

An Interview with Alan Goldhamer, DC

by Mark Huberman

Dr. Alan Goldhamer is the founder of TrueNorth Health Center in Santa Rosa, California, which provides medical and chiropractic services, psychotherapy and counseling, and massage and body work. TrueNorth has become one of the premier training facilities for doctors wishing to gain certification in the supervision of therapeutic fasting. The British Medical Journal recently published a report by TrueNorth on the successful treatment of lymphoma cancer with fasting and a vegan, SOS-free diet. Future research is planned through the Center's nonprofit arm, the TrueNorth Health Foundation. After completing his chiropractic education at Western States Chiropractic College in Portland, Oregon, Dr. Goldhamer became licensed as an osteopathic physician in Australia. He is the author of The Health Promoting Cookbook and coauthor of The Pleasure Trap: Mastering the Hidden Force That Undermines Health & Happiness.



Dr. Goldhamer, how are you today?

Fabulous!

In the nearly four decades that I have known you, I have always found you to be one of the most positive and enthusiastic people I've ever met. To what do you attribute that positive attitude?

That's what happens when you get to work at the TrueNorth Health Center!

What was your inspiration for starting the center?

Well, Jennifer and I learned early on that water fasting requires an appropriate environment and careful supervision, so we really didn't have a choice. If we wanted to do water fasting, we needed to have a center. We opened in November of 1984.

But what inspired your interest in water fasting and healthful living? Had you had a health problem that resolved itself through a water fast or dietary change?

No, I wanted to be a better basketball player and beat Dr. Doug Lisle at basketball, and I figured that this diet and lifestyle would give me the edge.

And all these years later, has it ever worked?

No, it's a complete failure. He still beats me every time we play!

Let's back up a little more. Where did you first learn about water

fasting and natural hygiene?

I had read a number of books on the subject by Dr. Herbert Shelton, and it just made a lot of sense that water fasting was a useful and powerful tool to help get sick people well. Shelton made a compelling case that water fasting was an integral part of hygienic care, and that if you wanted to engage in this form of health care, there really wasn't an option other than to have a facility.

Did you have a personal or professional mentor or model?

My early motivator was my uncle. He was a physician, and he motivated me by telling me that a fasting doctor was the worst kind of doctor you could become—one of "these alternative medicine types." Then he said nobody in our family should go to a doctor like that, let alone be a doctor like that, and that I would be better off becoming a communist spy.

Well obviously, you didn't take that advice.

No, I didn't. My father actually told me that anything that made my uncle that angry can't be bad and that I should stick to my guns—which I did.

If memory serves me correctly, you were attending conferences of the National Health Association when you were still in chiropractic college. What impact did the conferences have on your professional career?

The impact was profound. At one of my first ones, I had

the privilege of meeting and hearing lectures by NHA leaders like Drs. Alec Burton and Gerald Benesh, and they inspired me to go into this field. Dr. Benesh told me that being a hygienic doctor was the best job in the whole world, because the patients did all the work, the body did all the healing, and all the doctor had to do was take credit for good results. I thought, that was the job for me!



Dr. Goldhamer coordinates the many aspects of managing the TrueNorth Health Center and the TrueNorth Health Foundation.

Since Dr. Benesh was practicing in California at the time, did you have the opportunity to spend time with him?

Absolutely. I spent lots of time with him, and he was a major motivator for me in pursuing this profession. I also had the privilege of doing an extended internship with Dr. Burton in Australia, and when I returned from training and opened our center, he referred a lot of people to us.

In the 36 years you have operated the TrueNorth Health Center, how many water-only fasts have you supervised?

Over 20,000. One of the things that is unique about the center is that we have an integrated facility where every doctor is reviewing all of the active patients on at least a weekly basis, so everyone's responsible for their care. We have a grand rounds meeting on Monday afternoons where every active patient is reviewed by all of our staff. We feel it's a very important and useful exercise, in that everybody's getting the benefit of all the experience of all of the doctors. We also commit ourselves to coming to a consensus on the best care for the patient, and we continue to discuss the case until we do.

In the old days, water-fasting centers were usually operated by chiropractors or naturopaths, but TrueNorth is notably different in that you have a whole complement of different-discipline physicians, right?

Yes. We currently have a dozen clinicians that serve as our principal staff, including medical doctors, osteopaths, chiropractors, naturopaths, psychologists, and research scientists, all working in an integrated facility. We are also a training facility where we train all kinds of doctors in our internship and residency training.

What is the value of bringing together physicians from such divergent disciplines?

"Fasting is a unique opportunity to give the body a chance to do what it does best, efficiently and effectively, and that's to heal itself."

Different clinicians have different experience, different training, and different insights; nobody can know everything about everything. When you have several of them working collaboratively, the likelihood of missing something significant or coming up with additional suggestions is compounded.

Let's talk specifically about water-only fasting. What is its chief benefit?

Fasting is a unique opportunity to give the body a chance to do what it does best, efficiently and effectively, and that's to heal itself. It's not surprising that a significant percentage of the problems that people have today are a consequence of dietary excess. Water-only fasting is the most efficient way we have of helping the body undo those consequences.

Just to be clear: it's nothing magical about drinking water, but rather the physiological rest that Drs. Shelton, Esser, Benesh, Burton, and others talked about that allows the body to heal itself, correct?

It's not the water that is magic; it's the lack of everything else. Being on water only gives the body a chance to adapt to a completely different state than its normal one; and in that adapted state, the body is able to rapidly

mobilize and eliminate the accumulated intermediary products of metabolism and toxic products. That significantly speeds up the natural healing process.

What conditions have responded most effectively to water-only fasting?

Not surprisingly, the conditions that respond the best are those same conditions that are caused or aggravated by dietary excess. They include cardiovascular disease (in particular high blood pressure), type 2 diabetes, and a host of autoimmune diseases. These include rheumatoid arthritis, ulcerative colitis, and systemic lupus, as well as asthma, psoriasis, and many other inflammatory-related conditions. Recently, we've been working with certain forms of cancer, including lymphoma. Of course, people who have problems with obesity and all the consequences of metabolic syndrome also respond dramatically.

What conditions have you found are the most stubborn to respond to fasting?

We focus on taking the patients that we expect to have the best results, so we concentrate on those conditions and those individual patients who we believe will respond to this kind of approach. The most difficult patients to treat are those who are not appropriately motivated. The thing that motivates patients the most is pain, disability, and the fear of death; those patients tend to be very good! We also find that people who are highly educated about health and healthy living are very motivated to change their ways to stay healthy. So we get a broad spectrum of patients.

I would also like to point out that many of the people that get the most benefit from fasting are perfectly healthy people who are using it preventively and proactively in order to stay healthy.

When I interviewed your colleague, Dr. Irwin Linzner, some years ago about his perspective on fasting, one of the things I recall him observing was that in the decades that you have been supervising water fasts, there seems to have been a weakening of human physiology, and some folks today just don't respond as well as they did in the past.

There's no question that this trend has been going on since I trained with Dr. Burton 30 years ago. Even he had reported that it was much harder to fast patients now—that they weren't able to hold up as well. It may be a consequence of multiple generations being raised on junk-food diets, escalating numbers of patients taking prescription medications, and increasing deconditioning effects from lack of physical activity. It may also be that there are higher stress levels, increased pollution, or other issues, as well. All of these factors together are resulting in the fact that people are having more difficulties recovering their health.

At the same time, it also could be some bias on our part, since we tend to treat much sicker people today than we might have 35 years ago. That is partly because we have more experience and partly because we have a breadth of clinicians who have the capacity to handle a wider variety of pathology. Thus, we're able to be more flexible in whom we're accepting, so the difficulties may be just that we're



TrueNorth's full-time doctors, residents in training, and other staff offer comprehensive, coordinated care to each patient.

“Many of the people that get the most benefit from fasting are perfectly healthy people who are using it preventively and proactively in order to stay healthy.”

occur with fasting. We are currently doing a study with our colleague Dr. Eugene Scharf from the Mayo Clinic, looking at body composition changes during fasting. It looks like

we're going to be able to put to bed one of the old wives' tales about fasting, which was that you lose weight during fasting, but then gain it right back afterwards, thereby resulting in no persistent benefit.

What we found is that, yes, you lose weight during fasting, some of which is fat, but some of which is muscle, fiber, water, and glycogen. When you regain weight after fasting, you're regaining that glycogen, water, fiber, and muscle, but *not* fat. So it's turning out that water fasting preferentially mobilizes fat, but particularly visceral fat. The rate of visceral fat lost is higher than that of fat as a whole.

In fact, fat continues to be mobilized as you recover from your fast; we've been able to prove that now with the use of this DXA scanner. We're doing a study where we look at the changes during fasting after refeeding and then at a six-week follow-up. I think that we've already enrolled about two-thirds of the patients needed, and we're starting to get the follow-up data now. We hope to complete the study towards the end of this year or the beginning of next, and again, I think that should put to rest this idea that there's no persistent fat loss associated with the use of fasting.

Do many of the people that come to TrueNorth for fasting do so because of morbid obesity?

They come to the center because of the consequences of their diet, and their diet results in obesity and high blood pressure and diabetes and autoimmune disease and cancer and pain and problems. Their obesity is just one of the side effects of poor dietary choices.

taking more and sicker patients.

You also have more diagnostic tools available to you today than you did back in the day, do you not?

We do. In fact, recently, we were able to acquire a Hologic DXA scanner with new software that allows us to do very detailed body assessments. It calculates not just how much fat a person has, but how much visceral fat is contained in the body and the changes that

What is the key to long-term compliance?

I think there are a number of factors. One is education, and we provide intense education while patients are staying at the center. We offer videos they can watch in their rooms. We also offer twice-daily live presentations and twice-a-day visits with the staff doctors. There is also a strong camaraderie that develops among people from around the world going through this common experience.

What about fasting for people who are perfectly healthy? It is my understanding that you and Jennifer fast during the Thanksgiving holiday each year. Is there a "preventive maintenance" value in doing so?

There definitely is, and we recommend fasting for healthy people one week a year, both as a diagnostic test as well as for its therapeutic benefit. What's interesting is that when we fast and when our staff fasts, it's rather uneventful in that we don't get a lot of the usual fasting symptoms, primarily because we are eating a health-promoting diet.

I have heard you describe preventive fasts like this as "rebooting" your body systems. Is that an oversimplification?

It's a simplification of something that does seem to be happening. We're actually going to be doing a study next year which will be looking at biomarker changes that occur with fasting, particularly looking at people who are healthy. What we think is happening is that you're giving the body a chance to slow the aging process. It certainly works in rats, mice, and birds, and we believe that it's going to turn out to work in humans as well.

What about intermittent fasting. Is there benefit from that as well?

There is. We believe that you can normalize the aging process by using both intermittent and periodic longer fasting to give the body a chance to keep up, so to speak. We recommend that everybody fast every day for 12 to 16 hours. The ideal way to do that is to not eat three hours before you go to bed at night—not by staying up late, but by stopping eating three hours before you go to bed at your



TrueNorth attendees enjoy twice-a-day live presentations by Dr. Goldhamer and other staff doctors.

normal time. By having 12 to 16 hours of fasting every single day, we believe that the cumulative effect of that will yield a great amount of benefit. Then, maybe once a year or as appropriate for that individual, we encourage doing a longer, medically supervised water fast in a controlled setting. That ranges from five to forty days, but for healthy people it tends to be shorter rather than longer.

Are you amazed how fashionable and respectable fasting has become in recent years in both science and medical literature?

We've gone from being criminal quacks to cutting-edge researchers in the course of just a few years!

"Fasting has been used in conjunction with conventional therapies for cancer treatment, where it has been shown to minimize the damage of those conventional therapies and help protect healthy cells, as well as make cancer cells more vulnerable to treatment."

Why do you think that is?

In large part, people like Dr. Valter Longo have published articles in major journals that show the tremendous benefit of fasting in terms of preventing and reversing disease. It has been used in conjunction with conventional therapies for cancer treatment, where it has been shown to minimize the damage of those conventional therapies and help protect healthy cells, as well as make cancer cells more vulnerable to treatment. The publication of this material in major journals has influenced large numbers of people.

Who would have thought?

I think it was inevitable. One thing that fasting has going for it that is rather unique is that it's actually effective. One of the comments that our resident doctors, particularly the medical doctors, often say here is, "It's the first time I've ever seen people get well." That's because under conventional medical care, if you're treating conditions like high blood pressure, diabetes, autoimmune disease, and cancer, nobody gets well. The doctors almost always tell their patients, "If you do what you're told, you'll be on these drugs the rest of your life." The truth is that you will never recover, because these drugs are never going to address the actual reason why people are sick in the first place.

Are TrueNorth patients suffering from conditions like diabetes and high blood pressure able to get off their insulin and blood pressure

medications?

We are able to eliminate the drugs and normalize the function because we're actually getting rid of the reason why they were sick to begin with. Now the problem is, the patients still have to maintain the diet, sleep, and exercise in order to sustain the results, because nobody's getting cured, they're being managed. But instead of being managed with drugs and all of their potential risks and side effects, they are being managed with a healthful diet and lifestyle.

From my vantage point as president of the National Health Association, and as one who has had the privilege of knowing almost everyone who has engaged in supervised water fasting for the past 40 years, it seems to me that the greatest contribution you've made to the science of water fasting has been the safety studies you've done. Why did you make this a top priority, and how did this come about?

A lot of credit goes to Dr. Stephan Esser. During an internship he did with us, he insisted that we needed to have a formal fasting safety study done if he was going to be able to use fasting after he was done training at the Mayo Clinic. We did, in fact, go through a tremendous amount of effort to take a look at every patient that had fasted with us over the course of five years, and we recorded all of their symptoms. That study was published and is available on our website, www.fasting.org, where you will also find all of our studies. The study conclusively showed not only that fasting could be done safely, but that it was safe for people between 18 and 65 and even for people older than that. Specifically, it showed that there was no increase in the severity of adverse events with older individuals than there was in younger individuals. This opened up water fasting not just for our patients, but for patients all over the world. A human subjects committee of an institutional review board always requires that there be safety data established before they'll approve a study. Now, with our safety study available, all researchers are able to utilize fasting, so long as they use the protocol that was established by the International Association of Hygienic Physicians, which I helped cofound with



Dr. Stephan Esser's insistence led to TNHC's groundbreaking study, which conclusively showed that fasting can be done safely for those over 18.

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the strong support of the NHA back in 1978.

As you look back on the careers of your mentors like Drs. Shelton, Benesh, Esser, Gross, Scott, and more, are you impressed with the courage they demonstrated in supervising fasting without the benefit of the science you now have at your disposal?

I think they certainly had science at their disposal, both the scientific method and the available research. But there's been tremendously more work done since then. I think they would be

very pleased and very proud that there's been significant progress made in terms of looking at the safety and efficacy issues as they relate to fasting. But there's a lot more that needs to be done, and I feel like we're just barely scratching the surface now. However, we have been successful at getting our case reports and our studies published in peer-reviewed journals, and I'm hoping that will become easier and will be more and more productive as time goes on.

With the heightened interest in water-only fasting, are you getting a lot of applications from physicians to serve internships at the center?

Yes. We've trained several hundred doctors in our internship and

residency training programs to date, and the interest continues to increase. Doctors come for a year to fulfill their residency requirement. Chiropractors can serve three months as part of their training in lieu of a quarter in their school clinic. We have standing with several medical schools, including Texas A&M's medical school, where second- or third-year residents are able to come for a month as part of a rotation within their training. We are also getting increasing numbers of doctors who are coming to train because they want to do something worthwhile with their lives and learn how to get people well.

If a medical, chiropractic, or naturopathic student is interested in serving an internship at the center, how do they go about applying?

They can go to our website at healthpromoting.com; there's an application process available for them to do that.

How many physicians have circulated through the center?

I don't know the exact number, but we have trained over 200 doctors. I do know that the last four who trained with us were so good that we hired all of them! We've actually added five new doctors to our permanent staff this past year.

Let's shift from water-fasting to the health-promoting diet you advocate for you patients. Do you use the term "whole food, plant-based"?

We do not, because a diet that includes plants is great, but we want it to be much more. We want it to be an exclusively whole-plant-food diet that's SOS-free—that is, free of salt, oil and sugar. "SOS" is the international symbol of danger, and for us, it also stands for the chemicals added to food that fool the satiety mechanisms and are the reason why people are fat, sick, and miserable.

Do you consider becoming completely SOS-free to be an aspiration or a mandate?

Well, it's only a mandate for those people who are motivated to maintain optimum weight or to overcome high blood pressure, diabetes, autoimmune disease, or lymphoma or are looking to live the longest, healthiest, happiest life possible. Everybody else can do whatever they want.

What do you say to people who say, "I am not SOS-free, but I do 80% or 90% of this diet, and isn't that pretty damn good?"

I would agree that 80% or 90% is pretty good compared to everybody else. However, at TrueNorth, we tend to work with people who are motivated either by pain, debility, or fear of death. Those people don't have a lot of choice because it takes more than 80% to get a decent outcome. And for people who want to do their best so they can live their fullest, healthiest, happiest life possible, they need to go 100%.

As you know, my parents were pioneer health food store owners, and an endless line of "superfoods" and "wonder vitamins" seemed to come on the market every week. Today, store shelves



Chef Ramses Bravo and his staff provide guests with the finest in WFPB, SOS-free healthy cuisine.

"While some foods like berries might have greater concentrated sources of certain nutrients, the entire whole-plant-food diet—the fruits, vegetables, grains, beans, nuts, and seeds—is where all the superfoods are found."

and online markets are full of highly touted products like beet and mushroom powders. Are these really superfoods?

The only real superfoods are the whole plant foods in the form of fresh fruits and vegetables, and while some foods like berries might have greater concentrated sources of certain nutrients, the entire whole-plant-food diet—the fruits, vegetables, grains, beans, nuts, and seeds—is where all the superfoods are found.

I'm not a big fan of the fractionated food byproducts—even from the whole plant foods. And just because spices and other substances may have very concentrated nutrition, that doesn't make them superfoods. In my opinion, the concern and the focus should be the diet as a whole, not the individual nutrients of particular foods or food byproducts.

Then I gather you think that adding turmeric to your diet or sprinkling oregano on your salads doesn't have any magical nutritional qualities.

I think it might be helpful if you add things for taste to your salads that allow you to increase your consumption of them. However, I think that in the long run, we're going to find the most important considerations

aren't the individual food components but the overall integrity of the diet as a whole. For people who are interested in this, I suggest they read Dr. T. Colin Campbell's book, *Whole*, where he does a great job of making the case that whole foods and the diet as a whole should be our primary focus, rather than the individual components of the diet or of the foods themselves.

I always thought Dr. Shelton would be most proud of that book.

I think Dr. Shelton would consider Dr. Campbell a hero.

What about juicing and blending? In your hierarchy of values, is it still preferable to eat foods whole rather than turning them into juices and smoothies?

We like whole foods best, particularly for those trying to maintain or lose weight. The more you stick to whole foods the less vulnerable you'll be to bringing on dietary

excess. However, if you're trying to increase caloric intake, then we might process foods more in order to be able to allow for greater volume of consumption.

What are your thoughts about the incorporation of fermented foods into the diet? It seems that this process is finding a lot of champions these days.

In times past, fermentation was a preservation practice. Before refrigeration, it made a lot of sense that people would use it as a food preservative. People would put cabbage at the bottom of the well and the bacterial fermentation would preserve it and allow them to get through the winter. Some people believe that the bacteria that are present in fermented foods may have some therapeutic benefit. However, I don't think the research is conclusive on that. I really don't have a problem with fermented foods per se, except that most of the fermented foods served are high in sodium because they add a lot of salt. However, our chef has figured out ways to ferment pickles or sauerkraut and the like without the added salt, and probably that would be an option if those foods appeal to you.

Another growing area of interest in the whole-plant-food arena is the world of vinegars, a product that seems to come in an almost-infinite number of flavors. Any concerns about them?

These are what I call soda-pop vinegars. They are vinegars with a lot of sugar in them, and in my opinion, you have to be really careful in what you buy. If you look at a vinegar label, in a tablespoon of plain balsamic vinegar there should certainly be no more than 15 calories. Flavored and/or reduced balsamics typically are about 35 calories per tablespoon. The increase is due to the quality of the cooked grape must that is the basis of traditional balsamics, which is unfiltered, unpasteurized, crushed grape juice that contains the skins, seeds, and stems of the fruit. It has a high glucose content to begin with, and when balsamics are flavored and reduced, their sugar content increases even further, so these are not sugar-free foods.

If I recall correctly, in the dining room at the TrueNorth Health Center, the only vinegar I saw was rice vinegar.



The health benefits of fermented foods, which are often high in salt, is not conclusive, and vinegars can be high in sugars.

We have rice vinegar and apple cider vinegar, and recently we have added balsamic vinegar. But the balsamic vinegar we have is just 10-15 calories per tablespoon. We're currently looking for a balsamic vinegar that's made without the grape must; I'm working with

some wonderful people who produce vinegars to see if they can come up with one. The point is, you want to choose a vinegar that's made so as to minimize its sugar. If it's got more than 10 or 15 calories per tablespoon, you want to pass on it.

What are your thoughts about the COVID-19 pandemic?

We know that most people that get COVID-19 recover and have limited sequelae. At the same time, some people have residual symptoms called post-COVID syndrome, where taste changes or fatigue or such persist. We found those patients tend to respond really well to fasting and dietary change, so we've been getting some good results with them. Of course, we know that some people get very sick and die, so you have to ask yourself, who is it that's getting sick and dying? Well, it turns out that

people who have metabolic syndrome are much more likely to die than people who don't. If you're overweight, if you have diabetes, or if you have cardiovascular disease and are of advanced age, you have a much higher risk of death or debility. What I think we should be doing is just what you do with influenza and other infectious diseases: try to avoid exposure by having good hygiene. Wash your hands, social distance, wear your masks—and then let's focus on getting healthy, so that when we do get exposed to these illnesses we recover.

So, I imagine you're not overly concerned that you would contract the virus?

Like with everything, I always try to practice basic hygiene. I'm exposed to patients every day, and if I were to become ill with this or anything else, I would have the same response: rest, fast, hydrate, and allow the body to heal itself. By doing that, I would be confident in my body's ability to make a recovery.

I remember a large banner that was hung in the ballroom at one of the early American Natural Hygiene conventions in Chicago, which read "Health is Built and Not Bought." I imagine that still rings true with you today.

Yes, it does. The NHA has always taught that health results from healthful living, and healthful living involves eating an exclusively whole-plant-food, SOS-free diet; exercising appropriately to build strength, flexibility, balance, and endurance; and getting adequate quantities of sleep so that you can stimulate the anabolic cascade of hormones associated with healing. Sleep and exercise are the foundation of health. That's what healthful living involved then and what it still involves today.

So, I gather you think that the survival of humanity is not dependent on the development of a vaccine that we can all take?

I think we should all be extremely cautious, as with all vaccines. You want to be concerned about not only the vaccine component, but also its preservatives and carrier agents. The thimerosal that's used with the influenza vaccine is mercury-based, which is a serious consideration cumulatively. Also, if we look at the influenza vaccine as a model, this is an accepted vaccine, but in fact, it reduces any given individual's chance of getting influenza from two percent to one percent. So two percent of patients will have influenza in any given year on average. If they're immunized, the likelihood is at best one percent, which means there's actually a one percent absolute reduction. Now they call that a 50% reduction, and it's true; that may have an effect on herd immunity and other benefits, but the actual benefit to you individually is relatively limited. So, let's be clear—even if you accept that these vaccines are effective, it doesn't mean they're not without risk.

Because of the mercury and other disturbing components of flu vaccines, do you think that the older folks who rush to get them are more at risk by doing so than by not doing so?

I think they are at more risk of some problems and less risk, perhaps, of others. For society as a whole, even if we accept all of the reported benefits, there are still risk compo-



Regular livestream talks give everyone the chance to hear more about TrueNorth's programs and the benefits of water-fasting. Instructions on how to access this wealth of valuable videos can be found at <https://www.healthpromoting.com/tnhtv/landing>

"Stop the use of animal products as a component in human nutrition. That would go a long way, not only to positively impact us from moral, ethical, and spiritual viewpoints but also from the environmental and health viewpoints."

particular, but we absolutely know that our animal husbandry practices and the way we raise and consume animals continues to be a group breeding ground for various diseases and is the source of our exposure. I think the very first thing we ought to do is stop the use of animal products as a component in human nutrition. That would go a long way, not

only to positively impact us from moral, ethical, and spiritual viewpoints but also from the environmental and health viewpoints. One of the most important transitions we need to make as a society is abandoning our dependence on animal products as a primary source of nutrition.

I wanted to save maybe the most important subject for last, the newest development at TrueNorth: your new health coaching program. Tell me about the new program and what it offers.

For many years we faced a dilemma. We found that people would come to TrueNorth and get well, and then they would go home—and believe it or not, some people would stray from the straight and narrow. We realized that we weren't getting the long-term compliance we needed in some of our patients. So we began to do some research and realized that patients need ongoing support and encouragement, education, enticement, etc. We decided that it was time to enhance our ability to provide support for the thousands of patients that were no longer at the center and for the many more who were never able to come.

We began developing a way to provide ongoing educational support. One of our first components was our own Roku channel called TrueNorth Health TV. On the Roku channel are all the educational materials that we currently use, and we continue to add to it daily. It's freely available to everyone, not only at the center but also when they go home. They can access it from a Roku device on their TV or via our website, where all the content is also available, free

nents for each individual who chooses to vaccinate.

Do you believe that this pandemic and the ones they are predicting are likely to follow are a result of the toxic health conditions that are being created in wet markets and other forms of factory farming?

I don't know if the data is all in on COVID-19 in

for everyone. In addition, we wanted a way to share the wonderful lectures and food demonstrations we offer guests at the center every day, so we formed a Vimeo channel where we livestream them for anyone to log in. There's also a whole series of lectures over a 30-day period, after each of which we include an hour with one of the doctors, who reviews it and then answers questions.

Well, that's great for education, but what if I get a sore throat or a fever, or get a recommendation from a doctor to undergo a medical procedure about which I am hesitant?

We thought about that as well, and we have developed a robust telehealth coaching program. We currently have ten of our doctors signed on, each of whom offers a schedule where people from around the country can log on and book a 20-minute or 40-minute session. All of our patients' medical records are available to each of the doctors, and if a person hasn't been a patient in the past, they can become one by completing the online registration form. The patient's health history information is reviewed by the doctor before the patient's session. The doctor can then provide coaching, a second opinion, and / or just support. Some of our chiropractors can even provide rehabilitation via links to needed exercises.

And what is the cost for this service?

It's the same as our regular office hourly rate—\$95 for a half-hour session. For that price, the doctor will review any records that are sent and then devote 20 minutes of time with the patient to go through any questions and answers. If it's an initial visit, patients can schedule 40 minutes and it would be twice that, but basically, it's \$95 for half an hour.

What has been the response?

Tremendous. In fact, we're doing more visits now through our coaching service than we are live.

Is the nationwide move towards telehealth largely a consequence of COVID-19?

Yes, but the reason why we're up and running relatively quickly is because we've been working on this for over a year. We have realized for a long time that half of our patients are out-of-state, 15% are foreign, and there are only so many doctors that are versed in our type of health care.



TNHC's doctors can offer coaching, second opinions, and/or support to patients via the new telehealth services. To learn more, click on Health Coaching Services at <https://www.healthpromoting.com/clinic-services/health-services>.

When we realized that people needed ongoing support, we realized we had to provide it, and that's why we put this system in place. It happens to have correlated with this current shift towards telemedicine, which has certainly worked to

our advantage.

Is there a limit on the number of times a person can call a particular doctor?

No. They can schedule as many or as few sessions as they need to, which is exactly the same model we have for our outpatients, but it's now done through Zoom so we can see and talk with you. It works very well for most things, but it doesn't work perfectly for everything. Obviously, if a patient needs manipulation or a procedure, we still have to do that in person. For most folks just seeking information, coaching, or securing a second opinion, simply having access to a doctor that's not an idiot works really well.

For people who want to book a stay or water fast at TrueNorth, what's the procedure?

They still go onto our website and complete the registration forms. After they do so, they get a free conversation with me or Dr. Wise, where we'll review their medical history and make sure they're a good candidate. We'll give them advice about duration, and then they talk to the scheduling department, where they book an opening. Right now, we're booking about two-and-a-half months out, so you do have to plan ahead. When people come to the center, they can stay as long or as short as they want. Keep in mind, there's no penalty for getting done early, so we always try to make sure they book a long enough stay, and they can always shorten it if they're done a little bit faster. If there's a place that's closer to their home, we can give them recommendations for a facility that would be equipped to handle their condition.

I don't want to end this interview without talking about the important work being done by your TrueNorth Health Foundation.

The Foundation is our 501(c)(3) nonprofit, research-based organization whose mission includes doing research, particularly as it relates to diet and fasting, but also education, particularly educating physicians. We sponsor a human subjects committee and have a research laboratory,

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Tube channel, Instagram, and Facebook. We are passionate about helping people transition easily so that they, too, can reap the advantages of a plant-powered lifestyle. We teach people to get healthy and stay healthy, one meal at a time.

While attending Chef AJ's Ultimate Weight Loss conference in Las Vegas in 2019, we were fortunate to meet Mark and Wanda Huberman. We had a wonderful chat with them and felt like we were old friends. We learned then about the National Health Association and *Health Science*, and we signed up right away to get the magazine. We love reading the science-based

articles, the testimonials, and the recipes.

We later decided to become Century Club members to further support the amazing work the NHA is doing. We have also gifted memberships to our family members. We believe that it does take a grass-roots effort to get the important information out to the masses about the many benefits of our plant-centered lifestyle choices. We feel a responsibility to help pass the information forward and to help those who are already providing educational opportunities, like the NHA.

We are looking forward to attending the next NHA conference and hopefully meeting many of you there!



An Interview with Alan Goldhamer, DC

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along with a research staff composed of two PhDs and one MD who are doing primary research. We're also affiliating with the Mayo Clinic, the Buck Institute, Texas A&M, and other research facilities around the world. We have launched the *fasting.org* website, which is a fasting compendium site where all the research on fasting is made freely available to the public. It is important to note that all proceeds from the TrueNorth Health Center flow to the TrueNorth Health Foundation; that is currently the principal source of our funding. So when people come to the center, they are also supporting our research. We're also starting to qualify for research grants, which is very exciting.

How much research have you done, and what impact has it had in generating interest in your work at the center?

We have been very prolific and hugely successful at publishing a dozen articles, studies, and case reports that have appeared in peer-reviewed journals. We're conducting two studies right now, one with the Mayo Clinic on body composition and one that's a phase-one clinical trial for the treatment of high blood pressure with fasting. These papers are currently in review. We expect that they will be coming out next year, and when they do, hopefully they should make fasting treatment even more acceptable.

Interest in our work has increased. We've been in a number of movies, including *What the Health*, along with a sequel that is in the works. I was also invited to appear on an episode of NBC's "The Doctors" and have been asked to speak to medical schools and at seminars all over the country about fasting and diet. All this is driven by the TrueNorth Health Foundation's Public Speakers Bureau. Finally, I recently appeared on a Rich Roll podcast, which now has over 1.5 million views and has given us tremendous positive publicity.



With over 1.5 million views, Dr. Goldhamer's appearance on the Rich Roll podcast continues to spread the word about TrueNorth's work.

Any new books on the horizon?

Dr. Toshia Myers, the director of the TrueNorth Health Foundation, and I are finishing a book called *Can Fasting Save Your Life?* We expect it to be completed in the summer, and we're very excited about it. Our goal is to bring together all this important information on fasting in a new, modern book.

But fasting *can* save your life, just as Doctor Shelton pronounced back in 1964; you demonstrate that every day.

Yes—it can, and it does.

Finally, I know that you and Jennifer have been Life Members of the NHA for as long as I can remember, and I wanted to ask why you continue to support the NHA, serve on the board, speak at our conferences, and write for *Health Science*.

We do so because the National Health Association is the one organization in the world that fully embraces the importance of health resulting from healthful living and the use of fasting as a healthful tool. They've also been singularly responsible for spearheading this entire natural hygiene movement, which has provided the foundation for everything that we do. I have the strongest fondness for the NHA. I've been involved with it since I've been a kid and plan to continue to be involved for as long as I'm alive. 