
John McDougall: Simple Tasty Diet Prevention

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Speaker 1: Speaker tonight. I want to thank him for that. John McDougall has been studying, writing and speaking out about the effects of nutrition on disease for over 20 years. He believes that people should look and feel great and enjoy optimal health which is something I we talk about a lot here at Smart Life Form, for a lifetime. Unfortunately, people compromise their health unknowingly to poor dietary health. Dr. McDougall is the founder and medical director of the national and renowned McDougall Program, a ten day residential program located at a luxury resort at Santa Rosa in California, a place where medical miracles occur through proper diet and lifestyle changes.

Dr. McDougall has cared for thousands of patients over three decades, almost three decades with of medical practice and he's run a highly successful live-in program for more than 17 years. He's developed a nourishing, low fat, starch based diet that not only promotes a broad range of dramatic and lasting health benefits such as weigh loss, fat loss but most importantly, it can reverse serious illnesses like heart disease without drugs. As with many leaders of public opinion, he often finds it necessary to challenge the accepted wisdom of the time and he was one of the first traditional physicians of the medical 'establishment' to assert that the exact the adoption of a vegetarian diet can reverse unfavorable medical conditions such as heart disease.

Medical research is now confirming this assertion and slowly but surely medical practitioners are settling in. Dr. McDougall is the author of several national bestsellers including Mcdougall's Plan to 12 days to Dynamic Health, Mcdougall's medicine, A Challenging Second Opinion, Mcdougall's program for Maximum Weight Loss, The New Mcdougall Cookbook, The Mcdougall Program for Women and his latest groundbreaking book, The Mcdougall's Program for Health and Heart. A graduate of Michigan State University's college of Human Medicine, he took [inaudible 00:02:35] internship at Queen's Medical Center in Honolulu Hawaii and his medical residency at the University of Hawaii.

He is certified as an Internist by the Board of Internal Medicine and the National Board of Medical Examiners. To make it easier for people to eat well on the go, Dr. McDougall co-founded Dr. Mcdougall's Right Foods Incorporated, a producer of high quality vegetarian cuisine. The convenience meals are consistent with his health supporting guidelines of 10% or less calories from fat, strictly vegetarians where there is no cholesterol and no added oils. Dr. Mcdougall is general incumbent and I would also like to mention that he is accompanied by his wife and partner, Mary, who is here tonight. It's with great pleasure that I introduce tonight's guest speaker, Dr. John McDougall.

Dr. John: Thank you for the invitation. I noticed all of you have a lot of opinions. I do too, I have very strong opinions and you can make it fun for me if you challenge me along the way, I miss that a lot. I talk and I get a very little feedback. I'm going to tell you how I feel about things and I've been at this for a little longer than 20 years, probably closer to 30. I like doing what I do because the results that I get as a doctor, that's really the fun in life, it's helping other people. I'll explain to

you why I don't practice medicine like I was trained and why I practice like I do and I'm going to make a lot of qualifications, I hope I remember to do that along the way, to make qualifications, so that I don't over speak the situation. Sometimes I get so enthused about what I do, that I generalize and it's a [inaudible 00:04:40] that a lot of people have, but I try to stop along the way and tell you that I am realistic and do realize for example, this first slide up here says something about the limitations of modern medicine.

It does have some serious limitations but it also has some serious benefits. For example, if I get in an auto accident, I don't want you to come up to me with a baked potato and a carrot and say this is your treatment tonight. I fully realize that modern medicine has some wonderful things to offer when it comes to infections and traumas and other things so if I make some glowing statements tonight about the failing of modern medicine, realize that that I understand there's some very, very wonderful things. I also feel strongly about the benefits of self-care. I think more and more people are coming to that realization, is that it really is how we take care of ourselves that makes a difference in terms of the outcome. I'll try and share that with you. When Bill asked me to talk to this group, I wasn't really quite sure what I should talk to about.

My first inclination I was going to give you talk about dairy products which is on the DVD. I had there some other several different thoughts about what I should talk to you about. Instead what I thought I would do is put together kind of a generalization of what I do so you can get sort of the tone. Something I would like to sit back there and say, "I'd rather be talked to in terms of scientific references, in terms of data, in terms of hard science." I go hard science with the all day long. my passion is scientific literature so if you want to take a step on that track I'll be glad to go with you, it's no problem at all. Instead what I'd like to do is, I'd like to give you just a feel of what I do. Some generalizations of how I believe and the kind of practice that I have. I consider myself the luckiest doctor in the world because of how my patients do.

The situation is really sad out there in the United States of America. It's a situation where annually in this country, we have 1.2 million heart attacks, 700,000 strokes. Most Americans are sick. It's an exception to find a healthy person. Most Americans over the age of 35, almost all of them with few exceptions, have a risk factor that says that they're going to die prematurely of a heart attack, stroke, cancer, complications of diabetes and so on. Where you live in a country where a third of the people have elevated cholesterol by today's standards. Today's standards are really I think excessive. If you use the standards that I use, you'd probably have to be up around 98% on blood elevated cholesterol.

Most are inactive, a third have high blood pressure, again by today's standards. More than 30% are obese and they tell us that 65% of people and you don't have to go any further than the next shopping center to confirm this, you don't need a scientific study, 65% of people are too fat for their own good. 10% of people are

diabetic. We live in a nation where almost everybody is sick. How do you explain that? It's a rarity to find a healthy person, how do you explain that? Probably the chlorine in the water. Almost everybody is sick in this country and so we have to take a broad sweep at the possibilities. Is a genetic problem? Is it a contamination as was mentioned by our last speaker? Is it maybe a massive viral infection that nobody's discovered? What's the problem.

Let me talk to you about the treatment of my patients and one of the problems I have with the medical system. This is one of my patients. He has a diagnosis, and I'm not exaggerating, most of the people that I take care of at the clinic come in with a series of problems, not just one problem, but a series of problems. He comes in with a high blood pressure, type 2 diabetes, elevated cholesterol, elevated triglycerides, he has gout, his kidneys are already failing, he's overweight, mild osteoarthritis, constipated and depressed. You think this is an exaggeration? How many of you are doctors here, how many of you see people like this all day long?

This is the typical person. I met him a couple of years ago, he decided not to become involved with my medical practice and so he decided to go out and get good medical care. He went to a local doctor and he visited the doctor every month, paid his monthly fee to the doctor's office, took his prescriptions, bought his medications, followed directions right to the T, was a very compliant patient and he came back to see me two years later and here's a picture of two years later. He still has high blood pressure, type 2 diabetes, elevated cholesterol, elevated triglycerides, got mild kidney failure, overweight, aust ... I have a serious question for you. What has changed in two years? Is Wallace smaller, his shirts different?

What I want to tell you ... what I want you to notice and I don't care, you don't have to relate to this guy. I want you to think about Aunt Millie or your mother or your brother or your best friend who went to the doctor two years faithfully and did everything they said. What is different about them two years later? Nothing. Nothing. They're still fat and sick. They're just carrying around a bag full of drugs. Stop me if I'm incorrect about this, you tell me of patients that you know that something different happened than that. I don't, that's why I don't practice kind of medicine I used to. I don't know of a doctor who can claim otherwise.

Let me let me ask you about good medical care. You guys, you be the doctor for a minute. Say you're the doctor and a patient comes in with a terrible cough, wheezing, gunk coming out of their lungs and you find out that they have a little habit and so you as the prescribing doctor, what do you do for this person? Do you prescribe smoker's vitamins, cough syrup, is that is that your prescription? What do you do for this person. You obviously do this, don't you? You tell them to quit smoking. This person comes in to see you. What do you do for them, you prescribe vitamins for their liver failure. You prescribe antabuse for their

alcoholism? What is your primary treatment for these people, what do you do for that?

You agree with me, stop me. If I'm getting off track, stop me. You're the doctor. You agree with me that anybody who would treat a patient otherwise would be considered irresponsible, correct? This person comes in your office. What do you do with them. How do you treat them? Every single doctor in your community without exception, except for some of the doctors that you may know, the standard practice of medicine is to do what with these people. To fill them full of bag full of drugs. What is what you shouldn't you be doing. Just like with the smoker and the alcoholic, what would you do with these people if you were a good doctor. You'd stop the cause of their problem but it is almost never done.

I used to be at St. Helena Hospital, I was there for 16 years, I practiced at St. Helena hospital which is, by the way one of the most respected hospitals in California. It's number two in terms of bypass surgery and other heart surgeries of the Napa Valley. 80% of the income of the hospital comes from heart disease. I was a thorn in their side but I did remain there for 16 years and there were various things that caused me to leave. If you read the China Study, there are four pages about me in the China Study and that's one of the episodes that caused me to leave, but here's another one that's not in that book that I'd like to share with you. There are noontime conferences every week that are put on by the drug companies. The drug companies, they pay for the doctor's lunches because you can't expect the doctor to shell out \$2.50 for their own lunch. This does not influence your doctor nor do the prescription pads or the donuts or the other things these companies spend. You ask your doctor and they will tell you that.

I always ... I don't go to those noontime conferences for obvious reasons. One day I read on the schedule, the title of a lecture that really intrigued me. It said, diabetes is caused by fat not sugar and I said, finally somebody got this figured out. I gathered all my stuff from the health center at St. Helena hospital and I said, we've got to go here this person. We arrive at the noontime conference, I walked in the first suggestion that there was going to be a problem was the fact that the Pfizer guy was in the back of the room. The next problem was the speaker walked in and he was obese, full of pimples and had a ponytail. There's nothing wrong with the ponytail, but the other two things gave me a clue that I was going to have some problems.

I listened to this man speak for an hour. He got done I said, "I heard you talk about how to properly take care of a diabetic. During this hour presentation, I counted it, you listed 20 drugs that we use to properly treat a diabetic. You used a very sexy term called poly-pharmacology." How can any doctor resist being a poly pharmacist. I said, "But there's a problem, the title of your lecture is, diabetes is caused by fat not sugar. I didn't hear you mention diet once in this whole lecture." He says, "I got you here, didn't I?" I said, "Yeah you got me here, but there's a problem, of the drugs you listed to treat these people, some of

these some of these drugs kill people." I started to name them all. Like the oral hypoglycemic [Salvaniurias 00:15:03] and the calcium channel blockers.

Then the head of my health center got up and apologized for my behavior. He said, "You have to understand Dr. McDougall, he writes these health food books and so on and so on." He is a very politically correct guy, he did it very nicely. I'm walking out of the room with this the head of the health center, his name is John Hotchkin. I'm walking out of the room and I looked at him and I said, "John, our colleagues don't believe this is the way to properly take care of a patient, do they?" He said, "Yes we do." I said, "I don't want to be that kind of doctor anymore." That was one of the decisions that caused me to leave, one of the events. There were many of them and one of them is also told in the in the China Study which is at least as dramatic.

There's a book that sits on every doctor's desk. You all recognize this? It's called the Physician's Desk Reference. In this book, they have categories of disease, like antibiotics, which by the way are wonderful, wonderful drugs. They cure disease and you certainly want to get them if you had a very bad infection, but there are also categories such as anti-diabetic. That's what's it says. They list an anti-diabetic and they list all of these are diabetic pills. I know some of you are doctors here and of course all of you know doctors. How many of a diabetic patient who has been cured with anti-diabetic pills? would you raise your hands.

I've never met anybody, I talk at medical schools, I talk at doctor groups all over the country and I've yet to meet a doctor who has ever seen a patient cured with anti-diabetic pills. So why prescribe them? How about anti-hypertensive pills, anybody ever seen a person with high blood pressure cured of high blood pressure with anti-hypertensive pills? I never have. How about anti-arthritis. Anybody ever seen anybody cured of arthritis? I never have. I never met a doctor who has, yet that's what they prescribe. How sad. It must be very disappointing to be a doctor to give all these drugs that don't work.

Let's talk about what does work. You can stop me along the way, I mean if I'm exaggerating, if you don't think I'm being fair, stop me, tell me.

Speaker 3: You've just talked about anti-hypertension pills. Maybe they don't cure it but perhaps they prevent a heart attack or some other kind of disaster. They try to hold the form. How about that?

Dr. John: How about anti-arthritis pills stopping the pain, is that good enough reason to prescribe them as the first line therapy?

Speaker 3: Maybe better than nothing.

Dr. John: Maybe, but maybe there's a better alternative. Just to answer your question very specifically, anti-hypertensive pills do not reduce the risk of heart attacks. They will reduce the risk of stroke about one per thousand per year over not treating. I

don't know that you've ever gotten involved in something called relative or absolute risk. They cut your risk in half, but your risk is only like one in 2000, so really your benefit is like one in a thousand, your absolute benefit. It's all fraud. Perpetrated by the drug companies and which is continued to be passed on by your doctors. The benefits are extremely small, but it's not that these things don't do something, I'm glad you brought that up, they do do something or otherwise it would be a real joke, they'd lock these people up in jail for doing this. Which they might consider doing. There is certainly some sales pitch out there, a little bit of truth in everything and I agree. But is there a better way of dealing with these problems as ... I'd like to go on to next.

Mary and I, you met my wife Mary back there. Mary and I were at a restaurant a while back and we were with our son and this lady came up to us and said, "I'd like to take your picture." She had this big fancy camera she said, "It will be \$10 for a family portrait." I said, "No thank you, I don't really want my family's picture taken." I said, "You see this family setting off to my left, will you take their picture for me?" She went over and she snapped the picture of this Japanese family speaking Japanese eating primarily rice and vegetables off to my left and this is their picture. I said, "Wow that was easy." She came back, sold me the picture for \$10 and I said, "Hey, would you do that for me again? Will you take a picture of the family off to my right?" She went and took a picture of this family speaking pidgin English in Hawaii. Same genetics. Do you notice any difference? What happened to these people? I am serious. We hear all kinds of excuses as to why people get sick.

What happened to these people? Let me offer you some possibilities. Did maybe their genetics change between the first, second, third, fourth child. You don't think they changed in 20 years in genetics No. Did they catch a virus. You think they caught a virus? Or do you think maybe what happened is they stopped eating so much starch. So much rice and vegetables, instead start eating more protein and fat and meat. Can you see this? It should be no mystery to anybody ... Yes.

Speaker 4: You've made some outrageous assumptions that by looking at some fat people you tell people that you know what they ate for the last 20 years. The whites I know eat more rice than the Japanese I know. Using this as evidence for what you're saying isn't very scientific or even [inaudible 00:20:38]

Dr. John: Would you like to look at the World War world picture? Have you ever been to China or Japan?

Speaker 4: I've gone from the right side of that to the left side of that by not eating rice or bread and ...

Dr. John: Let me just ask you, and you any of you, stop, add in if you want. If any of you traveled or watched travelogues to Japan, Thailand, Asia, are these people fat? Do they have high rates of heart disease?

Speaker 4: What about France?

Dr. John: Wait a minute, When these people move, the Japanese, Chinese, people from Thai, Korea they move to Palo Alto, what happens to them? In general? Is a mystery? You say How about France, you want to talk about France for a minute? France is the 'French paradox'. In France today, they have the fastest rising rate of obesity of any European country, in France today they have the highest rate of cancer of any European country. The reason the French did so well is post World War 2, they had some pretty lean times.

Speaker 4: So, when I go to France, they are not fat, using this kind of evidence?

Dr. John: They're getting fatter.

Speaker 4: Old Europe isn't fat, once you get to the US airline for[inaudible 00:21:53]

Dr. John: It gets worse there then, but in England it's terrible to. Listen, I'd go to statistics with you. England has a horrible obesity problem read the Lancet, read the British Medical Journal.

Speaker 4: Fair point, but the assumption that ... I down want to be-rattle you but you are going to get a lot of [crosstalk 00:22:10].

Dr. John: I really don't think it's a problem. We'll skip on to it. Most of you can see this, right? Okay. Thank you. I want to make it ... I was just saying, I'm trying to give you some generalizations to get to show you how I feel about these things. The whole China Study you're holding your hand is about this. Most people have seen this. What would happen ... say you wanted to be a doctor, treat people by this point of view, what would happen if you took the family on your right and you gave them a one way ticket to Japan and made them live with a Japanese farming family and work in the fields.

Speaker 5: They'd get more exercise.

Dr. John: Would they eat differently?

Speaker 5: Yeah.

Dr. John: What would happen to their health. They would lose weight and they would ... their blood pressure and cholesterol and [inaudible 00:23:00] would go down. Wouldn't it always happen that way. I would think so, anyway. That's what my practice is about. That's what I'd do, is I'd just take my patients, get them one way ticket to Japan. It's really no more complicated that, honestly. To make a big a deal all about it is just satisfying somebodies intellect, I guess, but it's no more complicated you take people who eat rich food, they get fat and sick, you tell me stop eating rich food all the time, they get healthy.

Participant: Is it probably about eating more vegetables?

Dr. John: The problem is not ... Vegetables are very important, but what we run into today are people who are preaching high vegetable diets. Raw diets, diets of green and yellow vegetables, you can't survive on those kinds of diets. This is the new fad. None of calories, right. You have to have a starch based diet. All successful populations of people, have lived on starch based diets until modern times. I don't know of any exceptions, until you get to the extremes of environment like up in the Arctic or in the deepest parts of the jungle. We go on a lot of trips, we do something called McDougall adventure trips where take people around the world. For example we've done a lot of Central and South American trips and we go to various civilizations, non-existent civilizations like the Inca and Aztec and the Mayan civilization. We'll go visit their ruins.

We'll be traveling a with a guide, and somewhere along the way, of one of the people on our groups, because they're all quote 'McDougall followers', one of the people will say, "What did these people eat?" They'll say, "They lived on corn and squash and other vegetables and ..." How about milk?", "They never had milk." How about meat, "That was just quite rare." Somebody will pipe in and say, "They were on the McDougall diet." Again, you can go to Italy, you can go to Thailand, you can go ... it's basically a starch based diet. I run into people, and I hate to see it to be, again so dogmatic, so strong at what I'm saying, but I get a lot of people who are into all raw diets and green and yellow vegetable diets, and I'm not trying to tell you the green and yellow aren't good, or that raw food isn't good, but they they make that their whole diet.

First of all, these raw diets are basically fat and sugar. They're not seeds avocado, fat and sugar, fruit, fruit juice, other simple sugars. If you don't do that and you eat less, as you just mentioned, the diet without starch, a lot of green, yellow vegetables, you don't get enough energy and any population that tried to do that would not exist. If you were in a village and you decided you were going to adopt a diet of green and yellow vegetables, the next village over would come and rape your women and kill your men, you'd be done. You couldn't defend yourself. Again, the diet a start they start with fruits and vegetables.

Participant: How do we gather diet, it might be pretty average where you're say, 500 hundred miles of the equator, is this starch based?

Dr. John: Yes. We're talking about the hunter gatherers from 750,000 years ago up to 24,000 years ago. Or are we talking about the hunter gatherers who today live off the Amazon or in the deepest part of Africa?

Participant: Both, but the thing is, if agriculture came in 10,000 years ago ...

Dr. John: About 24,000.

Participant: Did these dieter's diets convene 10,000 years ago?

Dr. John: Correct. 24,000.

Participant: But people were healthy before that?

Dr. John: The average lifespan was 20 to 25 years. They have not found any, as in my readings, they have not found any any skeletons that are over 50 years of age. I'm sure they didn't die of heart disease and things like that, they died of war and infection and problems like that.

Participant: You cannot use that as a measure because we live now longer than did our ancestors eon years ago.

Dr. John: We do because we have solved problems like sanitation, immunization and better nutrition. It's better in terms of the least people have enough food to live on and those are the main differences that that happened a hundred years ago and then in the last ... Anyway, The hunter gatherer is a whole argument for people who want to prove that you need to eat meat your diet. What happens is they they take a point of view that justifies their gluttony.

Participant: You have grass beef versus grain beef, we have grain beef now which is a natural grass.

Dr. John: Let's just take a look at the Eskimo. This is a hunter gather that we can study right now in real time and they have been studied. The average life span of the Eskimos is 28 years. But some live longer. They have the highest incidence of osteoporosis of any population on the planet. I don't believe you could survive in that environment on the Mcdouggel diet.

Participant: But they also get way too little much at sea.

Dr. John: I don't believe you could survive on our diet in that kind of a demanding environment. I think that if somebody said that you should eat from your environment, it would be a wise thing to say. In those kinds of extremes.

Participant: [inaudible 00:28:20] can you make behavioral changes such as diet using science to make sure that the body is not overreacting or under reacting so that let's all be [inaudible 00:28:54] I want to use the word status quo or balanced. Healthy body you call balanced so that the chemistry is doing whatever nature decides. The question is, in your practice, can you use [inaudible 00:29:15] to monitor the progress to make sure that body functions are not ... Like you quit smoking, you are breaking the heart rate changes et cetera.

Dr. John: Let me ask you and hopefully the ways that you're asking the question. First of all, I think what he's asking is do I teach a diet as extreme as a diet that's pure vegetarian low fat to people.

Participant: Not so much to that extreme, the idea is not to advocate cold turkey.

Dr. John: I know I advocate cold turkey. I take people, I lock them up for 10 days, I charge them a sensible amount of money and I make them do this 100%.

Participant: Congratulations.

Dr. John: They love me for it which is even nicer. Let me answer your question because I think a lot of things came out of that that are really important. For example, you brought up ... Somebody brought up the failure of the low fat diet from last week. This made national headlines and of course I got a lot of questions about these national headlines. This was the Women's Health Initiative. The primary founders of the study are people I know quite well. The Ernst Wender who is dead, is an older man, a great guy, he was one of my heroes Ernst Wender, and Lewanch Blatsky whose appears on the papers as the second author, on the paper that came out in JAMA last week.

I had both of those gentlemen on my radio show several times and I had Ch Blatsky television show and on each occasion, we talked about the diet that they recommended. Which was a reasonable diet, a sensible diet, a moderate, a prudent diet and I said, "You really don't want to do that because you've only got one shot at this. 415 million dollars, 12 years you've got. You only have one shot at this and you need to teach them the best possible diet to get the best possible results." And they reassured me on each occasion that we were together, that a moderate diet was the way to go because you couldn't get anybody to eat a really, really ... what they would call a strict diet, I would call a sensible diet.

Here we are 12 years later, 415 million dollars paid for a study that shows a complete failure. What were the results of the people? The average woman in this woman's study weighed 176 pounds when they started and when they ended, those on the low fat diet group weighed one pound less after years of dieting. They had the same cholesterol, same triglyceride, same blood pressures, they ate the same amount of protein, the same amount of fiber, similar amount of red meat, the same amount of chicken, the same amount of grain, the same out of fish. They didn't change. I can't teach ... may or may not be your question but I can teach people moderation.

People come to me with certain requests. Like for example, they come to me and they say, "Doctor, I'm tired of coughing and I don't want to get lung cancer. How many cigarettes should I smoke?" People come to me and they say, "I'm tired been fat. I'm tired of taking blood pressure pills and diabetic pills and all kinds of things, how much of this garbage should I eat?" And I say none. Then maybe you're asking and again, I'm putting words into your mouth, but it doesn't matter you offered a good set of questions. Then people say to me, "It's so much harder to make these kind of strict changes." It's not, it's really easier. The reason it's

easier is this, because of the dramatic results that you get which I'm going to show you right now.

You see, if you do something like Weight Watchers, Weight Watchers ask you to be sensible, reasonable, moderate. Not that I don't think it's a good program, I think it has some very very positive things about it, but the average weight loss in two years of those who follow the diet is six pounds. If you take it and ... Look at the National Cholesterol Education Program with high cholesterols, the average drop cholesterol in a year is 5%. Learn to like new foods, socialize differently, shop differently, you change everything and you get almost nothing or if you learn to shop differently, socialize differently, cook differently, like different foods and you get the kind of results on the show you now.

It's much much easier for somebody to do this. Big changes beget big results and if you get big results you're willing to do it. If you get hardly anything, like it did in the Women's Health Initiative, why bother. This is one typical example, and by the way, these are typical examples of people I take care of. Just like if I talked about a few minutes ago and I hope I have most of you agreeing with me, that the reason these people are sick is because they eat too much rich food. If you stop them from eating the rich food they get better. If you're not with me to that point, you'll probably consider the rest of this reasonable too, but if you are, then you'll understand when I say that these are the results to be expected. It's extremely unusual in my experience, not to get these kinds of results and I'm going to show you with these patients. We can talk about the reasons why, if you want, as we go along.

This is a fellow from Australia, he discovered he had type 2 diabetes and he discovered that he had to be on medication and he has a young beautiful wife and he decided that's not the way you want to live his life. He followed our program and adopted the program in September of 2004. At that time it was 242 pounds, blood sugar of 340, was on glucophage, which was diabetic pill all that time, high cholesterol, high triglycerides. Then by March 7th 2005, This is what happened, he dropped to a 185 glucose 189, cholesterol 182, triglycerides 82. Simply through dietary change, no supplements, no pills. He's off all his medication. This this lady right here.

Participant: What was the time period?

Dr. John: That's between September and March.

Participant: Half a year?

Dr. John: Half a Year. Yeah.

Participant: Did you measure the mean body mass and the amount of muscle that they had?

Dr. John: No. I could be of interest to somebody but I think pictures show a thousand words. There are a lot of things you can measure, C-reactive protein, you can measure ... You measure them to death, but the fact is, this man has gained a lot of health. Let's talk about this interesting couple. This Lady Glen, she's decided to change her diet because she was constipated and she was a little bit arthritic, no big deal. Attractive, trim woman and that was enough for her, she'd had it. She was no longer going to put up with these inconveniences, it was so serious she was willing to do something drastic like eat oatmeal. She changed her diet and I bring her out as an example because I discovered a long time ago, I can't predict who is going to do this.

I see people with a little bit of bitty issues that may be little bit to you and I, like a little constipation, a little oily skin, a family history of heart disease, something that you would say, "Heck, I would change my diet for that." And they just do it, they change their diet. Then I see other people who have the knife pointed at their chest, they're going for bypass surgery next week and they're not going to budge. I don't know what's going to change so I always try and present the same enthusiastic story to each and every person I see. Because it's a personal decision as to whether you're going to change.

That was enough for her. She changed. Her husband's an internist and he has a practice in San Antonio, Texas and she wanted to go on one of our McDougall adventures. This one of those to Alaska in 2002 and so she said, "I want you come along. I will, because I'm going to show you what a quack is McDougall is." He came along, fully armed to defend his wife. By the end of the seven days, his attitude was completely different. He tries to practice the kind of medicine that he learned on that trip with this patients and it's just economically too difficult. It takes time, it's not profitable to spend an hour talking to somebody, but he does try whenever he gets a chance.

Joe you went through a cholesterol to 222 a down to 121a and lost 35 pounds in a very short period of time. This lady Joyce shank 263, she's been in the hospital several times for pneumonia and bronchitis. She had spinal stenosis arthritis, her arthritic medications she couldn't take, severe Ulcers. She changed her diet and she got written up in the newspaper, this is a picture from the newspaper. She lost 132 pounds, dropped the cholesterol to 100 points and no medications. [inaudible 00:38:04] sharp cholesterol, we've measured and published the results of our drops in cholesterol. Our average drop in cholesterol in 11 days is 29 points. That's measuring cluster on 1500 people. If you start with high cholesterol like this lady, say you started at 263, the average drop in cholesterol is over 60 points in 11 days.

Participant: What was the 29 points?

Dr. John: That's for the whole group, everybody. Starting ... High cholesterol was 150 all way up to 450.

Participant: What was the test time?

Dr. John: 11 days.

Participant: [inaudible 00:38:42]

Dr. John: I don't know. I'm sorry, I don't know what the times are. The average weight loss in people is about 8 to 20 pounds a month when they follow the program. Depends on how overweight you start at and depends on how strictly you follow the program. Whether you have exercise to the program or not. This gentleman, he was the financial controller of the state of Wisconsin. That's of course, America's dairy land and he was consuming handfuls of Tums for his indigestion, he was on the obligatory antidepressants, he was on blood pressure pills, allergy pills. The problem with this is, he was 58 years old and he was retiring as the chief financial officer of the state of Wisconsin. He's a very successful guy. He'd worked hard, he'd gained a lot of wealth. Was a real, real top person in his field and very well respected.

The problem was that he couldn't walk up the stairs because his chest pain was so bad. Here he was like a lot of people, they've worked really hard their whole life to gather wealth and now they're ready to retire and they don't have their health. He's a smart guy, started looking around for various options, he said he went to the bookstore and he saw all the different diet books. Protein Diet books and everything you want, body type, blood type, you name it. There is and I saw this book there with this friendly guy, a big smiley face and the apple in his hand he thought well that's a good book to buy and so he picked up a book that I wrote about 15 years ago and he changed his diet, and this is seven months.

He lost 40 pounds. Again, I show you these and we could go over the scientific research that supports all this stuff, it's consistent, it's clear, it's published in the best journals, but this is typical of what we see, lost 40 pounds all while not on his medications. Dropped cholesterol, triglycerides, blood pressure dropped and he's got his life back and his life back. That's a very, very important thing to know. We don't learn these kinds of things until later in life. I'd almost killed myself by the time I was 27 years old. I had a I had a major stroke, I had a cholesterol 335, I was 50 pounds heavier than I am now and I would have been dead before 40.

You just learn these things later on and it doesn't seem to matter how late in life you learn it. It's amazing how wonderful the body's ability to recover is. Once you stop abusing it with these rich foods or tobacco or alcohol or whatever it happens to be. In other words self-care. This is an interesting guy. This fellow, Mike Wilson. I used to have a practice in Hawaii which is very interesting. It was interesting because ... if I had to live on my follow up business I would starve to death. People came to see me because I had my own radio show, I was on television quite often, I did a lot of media work and they listened to the message and they say, that's interesting but I bet he doesn't mean me. They come and see

me to find out whether it really applied to them or not and so I would interview them, do, my history and then what I do is I'd tell him I said, "Yeah, you got to do this." 90% of the people walk out of the office and never return.

I lost those patients. Then maybe ... 10% is an exaggeration, maybe 5% came back and they listen to what I had to say, they change their diet and I take them off some medications the next week and then they come back the next week and I take them off more medication and they come back the third week I take them off all the medication. In the fourth week the conversation was always the same, "Okay Doc, I'm not sick anymore, I'm not on drugs anymore, why should I see you anymore?" And I lost those patients. I used to see 9 to 12 new people a day, that's the only reason I survived. But follow up business was terrible.

To see our patients, what we started doing is we started having potluck dinners all around Hawaii. In condominiums and yacht clubs in various places. We could get together every month with our patients and have these wonderful dinners and talks and speakers, we had all kinds of well-known speakers at that time come into and talked to these people. This fellow right here was brought by one of his friends to our potluck dinners and he liked what we had to say and eventually did come to see me in the office. This was 20, about 24 years ago. He had severe diabetes, arthritis, gout, sleep apnea, insomnia, back pain, neck pain, Congestive Heart failures, heart had already stopped once in the end, chronic pain and he was depressed to say the least.

These are his pictures his on 25 prescriptions, told me felt guilty, his life was terrible. You can complain about things and we've talked about this over the years, I don't remember this from 24 years ago, but he would tell me these things in some of the conversations we've had recently, he'd say, "It really bothered me that I have to take in Hawaii now, buy these big cars to ride around in." Because he was so big, he could fit in a regular size car. In Hawaii, it's a tough place to ride around in big cars. Streets are small, the gas is expensive and that bothered him. There are all kinds of other things that bothered him a lot. The thing that bothered him the most was his kids. He couldn't play with his kids. Finally he decided, I've had enough, I'm going to change the way I live and eat, so he did. I'm not going to show you what happened for a minute.

I get a call ... I got a call about five years ago and Donahue had his cable show and his producers called me up and they said, "We'd like to have some of your patients on the show and we're going to have Robert Atkins patients on the show too." They did ant Robert Atkins and I on the show, but they wanted our patients on the show. I sent Mike from Hawaii to New York and I sent another person with a similar story he'd only lost about 90 pounds and I so I sent them to the show. If you turn the volume off you watch the show there be no question about the difference in the health of these people. Atkin's patient stood up. They're all women, they're all still fat and they'd say things like I lost 35, I lost 40 pounds, 45 pounds and they were all like sick.

Mike stood up and so did the other person, and they looked not only thin, but they looked fantastic, fantastic. It's because they had regained their health. This isn't just a matter of weight loss, this is a matter of regaining your health. This interesting lady And anybody let go on veg source? You are going to veg source? Okay. This is ... Sabrina and Jeff run veg source. Their parents are actually from around the Bay Area. Mother in Law, Jeff's mom. She'd been following our diet and recommended the book to Sabrina, said "You really have to follow the McDougall program." This was maybe 12 years ago or so.

Sabrina was a vegetarian, and she saw no need to follow the McDougall program, she was already vegetarian. She was overweight and she was young so she felt she was pretty healthy and she at that time had a twin girls and little boy. This is a woman, by the way, who really cares about her personal appearance. She just ... Every hair is in place, she is so particular about her makeup, everything, this is just the kind of person she is. Then she got this burning sensation in her ears and she went to the doctor the doctor says, "You have Relapsing Polychondritis. What's going to happen is your ears are going to end up looking like this, and you're going to lose your nose, and you're going to lose your ribs and that's what's going to happen and there's no way we can stop it." She dragged the McDougall book down and she decided that she was going to get rid of the dairy and the oils and so on and she's been free of disease for eight years now.

This is an interesting lady. This lady Phyllis Heaphy is her name, she developed Rheumatoid Arthritis in 1996. Got progressively worse to the point where she couldn't walk across the room without being in tears because the balls of her feet hurt so bad. She went to the rheumatologist and asked for the solution of this problem. The solution with methotrexate and then she was told all the complication of methotrexate. She said, "This is not what I want to do." What she did is, she went to the Internet, she found our site, decided what the heck, I got nothing to lose so she tried the diet which is no pills, no expense, no nothing, just eat potatoes and rice and she followed the diet. She wrote me a letter and she said, "I want you to know I cured my rheumatoid arthritis." and I said, "That's interesting there are 25 studies in the major medical journals that say you can cure your rheumatoid arthritis with this approach." The major medical journals like The Lancet, Arthritis and rheumatism, Annals of Internal Medicine. The major medical journals, 25 studies. You can find them on my Web site if you'd like to see them.

If you go see your doctor, you ask about diet and arthritis, you'll likely be told, there is no connection. You wasting your time or you're too stupid to follow a diet why would I teach you one. She wrote me a letter, she says ... tells me all this miraculous stuff and I said, "We've written a couple people up as star McDougllers who have cured the rheumatoid arthritis." They always make good stories because this is an incurable disease. I said, "I'd like to write you up a star McDoug llers.

By the way, if you want to read any of these stories, they are all on my website. Under section called star Mcdougglers. You read all the details and maybe the dates are there, more information, this is just some of the things that I remember. I said, "Let's write your story up." she says, I can't. She said, "I live in Toronto and I run one of the biggest physician financial groups in the entire city. If anybody, any of the doctors I work with knew I did this, I might be fired. They might get rid of our financial group and I own the group." She was a very important CEO of this huge company that takes care of all these doctors businesses and finances. So, we decided on a compromise, we'd use her maiden name. She was good at that for about two days and I told her we had to use her picture she said, "No no. I can't do that." I said, "Look fellas, the object of being a star McDougller is to make people feel good, is to help people. obviously I'm making you very uncomfortable so let's just forget it."

This was in about 2000, 2002, something around there, we had this conversation I just let it go. I got a letter from her, an email in July of 2004 and she said, "I want to tell my story and the reason I want to tell my story is, I just spent two weeks in Paris, going all over Paris with my two girls, my husband, doing everything. I had to go back to my room and fix my own food but I'm completely free of disease and I want other people to know this." It's kind of interesting and we were on one of our 10 day programs. It was January, last month and Phyllis attended the 10 day program, why? She's completely free of rheumatoid arthritis.

She's 58 years old she looks like she's 38 years old, feels phenomenal and I was shocked she decided to come to the program. She said, "I want to come because I want to be amongst people who think and feel like I do. It's a really lonely world out there." And she tells everybody now, she doesn't care. She doesn't really care about the financial issues and she's surprised she hasn't gotten into any trouble or had any really ... the usual response is, Phyllis, that works for you just keep doing it."

Participant: Doctor, Do we expect arthritis to treat apnea? I understand arthritis tends to degenerate the entire thing which attacks bones by taking out and wearing away the bones.

Dr. John: That's one kind of arthritis. That's osteoarthritis.

Participant: That then chews the cartilage.

Dr. John: That's osteo ... this is rheumatoid arthritis. This is inflammatory arthritis. I just have to tell you my impression, I would have to say about half the people are benefited, whereas when you deal with rheumatoid arthritis, the benefits are well over 70% dramatic and that's what the scientific literature says. That isn't in my experience and by the way, we have published a study on this also from our group. Osteoarthritis, there's been some studies to show that the cartilages will heal. They will heal and there's never been any large study on what the effect of

a diet would be. But everybody who has degenerative arthritis, particular in their lower extremities, What's the first thing the doctor tells you to do?

Participant: Lose weight.

Dr. John: We lose weight. Not replacement. Good try. Let's talk about this lady. This is Deb Tasic and she came in to our July program. This is her in July of 1998 and in 1991, she became very dizzy. In fact so dizzy that she couldn't even get out of bed for a month to go see the doctor. That's how sick she was. She didn't have the money to get ambulance, those things. She just laid around throughout for a month. Finally after a month, she was able to go to her family doctor. Family doctor said, "Look, this is something really serious. This Vertigo you have and nausea and so on, and you've got to go see a neurologist." The neurologists saw her and the neurologist said to her, "Deb, you have multiple sclerosis." He turned around to the blackboard and says, "Here's where we are right now as far as your function. Here's where you're going to be in five years, in a wheelchair. Here's where you're going to be in 10, bedridden or dead." That was that was his bedside manner.

Needless to say, that's not what you would want to look forward to and so she started looking into dietary change. She changed, she became a semi vegetarian in 2000, found our program in 2001 and this is her when she came to our program in July of 2005. This is what you see on a brain scan, an MRI with multiple sclerosis. The white areas are the lesions you get from body attacking the brain and this of course is a more progressive MRI that you see. The disease with MS is progressive and let me tell you what the data says and this is very upsetting I know and nobody likes to hear it but the truth is that, within 10 years of diagnosis. Half of the people with multiple sclerosis are unable to walk unassisted, wheelchair bound, bedridden or dead. With the best medical therapy available. Because these things progress in almost all cases.

Anyway, Deb's MRI says this, the bought last line says this, this the one she got in 2002, she's gotten them since then. Some of the reports compared to March of 2000, the multiple lesions in the brain described above are slightly smaller and do not show in the interval increase in size. That didn't surprise me but it may surprise you. If you are familiar with multiple sclerosis and diet then you know this man. That I have other, so many, in fact I had several other of my heroes in this presentation I was going to talk about, there are so many people who are my heroes. Like Walter Campton Russell Henry Chittenden, and Nathan Pretcan.

All kinds of pioneers that have gone many years before me made the same kind of discoveries, developed very similar programs and these are people whose shoulders I stand on. The things I tell you about are not original, they're based on many, many other people's observations, sciences and observation. In fact they go back as far as I know, one of the earliest references to what I do is very simply stated in the first chapter of Daniel in the Bible. Daniel's men were sick because they were eating the king's food, Daniel says to says the gate keeper, "Let's put

him on Vegetables and water and see what happens." In 10 days, they were healthier looking than the men who ate the raw food.

It was not a double blind placebo controlled experiment but it's been in the book for 2600 years. If it wasn't true they would have thrown it out. It would have been a bad story. These kinds of things that I'm sharing with you are not new, I don't take any claim to originality. There are many many other people have the same ... Let me finish the story about Swank and I will go and answer your question. Ray Swank, he's 95 years old now and he's been friend of mine for over 25 years. He has published over 176 papers in the best medical journals. Roy Swank has studied multiple sclerosis for 50 years. He was the head of neurology at the University of Oregon medical school for 23 years. He developed a low fat dietary treatment for MS he's treated over 5000 people the results are, if you follow a low fat diet that you have less than a 5% chance of getting worse over the next 35 years. As I told you with the best drug therapy available, within 10 years, Half the people are disabled or dead.

5000 people. 50 years of research. Published in the best medical journals and completely ignored and a man of impeccable credentials. But there are all kinds of people like this. You have a question. Iodine is never a problem, like from lack of meat. Iodine may be a problem from where your vegetables are grown but they're not a problem from lack of meat. Iodine as a mineral comes from the soil. B-12 is an issue we can talk about later but the main reason that I make the recommendations I do, is because people have a very difficult time of seeing grey and yellow.

They do red and green or black and white really well but they don't do gray well. This is some of the problems that I've seen with other people who have been before me, like Nathan Pretican for example, he's a very good friend of mine and I don't say anything in this conversation should be interpreted as only respect for what he did. But we used to discuss this, argue about this whether or not the little bit, the two ounces the chicken, fish and beef that he added in this diet was okay for people and the answer is, probably okay from my physical point of view. From a mental point of view, there are some real serious problems that happen.

As two ounces starts out this big the first week, and the next week it's this big, and the next week it's half the chicken. You ever been a cigarette smoker? You ever known a cigarette smoker? Anybody ever see a cigarette smoker cut down and quit? I never have. If you've ever been an addict of anything alcohol, tobacco, coffee, illicit drugs. The only way you stop if you made a decision and that decision was to stop period. Cold turkey. You don't cut down as an addict and quit just doesn't happen.

It's the same thing with food, I find that it's much easier to make clean breaks in things. That is today garbage and really good food period. Not I'm going to have a little bit of garbage today, it's okay, I give myself permission, because it's so easy to escalate back to where you were before. Again you come to me you ask

me, "Doctor I don't want to get lung cancer how many cigarettes that I smoke?" If I told you two. You'd probably be fine, but very few people can do that and besides that what kind of doctor would you think I was if I told you that? The body is tough, the body puts up with a good dose of arsenic, It survives. I've tested my body and I'm not joking, my body put up with two packs of cigarettes, a half a bottle of whiskey a day and grease and it lived for many years.

The body is a miracle, what I can put up with but that's not the kind of question I ask myself anymore. What I ask myself now, about myself, is how well can I take care of myself, how much good health to eke out of this body. I know it's only got a so so many years left, I'm almost 60 years old, I've got 30 maybe if I'm lucky, I know if I take the right stuff I might get 110 but I really believe that maybe I'll get to 90 if I'm lucky, maybe if I'm extremely lucky 100, so I want to get as much out of it as I can. I'll tell you something else about me that I just want to share on a personal level, is I am not a moderate person. My wife is a moderate person. She can have a little bit of wine. A small cup of diluted coffee. I don't. I give myself permission, I do it with enthusiasm and my patients are the same way.

I don't see modern people in my practice. I see those that go for life with gusto and what they've done is they've destroyed their health as a consequence. In answer to your questions, sure. But that's great if you can live moderately, you probably live a good healthy life. I don't take care of those kind of people. Dr. Swank would recommend .. you know Dr. Swank? He would recommend some fish type oils for your diet but if you read his research you would know that the main issue is saturated fat. Is in blood types and all these, I don't believe that. I believe there are some, there are slight variation but I don't believe that's a huge variation. It's just like when you ... I've got three kinds of animals at home that I love dearly I've got these two wonderful cats. I've got these three beautiful parrots and I've got this dog. Dog, just my best friend. I never feed my dog nuts, he eats them though, but that's not his diet I don't, and I never give my parents dog food and my cats never get peanuts.

There's a specific diet for each of these animals and if you happen to work in a zoo, I bet you find there's a specific diet for each and every animal and they live on simple diets. Like for example, the koala bear lives on what? Bamboo shoots or eucalyptus trees, and that's a whole diet. There are seven species of eucalyptus trees and that's ... every koala bear lives on that. Not some of them eat cat food and some of them eat walnuts, all of them live on that. The same thing with panda bears, they all live on bamboo shoots. I mean why is it every other species of animal has a particular diet that thrives on and human beings have different body types and blood types in this case I don't believe it.

I honestly don't believe it. It has not been my experience. I hear what you are saying, but it's not been my experience. What I would do, if you saw me personally and you really had some issues that you'd like to work out. There may be some starches you don't do well with, a lot of people don't do well with wheat. They do terrible with any gluten products, a lot of people have trouble

with beans. There are starches and all your vegetable foods, all your vegetables. There may see some intolerance you have, some people don't well in corn, and so you have to limit your diet and there's a combination called elimination diet that I use to help people work through it, but I still believe that you don't defy what I see in human beings that a starch based diet would be best for you.

Participant: First of all, I don't know you, I've never heard of your name on diet eating but I just want to tell everyone here, that I support 100% what you say about [inaudible 01:02:49] I have chemical sensitivity and part of my [inaudible 01:02:58] and I have had my allergies so bad that I could hardly get out of the chair after sitting on it for fifteen minutes and I wake up in the middle of the night, get up to go to the bathroom [inaudible 01:03:31] to the wall, the bottom of my feet hurt so bad that I couldn't stand on them. I went to see the doctor and he told me about [inaudible 01:03:19] allergies and I'm very open to all grains [inaudible 01:03:30] very hard for about ten days. I did it and within two weeks, I was completely pain free.

Dr. John: That's about how long it takes. They called yours fibromyalgia. You'd have seen another doctor, he may have said you had rheumatoid arthritis. Somebody else could have told you had lupus, it really doesn't make any difference. You had inflammatory arthritis arthralgia, it doesn't make a difference. The names are irrelevant and you get a similar response. We take care of a lot of people fibromyalgia and there are scientific papers published on using our kind of diet in curing fibromyalgia. You'll find those on the website.

Let's let's move along here a little bit. These are just people I randomly threw in just to give you an idea of the broad spectrum of problems that are taken care of. There's also a whole bunch of hormone related problems that people have. Breast cancer, fibrocystic breasts disease, PMS, ovarian cysts, uterine cancer, various hormone related diseases in women. In men there are problems like male pattern baldness, there's prostate enlargement, prostate cancer. These are hormone related, sex hormone related diseases. This lady had a sex hormone related disease called endometriosis. She was very sick. She was so sick, her whole life was incapacitated particular around menstrual period time and she was also infertile and it got to the point where her husband wanted to have a baby and it was \$10000 to try. She couldn't afford to do that so she just gave up on the idea of having a baby.

She started our program in '91 and the results are evident. And you say this is bizarre. Why would this kind of thing ever happen. The effect of diet is absolutely profound, in terms of change in your whole hormone makeup. She got over endometriosis and she changed up her hormone make up that even though she tried almost everything else, she did not have a baby. Maybe it was a coincidence, she doesn't think so. This is the last person that we wrote up and again you'll find those on my website under Star MacDougall's. This guy ... I have to drag these people sometimes to tell their story, I really do. They want to tell their story because they want to help other people. Of course it's kind of

embarrassing to put yourself out there in front of the world because our website is read by thousands of people.

We have free newsletter by the way, and all these things go to people these stories, so it's kind of hard to get people to come out sometimes. Anyway, I met them last September for the first time, and they told their story to me and I said, "Look, you got to write it up. Let's tell them as a star McDougall and sign it up." This is Ralph, 300 pounds, Ralph and his wife. 300 pounds, and he had atrial fibrillation, was fibrillated six times, went back into fifth fibrillation, was put on various drugs, the next thing was a ... where they take and they go and they actually cut some of the fibers in the heart and he did not want to go through that kind of heart surgery and so he decided that it was bad enough so he's willing to change his diet.

This is of course ... A real turning point in a lot of people's lives is, they have to get to the point where being ... the inconvenience of being sick and ugly overtakes the inconvenience of taking care of themselves and you never know where that point comes. Generally the people who really do change their diets are people who have been working on it for a long time and failing. When we start a new program every month, they come in and people say, "I really shouldn't be here. I've tried this diet, it just didn't work for me." It's not that I didn't work, I lost weight, it's the best I ever felt but I just couldn't stick to it."

My response to them is, "You know, this is where you ought to be, you're going to succeed, we're going to put it all together for you. The fact you've been working on this for 5, 10, sometimes 15, years is the reason you're going to succeed." You don't make these kind of changes usually overnight, now we get people who are dragged there by well-meaning friends and relatives, kicking and screaming, and they go through our 10 day program, they're so excited at the end of the program, "Oh, I got all my diabetic pills, all my blood pressure pills, my arthritis is gone, my bowels are finally moving." Everything is wonderful and they feel wonderful and they feel do excited.

I usually set them aside and I say, "I realize how excited you are, but you really haven't paid your dues. There's a whole world out there that wants you to eat different. They've got all kinds of tempting things to drag you back into your old ways. What I would encourage you to do is, go out with your great enthusiasm, hopefully you will succeed. But if you don't, just remember that it takes time to make changes and keep us in mind so when you get ready to start it again, we'll be here to help you. Ralph had been working out and he'd been to ... He and his wife actually work for the university, in the medical school. They tried everything, they were even on the liquid protein diets but they finally decided to change the diet. In 10 months, he lost 80 pounds she lost 60. She got back into tennis. She was a professional tennis player. That was what she was most excited about. This is her picture in September of this year. I kind of say the weight loss thing to last because I really hate part of her weight loss doctor.

That's one of the big reasons people come to see me. Isn't that sad? I'm an internist, I like to take care of really sick people. This weight loss stuff is hardly any fun at all. This is a lady who came to our program in January and in two and a half months she lost ... What did she lose? 30 pounds. Four months she lost 40. You see, for a woman following a diet 10 pounds maybe 12 pounds a month, that's pretty average. In an year that is 120 pounds. What I want you to notice is the difference, this is not just a thinner woman, this is a younger woman. Also a more attractive woman.

When I was a young man, a teenager even, I remember this happened to me several times, my dad and I would be walking along and I would look at this girl and I'd say, "Look at that dad." He says, "Son, What you are looking at is a healthy girl. That's what you like." I say, "No dad, that is not what I'm looking at." He says, "Yes you are, you don't realize it but the reason you are attracted to that girl is because she is healthy looking." I didn't really understand what he was saying, I do now, at my age. This was a healthy looking person. It makes sense that you'd be attracted to healthy looking people. The beauty that came out of this person I was looking at was good health that I could see. I see it on people a lot of times, it's not that they get thin, like I showed you this other person that appeared on the Donahue, these people are younger, and more alive and healthier.

This is a lady, again, this demonstrates what I call, continuing to try. She came to us in June of 2003, she came back in April of 2004, she came back in She came back in August of 2005. That's 70 pounds later, and the nice thing, She's working on this for 8, 10 years and the diet that we teach.

Participant: You have great pictures of people but I don't see the statistics I don't see mechanisms and I don't know what the diet is yet. I'd like to see that.

Dr. John: The diet is a diet based on starch with fruits and vegetables. If you want to see the statistics, Would you like to see the statistics?

Participant: But I'm seeing them now.

Dr. John: There are some in there but I've written 10 best selling books that have sometimes as many as 1700 pages of scientific references.

Participant: Do you have any in this presentation?

Dr. John: No, I don't have any in the presentation but I have the research to back all this up and when I gave the introduction this presentation, that's what I told you I was going to tell you. My experiences in this thing but I know some of you would be offended because a lot of you like to see facts and statistics and I watched the drug representatives come in and give the doctors facts and they're so impressed. They're just so excited because they gather a citation down at the bottom. That by the way, the drug company paid for and maybe hired a ghost

writer to sign onto it so I'm sorry. One of the reasons I St. Helena Hospital for 16 years is because it was respectable. Honestly I'm ashamed to tell you this, but one of the reasons I was there is because this was a respectable hospital.

I was a doctor who pushed health food. Which at best is quackery. I figured being there, at least some of that respect would rub off on me. After 16 years, honest to God, I said, "Am not that kind of doctor, I don't care I really don't need this". The same thing with what you're asking, is I really don't need to do that, but it's there for you if you want. I don't need to present facts and figures in terms of scientific when I give a presentation. People with rheumatoid arthritis saw it, it's just a general story, if you want to read the facts and figures they're all there for you. Again, on the prefaces of this ... what i was going to do for presentation, that's what I told you I was going to do. I understand how you feel. I know there are so many people who feel the same way. You are dazzled by facts and figures and I don't blame you, I used to be too and they've got to be there, it's important that they're there. [crosstalk 01:12:29] Let me try and finish. You want to know everything right now, don't you? It's so exciting, I bet you can hardly wait to do it.

Let me just finish the presentation it's getting late and then I'll tell you what you want to know. We've also had a chance to take care of a lot of athletes. This is a lady, Mary Uhl who had terrible asthma and she wanted to be a runner, so she started following our program about 12 years ago. She comes in between 2 and 7 in the triathlon that's worldwide now. She sometimes wears T-shirts, MacDougall t shirts and MacDougall hats. This interesting lady, she came to my office 22 years ago. And she had terrible stories, she was a marathon runner, had been for 12 years and she just got a divorce out of a terrible relationship, she was ready to really enjoy life, to really start living again.

She came to my office with this terrible story, she had breast cancer with invasion to the lungs and she said, "Well, what can I do?" I said, ... Got me and this pretty serious problem, I don't know what you can do but I have been reading a lot of research on the relationship between diet and breast cancer and there's some evidence that a healthy diet will actually change the course of this disease. I showed her to my office and I said, "Sit down here and read." She read for a couple of days, she got she said, "I've changed my diet." Diet is clearly an antidotal statement that cannot be supported by scientific evidence but this is her, she won this year her one thousandth gold medal in the triathlons.

Participant: What is Carb-Crazed up there?

Dr. John: This is from a presentation I gave on people who are afraid of carbohydrates, carbohydrate hysteria.

Participant: [inaudible 01:14:30] about deficiencies caused by excess carbs?

Dr. John: Why would that be?

Participant: Carb-Crazed? [inaudible 01:14:37]

Dr. John: This is part of the presentation I gave about high carbohydrate diet. This is a really just an issue ...

Participant: Your enthusiasm is based your successful patients. You have thousands of them, that you've cured?

Dr. John: Okay, go ahead.

Participant: How many please? I'm familiar with you but these people aren't. They aren't familiar with ...

Dr. John: I have practiced this way since 1978.

Participant: So you have thousands of people?

Dr. John: I do, but you know his point is very important. The scientific research has to be there. It has to be stated.

Participant: But you don't have that.

Dr. John: But ... No, I have that, but I think more importantly is the first statement that I gave you, I said this is easy for you. You can all go down to SFO tonight. You can watch the airplanes come in with people from Thailand or China or Japan. It's changing fast, you better get down there tonight, because McDonald's is running these countries over and you can see exactly what I m talking about. We can talk about this, This what I believe from many points of view and which one is more important, more valid, my experiences which you put some value in and certainly I do but it's an experience of one just like this woman right here who had trouble carbohydrates to experience one.

How about an experience of a one in three quarters billion people who live on starch based diets today. They move here to this country and they don't just come from China, they come from Mexico and we have an excellent example here of Mexicans, Hispanics. When I see ... we go to this wonderful Mexican restaurant, the guy who owns the restaurant is a huge success, he has six Mexican restaurants he's one of the most successful entrepreneurs I've ever seen. I sat down with one dancer Emiliano, I said , "What did you eat when you grew up?" He says, "Corn tortillas and limes. My dad was poor, we had 10 boys in the family." I said, " Come on Emiliano what did you eat?" ""Corn tortillas and limes." How about beans? Sometimes. Emiliano, he started to gain weight now that he's muscular, good size, perfect teeth and so are his 10 brothers and I know seven of them and you know people like this too and then what happens when the people from Mexico or Central America or other places where they lived on

“Corn tortillas and limes and a few beans, what happened when they moved to the United States and get all this good food?”

They have the highest rates of diabetes in the country. I think those are really more important things to look at, there's not a doctor that I know of who would tell you that type 2 diabetes is due to anything else but the rich Western diet or obesity. How do you cure these things? You just throw a bunch of drugs at them or do you you put them back in central Mexico. At least as far as the diet goes.

Participant: Just one component of the western diet is the problem not the entire diet?

Dr. John: The entire Western diet, entire Western diet. It's the sugar and the fat and the refining and the environmental contaminants and all kinds of ... In fact it's so complex and I couldn't tell you what part of it does the most. It is so complex just like the food and I know many of your supplement enthusiasts. When you tell me why Vitamin C is good. I know it's good but I know it's good in its original package and I know it's good the original package for one important reason, that packages have been developed over the last 400 million years or by divine creation, but it is right it is right and I don't know all the complexities of why it works and so that's why I prescribe whole Foods because the history of them is so valid.

Let me just finish this. This is one of our patients too. This one of the few people who take care of some fairly successful people in life. This is one of the few people who continues to give credit to what Mary and I did for him. In 1990 would put him on our program, he was overweight he says he was overweight and he couldn't couldn't run and still lose weight because every time he went on a diet he would lose his performing edge and so I met him on a television show in Minneapolis back in 1990 I said, “ Carl do this”. Carl did it. And Carl will scream from the rooftops that he's a pure low fat vegetarian, has followed our program since then, set the world record for the hundred meter dash, won three gold medals, still holds the record for the longest long jumps, three longest long jumps that ever ever been done and he attributes his best performance to following in our program.

Let's see, let me just regress a little bit, I have to tell you that our program does not work and I'll tell you what program is in that, without this. We had to have a special pill that we have for sale, you brought them tonight Mary? These pills that we sell have Mzyme and the M stands for McDougall or money and upon the night. I want to tell you about these pills because you're a really inquisitive group and I do want to share with you what these pills are made of. They're the \$2.45 each pill. The ones we charge \$2.45 apiece for you do have to take two a day until our mortgage is paid off. These pills contain a half a gram of dry powder banana, two flakes of Quaker Oats, one broccoli florets, one quarter of a kidney bean, one half of a small dry potato eye. I know some of you have, I have an attitude that this you want to take the really high quality stuff.

You can always tell when it's really high quality by the price right? We have a special pill that we sell it's the super formula and the \$12.95 an each so you know they're really good. We make those by adding three sesame seeds each and Mary has those for sale, but they only work if you follow the diet that I'm going to share with you along with the exercise program. Otherwise they don't work. Let me just answer your question. The diet that Mary and I have followed for 28 years, that we teach our patients is a diet that is traditionally been followed by people throughout most of human history has told 60 percent of people today. It's a day based on starches like rice, corn, potatoes, sweet potatoes, beans, peas, lentils. with the addition of fruits and vegetables. Some of you asked about meat and other rich foods and the way I talk about those is that these are intended for special occasions. In other words birthday cakes is for birthdays and turkeys for thanksgiving if you choose and hams for Christmas and eggs are for Easter.

When I was growing up in the Midwest, every morning we started out with Easter. And every lunch and dinner we had thanksgiving Christmas and every night after dinner we had a birthday party. That was the problem and it's not that Mary and I don't have occasions of celebration nor should you avoid these occasions but you shouldn't be taught to celebrate you know how to do that well enough on your own. What we try and teach is something very specific. Is this these are the foods the best supports healthy Easter eggs will make you sick if you eat too many of them not if you just eat them on Easter or some of the patients are so sick of the Easter time that they really shouldn't even do it then. These things are for a special occasion you know, candies for valentine's day right. Candy for valentine's day and Halloween it's not for every day of the week so what does that translate into regular everyday people food Mary has published over 2500 recipes. There are probably 200 free and available on our website. The foods that we eat are very simple in our home we about six or eight different things. She's published two thousand five hundred recipes. I've had to try them all.

That's a difficult time in our life when we have to try Mary's new recipes not because they're not good but they're not our favorites. You get to like just a few things. Right now if I went around ask you what you each of you would tell me that you ate the same thing for breakfast pretty much. Like every day we don't know her breakfast that's what we have. If I ask you what you have for lunch you'd probably tell me the same thing or a couple different things for dinner you go through two or three different things. I'll ask you about the restaurant you go to every time you go to that same Thai restaurant you order the same thing off that menu. That Mexican restaurant you are the same thing of the menu. You are monotonous.

People are very monotonous in their eating. They eat 5, 6, 8 different things. She has 2500 recipes published. I don't know if you got to be a lover if you find 5, 6, 8 different things. In our particular home. we like oatmeal for breakfast, we have for lunch usually leftovers which means what do we have for dinner. Well,

we have been burritos makes a vegetable soup with bread. Sometimes she'll have a ... we make merry, we haven't made lately. Very very few things that we had that are our favorites. Most of the dishes you want would you like me more and more specific you ask about the diet.

Participant: [Inaudible 01:23:42:09]

Dr. John: You can't make zero fat nature is very kind. You can't do that. The body does requires fat.

Participant: [inaudible 01:23:55:8]

Dr. John: I didn't design it but what's in the food is about 7% fat and all that fat, half of its essential fat. It happens to translate into about 7 to 12. On average 12 % protein at 7 to 15% protein, carbohydrate contents about 7 to 85% content.

Participant: What about the Faidic acids content that inhibits absorption of [inaudible 01:24:17:0]

Dr. John: That's good stuff but I don't think quite a cast in his protein Faidic acid inhibits minerals but I don't believe it inhibits protein . I'd like you to show me where it does but Faidic acid doesn't have the minerals like zinc absorption but the fighting gas that in plants also has some very positive effects like it has very strong anti-cancer effects that you're probably aware of . Our Creator or the 400 million years of evolution did not make a mistake in Faidic gas in the food. Would you agree?

Participant: [inaudible 01:24:56]

Dr. John: You don't know.

Participant: [inaudible 01:25:04]

Dr. John: You bring that point up. Am always in awe of nature. I'm sure those black widows are there for a reason.

Participant: What do you do with kids?

Dr. John: You breast feed a child for 6 months exclusively from 6 months to 2 years. They're partially breast fed in the other part of the diet is starches and vegetables, fruits. After 2 years of age you put them on ... you can still nurse them for more if you want but at that age their intestinal tract is mature, their teeth are fully developed to eat food that is starch based. Yes.

Participant: I believe that most of the people aged in Asia these days are obese. Not because of McDonald's but because of their economic situation. They're much better off. I have been to Beijing a few months ago and had a very sumptuous dinner and I

kept asking the waiter for mifan which is their Chinese rice. I kept yelling and he kept ignoring me. Finally I said to the other people at the table, "When do we get rice?" They said, "At the end of the meal if you're still hungry, then you get rice."

Dr. John: Everybody wants to be like in American. I agree with you, I just gave McDonald as an example it's all the westernization of the eastern diet. It's not just McDonald's. They all want to be like Americans so they're all becoming like Americans. You want to make money ? Invest in a drug company or a device medical device company that's going to sell these things to Asians or Hispanics in South America or Central America. You make tons of money because with these diseases, they'll be just as sick as we are. Well they almost are. Yes.

Participant: When you age, you need things like the use of [inaudible 01:26:44] oil and taking some supplements because you are not really absorbing enough from your food. If you have your strict diet, but still, your body is going downhill when it is not absorbing. It's in spite of life that we talk about health supplements [crosstalk 01:27:09] I buy into that.

Dr. John: I know you do. I didn't want to get into that. I wanted to really retain whatever popularity I had by this point. I don't buy into it. I don't believe it. I don't believe it. I just , I really, I really seriously didn't want to get into this. I actually debated very serious on 3 occasions. It's on my website and also on the set of DVDs is the whole discussion of that debate was also discussions about some of the dealings I had with Robert Atkins. I think if you're really interested, just go to the website you read something called, "The great debate" and it goes over all that or listen to the set of DVDs where I discussing it.

Participant: I was curious about b a woman who had breast cancer, was she able to do it?

Dr. John: She's 24 years now, still alive and fully functional. No evidence of disease but most of the things I showed you in terms of the rheumatoid arthritis, the Multiple Sclerosis and so on. Solid scientific evidence behind this I couldn't give you that kind of scientific evidence between the behind the breast cancer yet that same study that was just published by Cebulski they showed a 9% reduction in the risk of getting breast cancer with the almost non-existent one increase in fruit and vegetable consumption a day plus work which has recently been discussed in this in the scientific conferences shows that women who have breast cancer live longer when they follow our diet. I also, just incidentally I published the first study on the dietary treatment of breast cancer bouts back in 1982 so I do believe it's true. It's just the evidence is meager. There are about 15 studies that say you can change the course of breast cancer within kind of diet we recommend.

I think there's some truth to that. We had the same very same conversation one of my radio shows about 12 years ago with Robert Atkins. He was my guest on the show and I had him on twice. I had a syndicated radio show all over the West Coast and he mentioned he said at the end of this show he says, "It's kind of

interesting that you and I get the same kind of results.” I said, “It seems like we do and for the reasons you just said; you take away a lot of junk from people, plus if you put people on high protein diet, they lose weight for reasons that may not mean necessarily healthy”.

For example you just mentioned breast cancer a very effective way to lower cholesterol reduce blood pressure and lose weight is to go on chemotherapy. I mean just getting those results doesn't mean it was good for you so we got to the end of the conversation I said that there are two things we can agree on after Robert Atkins. One is, all your patients are constipated. He said, “Yes.” Two, every Health Organization. presently in existence condemns what you do. He says, “You're right.” It's kind of interesting after Akon style his medical reports came out and I was asked to be on some shows like Deborah Norville, Vote On CBS Morning and evening News and I was in the New York Times and so on.

I talked about Robert Atkins the fact that he was obese and had horrible heart disease, which I think should count. If you look at somebody who's proponent of diet and they look like garbage What do you think? And I pointed this out. Well, I just want you to know I've been the practice of medicine. I've been licensed as a doctor since 1972. I have never had a single complaint, a letter written, a derogatory letter written about me that I'm aware of or a lawsuit which is just by good luck, in those 32 years except for one and that was from Veronica Atkins.

She turned me into the state of Hawaii medical licensing board for violating her husband's privacy because I went on all these TV shows and I was called by her, a vegetarian Nazi for doing it and currently she has a as far as I know, an active pursuit to tarnish my medical license why every time I talked I said, “Let's go home, let's make it public, let's do it I want to” It's been a year and a half and they have done nothing so I wonder what's going to happen. I deal with these people all the time I deal with them on national level I do with them on talk shows debates, I've debated them in front of the USDA. I deal with them all the time but even though you lose weight these are not healthy diets. You ought to be asking let me just kind of end this because I know it's getting late most of you had a chance to you had a chance to ask a few questions.

I got to drive all the back to Santa Rosa. Let me just tell you something as I tried to share with you in the best manner I can and hopefully you found it. Information that we stimulated you to learn more than have to convince you but simulators are more one of the things I'd like to leave you with is this. Is just like with my parrot. I know what the right diet is for that bird. I really do and like my cat I know exactly what to feed my kitties and likewise my dog I know what a lot of the best have the best health. I don't ask them if they like that or not.

I love those animals. You should be asking the same thing whether I gave you the answer or not relevant you should be asking the same thing what is the best that there has to be one. There has to be a best diet for people we are not human

garbage cans and he always from cat food to bird food and have it make no difference it couldn't possibly be. There has to be an ideal diet for people and you're feeding that diet to your kids and your spouses and your parents and yourself. You should know what the ideal diet is for people and you don't. You don't because I could go through this group and I could ask you and this is a more homogeneous group that I haven't had a chance to talk.

I could ask you what the right diet is and you'd all give me a different answer. Pretty close to most different. Why is that? That seems like a terrible, terrible gap in information that we have to have basic information that should be taught in every school and everybody should be what is the right diet for people? You ought to be asking a question so you ask how I came to the conclusions I came to is back 30 years ago when I was researching this and I spent my price 6 years before I came to this conclusion. I asked that question based on the scientific research is what is the best ... I don't care they like it or not.

I really, I just want to get well and I ended up as close as I could to the cancer diet, which is taught to Duke University still as a Duke University most popular thing at Duke University lifestyle, you know about lifestyle. It's very just socially our diets just tastes worse and if I came home and I said to Mary I said, you know the Keeper diet all the things I'm talking about Keepers are published in the journals before 1952.

The diabetic retinopathy reversal, the diabetes reversal, the hypertension reversal, the cardiomyopathy reversal the EKG reversal, the reversal of kidney ... all published in the scientific journal before 1952 using a starch based diet with fruits and vegetables. I came home and I said, " We are going to have to eat this?" I can do better than that. Sometimes people ask me what's the difference between what you do and what Ornish does? Or Pretican or Walter Camner or Russell Henry Chittenden or Rice Wank, there's the difference right there. What I know and what I teach is basically what they know and they teach.

I have no advantage over any of them, but I got Mary. Mary makes it practical and possible. If you had the opportunity to come to our clinic, and you stayed for one meal, and certainly if you stayed for 10 days you'd understand the value. It's easy to get people well in this kind of diet. What's difficult is to make them enjoy it more than the food they've ever liked before and she's done that. You can see it in our recipe books.

It's much longer than I planned to keep you. Thank you very much.

Speaker 8: Five minutes of questions and we'll have a five minute break.

Denise: Thank you. My name is Janice Jonson Koehler, I'm the president of Citizens Concerned about chloramine. chloramine is a water disinfectant that is now in the Hetch Hetchy water as of February 2nd 2004. William is going to pass out a little flyer so that you can follow along because I figured people wouldn't see this

all the way up in the back. Just as a background about chloramine, The EPA had been studying chlorine and its disinfection by products for about 40 years. They decided that a chemical called trihalomethanes which is formed when organic matter in the surface waters like our in mountain spring water from Hetchy Hetchy grows organic substances like algae. These things combine with chlorine and forming form chloramine to form something called trihalomethanes. These were deemed by the EPA to be possible carcinogens. They decided that if you drink the water that contains trihalomethanes for your entire life you have a 2.4% chance of developing bladder cancer. They decided to regulate the use trihalomethanes, they told utilities that have surface water as their water sources to lower trihalomethanes concentrations, utilities were given 14 choices for disinfection.

They included several things separately and combinations, like UV light and chlorine as a residual or UV light as a primary disinfectant and potassium permanganate as a residual disinfectant. What the utilities chose to do to lower the trihalomethanes in their treated water supplies was use chloramine or chloramines, you can use those words interchangeably. They say they're using monochloramine but chloramine always exists as a hydrolysis of three substances, mono, di, and tri chloramine. Even if you control the pH and temperature and so forth, you still have the three species in hydrolysis which means they shift back and forth between the species. Since utilities decided chloramine was the cheapest way to disinfect water supplies, they just went ahead and converted. Ask us every utility that has surface waters will be expected to be in compliance this year. That means 90% of our utilities nationwide will be using chloramine as of this year. The only utilities that won't be using it are utilities that have ground water sources only.

They could have ground water sources and mix them with surface water sources, which they're having to do in many cities as the suburban areas grow and they have to import water supplies and usually those are from the delta or some other surface water source so then they have to treat with chloramine or something else that will lower the trihalomethanes. When chloramine first went into our water supply, I was personally affected by it even though I didn't know there was going to be a water disinfection change. I live in an apartment building in Menlo Park and that city did not post any notices and I don't receive a water bill which was the usual way of announcing the water disinfection change.

I stepped into my shower on February 3rd at 4:30 in the afternoon and within three minutes of showering, started coughing, wheezing, sneezing and then having full blown asthma which I'd never had before I went to my doctor, recorded the phenomenon that was every time I showered and then the reaction would persist for a couple days afterwards. I would also get the skin rashes and blisters, burning red skin, dry skin, bleeding, cracking skin.

I found when I drank the water, I got dry mouth, irritated esophagus and digestive problems that seemed like IBS. It was only when I drank the water. We

had been using bottled spring water at home, but if I went out with a friend for a cup of tea or coffee, I would notice that effect with drinking it about four to five hours later. My doctor tried to figure out and gave me every antihistamine product in nasal sprays, inhalers and nothing worked. I was sick for about a month and a half when a friend called who had been seeing me and I said, "What's going on?" And I sounded like I had emphysema because I was constantly exposed to the water through mainly bathing. She said, "Do you think it could be the new water disinfectant?" I said, "What water disinfectant?" She said, "They're putting something new in the water. I don't know what it is but you could call the city."

Frankly I was skeptical. I thought who could put something in the water. Who would do this? My doctor and I had eliminated all soaps, all shampoos, anything that had any chemicals in it whatsoever from my entire apartment. Still any time I bathed in the water, I had this reaction. I called the city, I called BSFPUC who had made the decision to use chloramines to treat the Hetch Hetchy water system and they said indeed the day before my first shower they had put chloramines into the water supply.

I researched the issue. I talked to my doctor about it and he went on the Internet to look at medical documentation and he found that chloramines do indeed irritate the skin and the respiratory tract, but usually at higher dosage levels. He recommended I avoid all the water I started traveling to Marden Hiller Gilroy's to shower, brush my teeth, do my laundry because even the the clothes I washed in the chloraminated water irritated me. made my skin itch. This is a huge burden on my family and when my case went into the newspapers, I started getting calls from hundreds of people who were having similar symptoms.

The rashes, for respiratory problems or the digestive problems or a combination of them and We tried to institute a lawsuit but suing a city is a very difficult and pretty much a thankless process. You have to go through a paper trail kind of wild goose chase and lawyers are not interested in mainly pursuing that because they don't get a really good compensation for their efforts. What I did was form our group citizens concerned about chloramine, with about 25 people who are also experiencing symptoms and we have now traveled around the Bay Area giving talks on the effects of Corning and trying to work with our legislators to get chloramine out of our water system until the test studies that I found had never been conducted on the human health effects of chloramine were conducted.

When I researched the issue, I found the EPA itself said no dermal studies or inhaling studies had ever been done. Cancer studies on chloramine were so limited about 9 rat studies, rodent studies that they were considered by the EPA to be inadequate for assesment. We don't even know if it causes cancer on down the line but the immediate effects for some people with severe respiratory problems are life threatening. We're working with our lawmakers to try to get them educated about the respiratory effects, we have documented hundreds of

cases now of people who have avoided all their water. Either gone to other water systems out of town or just done sponge baths and drink the bottled water, bottled spring water is what we recommend because it's never been treated with a disinfectant, and they have documented that when they stay off the water for everything including bathing and showering, their symptoms go away and when they go back on the water their symptoms return.

In the process of researching the issue, I discovered that monochloramine as used as a water disinfectant, will stay primarily monochloramine even though it form some di and trichloramines. If the water's cold and it's not agitated and the PH stays in a controlled range. However if you heat the water for a bath or a shower or you're cooking your pasta on your stove and the steam is in your air or your dishwasher is venting steam or your washer and dryer is venting steam, this steam mainly consists of di and trichloramines.

The research from the Center for Disease Control in hygiene association and new study from the Catholic University of Belgium have found out that di and tri chloramine are respiratory toxins. They pull water out of the mucosa, they initiate an inflammatory reaction that looks like an allergic reaction but actually is not, is a chemical reaction and it destroys respiratory mucosa through the excessive drying and the boning and the irritation of that mucosa.

This includes your eyes, your lips, your mouth, but especially your respiratory tract because you're breathing mostly the di and tri chloramines in the heated an aerosolized water. One way water systems get rid of di and tri chloramines is to bubble air through it, that releases the gaseous di and tri chloramines into the air and gets rid of them from the water. When you're showering, you are bubbling that water through the shower head and you're heating the water most people aren't showering in the cold water and that will release more of the di and tri chloramines which you then leave in an enclosed space. This comes from our study from the University of Pittsburgh and Lillian, our secretary has handed out this sheet which has a little write up of what their research found.

Volatile chemicals in the water are coming out through heated water especially when it's aerosolized and so you're breathing toxic chemicals into your lungs. It's destroying your respiratory tract and you're absorbing the chrolamine into your bloodstream directly, so your digestive tract can break them down. Mono chrolamine, they found binds with the hemoglobin in your blood and prevents it from carrying oxygen. We've heard of many people who are dizzy after showering and feel oxygen deprived. It also is a way of getting right directly into your cells through the bloodstream.

If you drink or eat the chrolaminated watering in your food, say you boil pasta, you are eating, mainly the ammonia stays in the water you boil. You may boil up the chrolie, but you concentrate the ammonia in the water you boil, so your pasta is a sponge for the ammonia and you're getting this in your food. When you're showering, I heard estimates that depending upon the volatility of the

chemical and di and tri chrolamine are extremely volatile, which means they're released into the air easily, especially under heat conditions or aerosolization. Your exposure to the chemicals in the water, in the tap water is 600% more from showering and bathing without even.

This is the lethal exposure when you are talking about especially tri chrolamine. Some people are more sensitive to it for reasons that they didn't ask other predisposing factors. People with a more acid Ph, I was hearing have a stronger reaction to it. There is a lady in Palo Alto here, from the bio energy balance and center and she did a little preliminary study, Priscilla Capcao. She found that the chloramine people were drinking their water, prevented the bicarbonate from being released by the kidneys and liver blood, caused your blood to get acid, caused the oxidation of manganese caused you to not be able to absorb your vitamin D or your calcium and in general offset your entire biochemistry.

This agrees with some of the preliminary things I'm seeing in people and I've heard from people who even take supplements and found they need much more now to maintain a healthy dose and they didn't know why. Those of us who already have an acid system have noticed it's way out of control, so all the kinds of things that the disease states that are irritated by an acid system get worse. Some people are more affected than others, I happen to be one of the canaries in the coal mine but even people who are really always been healthy like my husband has noticed the dry itching skin every time he showers and he'll have this sneezing kind of effect.

What I discovered in the research again, when I looked at three main studies of chrolamines one out of five people who are sensitive the chloramines inhaled, will have an immediate reaction followed by a delayed eight hour resurgence of their symptoms. Four out of five people who are sensitive don't have the immediate reaction. About forty eight hours later they get the respiratory symptoms. Sinus congestion runny nose, coughing, wheezing. One man, his doctor didn't know what to do. And he lived in a water system where they had well water only, when he showered two to three times a week at a gym near his work. On the day he showered at the gym, that night eight hours later ,he would wake up with a terrible respiratory problems.

He heard about our group he tried avoiding showering at the gym, he'd been exposed for about a year before he decided to avoid his exposure at the gym because it was only on the days that he showered there that he had this effect. And when he avoided showering there, all the symptoms left and he found that over the year he was exposed the symptoms got worse and worse and worse. It took about two months after he stopped showering for all of the symptoms to settle down. In that study from the Catholic University, the children who were swimming in indoor swimming pools breathing chrolamines that came off the pool surface which were formed because the pool is chlorinated and it combines with ammonia in the pool from sources like people sweat.

It formed a mono di and tri chloramines and the children were breathing these especially the di and tri chloramines which were in a vapor in the pool hall. Researchers found they had lung damage equivalent to heavy smokers. They identified three proteins that are associated with heavy smoking lung damage, they were shocked that water disinfectants had not been studied. They recommend further studies but nothing's been done so far. Our water utilities are turning a deaf ear to this issue, they will say things like, chloramine has been used in this country since 1917 in places like Denver. They won't tell you however, that Denver was using .08 mg per liter and our system was using 3.0 and reduced it to 2.7. That's about 300 percent lesser magnitude concentration and people who have the symptoms know this concentration makes their symptoms vary because when the utilities dose, they don't dose continually They do a big dose and they say if it levels off and they do another big dose and people symptoms follow that pattern. I guess i wet your appetite for this there's a lot more information. Thank you.

Speaker 8: We have the usual problem and this is obviously a tremendously well done presentation. Very important subject but we cannot get it on ... Maybe we can have a whole session on this. Maybe that's what we should do. Maybe we'll reschedule but ...

Speaker 9: I wanted to say, there is another major problem, that you have hardly talked about it. How do you deal with chrolamine, I saw in Scientific America, about a year ago, a short article about Washington DC, the water is 4 times harder. What happens when you live in a hard water area, and the quarry causes the deposition of heavy metals like Lead in the pipes, and when they add chrolamine, it takes all that lead that had accumulated for over 50 years in the water supply pipes, suddenly being released into your water supply. So we are drinking water probably that has a higher amount of lead and cadmium than anybody else.

Denise: Washington D.C. primarily had a lead water system, they were an older city. Most of their products were lead. I'm very sure man Mark Edwards who works for Virginia Tech, he studied this issue he is the one that told the EPA It was the chloramine leaching the lead at these high levels and they fired him for his efforts. He's traveling around the US now documenting as they put chrolamine in the water, what happens to the water, so yes you're drinking a lot of lead. Even though we have a lot of copper pipes, they have the lead solder. The lead solder just being leached, your plumbing is leaking. One man lost \$125000 because all the pipes under his house were stripped of the lead solder and he had a landslide.

He had a massive property damage. You are drinking the lead, you're also drinking the plasticizers from polymer pipes and a lot of people have the plastic polymer pipes in own homes and they're even thinking of putting polymer pipes in the Hetch Hetchy water system. Chrolamine posts the elasticizers out which are horrific carcinogens. They make trihalomethanes look like a sneeze. They are horrible carcinogens and that's being leached in your water plus those pipes are

being de-elasticized, made brittle so they'll snap at the first earthquake or roadwork or whatever and massive property damage.

Speaker 9: Most of the rubber valves and ...

Denise: Yes rubber.

Speaker 9: Let's schedule Denise to come in June or something like that.

Denise: My phone number is on this flyer, [inaudible 01:54:59] research to substantiate everything and if you are interested in pieces of that make sure we can send it to you.

Speaker 9: This is really being said, Jim was on the form, Jim [Carnstan 01:55:24] our video guy, and he is saying, "What do you know about eczema, I've suddenly got these things on my skin and I have no idea what is going on." Can you hold out your arm for a [second 01:55:31].

Denise: Show me.

Speaker 10: There is all sorts, it's there, it's on my sides now, it's all over there, it's on my arms and I have not had a skin problem at all except for pimples as a teenager, in 60 years.

Denise: This is consistent with what people have shown us and it is cumulative too. Because the ammonia is building up on your skin. You're never washing in anything else. The ammonia is irritating the skin and the hypochlorous acid from the chloramine breakdown also irritates the skin.

Speaker 11: I have been using a shower cap, it has tried to conceal but supposedly it's very [inaudible 01:56:07]