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Question & Answer with David Foreman



Dr. Catherine Ulbricht, Founder and CEO of Natural Standard, interviews David Foreman, RPh, ND, who is widely known as the owner of "The Herbal Pharmacist® Newsletter." He is a contributing columnist for several Natural Health publications, a radio host, television commentator and practitioner of holistic approaches to better health. David is also a lecturer to many of America's most prestigious hospitals and author to the new book Four Pillars of Health: Heart Disease, which discusses four simple steps to rid the body of heart disease.

- Catherine:** Welcome to the **Natural Standard** webinar series. We are very pleased today to have an expert with us, David Foreman, who is a registered pharmacist, author, television correspondent, radio host, and is known to audiences nationwide as the herbal pharmacist. He is well-versed on the healing power of herbs, vitamins, and other natural products, but it is his down to earth, layman delivery that attracts huge audiences to tune into his nationally syndicated radio show every week and learn more. He is also the author of "The Herbal Pharmacist® Newsletter," distributed exclusively through The Vitamin Shoppe. David is a frequent speaker at some of America's leading universities, medical groups and hospitals on the subject of natural health and healing. His shift from traditional pharmacist to herbal pharmacist was based on his belief that education is the key to the understanding that natural health plays a vital role in traditional medicine and he has dedicated his entire career to educating consumers about the benefits and power behind natural herbs and supplements. Foreman is a graduate of the University of South Carolina College of Pharmacy and author of the newly released book *Four Pillars of Health: Heart Disease*. Welcome.
- David:** Thank you very much for having me. Whenever I hear my bio I start to laugh because I'm like "wow, did I do all that?"
- Catherine:** I know you kind of feel embarrassed, too. You are like "don't, you don't have to keep going". I know when you are introduced for a lecture I always kind of stand there shaking, bright red until it's over with.
- David:** Yeah, exactly I just want people to really introduce me by saying, "this is David Foreman. He's pretty knowledgeable and he's a fun guy."
- Catherine:** Right. Okay. And trust him. He is trust worthy. That's important too.
- David:** Exactly. Exactly.
- Catherine:** Excellent. Well everybody is so excited to have this opportunity to learn from you today, and I have some questions coming up but, feel free to introduce additional topics or go off



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on tangents as you choose. You are obviously a wealth of knowledge and we're eager to tap into that. So, my first question is how prevalent is the use of statin drugs for cholesterol? And why are more people using them? I'm sure you might have something to say about herbs and supplements for cholesterol as well since it's such a hot topic.

David:

There is no doubt. Well, there are 20 plus million Americans alone using that category of statins. I believe it was, statistics are always a little bit slow, so I think it was two years ago that 22 billion with a "b" dollars were spent in the United States on that category of medication. If we had to give opinions as to why the use has gone up, not to be conspiracy theory kind of guy, but I think the drug industry has sort of driven our desire to keep the number that people have on cholesterol levels lower and lower and lower. I know that the American Heart Association also has a lot to do with the input on this, but modern medicine I think has this strong opinion that cholesterol is evil and that cholesterol is the main risk behind having a heart attack, or even worse, dying from some sort of cardiovascular event. And they keep saying that if somebody has a heart attack with cholesterol at 180 then we must need to keep it at 160. So, I really think that there is a spear factor on having high cholesterol and then the outcome being you're going to die. First of all, I don't think that's true. Second of all, if I did have cholesterol concerns there are a ton of scientifically backed nutritional supplements that can mitigate your cholesterol concerns. So, you're right, I definitely have some supplements ideas. You know, cholesterol is not evil and it's part of every cell in your body. Your body uses it to manufacture hormones, and to manufacture inflammation fighting properties. I have this conspiracy theory, that's always one of my jokes, I am not a conspiracy theory kind of guy, but have you noticed that there is an epidemic of vitamin D deficiency in the United States? And I think it's because so many people, and while we already have 20 million taking just statins there are a bunch of other cholesterol-lowering drugs. We have a lot of people who have these abnormally low levels of cholesterol and your body uses cholesterol to manufacture vitamin D3. So, cholesterol is not evil. It's what happens to cholesterol that makes cholesterol evil. So, I hope I answered your question okay.

Catherine:

Definitely. It's a great way to put it into perspective. Up here in New England where the **Natural Standard** offices are, it's definitely been a contagious prescribing habit to supplement everybody on vitamin D. You know it's like in the water or something. You know you go for your physical and they are saying that it's because of the nor'easters and the New England weather and the eight feet of snow we got this winter and stuff like that. So, it's interesting to learn about the relationship to cholesterol and statins. So, to clear this up for our listeners a little bit further, how bad should your cholesterol be before you start taking a statin drug if it's appropriate for you?

David:

So, you're asking me. My answer is I don't ever think there is a level where it's appropriate to start taking a statin drug. I know that's a very bold statement, but I don't ever think that there is a level where your cholesterol reaches where your body needs to have a statin drug to lower your cholesterol. One of my favorite sayings I use in seminars



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and on my radio programs is that the reason that your cholesterol is high is not because your statin drug deficient. The reason why people have high blood pressure is not because they are ACE inhibitor deficient. I don't have the symptoms of ADD because I'm methylphenidate deficient. There is something else going on. You like that I kept that generic? I had a flash back to when I owned my drug store.

So, I don't really think there is a level that your cholesterol has to be at, and then all of a sudden they go "oh my God, you need to have a statin drug!" I don't really think it's necessary. Modify your diet, get more exercise, use some supplements. Get some spirituality in your world. Then, cholesterol is not going to turn into plaque. That's the bottom line. It's not cholesterol that's evil it's plaque that's evil. So, I would prevent plaque. That's really the big question people should ask.

Catherine: So, you're gearing your recommendations towards prevention: exercise, diet, life style

David: Right.

Catherine: And then, if you're perhaps, prone to having high cholesterol, a family history or in your lab tests when you get your yearly physical it shows high cholesterol you might suggest trying some herbs and supplement first. They may be more cost effective, and perhaps have lesser adverse effects or interaction profiles. Can you tell us a little bit about some of the ones that you've seen the best results with in patients?

David: Actually, I have got a bunch of different supplements that have, I guess you can say, I'm keen on for lowering cholesterol. I love how you put the translation of what I said. You were right on. In my book I wrote about knowing your controllable and uncontrollable risk factors for heart disease, and obviously you and I can't control the uncontrollable ones like my age, my gender, and family history. But I can control whether I pick up a pack of cigarettes, I can control my blood sugar if I'm type 2 diabetic. I can control my weight and all that stuff. And then, supplement-wise, I guess the top of my list is something I only learned about in last October. I believe it was at a conference. The ingredient is called sytrinol. I always spell it because when I first heard it I thought it was citrus and it's not spelled that way. It's spelled s-y-t-r-i-n-o-l. Sytrinol. That's in the ingredients. I usually buy mine at the health food store. The store I usually go to has five different companies that all have that ingredient in the bottle. That has double-blind, placebo controlled trials showing that it does lower total cholesterol, it will lower LDL cholesterol, it will lower triglycerides, so it's getting the bad numbers to go in the correct direction. It also has a moderate effect on raising HDL, so you're kind of getting the bad going on the right balance and the good going up a little bit. One more thing; herbs and things that come from plants, they usually possess multiple benefits not just one and the other benefit I like of sytrinol is that it's also a good antioxidant. And antioxidants are one of the four critical things I think that we need to include on our everyday supplement regimens, and diet if we can, as a preventative or treatment for heart disease. So, sytrinol would be on the top of my list.



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Another really popular one is using a time-released or sustained-released niacin. Now, there is a prescription version of this, but you can also buy the similar version of it at your local health food stores, even pharmacies. When I owned my pharmacy years ago I even carried time-released niacin over the counter in my supplements section, but there is good research showing how as a matter of fact time-released niacin was the very first drug we had “slash” supplement that was scientifically shown to lower cholesterol levels, lower triglyceride levels, and raise HDL. The down side to using niacin when it’s time released is that it can have a little bit of the similar effects that the statin drugs do on the liver. In other words, every ninety days or so you probably want to get your liver enzymes checked and make sure that it’s not negatively affecting your liver like a lot of medications can.

So, those would be two. And I can go on and on. I love omega-3s. From fish oil, most people are not taking enough omega-3s, because they’ll hear somebody like me on the radio or maybe they’ll read an article or hear one of your experts saying you need to take 3000 milligrams or 5000 milligrams a day of omega-3s from fish oil, but you Mrs. Jones who’s listening to something or reading only sees the part that says fish oil not realizing that not everything in fish oil is omega-3. So, a lot of people end up taking maybe three soft gels which is maybe 3000 milligrams of fish oil, but not realizing that there is probably only 1000 milligrams of omega-3s in those three capsules. So, it’s the amount of omega-3 that they need to focus on not the fish oil. I would say buyer beware. Those would be the top three. I mean, if you want me to keep going I can do that

Catherine: Alright. That’s very helpful. Also, I like the theme that you introduced on how these natural products can have multiple benefits. So, for the example of omega-3, they are on the American Heart Association guidelines as a recommended therapy, and they can help with high cholesterol, hypertriglyceridemia and secondary cardiovascular disease prevention. So, you can get additional beneficial effects, and perhaps prevent or help to treat comorbidities, whereas some prescription drugs that might be quite receptor-specific as far as their pharmacologic effects, the effect is thought to be of therapeutic benefit, they can have some more extreme side effects. So, if you can use different therapies that might be more cost effective and safe, then on top of it, they work for more conditions than one whether it’s preventative or treatment. You mentioned niacin, and that’s sort of an old favorite that conventional practitioners support the evidence of as do natural practitioners and herbalists. So, psyllium, I think of as another example that is easily and widely available. Everybody knows fiber is good for you to take.

David: Right.

Catherine: Right. And it’s natural and easy to obtain and that also has strong scientific evidence for use in hypercholesterolemia. So, it’s kind of like when patients ask for help to treat or prevent their constipation, and they’re taking all of these crazy chemicals. And maybe they’re not be constipated anymore, but they’re having gas and bloat and cramps and they’re so expensive and they’re interacting with the absorption of their medications and



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herbs and supplements and all these things. I always say, “well, why don’t you just take some popcorn and drink a lot of water and if that doesn’t work for you what about prune juice?”

David: Well, it’s funny, because with your addition to my comment I’m going to add on more to the omega-3 using that as a supplement. Omega-3s even go beyond heart health. You get eye benefits from it. You get anti-inflammatory benefits from it. You get brain health benefits from it. So, it’s kind of funny how I’m one of these people that, I don’t know about you, but I have I think 6 or 8 supplements I take everyday and I want the biggest bang for my buck. I work hard to earn my money. Do I want to develop heart disease? No. So, I definitely use omega-3s. I always use sytrinol because I get multiple benefits. Why would you want to take anything that’s just targeting one thing? Seriously. And that’s what the drug world normally is, I don’t really want to bash modern medicine, it definitely has it’s place, but if you’re going to use something why not get multiple benefits out of it. I had a friend of mine say to me “well, I get double benefit from my blood pressure medicine.” I’m like “what’s that Nick?” And he says, “well, it makes me drowsy, too.” And I say “no, no, no, no, that’s not...”

Catherine: And the price goes up every year and my insurance premium goes up every year right? I am with you. We’re both pharmacists, I am obviously not against conventional medicines whatsoever, and we do want to reiterate your point that they are important and do have a place, and certainly we’re not recommending herbs and supplements that have not been proven over the standard of care, for example, if somebody had cancer.

David: Right.

Catherine: We would by no means say that if a chemotherapy regiment has been proven to put patients into remission then certainly they should use it. And the other thing this raise is how important it is that these natural products do have effects, they’re measurable they are studied and we rate them here at **Natural Standard** with our grading scale A though F based on the available scientific evidence, which is always evolving. Some get As some get Bs, Cs, Ds, and Fs. They’re not for everybody there are certain patient populations that might be at risk. Some may alter blood sugar.

David: Right.

Catherine: Or blood pressure, for example, or interact if somebody is on anticoagulants or blood thinners. So, to me, when you say buyer beware, I think that’s a very important take-home tip. Also, open communication about these therapies in my mind, and I’m sure you agree, is the most important thing. This is not a secret. There are lots of parts to your health; the four pillars of health that we’re going to get more into. But also, you work with different practitioners. You have your PCP, your pharmacist, your naturopath, your herbalist, your chiropractor.



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David: Right.

Catherine: And you need to benefit from these folks that you spend money on and time with.

David: Right.

Catherine: And that you trust and discuss these therapies with them and preferably before you start taking them so that you aren't wasting money, time, putting yourself at risk. You have as many coaches and teammates on your side supporting your health and so that we can prevent any potential mishaps and monitor because if you are on statins, for example, and you add fish oils or niacin you might need to reduce your statin dose which is a good thing.

David: Right.

Catherine: Because you're lowering side-effects and expense and using something natural instead. But, it all needs to be adjusted and monitored in a systematic way.

David: Exactly. I always tell people you need to negotiate with your doctor. The other thing is that, this is the part about my mom and dad. Actually, I'm going to see them in about an hour. My mom and dad are polar opposites. It's funny, they say I have a family history of heart disease and I say, "no, my family has a learned lifestyle of heart disease." Meaning they are overweight and don't eat right. My parents don't get any activity. It's funny because my mom takes her blood pressure medicine, she takes a statin drug and she hasn't realized that you can literally...and she feels bullied by her doctor, that was my point. And I said, "you should never feel bullied by your doctors because they're really your employees, and again, I am not trying to take anything away from the healthcare providers, but in reality, when I was a pharmacist and I owned my pharmacy I would be an employee of people paying me for a service. And so, if you don't like what your doctor is telling you, they are your employee and you can fire them and get another doctor. I have had so many people coming to me and say, "my doctor threatened me and told me I had to go on a statin drug," and I'm like, "that's insane."

Catherine: Talk about perpetuating white coat syndrome right.

David: Exactly. Exactly. Anyway, I'm sorry I'm getting overly chatty on you here.

Catherine: No, this is terrific. We're learning a lot and you're making it fun to learn as we go along, so you're doing a great job. You are reminding me of my grandpa. He had adult-onset diabetes and he would take his pill and he would take a huge forkful of cake at the same time. He's like, "it's all going to the same place."

David: Yeah, I could tell you so many stories along those lines with family members and close friends, but I know we don't have time for those.



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It's funny, though. The sad thing is some of the best comedy comes from real situations, and I had one of my favorite customers, who became a best friend, died of heart disease. We used to go out and celebrate birthdays. His favorite place to go was Outback Steakhouse. He would get the fried food, which of course is good for heart disease,

Catherine: Right.

David: He would get a baked potato with extra butter, extra sour cream and a large steak. And then, he would pop his statin drug. I would be like, "Neil," actually, I called him Uncle Neil, "what are you doing?" He goes, "I take this pill so I can eat like this."

Catherine: Right. They just don't get it.

David: It's not right. I mean, obviously it didn't work for him. He's dead now. He died of a heart attack.

Catherine: Right.

David: And he was taking a statin drug, so again, even if you are taking a drug, it's not the only thing you have to do. It doesn't bother you taking ownership to your health.

Catherine: Exactly. And you are certainly serving as a community role model both for us professionals and consumers to take control. I don't know if you know that old book or exercise program "stop the madness."

David: Yeah

Catherine: Great, well we'll get back on track here, because you and I could joke around forever I'm sure. But we really do want be sure with your new book and looking at everything that we understand the four pillars of health for heart disease. Can you sum those up for us?

David: Yeah. The four pillars of health are these things. They are diet, which is how you eat. They are exercise, which I like to call activity, because people don't like to hear the word "exercise." Spirituality, which for me, I'm Christian, so for me, it's the Bible and that spiritual path that I'm taking. Of course, spirituality is important when I have those stressful situations. And then last but not least is supplementation. We need to supplement our everyday diet because not everything we eat is truly nutritious. Even if you are eating fruits and vegetables, nowadays most of them are picked in a non-ripened stage. Most Americans don't eat right anyway, so we need to supplement. So those are the four pillars in a quick nutshell, and if you want me to get a little deeper on each one I can do that for you.

Catherine: Sure, I really like how you coin the phrase of "activity" instead of "exercise," because exercise might seem sort of threatening or stressful or something negative.



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David: Yeah.

Catherine: As opposed to looking at it as time for you, that you're doing something special for yourself. You're taking control of your health. Also, I think what our audience would be interested in you expanding upon a bit, is the stress reduction. We've studied a lot of therapies here at **Natural Standard**, like yoga and meditation and therapeutic touch and reiki and massage, and things like that have physical effect, but also have stress reduction effects that correlate to physical effects and just the general sense of well-being. So, feel free to dig as deep as you like.

David: All right. Sure. I'll start with exercise since you brought that up. This is where I'm completely odd to most people. Exercise does not mean that you have to go out and join a gym. There is enough clinical research out there showing that 30 minutes of brisk walking everyday should be adequate for us for activity levels. Science has shown that it'll lower your blood pressure, lower your cholesterol, lower your blood sugar, lower your stress level, increase your immune system function, and decrease stiffness and pain in your joints. So, there are a bunch of benefits from brisk walking. Where most people derail, is they don't know what brisk walking is. Brisk walking is if you and I were walking down the street together, for our brisk walk, and we're trying to talk to each other that we're a little bit short of breath. Not as out of breath as you might be if you were going for a run, but you're a little bit short of breath. That is brisk walking, and everyone's pace is a little bit different. Not everybody can do brisk walking, 30 minutes at one time, and there's actually some research now showing that you can do two 15 minute brisk walks. So, you can even do three 10-minute brisk walks at some point during the day. That's the bare minimum of what I preach. I preach 30 minutes of brisk walking.

Some people go outside that box. I'll give you an example. I travel a lot, an awful lot. When I hit an escalator, if there is nobody in front of me and I'm in the airport, I will walk up the escalator with whatever bag I have and carry it up. When I'm in a hotel that's not, I'm on the 18th floor of my hotel today, so there's no way, but I'll take the stairs if I don't have to spend the day in the stairwell. So there's other ways in your daily life that you can look for increasing your activity level. When you go to the grocery store, don't drive up and down the aisles looking for the closest spot. Park at the far end and walk in, walk back out with your cart, put your groceries in the car and walk your cart back to the store and back again. That way you've gotten a lot more activity because you've walked a lot further; and the other benefit is, you don't get any dings in your door because nobody else parks out that far away from the grocery store.

Catherine: Right and you're clearing your mind, you're getting fresh air.

David: Yeah!

Catherine: Your vitamin D that you need from the sunshine, right? I always crack up, here in Boston, I walk all over. I'll walk from my research office to the hospital where I work and it's an



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hour and 45 minutes. And I talk on the phone, work on my blackberry, do errands, do work or whatever, and I'm multitasking and also getting exercise at the same time. So, a lot of people complain that they are too busy for the activity or exercise, but like you described, you can make it happen if it's a priority to you. It's much better than ending up in a CCU bed somewhere later.

David: Right.

Catherine: You know, it makes you look better, feel better, all of those things. So, you can have a treadmill, at home I have a, what do you call those things? An elliptical machine. And I have what's called a surfshelf on it because I'm hyper and I need to do a lot of things at once to keep me occupied. So I work and look on the internet and order my groceries to be delivered for the week and everything, and I'm working out at the same time.

David: Exactly.

Catherine: So there are things like that that you can do to make it easier for you. I know also, pedometers that you can attach to yourself really help people, because it makes you determined that you're going to do X amount of steps every day. It's kind of like a video game, you make yourself do it. And those are inexpensive, easy adjunct to health, that doesn't have any side effects, for example.

David: My favorite comment is, "the type exercise I recommend will only cost you a good pair of walking shoes."

Catherine: Right.

David: So it's not like you have to go out and buy special clothes and a gym membership or those types of things.

One of my other favorite pillars is diet. My joke is it's a four-letter word to most people, ha ha. Which of course it is a four-letter word. Usually when I bring up diet, people think I'm going to talk about weight loss and that's not what we're talking about. I've done a lot of reading and research on how we should eat and "fad" diets, even on health challenges, and they are a bunch of crap. I hate to be so, that's a great word, that's why I used it. They're all garbage. Here's how you're really supposed to eat, don't let anybody fool you. All right, this is way we were created. We're supposed to eat fruits, vegetables, nuts, seeds, legumes, and then when you eat fish or chicken, beef or pork. Well, fish is always pretty much lean, but we'll talk beef, pork, and chicken. You want to eat the leaner cuts. All right, so that's what you eat and then people say, "well, what about my rice, can I have whole wheat pasta?" My answer to you is, if you have serious health concerns, the answer is no, you can't. Those things in my book, I joke; can you tell I like to joke around? I communicate mostly with the moms and pops of the world and they don't normally understand the scientific stuff too well. So, I have to break it down.



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So, the foods I call MAN-ipated, instead of manipulated. Its MAN-ipated foods. So if you're getting ready to put something in your mouth that doesn't look like it originated in that form. A grape is a grape; we know that, right? Grape juice is not a grape. So in my opinion, you should not be consuming grape juice. Now it gets a little bit radical, I know. Do I eat those things and drink those things periodically? Once a week, maybe, maybe once a month. My wife and I were talking about it the other day. One of my big weaknesses is potato chips. If there's a bag anywhere within my reach, I won't just open it; I will eat the whole thing and I won't stop until it's gone. I made the comment to her the other day that my philosophy is, you take all the refined, processed, manipulated foods out of your house completely. The reason they are out of your house completely is that way you can't eat them. The only way you are going to eat them, is if you go back out. And the time you want to eat those; 9 or 10 o'clock at night, you're already in your comfy clothes. The likelihood of you actually getting up and going back out to the store to get that junk food or processed, manipulated food is pretty slim. Now, my wife, do we eat pasta at home? No, but, you know what? If we go out to a nice restaurant, she might have it. But how often are we going out to dinner? It's not every night. So, it's okay periodically. That's the real key to diet is eating only whole foods and getting rid of all the processed, manipulated foods. That saying I learned from a naturopath years ago was "shop the perimeter of your grocery store," because everything on the interior is manipulated and processed.

Catherine: Preserved, right, with a shelf life of a Twinkie, for example, right?

David: Yeah. Exactly! So, that's exercise and diet.

The spirituality thing, you were talking about stress and you mentioned some really cool things. Yoga, and there's just so many different approaches to handling stress. In all honesty, I really didn't find the religious part of things until four and half years ago. It's kind of funny because right after is when a lot of very, what you would be considered stressful situations, happened in my life. The economy went, so most of my business went away. I lost the house I owned in California at the time. There were a bunch of just really bad things going on and I can tell you the spirituality part for me, prayer, to me prayer is one of the most important things in my life. Belief in God is part of that for me. If you're just praying to pray, then who is answering it? Sort of have to have that belief in God along there with it. For me, the spirituality I mentioned earlier is Christianity and I am not picking on or putting down any other religions. I try not to do that, but I can tell you that for me and the situation I've been through in my life. That my view of Christianity has gone through the roof because I see it work. I've seen prayer work for me on a daily basis. I do fasting and praying, which is a whole other topic for another day, I know. Which unlocks even more of the power of prayer. But, I run into so many people that are just flipping out, stressed out from situations. And the people that know me really well, they know my situation and in most cases, except for my gray hair, they'll say "wow, I



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can't believe you went through all that." And they didn't even know and I said, "Well it's my spirituality that got me through it."

I always say to people, you might have tried everything else and if you're still suffering, then why not try it my way, because your way is not working. So if you've been trying it another way, I highly recommend you cracking open a Bible and reading it and digging into the spiritual promises that are in there. In my book, I have this little saying I call "the Bible, the owner's manual for the body." If you believe that God created you, and some people do, some people don't. Depending on where you are in the scientific community, right. My wife, one of our daughters and I went to D.C. and we went to one of the museums, and of course they're pushing the evolution thing and it's kind of funny. And for me, the promises that are in the Bible, God created man in my opinion, and so why not use his owner's manual. And it's funny because even in the Bible it talks about the foods you should eat and not eat and when you go back and really look at the foods you should and shouldn't eat; it makes a heck of a lot of sense. God clearly says don't eat the fat of the animal in the Bible. And if you think about it, modern medicine just figured that out, right?

Catherine: Right. How many billions of years later?

David: Yeah I know because I laugh at that. I'm like "Yeah, modern medicine just figured out you shouldn't eat the fat of the animal, yet God told people who knows how long ago. Have to do that anyways, at least in the book I read. Let's put it that way. So that's the spirituality part.

Catherine: And it gives people an additional therapeutic modality to choose from. So, that's what I like about what you are saying. I'm neither for nor against any religion either; just the idea that drugs is not the only thing that affects your health and well being. You have a lot of options. You have drugs, you have surgery, you have psychiatrists, social workers. Counselors are another thing people can take advantage of. Spirituality, religion, exercise, nutrition, all of which we discussed.

David: Right.

Catherine: There are so many avenues to go with and try what's best and safe for you. And you don't have to be channeled into this very narrow selection process. And I actually, gosh what was probably a decade now ago, with my gray hairs now popping out, as we are speaking, I had the opportunity to go down to the University of Arizona and hang out with Dr. Andrew Weil.

David: Weil. Yeah.

Catherine: We did integrative care rounds and with patients in the hospital. And I was used to doing rounds at Mass General Hospital, Harvard style. They were more conservative, and don't get me wrong, we've come a long way. Now at Mass General, we have a mind body



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center. And fish oils, melatonin and CoQ10 are on formulary. So, I'm not dissing that whatsoever. But, the thing that was such a memorable experience for me down in Arizona was that instead of just having the physician knows all, physician knows best, and they do know a lot and I'm not saying they don't and we need them; but, introducing additional members and therapeutic modalities to the healthcare team. So the dietician is important, the physical therapist, the nurse, the pharmacist, the herbalist, the naturopath. He had a hypnotherapist, a homoeopathist. So the team that we had to discuss a patient quadrupled from standard sort of medical care rounds.

David: Wow.

Catherine: We were seeing pediatric patients and I just thought of how amazing that was for these parents who are suffering dealing with a child with a medical condition. It's very painful and frustrating for everyone. The list of options for them to try quadrupled as well. Opening all of those venues and personalizing a healthcare regime that's best for you and your beliefs do impact it. Your taste, if you don't like how things taste or look or you're allergic. When you talking about the foods before and you were saying, "go to the source; don't get the juice; get the actual fruit that made the juice; instead of the potato chips, eat a potato." They have tons of vitamin C and potassium and they're a lot cheaper, don't have salt on them and all those things, and fat. I just think that the model that you are perpetuating, you are saying the things that worked for you, sharing your ideas and giving people a ton of opportunities to take control of their health and personalize it for them. One thing that I noticed is that people who are vegetarians or vegan, there's lacto-ovo or pescatarian and all these different kinds. They only eat legumes and they focus on soy, peanut butter and things like that for their protein. I see pros and cons about that because when you were talking about keeping the potato chips out of the house because there is less of a temptation, but the flip side of that is you don't want to completely avoid everything that you enjoy so that you end up binging and overcompensating for it. I notice that a lot of people when they don't have a well rounded diet, that a lot of the time they are eating a ton of carbs, for example, and that's turning into fat because we don't have enough protein or they're getting all their protein from cheese. A lot of cheeses have a lot of fat in it. So, by not being educated fully on the premise, they think they are doing the right thing, the healthy, natural thing, but they're actually harming themselves long hall. Do you see what I mean?

David: Yeah. It's funny because I had a woman call my radio show recently and she had a problem with diabetes. I had a friend of mine co-hosting with me and we started out by asking her, "what's a normal day like for you when you eat?" And she's like, "well I start out my day great, I have a bowl of Cheerios®." And red flags and sirens went off in my head immediately. And I'm not picking on Cheerios®, the brand, but I'm saying to me that's a refined food. That's probably one of the worst things for someone that has unstable blood sugar levels. It's funny because she thought she was eating healthy. And you're completely right; it needs to be balanced within all the food groups I mentioned. As



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opposed to focusing on, “well, Dave said I could eat meat, so I’m just going to eat meat.” My son asked me yesterday, “if I ate a buffalo, how long o you think it would take me?” And I’m like, “what? Are you kidding me?” But that’s how people are, they hear, “Dave didn’t say cheese was bad, so I can keep eating my cheese.” That’s not what I said, if you paid attention, that’s not what I said.

Catherine: Right. That’s taking it to the extreme, to say the least.

David: Exactly, and I like what you said. My thing is to expose people to, your health is more than just popping a pill. The other thing is, you, not you, just anybody listening right now; you are the one that’s responsible for your health. You can’t blame it on your mom and dad anymore. You can’t blame it on your spouse. I used to blame my wife. I just got married two and half years ago, and I started eating foods that I didn’t used to eat before, that aren’t really necessarily healthy for me, and I got mad at her. Then one day I thought, that’s stupid I’m the one that’s putting it in my mouth. She’s not holding a gun to my head and jamming it down my throat. So, if you’re in poor health and you know you got a bad lifestyle, you’re the one that’s going to have to change it, not me.

Catherine: Right. Will power and motivation and being moderate. Well, this has been very, very helpful. I did want to ask, because we talked about things that you recommend and that work; safety is also a concern because some things that might be a perfect option for one person might be the worst option for somebody else. So what are the top three most dangerous foods for the heart?

David: We’ll start off with saturated fats. They primarily coming from the animal products that we are consuming. So saturated fats are one. The refined starchy foods would be considered number two; so, the pasta, bread, bagels, sugar, and those types of things that we consume. Some people call it “whites foods;” it really can go beyond that.

Catherine: Cheerios dipped in sugar would be on your no go list. Right? Okay.

David: Yeah. Exactly. And the third one is sodium. A lot of people overlook salt. It’s funny because of the fast paced lifestyle people go out and purchase their food, like fast food. A lot of processed, just throw in the microwave, kind of foods are very high in sodium. Sodium is really satanic. Don’t salt your food when you’re cooking and salt it at the table, if you’re going to salt it at all. The government guidelines, I think, for the average American diet is 2000mg a day. I tell people you should shoot closer to zero.

Catherine: Beause it squeaks in all places you don’t realize. So you don’t need to be supplementing it necessarily.

David: Right, because if you consume sodas, there’s usually a lot of sodium in sodas. It’s everywhere. Table salt is the most common form to most people; it’s even found in your medications. Think about it, a lot of the times they make a salt out of a medication to make it bioavailable, so it can get into the bloodstream and the sodium will dissociate.



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Well, even a lot of the medications are, I wouldn't say high in sodium, but contain sodium. Those are the three, right there.

Catherine: That's really helpful to look for the hidden ingredients, because you might get a diet soda and it has an artificial sweetener in it, but often they put the sodium in to balance it and make it more savory and not so sickly sweet. But you're like, "oh, I'm on diet soda, I'm not overeating and I'm watching my weight and my calories." But, it can be snuck in there for better or for worse. It also reinforces what you said earlier about going to the source, the original, the non-processed form of things. So you have less of a risk. So they're good take home messages to default to and that can help you make your choices. I admit, I'm a foodie, I'm a sport eater and I burn off a lot because I'm so hyper. But it doesn't mean that just because I'm not overweight and I might be thin. My insides could be rotting out because I continue to eat those things or have colon cancer or whatever else. So that's scary also.

David: You're right, you're right.

Catherine: Often I watch the cooking shows, and I love cheese and all those fattening things, but they will be like, "oh and a little olive oil," and it's half a bottle while they are making it and then they serve it on the plate and they put another half a bottle. They're putting kosher salt in, by the fist-full the whole time. To me personally, that detracts from the freshness and the subtleties of the different herbs and spices and the different ingredients in the dish and then everything ends up tasting exactly the same; just fatty, salty and oily and saturated and gross. Then that's what you feel like inside, it might taste good going down, if you like that style of cooking, but then afterward you feel like garbage. And it's rotting like garbage inside your body and affecting your heart and longevity.

David: Yeah. There's no doubt. It's funny, you're right, those cooking shows. They'll salt the water they're going to cook the pasta in and then they'll salt the pasta and they'll salt everything. One of my favorite chefs is Emeril Lagasse and he's like, "I don't know about your chicken, but mine doesn't come salted." That's like one of his little jokes and it's bad, but that's the way society is, regretfully.

Catherine: Right. To each his own. You certainly taught us a lot and we're very thankful for the amount of time you spent with us today. We hope to have the opportunity to have discussions with you in the future. I did want to let our listeners know, we talked about your book, and I wanted to make sure they know about your website, which is easy to remember, www.herbalpharmacist.com, and we're going to be publishing the audio of our interview today and a written transcript. They will be available on both of our websites, so that the valuable information can benefit the most listeners, readers and viewers on the web as possible. Thanks again, David.

David: Thank you very much for having me. It was a pleasure.



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Catherine: Buh-bye.

David: Bye.