-carb diet had a better control of coronary disease.

These bloggers are like this study came out here you go it's proof. If you read the article, the low fat group is consuming 38% of their calories from fat. Is that low fat? That's not low fat. They didn't prove anything with that study.

Number two, some of these studies, they're trying to make this interesting thing. We're trying to say that saturated fat causes heart disease, what they want to do, we do what's called a multi varied analysis which is to say we need to make sure that it is exactly saturated fat that's causing heart disease and not some other entity.

We would take out, for instance you have a whole bunch of people, some of them smoke, some of them don't, you take anybody who smokes out of the equation, because that could cause heart disease. The problem is they will say, "High cholesterol can cause heart disease and we're going to take everybody who has high cholesterol out of the study."

Here's the problem, if they're eating saturated fat, the reason saturated fat causes heart disease is saturated fat rises cholesterol. You basically eliminated a whole bunch of people that are in fact getting high cholesterol because of saturated fat getting heart disease.

It sounds confusing and what's it's called is over adjustment bias. It happens all the time in these articles. Gary picks articles, the funny thing about Gary Taubes is he goes, he was on CNN once on Larry King and I wanted to jump through the TV and strangle him although I hear he's a boxer so maybe I shouldn't do that.

He sits there and he yells, "Don't cherry pick articles." Yet that's exactly what he does, he cherry picks articles. He says, "Don't over read articles." That's exactly what he does. In fact some authors of many articles he quotes are pissed off because he came to conclusions that they didn't come to in their articles.

Basically he completely dopes people into this idea that saturated fat is not bad for you. It's so infuriating but it's caught on like wild fire. There's a group out there called The Western Price Foundation.

The sad thing about The Western Price Foundation, it's named after this guy Western Price who did a smart thing. He was a dentist. This is in the 1920s I believe. He went around he said, "Look, in these uncivilized parts of the world

people don't have dental disease. It must be because of our civilized diet. It must be because of the processed foods and stuff."

He never came out and actually said, "You should eat nothing but saturated fat in meat." In fact he did comment on one of the healthiest societies he saw was the Indian society that was big and they were the strongest, best looking or vegetarian, I can't remember if they're vegetarian.

He was actually very in awe of them. All those western price foundation has put together such a lot of nonsense on the internet that you can't, it is such utter nonsense.

The funny thing is that, I was talking to one of my friends and I was talking to him about Colin Campbell's book The China Study. She said, "I don't want to hear about Dr. Campbell because he's been discredited."

Rich: That's the other thing that's going on is this idea that not only has this Gary Taubes philosophy really taken hold, there's this notion that The China Study has been discredited because it's not a double blind, it's the argument because it was a population study.

The correlation is so extraordinarily significant that you can say no, it wasn't a double blind study because it was done on real people living in their natural habitat. I don't think that that's a valid dismissal of such a comprehensive well document study that in my mind it is.

Dr. Garth: That's exactly what I said to her, I said, "Dr. Campbell was the Chair of the Department of Nutrition at Cornell University. He spent his whole life studying nutrition. He did one of the biggest studies ever on nutrition and disease, how is he discredited?"

She gives me a reference. The reference is to a 22 year old school teacher that writes this article about how Dr. Campbell had his data wrong. I read her article and it is so blatantly obvious that this girl doesn't know the first thing about statistics.

She's doing what's called a univariate analysis, in other words she's looking at one variable, she's not taking into account other variables that could be affecting the situation. Everybody says, "This 22 year old published this. Dr. Campbell is an idiot."

Dr. Campbell did a very nice re-battle and I was glad he did that because people don't do a re-battle and he really shut her down. She's revered in this whole, society, 22 year old doesn't know the ...

The thing that gets me, these people have never sat down with a patient. They've never seen a food log from patients. They've never treated people like I have.

Here's the thing that they constantly do. They say number one, if you say Dr. this and that said this, they say you can't say that, that's an argument based on authoritarian account. These experts that have truly studied these diseases because they're experts shouldn't be listened to. Isn't that completely ludicrous?

Rich: Yes, it's really bizarre.

Dr. Garth: Really bizarre, number two and you mentioned this. It's the one thing that really blows my mind is that anytime you bring up an epidemiologic study they criticized it with this saying, correlation does not equal causation.

They've all learned the same lingo to argue with. They have some lecture on how to argue. They come up with this comment correlation does not equal causation to a point they are somewhat right.

Epidemiologic studies are correlation studies. They're not randomized control trials. There are some pretty long-term epidemiologic studies that are a little bit more advance. When you've got a whole bunch of epidemiological studies saying the same thing and the correlation is very strong, you got listen to it.

In fact I will tell you that in an epidemiologic study we do these multi-varied analysis, epidemiologists do so much control of the variables that they almost wipe out any possible correlation so that if there is a correlation, even a slight correlation, you better take note because they've done every statistical method to try to eliminate that correlation. It's almost like these people say where's there's smoke, there's definitely no fire.

Rich: The analogy would be something along the lines of if you looked at everybody in the world who drinks five or six or more big gulps a day and look at the diabetes rates and you see a correlation, you cannot say that drinking those big gulps caused that diabetes, the correlation is probably so significant that it would be foolish to think that it's not a contributing factor in what's going on. Go ahead.

Dr. Garth: Most of, we took that population of people and we made sure that they all weighed the same. We looked at their diet and who ate more of this and who ate more of meat.

We really got down into the nitty-gritty and eliminated all kinds of confounding variables, who smoked, who had metabolic acidosis, all kinds of different

variables. Really trying to get down to was the big gulp causing the problem? Now we've got an even stronger correlation.

Rich: What do you think it is that has created such a strong movement in this low-carb ideology? Is it just that people want to have their bad habits cosigned or what do you think is going on? Why is it so wildly popular right now? They really do have the microphone.

Dr. Garth: The American pass timers' meat is always going to be, it's fueled a lot by the meat industry. They definitely look flamed to it big time. They have some poor, they're some very poor studies out there that will give them fire that they could burn on to make these arguments.

There's this anti-authoritarian online ... I read an article the other day that George Bush organized 9/11. How ridiculous is this? George Bush organized planes to fly. There's such conspiracy theory out there.

Realize that with all we said that's bad about medicine and medicine's realization of nutrition, it has gotten better. The American Institute of Cancer Research got together just about every expert on nutrition and cancer and they came up with a statement that in order to stop the rising cancer and prevent cancer recurrence we need to eat more vegetables.

The American Heart Association got together every expert they could on nutrition and heart disease. They came up with a statement that said we need to eat less meat and more fruits and vegetables and avoid fat.

The American Dietetic Association and the American Diabetes Association said the same thing, if we want to have less diabetes, we eat more fruits and vegetables and less meat and less fat.

All the leading parts of medicine that are studying this, all the real true experts, probably the biggest experts, the biggest studies that have been done in America the Nurses' Health Study in the health professional study done out of Harvard.

They even said that, in fact it's pretty funny, they interviewed Dr. Rimm, he's one of the head authors at Harvard. He said, looking at all that data, people should basically eat vegetarian. We can't really tell people to eat vegetarian because that would be extreme.

Rich: I've heard this before.

Dr. Garth: She said that would be extreme as having coronary pass isn't extreme.

Rich: Here's the solution but let's just dismiss it because no one is actually going to do that. That's just ridiculous.

Dr. Garth: All these authoritarian bodies have said this. Whenever authority says something, people are going to want to counter it. They counter it so vehemently.

It's surprising to me how vehemently they will attack you so personally and with such vigor. It's really impressive, it's something that's just not seen; when we attack each other in science it's much more respectful. It's very funny.

The funny thing is I go to these conferences where the actual scientists are debating this stuff. The thing that always gets me, you've probably seen this too, the pro protein Gary Taubes excluded because he's an athlete so he actually looks okay. We'll get back to him remind me to go back to Taubes. Gary Taubes excluded, all the people that are pro protein, the pro high fat group, they're all fat. They're all overweight and they all don't look, Atkins ...

Rich: Loren Cordain, being the top of that didn't he, did he die of heart disease? I don't think, no, no he's not dead. There was the other, the Atkins guys did.

Dr. Garth: Atkins died of heart disease.

Rich: Atkins died of heart disease. Loren Cordain is definitely overweight.

Dr. Garth: Here's the PR ...

Rich: They lose weight when they have a book coming out and they have to come on a book tour but in between they tend to gain weight.

Dr. Garth: Robert Lustig is this big anti sugar guy and he's overweight. The PR people when Atkins died from, his cardiologist said that he had heart disease. They came on and said he fell, he fell down the stairs that's why he died, it wasn't his heart. He had a heart disease.

One of the biggest proponents of The Western Price Foundation is 45 years old. This guy was a vehement eat as much fat as you can. He died of stroke at 45. They came out with some press releases saying he didn't die because he ate fat and that his stroke is because he had HIV. HIV really doesn't cause a stroke, full on AIDS can but HIV doesn't.

The funny thing with Gary Taubes is Gary Taubes on his blog wanted to show because the big debate is that you eat this high fat diet is a bad for your lipids.

Look, there's some people out there that have extremely good capabilities of processing lipids.

Every study I have seen shows that eating less meat drops the LDL cholesterol which is the most important factor at least in men in deciding whether or not you're going to have a heart disease. He says, "I'm going to publish my labs to show you how good my lipids are."

He publishes his labs and his lipids look good. The funny thing is he's not a doctor. He's bi-carb is 17 which is extremely low meaning he's in metabolic acidosis. This is what we see in all high protein, high fat patients is that they get into metabolic acidosis.

They're eating so much meat, meat has sulfur compounds and it turns to acid in your body. Chronic metabolic acidosis leads to disease over time. We know that chronic metabolic acidosis leads to bone disease for instance, your body tries to buffer the acid by taking calcium from the bone and that's why people that eat more meat and more ...

The funny thing you mentioned milk it's good for your body, countries that drink more milk have more osteoporosis and more hip fractures. The more milk you eat the more acidotic you are the more bone disease you'll have. It's a hotly debated topic. It doesn't fall perfectly like that.

Rich: This state of chronic acidosis produces a chronic state of inflammation. Inflammatory state really provides this right feeding ground for all these diseases, these chronic western diseases that we suffer from.

Dr. Garth: We're in a chronic state of inflammation, it's a serious problem. Disease happens from inflammation. There was a recent GMO article looking at higher protein versus low fat diet.

They found that their big finding in the media press release was that and their conclusions, everything was that a high protein diet had better, the high protein and low fat diet, they lost the same amount of weight but the high protein had better lean body mass preservation as they lost weight.

The idea being if you eat a lot of protein, you got to preserve your muscle and you're more likely to keep the weight off which has never been proven. Every long-term study with Atkins et cetera, people gain back their weight. This is the lingo in Journal Medicine, this is a huge article and this is a press release.

You read the article; they looked at other stuff too. It turns out that the high protein group, they also said the high protein group had better HCL control and

had better triglyceride control which is all good but the low fat group had better LDL control and that's a better predictor of heart disease than the other two in men.

Here's the interesting thing. They did some other tests that they mention in the discussion session but none of these bloggers are going to go in and read the discussion session, only nerds like me do that stuff.

In the risk health section, the high protein group had a much higher sea reactive protein which is a measure of chronic inflammation. They also had much higher urine cortisol levels.

We know from other studies that having high urine cortisol levels leads to heart disease and heart related mortality because it's a stress, your inflammation, cortisol is a stress hormone. If you've got cortisol in urine your body is in distress.

When you're trying to put your body into Ketosis and you're eating these high protein diets, you're basically stressing your body, putting in the anti-inflammation and leading it to a chance for cancer and heart disease.

Rich: That's good because that was really my next follow up question which is what are the potential harms of ketosis because there are a lot of people out there that will say there is nothing harmful at all about it. In fact it's a great, we all know that it worked to lose weight but what is actually going on and is this damaging to you physiologically in the short run or in the long run?

Dr. Garth: Ketosis is our bodies emergency mechanism. It's an emergency mechanism we evolve for times of famine. What happens is our carbs cycle which interestingly runs out carbs.

This is the other funny thing I find all the time with people saying, "I need protein for energy." My famous thing is as soon as someone, I put someone on vegetarian diet and the first moment they feel tired, they feel like they need protein which is all good because they want to blame the vegetarian diet immediately even if they stayed up all night watching TV. The interesting thing is that protein is really not an energy source.

Rich: It's a terrible energy source.

Dr. Garth: It's a terrible energy source. In fact it uses energy to process it. The carb site our bodies energy is all thrives on glucose, our brains thrive on glucose, how can sugar, now I'm talking about sugars that come from fruits. We can talk about white processed sugars.

Sugar, glucose is extremely important to our bodies function. You don't give the body glucose anymore; your body needs to form glucose in itself called gluconeogenesis. It will do that by breaking down fat in the liver.

Here's the thing, Ketosis, chronic acidosis is bad for your bones, it causes inflammation et cetera. No one could stay in Ketosis for a longer period of time because it's an unpleasant situation, you will be ...

Atkins famously, part of the Atkins diet you had to take fiber because you got horribly constipated, you had to take all kinds of vitamins because you got vitamin deficiencies. It's just not a natural state to be in. As we see from all these long-term stays on Atkins people can't stay on it, they're just not going to stay on it for long periods of time.

Rich: Right. Disease aside, for the athletes out there that maybe listening potentially experimenting with Ketosis, when you're in Ketosis you're creating this chronic state of inflammation and acidosis, is this correct?

Dr. Garth: Correct yes.

Rich: That's really impeding your body's ability to recover in between workouts. You're really hamstringing yourself if you want to get stronger, faster in a short period of time. You're slowing that process down.

Dr. Garth: Yes, I can't imagine an athlete deciding that this is good for him. Athletes have been the most doped by this of course with the idea especially funded by all those supplement companies. There's so much money that goes into this, there's so much money that they need this extraordinary amount of protein.

One of the studies that depending, it can meat argue but we really can't absorb more than or utilize more than 15 grams of protein at a time. We're just not developing muscle at a rate that we need to consume these high amounts of protein.

Yes, the athletes have been doped to ... You've seen it a lot obviously yourself and I've seen it in mine especially when I counsel athletes and get them to change their diet. Their performance improvement is really impressive. I wish there was more study on that.

The sports area needs to really study this huge performance ... They're starting to look at it like for instance the big discovery that beans are so amazing for performance. There is a real performance enhancement in switching to a plant-based diet as far as exercise.

Rich: Yes. There's no question about it in my mind. There are some interesting things happening in that world right now and more is going to get revealed over the next couple of years.

We're still fighting, we still have to fight this fight, we got to combat this low-carb fanaticism that's going on right now which leads to one other question that I had that I feel we missed but I didn't ask which is a lot of people will say well, I eat grass fed, I eat grass fed. I have my own opinions about that but I'm interesting to what your reaction to hearing something like that would be.

Dr. Garth: Somewhat mixed reactions, the study is pretty clear. There's been studies looking at eating food and the inflammatory response. Part of this inflammatory response we talked about metabolic acidosis but it also has to do with endotoxemia.

Endotoxemia means that you eat the meat and the toxins from bacteria that are in meat that get into our body and create an inflammatory response, that happens whether it's grass fed or corn fed, that doesn't make a single bit of difference on what it's doing.

Grass fed meat still has saturated fat, saturated fat causes the cells in your gut to widen open and what's called leaky gap which allows bacteria into your body which causes inflammation.

The bottom line is a grass fed cow is still going to create inflammation in your body. In fact it was one say that, I read it through Dr. Greger's site that showed that wild kangaroo meat still created inflammation but not that much inflammation compared to other meat.

Probably wild game that's lean, that's running around eating wild grasses might have a little bit less inflammation to it, it's still, as far as the grass fed beef that's being served to people and grass fed bacon, those cows are still fat. They're still filled with concentrated fat endotoxins, something called [U5TC 01:46:34] it's getting complicated but these antigens that get into our system that our body recognizes is formed and starts to attack.

Here is one of the biggest things, people think, and I hear this all the time. "We are carnivores." I always wonder where that comes from. Who looks at us and sees carnivores? Because look at your dog.

I've got a great dog; I look at my dog all the time. I'm very fascinated with the difference between a true carnivore which is and by the way having a carnivore as a pet and being vegetarian it's very hard to feed the pet, nothing worse than buying your dog a trachea of a cow, that just really upsets me.

A dog, their mouth, first of all, their canines are a hell of a lot different than my canines. We don't really even have canines. Ours are extremely small, they're better for biting into an apple than into a piece of meat. We don't have claws, we can't tear apart food.

In our mouth, in our saliva, we have amylase to breakdown starches. A dog doesn't have that or a lion doesn't have that. Lions and dogs make their own vitamin C they don't need vitamin C, we need vitamin C.

They have a very short intestinal tract, because meat putrefies in the intestine. We have a very long intestinal tract like a herbivore would process carbs as they go through our system. Just about every facet of our enzyme production, of our anatomic the way we grind food, the grinders that we have, it shows that we are herbivores and not carnivores.

This idea, the one thing that gets me is this Paleo idea, we need to eat like the Paleo people, those were not healthy people many, many thousands of years ago.

We should evolve, shouldn't we be evolving, shouldn't we be getting better? We should be eating, now we're in this beautiful day and age where we can have blueberries, strawberries and apples, kale by the abundance.

We should be living to 150. We should be healthier than we've ever been. We should be evolving and not devolving into a primitive-based diet. Who wants to be a cave man? I want to be a modern healthy Ironman.

Rich: I love that. That was beautifully put thank you. I also think there is a perversion of this Paleo concept altogether. Were they really gorging on meat? They certainly weren't eating processed bacon or anything like that. For the most and obviously it depends on what part of the world they lived in and what was available and what had to be hunted and how difficult that was.

I would imagine that if you could make a generalization that meat was far between and it was a result of the tremendous amount of effort to track it and capture it and all of that.

On a daily basis that eating the low hanging fruit so to speak, the plant foods that were more readily available and accessible and could be even pre-harvesting culture at least accessed and stored or eaten on a daily basis would have been the more predominant day in day out diet.

Dr. Garth: Yes. That's been shown. They've found vessels and grinding instruments where they've actually, that carbon scanning electro ... really complex stuff where they

found that they were eating a lot of vegetables and that they were using these vegetables as their main staple of their diet and what they gathered.

Mainly gathering was actually the main part but because the men did the hunting and the women did the gathering and the men got all the honor, there was honor in hunting when they did it.

The other thing is the food that they were eating, there is going back to that grass fed, for instance in Iceland they don't eat a lot of vegetables. They tend to get a lot of fish so they get a lot of omega-3 and that seems to protect them somewhat from heart diseases. They're not the healthiest people but not as unhealthy as we are.

They eat a lot of lamb and their lamb is really grazing on wild greens and their lamb actually has omega-3 in it. It's a little bit better. Going back to the point these Paleo people were eating, they weren't eating cows.

The animals they were eating was nothing like a cow. These were wild, muscular animals with health saturated fat, probably high in omegas from eating grasses. It's totally different. For a Paleo person to think that the bacon they're eating is remotely Paleo is just ridiculous.

The other thing they do, one of the most amazing things to me that I can't believe is they won't eat beans because they think that beans are part of that agricultural, legumes are part of that agricultural revolution that's what's hurt us.

Yet the Blue Zone Study shows that the number one food that's held the same in the different blue zones is legumes. Beans are about the healthiest thing you can possible put in your body. Yet Paleo people don't eat it for this ridiculous concept that is because it's part of the agriculture.

Rich: Yes. I eat tons of beans. Isn't there something, what is this argument about the lectins? How that contributes to leaky gut or something like that?

Dr. Garth: Lectins, the plant, it's a plant defense mechanisms. Lectins bind different nutrients so it's called an anti-nutrient. There's a few funny things about that, first of all, soak beans overnight and sprout them and you've gotten rid of the lectins, cook them and the lectin is completely gone.

No one eats raw beans. We sprout them and we cook them. Whatever lectin is there one thing lectin does bind is iron. It may be, this is really coming, this has been filled a lot back from actually from the anti-aging medicine.

Anti-aging medicine is really starting to merge into nutrition science. One thing that's been merging with the anti-aging is this idea that aging as they look at cell and the breakdown of cells that it might be over-mineralization that's causing us to age and causing damage to ourselves. Iron might be the biggest one of it.

It may be beneficial to have a little bit of a lower iron level. The Paleo guys, funny enough some of the Paleo guys that are like die hard Paleo, they really crack me up. They're very funny. They will actually go and give blood because they say ancient Paleo people were injured all the time and would bleed and that might be part of why they were healthy.

Actually maybe that was part of the reason they were healthy because they lost iron. Iron excess, there seems to be this you're iron deficient you need to be iron, you better get your iron, it may in fact be that having lower levels of iron is actually better for us.

Rich: That's interesting I've never heard that before. That's fascinating.

Dr. Garth: There's a lot of interest in iron and heart disease, excess iron and heart disease.

Rich: Yes, because all you hear about is iron deficiency and particularly when you're talking about a plant-based iron people get really freaked out about that.

Dr. Garth: Yes. Iron has been related to diabetes. A lot of the concepts, look, just about every concept, when I counsel patients I say, take every concept you think you know about diet. First of all, they did a study, do you know the EPIC-PANACEA Study?

Rich: In a general sense.

Dr. Garth: EPIC-PANACEA Study we were talking about The China Study, the whole online community loves to go out to The China study and that's fine, The China study is old. The biggest study now, one of the most absolutely comprehensive studies ever done on diet and health is the EPIC-PANACEA Study.

It was done by the European Union. The idea was let's really follow people, what they eat through many years and see if there's a relation between food and disease and obesity, because they want to know why are people getting cancer in Europe and why are people becoming obese in Europe.

The study design is complex because it was done all over Europe and they used different food measurements of different parts because different societies had different ways of measuring their food.

They followed 500,000 people for 10 years. This is a very comprehensive study. They found an absolute true correlation, an absolute correlation between meat consumption and weight gain.

The meat that was most correlated with weight gain, chicken. Our diet, the food that we think is diet in America is actually the food that may be causing most weight gain in America.

Rich: That's amazing.

Dr. Garth: It's amazing. I tell my patients, just take everything you think you know about diet, milk is good for your bones, chicken is a great food to eat. Bacon is okay. Take all these concepts and throw them out the door.

The other concept that absolutely kills me is this concept that fruit is bad for you. If anybody tells you, this is populated by trainers. It's always by trainers.

Rich: Right. This is a big thing right now. Just for people that are listening it's this idea that it doesn't matter where the sugar is coming from, it could be a processed sugar, it could be in orange like I said earlier, it doesn't matter your body doesn't know the difference, it's all evil and you shouldn't have any of it.

Dr. Garth: Right which is so strange because nature's design of how it delivers sugar to us with fiber through a slow gradual process almost like a slow release; a grape is like a slow release of sugar if you want to think about it like that, like a slow release feel, a perfect medium to give us sugar, not an ice cream that's going to dump sugar into you right away but the slow release of sugar.

In fact a recent study that just came out, I can't remember the journal but it just came out, showed that actually fruit consumption is tied to lower rates of diabetes, especially grapes. People always probably don't eat grapes because they're highest in sugar.

Grapes were one of the highest correlated with decreased diabetes. Meanwhile and people don't seem to know this, meat consumption is one of the highest correlations with diabetes there is.

Rich: You would think it would just be all the processed sugar that was contributing to diabetes. You wouldn't think meat.

Dr. Garth: You would think, it's actually not, its meat because the meat consumption creates this inflammation we're talking about, this inflammation creates insulin resistance. Chronic metabolic acidosis greatly affects muscles ability to respond to insulin.

People don't realize this but meat, everybody says the big enemy is insulin, Robert Lustig, the big problem in the world is insulin which is strange, in terms of growth hormone and we need insulin, insulin is important.

I could understand chronically high insulin would be bad but does he know or has he not studied the fact that meat causes almost as much insulin rise as the fruit if not more.

Meat causes rises in insulin, [inaudible 01:57:31] amino acids actually activates insulin. I just can't believe how little people know. I just want to tell everybody just stop and listen to the experts or actually do your research. When I say do your research don't read a journal article online abstract. You actually have to go through the whole body of knowledge that's out there.

Rich: The truth is people aren't going to do that. They're relying on people like you to guide them straight. Alluding back to what we were talking about earlier when you go online and you see so many different points of view and everybody is citing research. It just creates so much confusion.

That's exactly where the food companies wants you to be. It perpetuates the status quo and the problem never gets solved. It's like you're the rare voice, you're the outlier out there. That we need to hear you and people like yourself who can set us straight and help us cut through all of these confusion to just get down to what's actually going on and what the truth is.

Dr. Garth: I appreciate you giving me this form to do so. I'm going to keep shouting it from the roof tops as long as I can until we start making a difference in this country because I can't imagine anything more important to me.

We talked about at the very beginning you were talking about, what about the increase in preventative medicine, western idea of preventative medicine is a mammogram. That's not preventative medicine, that's a diagnostic, early diagnosis.

We really need to change the whole dictum of what preventative medicine is because the changes we could make in our society, not just in health but our economy, our environment, the meat industry is just absolutely destroying our environment. There's so much that could happen with this simple concept of understanding that we are herbivores and that we thrive as herbivores.

Rich: I love it man. It's powerful message. It starts with personal responsibility. I hope everybody who is listening to this can go home and think a little bit more deeply about the choices that we make on a daily basis and the ramifications and the impact of those choices as they ripple out.

I always say we vote with our dollar and really it's easy to say we don't have control over all of these things. We have to start with what we can control. That's with what we put into our bodies, how we move our bodies and the information that we allow in.

On that note, I always refer people to Dr. Greger's site nutritionstar.org. Are there any other places that you could tell people hey, here's a good resource or here's a place that cuts through the nonsense and tells things straight for people that want to take it up a notch?

Dr. Garth: Yes. There's quite a few good ones online right now. First of all, I have a Facebook page which is Dr. Garth on Facebook. I try to put, every time I find an article or some kind of thing I put a lot on there, a lot of information. I tell patients what I'm eating. I do some videos of what I'm cooking.

Rich: I'll put a link in the show notes up to that of course in your Twitter and all that good stuff.

Dr. Garth: There's an interesting guy who started this website called Plant Positive.

Rich: Yes I've heard of this guy. Some people are bugging me to get him on, I got to get him on the podcast, but I don't know that much about him.

Dr. Garth: He tries to stay anonymous.

Rich: He's anonymous.

Dr. Garth: His degree of research on to some of these topics is bar-none. I learned a lot from him because there were a lot of articles that I had problems with and I actually, I don't even think he's a doctor. I don't know really what his background is. I emailed him a couple of times and said, "What's with this article? I can't pick out the problem."

He noticed it right away. One of them was like a lot of these problems with "Is cholesterol bad for you?" They look at elderly people that are dying. When you're dying and you're really sick and you're older, your cholesterol level naturally drops. He pointed that out right away and gave me references to that. I was like, "God, I missed that!"

There was another one that showed Swedish people that ate meat, had lower cholesterol but these were Swedish people that had high elevation, you had higher elevation you naturally have low cholesterol. This guy has a phenomenal way with picking apart these Paleo groups, it's phenomenal.

Rich: He has a whole series of videos that where he goes step by step through the whole thing and analyzes Paleo and sets the record straight from his perspective. It's a YouTube channel but he has a site also?

Dr. Garth: Yes, he's got a site too, just Google Plant Positive. There's another one called Healthy Longevity. I don't know who did the Healthy Longevity. It's a great blog site. The person who did Healthy Longevity did equally great job of analyzing data in a very thoughtful way, just incredible way.

Rich: The book is The Protein Obsession. How is it coming with the writing? You sent me the first two chapters which I read, it's great. It goes off like gang busters now. You're taking this on man. I love the story. What's that?

Dr. Garth: You're the first person to read it, you and my wife so I'm glad. My publisher is great. I'm being published by HarperCollins, HarperOne. My publisher is this guy Gideon Weil, I've never met a more patient publisher because he is so, he just wants to get this message out.

I've never seen a publisher more interested in a message rather than book sales. He's just so confident in this message. He's like, "Are you okay? Is everything all right? Send me some more."

He's really helped me shape my message because I didn't know what the message was to begin with. He was like, "What's the central problem?" "Gosh, I don't know the central problem is this that and the other."

"No, no, really what's the central problem." He really got me down to this, "The central problem is our fascination with protein." That really has taken it off. I'm really appreciative of Gideon and HarperCollins. I hopefully have a good for them. Hopefully I've have everything into them by the end of the year. I'm taking [crosstalk 02:03:39] off work.

Rich: Are you going to take work off to focus on it?

Dr. Garth: I've been doing that. It's hard to do. It's a big money loss for me but I feel strongly about this. I've got to do a lot of research and stuff. I've got ... You should see my other pages of research I got. I hope to put together a book that will really help answer some questions.

Rich: Cool man. I've excited to read it. We'll have to have you; I could talk to you all day. You definitely need to come back on when the book is ready but maybe even before then. It would be good to be in the same room too.

Dr. Garth: I'd love to come to Malibu. I did the Malibu tri once.

Rich: You did?

Dr. Garth: I'd love to come back out there and have one of your wife's meals.

Rich: Absolutely. It's an open invite man, so let's work that out.

Dr. Garth: I appreciate it.

Rich: Dr. Garth on Facebook, it's just Dr. Garth right?

Dr. Garth: It's just Dr. Garth. If you just search Dr. Garth you'll find it.

Rich: On Twitter you're @Dr. Garth Davis on Twitter right?

Dr. Garth: Yes.

Rich: That's so cool. Do you have a website also?

Dr. Garth: TheDavisClinic.com.

Rich: Davis Clinic, this is your practice website right?

Dr. Garth: Yes. I got a [inaudible 02:04:51] interest for people.

Rich: Cool man. Hopefully the power has turned back on at your home.

Dr. Garth: Yes. I hope so too.

Rich: You get home and everything is okay there. At least some tornado didn't blow us away in the middle of this. That's good.

Dr. Garth: No, we're used to it here.

Rich: Yes cool. Man, thank you so much for your time. I appreciate it. Your message is powerful. You're an inspiration and you got to keep trudging this path man. We got to do this together.

Dr. Garth: Thanks. Challenge people to get on their podcast, they just get it off Apple?

Rich: Yes. They can get it on iTunes. They can go to my website. When I publish it I'll send you an email and I'll give you all the links that you can share it with everybody.

Yes, iTunes, there's a bunch of different places where people get podcasts like Stitcher Radio and everybody has their own podcast feeder apps. It feeds into all of those. The main place where people get it tends to be iTunes.

Dr. Garth: Okay perfect. All right Rich, thank you so much. I really enjoyed it.

Rich: All right Dr. Garth. Take it easy man, let's talk soon.

Dr. Garth: Take care, bye.

Rich: All right peace.