

Resolving Addictive and Emotional Overeating Behavior for Weight Loss and Disease Recovery

Joel Kahn, MD, FACC
with Joel Fuhrman, MD



Joel Kahn, MD, FACC

Well, hello everybody. Please pay attention. We are all gonna learn so much from one of the leading masters of understanding why we know so much about food, but we don't do it right. We don't do it to completion. We don't see the results, and of course, I'm talking about my co-host for this Reverse Heart Disease Naturally Summit, Dr. Joel Fuhrman. Hi, Joel. How are you, sir?

Joel Fuhrman, MD

Doing great, thank you. Appreciate your interest in this subject and what you're doing here with reaching all these people, fantastic.

Joel Kahn, MD, FACC

Well, well, people wanna do the right thing, but they fall into traps, and we're gonna talk about resolving addictive and emotional overeating behavior for success in weight loss and success in disease recovery, and this has been something you've spoken on and written about in your most recent book, "Eat to Live."

Joel Fuhrman, MD

"Eat for Life."

Joel Kahn, MD, FACC

"Eat for Life," thank you. "Eat to Live" was such a smash hit on the "The New York Times Best Sellers" list. So "Eat for Life," thank you, goes into this, but people have a hard time. Why do people have such a hard time, particularly giving up meat, salt, oil, sugar? What's your take on that?

Joel Fuhrman, MD

Well, there's a lot of biological mechanisms going on that makes it difficult for people to change their diet, and my experience has been, when they understand the biological mechanisms of

how the brain is working and how it's hard to make that shift, it does make it much easier for them to understand the difficulties and makes it possible to make the shift without knowing what, it's they're feeling fatigued, they're feeling wiped out, they feel they can't possibly stop the cravings. When they know what's going on, they can make the shift, and they know that those cravings are gonna go away, and they know that the fatigue's gonna go away, and they know how to deal with it. So we really have to give people at least a fundamental understanding of how food addiction happens and how you resolve it, and we're talking here about multiple mechanisms. The first mechanism is about the speed at which calories enter the blood and the amount of calories carried in the blood at one time.

Now, what I'm saying right now is that certain foods enter the bloods incredibly rapidly, like oil does or sugar or white flour. When sugar, honey, maple syrup and white flour, like a bagel or a pizza or Italian bread, enter the bloodstream as glucose, that surge of glucose in the bloodstream has an effect on the brain, and one place it affects the brain is the same areas that are stimulated by opiates in the dopamine center of the brain, and the chronic over stimulation of this dopamine center makes you become dopamine insensitive and makes you desire these foods chronically and crave them. So you crave these foods, and you can't live without them because you've chronically stimulated your dopamine center in the brain to be dependent on these foods, and what I'm saying right now here is that white flour and bagels and pizza, there's no biological difference eating candy and sugar.

It enters the bloodstream as glucose, and it doesn't really behave like a food. It behaves like a drug on the body. It really is a drug. It's a drug to the brain. It's a drug to our energy mechanisms because our body's trying to convert this high rush of sugar into energy, but when the mitochondria makes energy, it needs cofactors, vitamins, minerals. It spews out reactive oxygen species. It needs phytochemicals to control the expression of the inflammation that's created from the making of energy. So the body shuns the most of this calories into fat storage instead of making energy, and it leave people chronically lethargic, weaker, and they don't feel like moving. They don't feel like getting off the couch, and at the same time, it's accelerating the desire for these foods in an addictive manner, and people don't recognize, but oil does the same thing because, if you compare the caloric, the speed at which calories are absorbed in the bloodstream from olive oil or any other oil at 120 calories a tablespoon, compared to an olive or walnut oil compared to a walnut or sesame oil compared to sesame seeds, you enter the bloodstream, the calories rush into the bloodstream in three to five minutes. So the combination compared to entering the bloodstream a walnut over three hours, we're talking about one or two calories a minute with a nut versus 30 or 40 calories a minute with the oil, and the flood of calories in the bloodstream has an effect on the brain to affect dopamine. So overeating, just eating too much food at one time, particularly when you use oil and sweeteners in your diet, is making you a drug-like effect on the brain.

Joel Kahn, MD, FACC

Fascinating.

Joel Fuhrman, MD

So taking away this drug-like effect so the primitive brain, the lower brain becomes now a master controller of your decision making because the primitive brain protects the cerebral brain. So now, and also the concentrated calories in these sugars damage brain cells and make you less creative, less intelligent, and somewhat dysthymic. There's a dose-dependent relationship between the consumption of commercial baked goods and fast food and depression, and most people imbibing in commercial baked goods, in the morning, they have cold cereal or bagels or breads, and for lunch, they have pizza and pasta, and for dinner, they have what I call the cake diet, more high-glycemic carbohydrates, usually with animal products, which makes it even worse, but in any case, this chronic exposure to this way of eating, it keeps them chronically dependent on this way of eating so they can't, now, they're chronically dysthymic, means they're more of an addict. They're driven to eat these foods.

They're no longer in control. They can't feel well unless they overeat on these foods, less they feel wiped out, and they have these cravings they're fighting all the time, and their primitive brain, now, is protective of their addiction. The primitive brain, we call it cognitive dissonance. We prevent the body from developing anxiety and fighting within itself. So you just keep doing that behavior, and you don't want to change it 'cause you block out of your mind that smoking is bad for you. So you can continue smoking and not thinking about it. You just keep smoking. You don't even think about how the damage you're doing with every smoke. You just continue how a person could feed their child donuts at a soccer game and not realizing they're damaging their child, but they can do it because they've blocked that of their mind even that donuts cause disease. They don't wanna think that.

The primitive brain doesn't even think about it. They've lost their passion for living, their excitement about life. They're kind of... Dysthymia means they're not depressed, but they're not that excited about living either. They mostly work to make money so they can spend it on alcohol, fast food, restaurants and imbibing in addictive and semi-addictive substances. So they're in this rut. They're in this rut, and unless they understand how this rut works, they can't get out of it, and you need a period of time of abstinence from alcohol and abstinence from cocaine and abstinence from sugar and oil and cheeses and these addictive caloric rushes you get from fast food in order for the brain to reset itself, and while you're abstaining from smoking and abstaining from alcohol and abstaining from salt and abstaining from oil, you don't feel good. You feel worse. It's called withdrawal, and you're shaky, and you're weak, and you're fatigued all the time, and people don't like the way they feel. That's why they have, addiction recovery centers for people off drugs, but when people, it's not as bad with food as it is with drugs or even smoking, but you still, people generally do feel wiped out. I've seen people break out in a body rash as a withdrawal symptom that then resolves in a week, and then they switch

over to a healthy diet. I've seen people develop low-grade fevers, but the primary symptom people get when they cold turkey all their junk food diet and switch to a healthy diet, the primary withdrawal symptom is fatigue and brain fog. Fatigue and brain fog are the major symptoms they feel, and I discuss with them how the body works and these cycles of digestion from the anabolic phase to the catabolic phase because they don't understand the digestive cycle, and with no understanding of how the body works, they can't really change their diet adequately.

What I'm saying right now is that the body does most repair and healing and detoxification in the non-feeding state, when you're not digesting food. When your body's digesting food, it's taking in calories, it's burning part of those calories, and it's storing those calories partially as glycogen in the liver and muscle tissue and partially as fat. So you're storing calories, and then when you're not eating and you're finished digesting, you're burning up the calories that were stored. Like you're driving around, and you're burning off the gasoline you just filled in your car. You don't keep filling it with more gasoline. You keep burnin' off, and you fill it again. Most people don't feel well when they burn the gasoline.

They only feel well when they put the gasoline in the car because when you're burning off the gasoline, we're talking here about glycogen here, we stored glycogen in the liver, and when the body is storing glycogen, the liver's not involved with de-conjugating fat-soluble toxins and making them water soluble for the kidney to excrete them. The liver's not busy doing... The liver's detoxification abilities are inhibited by eating and enhanced by not eating. So when people, when they finish digesting a meal, maybe a few hours later, when the body's no longer digesting, then people will start to feel shaky and fatigued when the liver enters detoxification mode called the catabolic phase of the digestive cycle, but these people eating conventional American food, that's not healthy and builds up a level of toxins in their body like free radicals and like advanced glycation end products, for an example. Now, this person feels wasted if they're not eating food.

They feel fatigued and uncomfortable. Plus, the fact that they're craving these foods, too. So the minute they start to feel fatigued and uncomfortable and a little stomach cramping, a little headachey, they wanna eat food again. They just started burning up the glycogen from the other meal, but they gotta eat again because they can't stand the fact that they're actually in a detox phase. So they have to always keep themselves in the anabolic phase or the eating phase, the digest phase. They gotta keep eating all the time. They gotta eat every three or four hours. They gotta eat. They gotta snack at night, They gotta snack and eat and snack and eat, and they have to get bigger and they have to get heavier, and they can't lose weight.

Joel Kahn, MD, FACC

Wow.

Joel Fuhrman, MD

Losing weight makes you uncomfortable because you have to deal with the fatigue, and that's where my approach involved with flooding the body with nutrients, reducing the toxicosis, letting the body feel better when in the non-feeding state, getting people back instinctually with real hunger, not this fake symptoms I call toxic hunger that drive people to overeat. So there's some complicated biological mechanisms people first have to understand before we can even get to the next step.

Joel Kahn, MD, FACC

Wow, it sounds like, it'd be very challenging to get people off these addictive physiologies and addictive habits. What have you found more effective, encouraging your patients to make sudden and dramatic change or inch-by-inch gradual changes? What works better?

Joel Fuhrman, MD

I have to say that all these doctors that move people in the right directions, doctors, therapists, nutritionists, sure they're helping people, and a lot of people can work and can make those changes using the baby step approach or making partial changes and then making more changes. That works for some people, but I have to say, for people who are significant food addicts and to enhance the percentage of people that can make the change permanently, coming to a place where you actually go in full blast and don't dabble in your addictive substances makes it easier for people to maintain the program long term and enhances the probability they're gonna stick with this.

I'm saying, and I'm teaching people and teaching other physicians that you actually enhance the probability of your cohort sticking with the program long term if you get them to totally give up those addictive substances and not dabble in them part time. The alcoholic doesn't do well when they drink on the weekends. It stimulates the desire for more alcohol. When the person is a sugar addict, letting them have donuts and bagels makes it difficult for them to resist that the next day, and they go into these binges, and it actually puts them under stress because they're all under emotional stress, which always makes them having to make decisions about whether they should go in or go out, whether they should eat healthy or not, and they're in a constant challenge, and then they don't see the benefits either because sometimes when you do this 80%, you don't see the miraculous results when you're not dropping three pounds a week and you're not seeing your blood pressure go back to normal.

So they don't get the reinforcement from seeing the miraculous benefits of their disease process. They're not feeling good about themselves emotionally 'cause they know they haven't lost their addictive attraction for those foods. They haven't yet mastered the change in taste muscle that occurs when you finally give up those highly-palatable over-salted and sweetened foods, and you still perpetuate cravings and ill feelings in your frequent imbibing on the foods that trigger your

addictive eating. So I'm saying that, in my decades of doing this, I've moved more and more over the last 10 years to encouraging people to jump in with both feet.

Joel Kahn, MD, FACC

Okay.

Joel Fuhrman, MD

Instructing them that the money's in the last 5%.

Joel Kahn, MD, FACC

Wow

Joel Fuhrman, MD

The money's in the last 5% 'cause now we really, 'cause I have people that come to me that they come into the retreat here, for example, they don't even know what they're coming to. They're shocked by the way they're fed here 'cause their families or their doctors push them here. You know what I mean?

Joel Kahn, MD, FACC

Right.

Joel Fuhrman, MD

But the fact that they're doing it with 100%, and they see the miraculous effects on the body, and they have time away from their addictive triggers, it enhances the probability they can stay with this when they leave, and they've learned so much of the intellectual benefits of living this way, and here's the thing. Let me ask you a question. Why would a person be their own worst enemy and eat in a manner to self-destruct their own health, and the answer is because they're an addict.

Joel Kahn, MD, FACC

Right.

Joel Fuhrman, MD

And why shouldn't a person make every day count and every meal count, and why is it seen that eating for excellent health is too radical? Is bypass surgery radical? Is taking out a brain tumor radical? Is putting stents, that's not radical, but eating healthfully is radical? So I've gotten more, you could say, aggressive over the last 30 years in seeing too many people fail when they still are participating and keeping one toe in the other world, and I've had so many people lose weight and gain it back again and yo-yo their weight or people who are just not getting the benefits there, and people with things like diabetes and early stage renal insufficiency with creatinines of 1.3 to 1.7, you know what I mean, who aren't gonna see improvement until they do this 100%

anyway when you start to see degenerative illness like that's chronic illness. So it gives me the benefit to better predict the outcome to say, and I say to a person, I'll say to them, "Do you want to like unleash all the miraculous self-healing power of the body? Do you wanna totally get well and really reach an ideal weight and protect yourself totally and have no chance of having a heart attack, or you wanna still dabble in disease and maybe still be at risk, or do you wanna drop this excess weight and get totally back to a normal weight, or you just wanna lose half of the weight?" and you'd be surprised. More than 90% of the time people say, "No, I want it all. I wanna have all my weight go back to normal. I wanna not have high blood pressure anymore. I don't wanna take medications. I don't wanna be diabetic anymore.

I want my psoriasis to go away. I want my asthma to completely clear. I wanna no longer have headaches, and I wanna think more clearly, more focused and more creatively," and you wanna achieve all that. Then, I'll say, "Then don't decide what you like to eat and what you feel like eating and what you think you should eat and what you learned you should eat and what you, just eat what I tell you to eat because I can guarantee you that, because I'm not expecting you to love it right away because it takes time for your taste preferences to change. You don't know all the recipes yet. Just do it, and we'll reevaluate in a month, and then we'll test what real nutritional excellence can do, not your version of nutritional excellence, what's got you in the problem to begin with because you wouldn't be here sick without losing weight if what you were doin' was correct and what you knew was correct, and then when you come back, and we'll evaluate this, then I promise you that I will get you to love eating this way if you give it enough time, and you learn the recipes and you learn the science," and it inevitably happens. So I'm encouraging people to go for it. What's that Nike statement, those Nike saying?

Joel Kahn, MD, FACC

"Just do it."

Joel Fuhrman, MD

"Just do it," yeah, that's right. "Just do it," and you know what? It may be a little tough at the first week or two, but cold turkeying all the junk, people eventually feel better quicker. Otherwise, you prolong the agony.

Joel Kahn, MD, FACC

Three follow up questions 'cause there was a lot of incredibly powerful information. Number one, somebody says, "I gotta learn more about this. You've written seven New York Times Best Selling books. Which one is gonna teach us the most about toxic hunger and food addiction and strategies?"

Joel Fuhrman, MD

"The End of Dieting."

Joel Kahn, MD, FACC

Okay.

Joel Fuhrman, MD

"The End of Dieting."

Joel Kahn, MD, FACC

"The End of Dieting."

Joel Fuhrman, MD

I'm saying the art here is, I'm even saying that we even wanna get the amount of food, the type of food right and the amount of calories right, too. We all wanna get it right in that range where the person feels satisfied, but they're still losing weight, and they're not yo-yoing their weight with being too aggressive, trying to lose their weight by going on a... When you take a food person who's a food addict, and they have an addictive relationship with these foods, and then if they go on a juice diet or the intermittent fast to 500 calories a day, or they go on a water fast, with these people's brains and their dopamine insensitivity, they get more food paranoid after the fast. It slows the metabolic rate but they become more, they get so food paranoid that they gain the weight back and then some, and they wind up being heavy than when they started because they went too aggressive in the wrong direction. So I'm advocating a robust amount of good tasting healthy food and to get that weight loss to about two to three pounds a week and to keep that two pounds a week going and not to look for, and don't use the extremes unless you need or unless you're already not a food addict at an ideal weight. Then you might fast to get rid of both asthma or ulcerative colitis, but we're not using water fasting to deal with people who are obese food addicts. We wanna get them in that right change of moderate caloric restriction, not extreme caloric restriction because they can maintain it long term, and that's the key. We want the changes they make to the expectation. They're gonna make it taste great, improve their taste muscle, and maintain this long term.

Joel Kahn, MD, FACC

Okay, that was the second question, your thoughts, 'cause I know you have long tradition in being a speaker regarding water fasting and juice fasting. So it may give a quick drop, but you're concerned it's gonna yo-yo back up 'cause you really haven't changed habits. It's a short term tool that doesn't translate to long-term success .

Joel Fuhrman, MD

That's right, and a few weeks of change is not enough.

Joel Kahn, MD, FACC

Okay.

Joel Fuhrman, MD

A few weeks of change does not give the brain the chance to readjust and to get to more dopamine and central nervous system normalcy. We know with drug addiction it's the same way, a person coming off cocaine. They need more than three months to decrease their chance of cocaine recidivism. It's the same thing with food if they keep dabbling it, so they need some time. So we're saying it really pays for a person to do the... And just like, so you cut back your calories, you're doing a juice fast or a fast for a couple, a week or two, you come outta that, you still have addictive tendencies in the brain. You can't get rid of that addictive mindset, and then you slow metabolism down too much 'cause we're talking about moderate caloric restriction, then slows metabolism down a little bit, which slows the aging process but doesn't slow metabolism down so much you're not gonna still continue to lose weight at the same pace.

Joel Kahn, MD, FACC

Okay, and you have tantalized the listeners to this segment of the summit by using the term at my retreat. Not everybody knows that they can go to drfuhrman.com and learn about your "Live to Eat Retreat" in San Diego. Tell us a little bit about food addiction experience and what you would do for a seriously addicted to oil, salt, sugar, meat, causing disease. How do you approach it at your retreat?

Joel Fuhrman, MD

Yeah, well, by the way, it's "Eat to Live, not "Live to Eat."

Joel Kahn, MD, FACC

Oh, am I glad you're here. Thank you.

Joel Fuhrman, MD

"Live to Eat," right? I know, people always say, they say-

Joel Kahn, MD, FACC

Well, when they walk in it's live to eat. When they walk out, it's eat to live.

Joel Fuhrman, MD

That's right. It's funny 'cause they walk in, they say, "I'd rather be dead than eat this way. Just shoot me right now because who wants to live if I can't have my food? I really love to eat my cheesecake and my ice cream and my steaks and my burgers and my pizza. What good is living, then, if you can't have that food, right?"

Joel Kahn, MD, FACC

Right.

Joel Fuhrman, MD

They think that they're... But anyway.

Joel Kahn, MD, FACC

So they sign up for the "Eat to Live" retreat in San Diego and tell us, that serious food addict that has all these roadblocks to success and probably a whole history of failed attempts to lose weight and improve their health, what is being done for them and maybe an example that comes to mind out of the thousands you've treated?

Joel Fuhrman, MD

Yeah, I have so many great examples that answer the question. Let me give you one example 'cause this girl comes in. She's 19 years old, and she weighs 380 pounds, and she doesn't wanna be here. She's here because her parents said, "It's either this, or it's that," and it was the least damaging choice, going to some kind of... So she comes here, and she says, "I'm not gonna eat this way when I go home. My friends, I like sushi, I like pizza and my social life, and I'm not gonna change the way... I'm wasting my time here, and my parents are forcing me to be here, and there's no way I'm gonna eat like this." So I'm trying to counsel her and saying, "Well, let's give it a try. Maybe you'll be surprised how your taste buds ma- By the way, she couldn't even focus and concentrate on college. She's like, she couldn't even... So we even had to have the nurse do some reading to her because she couldn't even concentrate to read a book.

Her brain was so affected by the age of 19 of all the junk, all the poor diet, but little by little, a few weeks later, she started to realize that there were a lot of good tasting foods that we're serving here, and with a little time, like the first six weeks, as she lost a lot of weight and she started to see she was feeling better, the brain fog lifted, and she was able to concentrate on reading, and she started to enjoy things more about the external world. She was able to hike long distances now, and she could enjoy nature, walk down to the lake, and she was feeling a lot better. Her face was slimming down. She lost 80 pounds in the three months' time she was here, but over that three-month period, she came to love this way of eating and to recognize that she has enthusiasm for having a real life and a full life with a family, with children, with finishing college, was able to be physically active.

Even though she left here, and she still weighed 300 pounds from 380, as she went home, she continued to lose weight at almost a similar rate, and it completely invigorated herself about what she could accomplish in life and her expectations for herself, whereas before she just accepted the fact that she was obese, sickly, and not gonna feel well but just was gonna at least enjoy whatever life she had. It transformed her whole expectations in life. So now, she's enthusiastically about life and became such a tremendous supporter and role model for other people who are having trouble who are thinking about eating this way or changing their diet to a healthy diet, and I could go on and on and on, person who, they come here. Sometimes they're here, and they don't even wanna be here, and they're so sure they can't do this, and they're never

gonna be able to stay with doing this until they realize, "Wow, this really does taste good, and wow, my taste buds did change, and wow, my food preferences did change, and wow, I do feel so much better, and wow, I like being physically active and like enjoying the world around me," and their emotional outlook on life changes. They become more positive. They all say the brain fog lifts, and we teach them this idea of not just gratitude but appreciation of the miracle that's in real food, the miracle nutrient content of food and how it relates to the beauty of nature and how we can feel emotions for the outside world, and we can even care and feel and emote for other people better. We have more interconnect, we connect with other people better and feel more for them, and we feel better about ourselves. The more you're an addict, and the more you are intimately involved with meeting your own addictive needs, it clouds the world where your fingertips end and somewhat makes you more narcissistically involved with the obtaining of your addictive substance of choice.

You know how a cocaine addict or a heroin addict can steal and cheat and hurt other people and do anything just to get their hands on their cocaine. Now, food addicts not so severe, but still, a lot of food addicts are somewhat severe, and it does make their life more narrowly consumed with imbibing in their addictive substances, and when they stop needing and craving those elements, they start to feel that they're becoming more who they were intended to be. They become more of a humanitarian. They become more feeling about themselves, and they develop more self-esteem, not based on impressing other people and how people see them, but more self-esteem, feeling confident in who they are and more self-esteem in the ability of not needing the approval of other people, and a lot of people can't eat so healthfully when they're looking for other people's approval all the time 'cause they haven't built self-esteem for the right reasons. So we're getting to a person and, like you're saying in your practice, you use the term mindfulness, right? So we're mindful in the way they chew.

We're mindful in the way they speak to other people and that you're getting goodwill because you're a role model now and because you're using creative goodwill for them, and you feel good about having the opportunity to benefit another person, and you connect with them, and you care about people more, and you appreciate the world around you more, and you like your own life better. So these people, when you're asking me that question, we making this change, the individual undergoing this change sees the benefits to their own life, and they get happier as they get healthier, and they're not gonna wanna give that up, and so yes, it's a very profound change that happens on a deep emotional level, and we facilitate that with teaching, with counseling, with, as you said, coaching and support. All these things are facilitated so people can make their change, and they then eventually feel this is the way they prefer to live and eat. It's not forced on them.

Joel Kahn, MD, FACC

Wow, wow. Well, I don't think there's been a more powerful segment of this summit in terms of deep rooted obstacles and pathways to overcome them for success and health, and we all know

we talked a little bit more maybe about weight but weight as a factor in heart disease, weight as a factor in blood pressure. It all ties into "Reversing Your Heart Disease Naturally Summit." So thank you for your pioneering work and using, literally, food as medicine here and food as a roadmap to break addiction, and again, people can go over to drfurman.com and read about your retreat and, of course, pick up "The End of Dieting," which will lay all this out 'cause it's impossible in our 30, 35 minutes for somebody to incorporate the wealth of knowledge that you just shared with us. I'm blown away, really. So thank you so much, Dr. Fuhrman. Any last words? Any final comments where people can find you or?

Joel Fuhrman, MD

Well, just so excited that people are listening and to have an opportunity to reach them, and then my last words are don't accept being sick. Don't accept taking drugs the rest of your life. Don't underestimate the healing powers of the human body when you feed it optimally. So, go for it.

Joel Kahn, MD, FACC

Great, thank you so much, and thank you, everybody, for listening.