



## DR. MICHAEL KLAPER INTERVIEW Plant Based M.D.

By Chris Wark

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## **DR. MICHAEL KLAPER INTERVIEW**

### **Plant-Based M.D.**

Hey everybody, it's Chris and I'm with Dr. Michael Klaper on the Holistic Holiday at Sea cruise. And it is...what is today? Days run together. Time zones jump around. You don't know what day it is, don't know what time it is. But we managed to be here at the same time. So, that is a plus. And anyway, we've got a couple days left on the cruise and I'm just so thrilled to have Dr. Klaper take a minute out of his time because there's 2000 people on board that want to talk to Dr. Klaper. And there's a pretty good chunk of them that want to talk to me too. But anyway, Dr. Klaper has an amazing history. He's been a huge influence to me for many years. I've been following him and watching his videos on YouTube and his lectures. And like so many other incredible plant-based MDs, he has a really powerful message and more stories than we could ever have time to tell. But hopefully he'll tell some good ones.

Dr. Klaper: And so, I want to just make this intro brief so we can dig in. But Michael Klaper is a medical doctor. He is a plant-based MD. He was at True North (which many of you have heard of) supervising medical fasting, water fasting, plant-based nutrition. And he has a very long resume of accomplishments. So, now he's focused on educating medical students on plant-based nutrition before they are completely indoctrinated and brainwashed that drugs are the only solution to disease. And so, we'll get into all of that. Right? Okay. Thanks for being with me. There's the official handshake.

Dr. Klaper: Good to be here.

Chris: So, can we start with your backstory? Would you talk about... I talked to your wife in the bookstore and she told me that you have been eating a plant-based diet for 39 years. How did that happen?

Dr. Klaper: Well, we have to roll the tape back to 1981. I was doing a residency in anesthesiology in Vancouver. And I was on the cardiovascular anesthesia service. That's the service that deals with people's hearts and blood vessels. And day after day I'd be putting people to sleep and I watching surgeons open their chest and open the coronary arteries in their heart. And from their arteries, the surgeons would pull this yellow, greasy gunk called atherosclerosis out of their arteries. It was clogging them up and setting them up for heart attacks and strokes. And I knew what the stuff was. There were already papers in the medical journals about the nature of the material and the process and how you can reverse it with a plant-based diet. We knew it back in the 70s.

Chris: So, did you learn that in med school?

Dr. Klaper: An article just went by, and an interest in nutrition and in atherosclerosis. And because I was on that service, I was just thumbing through the medical journals. And this this article by Dr. Frey Ellis goes by about a patient he had with angina who went on a plant-based diet, and his angina went away. And that was in 1977. It was already in the books. And I saw that while I was on the anesthesia service.

Dr. Klaper: So, one day I was watching a surgeon pull a particularly yellow slithery piece of fatty material out of the artery. And I'm thinking to myself, "Boy, that stuff looks like chicken fat." And the little voice on my shoulder said, "There's a good reason why it looks like chicken fat. It is chicken fat. And cow fat and pig fat and the fat of all the animals this man has been eating." Now, again, we knew that that's where the cholesterol was coming from largely.

Chris: Is it hard to remove out of the artery?

Dr. Klaper: No. There are techniques for removing it. On my website. I've got a video of a cast and it comes out as a mold of the artery. They find a little plane between the plaque and the artery wall. They slip a little needle with carbon dioxide in there as the gas goes in and dissects away the cast and just pulls it right out. It's called an endarterectomy.

Chris: Like a tube.

Dr. Klaper: Exactly. And so, my dad died of clogged arteries. I clearly had the genes for it, and I knew I was going to be laying on that table while that stryker saw was going up my sternum. And I sure didn't want that. And I saw those people when they woke up. They were very uncomfortable. And so, I was getting a hint that I really ought to start getting away from the animal fat in my diet. And some weeks later, I was out with a friend having dinner. And while I was in med school, I spent a lot of my Saturday nights in my fourth year in the trauma unit at big bad Old Cook County hospital. And I saw the worst that human beings do to each other and all sorts of violent levels.

Chris: Knife wounds? Gun shots?

Dr. Klaper: Gun shots and machete wounds. And I would leave there shaking on Sunday morning. And I vowed that if I couldn't get the violence out of the world, at least I would try and get it out of my own life. So, I really started making a serious pursuit of living a life of non-violence. And I started reading the Indian saints, Mahatma Gandhi, and the whole concept of a living of a life without violence. And it certainly was harmonious with the direction I was evolving in.

And so, one evening in Vancouver, I was out with a friend pontificating about living a life of non-violence while polishing off a porterhouse steak. And he said, "Michael, that's all very nice. But if you want to get the

violence out of your life, you might want to start with that piece of meat on your plate. Because in satisfying your desire for the taste of flesh in your mouth, you are paying for the death of the animal. And for the next one in line at the slaughter house." Well as soon as he said that, all the old rationalizations of "well the animal is dead already" and then "that's what they raised them for." But before the words could get out of my lips, that little voice said, "You know, he's right. He's right."

And when I went up to pay for the dinner, I felt complicit in a crime. I had been raised on a dairy farm and I know the violence inherent in getting meat on the plate. There's no way to do it without shooting the bull in the head, which I've participated in. I've chopped the heads off of chickens. It's a violent, violent act in putting meat on the table. And here I was paying for it. And between what I was seeing in the operating room and what I knew in my heart to be right in the restaurant that night, the bells were clanging that it was time to evolve to a plant-based diet.

Chris: So, you had it from both angles: the health and prevention side and the animal side.

Dr. Klaper: Exactly. There was no place else to go.

Chris: What's interesting to me is that yourself, Dr. Barnard, and Dr. Campbell all came from farming.

Dr. Klaper: Farming!

Chris: Yeah, they all grew up on a farm.

Dr. Klaper: And we were all given that look – the reality of it all.

Chris: Yeah. And it's a little bit opposite in the sense that I think most people that grow up on a farm become very desensitized to it. Right? And they've really seen the brutality. Like 99% of people that eat animals have never seen an animal be slaughtered. I had a mildly traumatic experience when I was 17 or 18. My dad and I went on this like father/son adventure kind of trip in Northern California. And one night, they had this sort of ritual... I don't know what to call it, but they were trying to teach like the sanctity of life. And in that, you had to kill a chicken and they would cook it for dinner, just to give you the awareness that something did die for your meal.

But yeah, we had to cut the chicken's head off. And I'd never done that before. And it was traumatic. I didn't go vegan or anything after, I didn't start eating plant-based for years later. But that's the one time that I had to cut a chicken's head off. And my dad had to hold the body, and it traumatized my dad – holding the body and feeling the chicken die in his hands. So, it just reminds me of that. But you saw that in spades, and it still bothered you...

Dr. Klaper: Still did. I can still hear... The most painful auditory memories I have is the sound of a mother cow locked up in the stanchion in the barn after we'd taken her calf away, so my uncle could get her milk. And the heartrending, soul tearing moos and cries from this mother cow went on hour after hour, day after day. Four or five days, she would bellow. I can still hear it. It still grieves me to know the suffering that's inherent in all animal products.

So, anyway, I stopped eating them. My body loved it. Boy. Within 12 weeks, a 20 pound spare tire fat melted off my waist. My high blood pressure went to normal. My high cholesterol came down. It felt great waking up in a nice lean body every day. And I knew at that time I didn't want to be an anesthesiologist and spend my time putting people to sleep. I'd rather go back to general practice and help them wake up. And so, I did. With six months left in my anesthesia residency. Much to my parents' dismay.

Chris: "You're doing what??"

Dr. Klaper: "Think of all the money you're leaving behind." But it wasn't in truth. I wanted to go back to general practice. And so, I did. And I started helping my patients evolve to plant-based diets. I found someone in the local area who would give cooking lessons. And those patients who could do it, I watched the same thing happen with them. They got leaner, their high blood pressure went down, their diabetes got better, their blood pressure got better. I could get them off their medications. And I became the happiest doctor I know because my patients get healthy right before my eyes. And so, that was 30+ years ago, 1981-82, so you do the math. 38 years. And it was the best decision I ever made, outside of marrying my wife.

Chris: Were you married at the time?

Dr. Klaper: No.

Chris: Okay, so you met her later?

Dr. Klaper: I met her much later.

Chris: And was she eating plant-based when you met her?

Dr. Klaper: Yes, she was always vegan. We met at John Robbins' Earth Save Organization back in 1986. We met in Santa Cruz.

Chris: Yeah. The legend John Robbins. I've got an interview with John. Many of you've seen it. So, at what point did you become interested in fasting?

Dr. Klaper: I had spent three years in New Zealand doing acute care medicine. And when I came back in 2009, I needed to get a job.

Chris: Let's talk about acute care medicine. What did that look like?

Dr. Klaper: Right. I ran a large urgent care center in Whangarei, New Zealand (about two hours North of Auckland). And it was standard urgent care – blood and guts, fractures and lacerations, just pain. Emergency room stuff. And this is out in dairy country. And so, many of my clients were big heavy ranchers and farmers that got their hands caught in machinery and things like that. Animal agriculture exacts much suffering among many beings, including the people that work in the industry.

So, I came back from New Zealand after three years. I was looking for a home down there and didn't find it. And I got homesick and came back to the USA, and I was looking for a job. So, I interviewed at True North Health Center, where my good friend Dr. Alan Goldhammer had been for years trying to get me to work there. So, "Yes, Dr. G, it's time to take you up on your offer." So, because they do therapeutic fasting there, I had no choice. I jumped boots in to better learn how to supervise the water fasting. What is the physiology of fasting? What happens? Why do they do that?

Chris: Were you skeptical of fasting, at that time? I know a lot of doctors are, right?

Dr. Klaper: Right. I knew it was powerful. I just was just appalled at my ignorance of it. No one ever mentioned it in medical school. It was some fringe, strange thing from the Bible. But no, they had no real awareness of it. But clearly, Dr. Goldhammer had been doing it for 20 years, supervising fists. So, there was clearly something there. And as I started reading about the physiology of fasting, it was profound as far as the changes the body makes. And then, when I became an attending physician on the staff and was actually supervising fasts and watched the actual human bodies go through some remarkable changes of high blood pressure coming down, rheumatoid joints stopping the pain, the psoriatic plaques of psoriasis fading away right before our eyes, diabetes getting better, so many remarkable improvements.

The body we know has a tremendous, innate capacity for healing. But a water fast really rubs the magic lamp and the human genie comes out. And it happens quite quickly. It's quite remarkable. I'm certainly glad to explore that further. But the most important thing is we emphasize to the folks who were doing the fasting, as well as your viewers here, the fast is very interesting, very dramatic, but it's a blip on the screen in the length of your life. What matters is what you eat after the fact. It's the food stream, day after day, month after month, going through your body that creates a healthy body or one that's got disease. It's not the fast. The fast is a...

Chris: It's a jumpstart.

Dr. Klaper: It's a jumpstart. But Cinderella turns back into pumpkin very quickly if you go back to the old foods there.

Chris: Excellent analogy. For the folks that are interested in fasting, I'd love for you to just talk about for a typical patient that would come into the clinic, how long would they fast for? What was that experience like?

Dr. Klaper: The average fast would be about 10 days to 2 weeks. But some people will come in just for a very short time, for 3-4 days. And some folks, the longest fast we would supervise is 40 days. And the people with runaway high blood pressure, with out of control lupus and rheumatoid arthritis, they've got to do these long fasts. Migraine headache folks sometimes. But this is medically supervised fasting. The intern knocks on the door twice a day. "How you doing?" Checks vital signs. "Any headaches? Any nausea? Getting lightheaded when you stand up?" We watch these people like a hawk. We're drawing blood once a week. As the attending physician, I live right across the street. I was immediately available to these folks. You don't do these long fasts at home. This is medically supervised fasting.

But the average fast would be 10 days. People would come in. Some of them just come in for clean-out fast. "Once a year, Doc, I treat myself." Because Dr. Goldhammer runs very reasonable rates there, about \$150 a day. You can't stay at the Holiday Inn for that these days. But he prices it low so people can do these long fasts. And they say, "I can go to Las Vegas and come back fatter, sicker, and poorer or I can come to True North for two weeks and leave leaner, healthier, and with some money in my pocket." And so, they would come for health vacations. But a lot of folks had actual physical issues of psoriasis or rheumatoid arthritis or high blood pressure.

So, you're asking what would we do? Everyone gets a physical exam by their doctor to make sure it's medically appropriate to do this fast. Some folks should not do a water fast if they have Type I diabetes or kidney failure. Those folks do a juice cleanse, not a water fast.

Chris: And certain medications would probably...

Dr. Klaper: Certain medications. If they're on medications, they cannot stop – if they're on prednisone or SSRI for emotional issues. You have to stop all medications on a fast because they get potentiated. You start seeing side effects from everything on a water fast. So, you stop all medications, except thyroid – they have to drop down to a half dosage during the water fast.

Chris: [on phone] Hello. Great. Thank you so much. [hangs up phone] Okay. Dr Klaper, they need you to jump off the ship.

Dr. Klaper: Okay, no problem.

Chris: Hey, it makes it far more fun.

Dr. Klaper: It does. Absolutely. It makes it authentic.

Chris: You were talking about doing a water fast... So, some people are on medication and you're like, "You can't do that."

Dr. Klaper: Yes. It's just not medically safe for them to stop the medication, and you don't want the risk of side effect potentiation. So, those folks would do a juice cleanse. We'd bring them 4 big glasses of green juice at 9AM, 12PM, 3PM, and 5PM. And they're just sipping juices all day. It's a wonderful thing to do. But they don't go into ketosis. They don't experience the potentiation that they can get on a water fast.

For the folks who check out and their blood tests are good, they have good kidney function, liver function... We start them on a water fast. They may do one day of food. A lot depends on what they ate before they came in. We say, "Listen, whatever's in your colon is going to sit there during the fast." We don't want white bread a salmon sandwich in there. We want fruit and vegetables only, for at least three days before the fast for the non-vegans. And so, those who still have the bagel at the airport in there, we sometimes will do an extra day on the food until they have a good bowel movement. But when it's time to start the fast, we have them drink... We go for at least 4, 16 ounce glasses of water during the day. But if they want to do more than that, that's fine.

Chris: About half a gallon.

Dr. Klaper: About half a gallon. We check them twice a day and see how they're doing. The first day or two, some of them are a little irritable, some get a little hungry. But by day three, as people have burned through their blood sugar and they're getting into ketosis, one of the blessings of ketosis is that hunger goes away. It's God's gift to fasters. You won't spend two weeks hungry. And by day three or four, they're not thinking about food. It's a really remarkable thing to see. And the energy that a person would usually spend digesting food, making digestive enzymes, running their intestines...on a water fast, that energy is freed up. And people feel it.

And their energy level by day four or five, they stop me in the courtyard and say, "Doc, I haven't felt this good in years. I haven't eaten in three weeks, but I feel wonderful." It's counterintuitive. You think you're going to be cold and tired and hungry and whimpering on the bed. And the opposite is true. They're not hungry. They feel good. They've got energy. It's a remarkable state.

Chris: It is. And I can just say, I've been in this state. And it is so strange to feel that good, knowing you haven't eaten in many days. It's so weird. And even just like in three days. Wow.



Dr. Klaper: By day three or four you're feeling it.

Chris: Aren't there some ups and downs though for this long fast, where they'll feel great for a while and they'll kind of have a down day or two and then surge back up?

Dr. Klaper: Yes. That certainly can happen. If we stop for a minute, just to put it in context, if we turn the clock back a million years, literally back in the African Savanna a million years ago, our ancient foraging tribe of ancestors probably ran into frequently having three or four days go by before finding the next berry bush with fruit on it.

Chris: Well, even now. There are still some tribes that...

Dr. Klaper: Indeed. And so, these intermittent four or five day enforced fasts were probably the rule. And that's probably happened so many times over the eons that our body knows to shift into this gear. If 72 hours goes by with no carbohydrate energy coming in, then we start burning fat. Some amazing transformations happen. And the body goes into the state of conservation. It starts burning junk sugars and proteins and cells for energy. It cleans itself out. It shuts down stem cell production to protect them. And it turns off cancer growth through various mechanisms, as well. And the state of wellbeing that people feel is part of this.

And again, if you're really starving on the African Savanna, you want to be sharp and observant and energetic, and you don't want to be driven by hunger. It's a brilliant adaptive mechanism, the state of wellbeing that happens on a fast. And so, we certainly ask people to be there, not to do a lot of exercise, not to watch the news. Just be with yourself in this wonderful state. It goes up and down, depending on how long the fast is. And some people have low energy days, as you said. Often they're not drinking enough water, which is a real issue. But there comes that point where it's time to end the fast. Either they've accomplished their medical goals – their blood pressure's normal, blood sugar's normal – or their lab results are showing their kidneys aren't happy and their creatinine level starts going up.

Chris: And what does that indicate?

Dr. Klaper: Fasting can be hard on the kidneys. All this debris we have in ourselves. In the tissues, we've got remnant molecules of every restaurant meal we ever ate. There's artificial colorings and flavorings and preservatives and conditioners and stabilizers and color...all these.

Chris: Environmental toxins?

Dr. Klaper: All that stuff. And uric acid. And breakdown products of the cells are dismantled. All that hits the kidneys. And as the days go by, some folks with marginal kidney function to begin with, their kidneys get stressed

and the waste protocol creatinine value starts going up, saying that it's probably time to stop the fast. We don't want anyone walking out with worse kidney function than they came in with. Do no harm applies to fasting, as well. And so, if we see the creatinine is going up, it's time to convert to a juice cleanse at that point. Or if the person just says, "I'm done." Then we say, "Yay. Good for them." That they did it at all is wonderful. And so, we celebrate and bring them some juice. They can always come back and do another fast. So, those are the main reasons to break a fast. Either it accomplishes its purpose, the person is done, or we see some lab value saying that it's time to call it a day.

And when that happens, when we reach that point, we bring them usually a bowl of freshly cut watermelon chunks or some watermelon juice. And they just sip it. We don't want them to try to chug it down. Just take a mouthful and let it get down into your system there. And then, we usually progress from juices... Although we often start with a glass of vegetable broth first, and then go onto the watermelon chunks. Some folks don't want to see anything sweet. It's not pleasant to them. So, we'll do vegetable soup for them and boiled zucchini chunks. And we just want to slowly introduce the solid foods. And there's progression when we start adding fruits and raw vegetables each day. By four or five days, they're back to eating a healthy whole food plant-based diet.

Chris: So, you like to give about four or five days for re-feeding?

Dr. Klaper: Yes. The rough rule of thumb is however many days you fast for you, you want half as many for the re-feed. If you do a 10-day fast, you want to do a 5-day re-feed. In that ballpark.

Chris: I'd love to hear your opinion on, well a couple of things. I don't want to get ahead of myself. We didn't get into detail on this, but you touched on it. Other than contributing to atherosclerosis, are there other problems or risks associated with eating animal food?

Dr. Klaper: Oh my.

Chris: I'm pretending like I don't know whether or not there are.

Dr. Klaper: You are right. It's a vast issue. The mind reels. As far as the checklist of problems with eating animal flesh, I'll just go through several of them. You can stop me if we're running long here. But one that's very important to your situation... We want that meat, we want that protein, we want that strength. Well, when people eat a hunk of animal muscle and all those amino acids hit your liver, which they do very quickly, the liver sees all these building blocks for tissue and is like, "Well, let's build something with them." And as a response, the liver puts out this very powerful hormone called insulin-like growth factor one, IGF-1.

And this stimulates the body to grow. And if you're an eight year old boy or a three month old baby calf, "Yay! IGF-1." You want lots of that. But if you're an adult male with a tumor, if you're a guy with a big prostate gland, if you're a woman with a breast lump, the last thing you want is a surge of IGF-1 coming out of your liver in response to this protein load. So, certainly the high protein diets are not the friend of the patients with a malignant disease. That's for sure.

Chris: Because that hormone tells cancer cells to grow.

Dr. Klaper: Tells everything to grow. Grow, grow, grow. That's throwing gasoline on a fire. So, that alone is reason not to consume it. These animals in the feed lot are given hormones and growth promoters to make them grow bigger. The steers will get these hormone implants behind their ear, chickens in the past had been given estrogen. Female animals to begin with, the dairy cows are pregnant, so their milk is full of estrogens. These are all growth promoting hormones. And we're eating meat and dairy, meat and dairy. And women are getting breast lumps and fibroid tumors in her uterus. Little girls are going through puberty at age eight and nine. Why is this happening? They're eating cow estrogen is why. And it's promoting all this growth.

Chris: So, the IGF-1 plus all of these animal hormones – artificial and natural...

Dr. Klaper: Absolutely. And these animals are given antibiotics because they get infection and it makes them grow bigger. And so, there's always lincomycin and tetracycline and various antibiotics that do unfriendly things to your own gut flora that we're trying to cultivate to be healthy. Here we are eating antibiotic laced chicken and even fish these days. The farm fish are given antibiotics, as well. So, that's pretty reliably present in the meat. The animals in the feed lot don't drink pure water and there's often heavy metals in the water – mercury, cadmium, lead, arsenic. And that winds up in the animals' muscle, as well.

Chris: And fat, too, right?

Dr. Klaper: And fats. These are fat soluble substances. The Round-Up and the various insecticides and pesticides. That bio concentrates into the animal muscle. And cows get leukemia. And there's malignancy. Chickens get lymphomas. And so, you find leukemia viruses and lymphoma viruses in the chicken and in the dairy products and in the meat. Good heavens, we're feeding that to our children! What is that doing to their leukemia risk? You can find the DNA of the bovine leukemia virus in breast cancer cells in women.

Chris: I talk about this in my book. Bovine leukemia virus and breast cancer. There's a pretty strong association now, based on some recent research. And it's pretty shocking.

Dr. Klaper: It is. So, you're asking, "So, what are the problems with eating meat, doctor?" You want me to keep going?

Chris: It's a pretty good list. And I think people watching or listening are probably like, "I've never thought about that." They just think about, "Oh, I'm eating a piece of meat." And now they're like, "Oh, there's hormones in it. There's heavy metals in it. There's environmental toxins in it."

Dr. Klaper: Plus you're paying for the dreadful suffering of these beautiful innocent creatures in the factory farm system and for the destruction of the planet. Every burger you buy, another acre of rainforest goes down, more of the water table sinks a bit lower with the greenhouse gases increasing in the atmosphere. At what point do we say, "This costs too much"? I don't care how that steak tastes in your mouth. It costs too much. We've used it up at this point.

Chris: I know you had a talk yesterday about these things. Do you know, off the top of your head... I always get these figures a little mixed up, so I don't want to quote them. I'm hoping you know them better than me. How many acres of land and how many gallons of water all translate into a serving of beef or whatever. I mean, how many pounds of grain and water?

Dr. Klaper: Yes. Right. Roughly every pound of beef on the plate, between 12 and 14 pounds of grain went down that animal's gullet. 1800 gallons of water. That's 60 bathtubs of water. And for however long that animal lived, he's breathing out carbon dioxide, belting out methane, eating grains that have been sprayed with ammonia fertilizers that put nitrous oxide into there. They are just greenhouse gas disasters. That burger cost a lot more than \$2.98 a pound. That's for sure.

Chris: Yeah, I think it's crazy to think about that much water – 1800 gallons of water – it takes to feed a cow. And then you said how many pounds of grain?

Dr. Klaper: Between 12 to 16.

Chris: Yeah. 12 to 16 pounds of grain to produce a pound a steak.

Dr. Klaper: That's 12 to 16 loafs of bread you could have made. How many people could you feed with 16 loaves of bread versus one pound of steak. Because cause most of the grain that goes in the mouth of the animal winds up as manure. Or he burns it off walking around as heat. Or it turns into bone and blood and hair and hide – things that people don't eat. The amount of actual muscle you get is very small compared to the energy that went in. It's just a bankrupt system.

Chris: Yeah. 12 to 16 pounds, even just of oats...that would be breakfast for me for like a year. A year's worth! I buy by the pound and it lasts me like a month.

Dr. Klaper: Exactly.

Chris: And I eat oats for breakfast every day. And it really is pretty mind boggling when you break it down and see how many resources go into producing animal food, especially beef. I understand some animal foods are more economically sustainable, but anyway...

Dr. Klaper: We should be using Atlanta water to grow food for people.

Chris: Grow grapes. Grow fruits and vegetables.

Dr. Klaper: Exactly.

Chris: Okay. Thank you. I love your answer. I love what you said. And I think you explained it in such a simple way that for a lot of people the wheels will be turning.

Dr. Klaper: Good. That's the object of the exercise.

Chris: Yes. Let's see. We covered fasting. We covered the problems with eating meat and dairy. I'd love for you to talk about the latest dietary fads. The ketogenic diet. And now, the next step, the hottest new fad is the carnivore diets. And you don't have to talk about both. Or you could. I'd love to hear your opinion on either one.

Dr. Klaper: Oh my. I'll be happy to share about both.

Chris: Because we know ketosis is good in the context of fasting.

Dr. Klaper: It is. Correct. And ketosis is this remarkable state that the body goes into as it's shifting from burning sugars, which really is our daily fuel. We are carbohydrate burning creatures. Our mitochondria burns sugars, not fats. We really do want to be burning sugars. But if they aren't around, then the body will metabolize fats. And one of the breakdown products of the fat molecule is the small little acidic molecules called ketones. And so, they're in the bloodstream when you're metabolizing fats. And the ketones have some interesting properties. One is they suppress hunger. That's very nice. And they give chemical signals to the body to turn down inflammation. They don't want to waste energy radiating heat off to the air. So, inflammation recedes during a fast, and we take advantage of that for the people with the hot inflammatory diseases. That's a good thing.

And the ketones signal the cells to produce molecules called sirtuins that turn cancer growth off. If you're starving to death, your body doesn't

want to waste energy running a cancer. That's a waste of energy. So, the sirtuins turn the cancer off. All these wonderful things happen during the first 5, 7, 10 days of fasting. And I think everybody would benefit from once a year or twice a year spending 5 days in ketosis, 10 days in ketosis. And let your body clean itself out and realign your relationship with food. It's a wonderful thing to do. And that's the nubbin of the phenomenon that a time in ketosis can have some beneficial effects. But we're Americans, right? And if a little is good, more must be better. "Ooo! If 10 days in ketosis is going, how about 20? How about 30? How about six months in ketosis?" "Oh, I can beat that. How about a year in ketosis?"

Chris: "The rest of my life!"

Dr. Klaper: And so, that's where this has spun itself into. Well, your body's got something to say about that. The ketosis is a good thing for a short period of time. But ketones are acidic molecules. This is an acid load. This is a state of low grade acidosis. And your liver's got to deal with these acids. Your kidneys have to deal with these acids. Your bones have to deal with these acids. And there are going to be changes that are probably not all of them good. Now, whether it's going to make you lose bone density, whether it may set you up for fatty livers. And high protein diets are hard on the kidneys when all those amino acids slam into your glomerulus, your kidney filters, it hurts them. It makes the kidney go into the state of hyperfiltration. And it's stressful for the kidneys. And these high protein diets are, I think, a ticket to the dialysis machine.

It's similar to driving your car and you're on the freeway, and you come up behind a truck and you want to pass the truck. And you pull out and hit the accelerator. Passing gear. And you hit that special gear and you pass the truck. And you pull in. "Yay. Good passing gear." But you don't want to drive from LA to Seattle in passing gear. You'll burn out your engine. And to stay in ketosis week after week after week... This is hard on the machinery. And one question is, if someone's got a cancer, as the months go by, could this constant acidosis, could this change in the biochemistry, actually weaken the immune system and allow the cancer to grow even more?

Nobody's done this. Outside of the so-called vegan keto program, which we can talk about, this program (one way or the other) involves packing your intestines full of fat and meat and protein two or three times a day. And that, to me, is a recipe for colon cancer. That's a recipe for clogged arteries or heart attacks and strokes. That's a recipe for dementia, as you tear up the brain blood vessels. What kind of microbes are going to spawn in your gut? Are these people setting themselves up for colitis, for Crohn's disease, for kidney failure? Does a high fat diet make people insulin resistant? And you might have Type II diabetes. This is not a diet of health. Now people get an initial improvement because they lose weight initially and they feel a bit better when they stop the oil and the

dairy and the flour products. So, they say, "Ah. See. Lost weight. Diabetes numbers got better. Yay keto! Staying on keto permanently."

Chris: And inflammation can go down.

Dr. Klaper: And inflammation can go down. But in my lectures to the Dodgers I say, "Do not be seduced by these early changes. That's largely just due from the weight loss." But as the weeks go by, you'll find you've been putting diesel fuel in a gasoline burning engine. We are not carnivorous apes. We are not flesh-eating simians. We are plant-eating creatures. When you look at it, we have fingers, not claws, on our hands, We've got these long intestines. We've got, basically, the same digestive system that our gorilla and bonobo cousins have. And they're up in the trees eating leaves and fruits. And we are basically plant-eating hominids. And we violate that natural law at our own risk. And I think these people are setting themselves up for an epidemic of serious diseases.

But given how fragmented the medical system is, where you often don't see the same doctor when you come back to the clinic. The patients move away. Doctors move away. It's so fragmented that the doctor who sees them at one point say, "Oh, you should be eating keto," or "You should be eating paleo." And the patient does that. And that doctor's long gone. I say, Doctor who made this dietary prescription, are you going to be around in 10 years when this guy passes his first bloody stool from that colon cancer that your diet initiated? You won't be around to see that. You're not going to be around 15 years when this lady has her stroke from that carotid plaque that your meat-based diet spawned in her carotid artery. You won't be around to see that. Are you going to be around in 15 years when this guy's joints light up from the inflammatory arthritis, from his leaky gut, that your diet spawned there? You guys won't even be around to see it. You think you've done something good for these folks, but this is drive by dietary advice."

Nobody's done these diets for 10 years, for 20 years. They have no idea what they're really talking about. People have done blue zone diets, plant-based diets, for centuries. We know that a plant-based diet is compatible with long life. But talk about a fad diet. But as I said, the people dispensing this advice, I think they're amateurs. And they really literally don't know what they are saying. Nobody does. And I have great concerns about people following this dietary advice.

Chris: I read an article recently and this was a medical doctor interviewing another medical doctor who is now championing the carnivore diet. And he has been on it for a year and a half. And I'm just like, a year and a half? That's all. That's not very long to be a Mr. Keto, MD or whatever. I'm not going to name any names. And so, it is shocking what a short time span... I mean, this is such a short fad anyway, but people are instant experts at it. And telling everyone else to do it with no long-term studies, no populations in the world that eat this way. And the same

people who say that are like, "Oh, you can't trust observational studies. They're inherently flawed. Blah, blah, blah, blah. And you just need to do what I'm telling you to do."

Dr. Klaper: Right. Well, I'd like to know what he's brewing up in his colon wall, and what's the state of his arteries, and what's happening in his prostate gland.

Chris: It'll take some time for those to be...

Dr. Klaper: It'll take some time. It's going to take a few years. But it's a pretty safe bet that something's going to happen to that man's health. I don't wish it on him, but boy, he's waving that red cape in front of the bull with that kind of diet. And that bull is going to charge. And one day he's going to pass their bloody stool or get those sore joints and he's going to be the sorriest man in town. And he's going to say, "What did I tell all these people to do?" And "do no harm" applies to dietary advice.

Chris: You talk a lot about, sugar, oil, and salt. And we know that the standard American diet, the Western diet, is loaded with too much sodium, too much fat and oils, way too much sugar. But I know there's a community of plant-based eaters that are also SOS free. So, they avoid those things too. The question I have for you is, what would you say to someone who says, "Well, if I read The China study and I read The Blue Zones, and I look at some of these wonderful observational studies, and look at the Adventist health studies..." And the plant-based eaters have exceptional health and long life, but they're not necessarily sugar-free or oil-free or salt-free. They keep it pretty low. And I know there's a gray area there. What are your thoughts on the gray area?

Dr. Klaper: Put me in the gray area there because I'm in there.

Chris: I guess the question is, are they really as big of a risk for someone eating whole food, plant-based as they are for some eating just junk?

Dr. Klaper: No. Directly addressing that issue, no. I think the whole food, plant-based eater is leagues ahead, regardless. Just from the nature of the food stream going through his tissues there. If there's a little bit of added salt or sugar, I don't think it's going to make any long-term difference at all. Plus, as Dr. McDougall says, all these foods have all of this wonderful value, but if the person doesn't like it, he's not going to eat it. And if a little bit of salt, a little bit of sugar, makes him eat the food, it definitely does the job there.

Chris: Yeah. I appreciate that. Yeah. I know people get really hung up on the little things. Something I like to say is, "Don't let the little things get in the way of the big things."



Dr. Klaper: Exactly. Don't let the perfect be the enemy of the good. Yeah. And as the toxicologists say (a much less romantic image), "The dose makes the poison." You don't want to eat sugars of food. When you're eating cakes and donuts and candy bars, you're eating sugars of food. It was never meant for that. It's a sweetening agent. Half a teaspoon of maple syrup in your tea is not going to hurt anybody. And a little sprinkle of salt on the table is fine. But the spaghetti sauce at the Italian restaurant is loaded with salt and you can't do anything about that. But it's okay to put little pinches of salt right on your vegetables at the table. And a couple of drops of sesame oil and flavoring is not going to cause any harm. But you don't want to be pouring cups of olive oil. I'm thinking, "Ooh, Mediterranean diet. I'm doing some heart-healthy." Well, that's what it's become. So, again, we're talking about flavorings, not food.

Chris: Yeah. That's wonderful. I think that'll give a lot of people some ease. Because it always bothers me to see people get so hung up on stuff that it kind of paralyzes them. I think you can end up in a dietary prison and get almost orthorexic.

Dr. Klaper: Exactly. Eating should not be an anxiety producing event. And like Dr. Campbell says in his book, it's the quality of the whole food stream kind of thing. If the majority of what's moving through you grew out of the garden – if it's whole, if it's salads and soups and green veggies and casseroles and lentil stews – a little bit of salt, a little bit of sweetener doesn't actually make any difference, as long as the whole food stream is whole food and plant-based.

Chris: So, the last thing I'd like to ask you about – and then I've got a couple of quick questions to close – is what are you doing now?

Dr. Klaper: Right. After 47 years of doing retail medicine and dealing with people one at a time – it's sacred beautiful work, if you can help somebody and turn their life around – I realized in the few years I have left, there's a more important arena for me to work in. And that's the young medical students. We're churning out doctors from the nation's medical schools that are totally ignorant of nutrition. We practice medicine like what our patients are eating has no effect on these diseases they're bringing to us. When the reality is, that's why they're sitting in front of us – obese and diabetic and hypertensive and clogged up and inflamed from the meat and dairy and the oils and the sugars that are running through their system every few hours. And to ignore that and to just have the patient come back once a month so you can raise their Metformin dose or raise their insulin dose without asking, "What are you eating?" is bankrupt medicine.

And so, our initiative is called Moving Medicine Forward. It's a 501(c)(3) umbrella organization that sends me around to the nation's medical schools, where I give the first, second, and third year medical students the lecture I wish somebody had given me when I was a first year

student. That before you order another \$1000 scan, another \$500 lab test, ask the patient what they ate yesterday. And if it's full of burgers and buffalo wings and pepperoni pizzas, that's why they're sitting in front of you. Get real with that and send the patient to the plant-based dietician. Let her do the counseling, let her show them the video, let her take them shopping, let her get them on a plant-based diet. You see him back in a month and see if they're not doing better (which they will be). But it does not serve the patient or the doctor to practice medicine like you're not dealing with dietary diseases. Because all of them – the surgeons, the pediatricians, the allergists, the dermatologists – they're all looking at dietary diseases these days. They all need to understand this.

Chris: What's the reception been like?

Dr. Klaper: The reception has been very good. For two reasons. One, we don't mess with the administration, we go right to the students. The students arrange the event, they arrange the lecture hall. And it eliminates a lot of resistance from the administration. Because the doctors are eating it themselves.

Chris: Meat loving faculty.

Dr. Klaper: Absolutely. And second, it makes it easier because in every first, second, third year medical school class, there's 20 or 30 students who've seen films like "Forks Over Knives." They've seen "What The Health." The light is on. They get it. And it gives me such hope because the older professors in the back of the room, says like, "What is this subversive message this guy is saying?" But the students, they understand the importance of what their patients are reading. Plus they understand the environmental issues. And these are young people and they've got kids themselves. "What kind of world are we creating for young ones?" And so they're very interested. So, it's been a fairly easy sell, as far as my presentation.

And then, we want to develop an electronic platform. So, once a month, medical students from across the country can sign on. We'll send everybody a nutrition-based case and we'll talk about the clinical nutrition aspects of the case. And keep the nutrition awareness going in the heads of these folks, so it's not a one-time drive-by lecture. And our goal is to get nutrition-based questions on the National Board of Medical Examiners' National Board Exams. And we're working with the American College Lifestyle Medicine to get those nutrition questions on the board exams. And to turn out a generation of nutritionally aware doctors. So they always ask, "What are you eating? Take me through a typical eating day." And once you see it, once you look behind the curtain, you can't pretend you don't know what's behind the curtain. And once they see you're looking at dietary diseases, that what your patients are eating is the issue. Start there.

Once they get that, they become much more effective physicians and much happier physicians. They don't drop out of medicine, hopefully, like their colleagues are now doing. And they're all getting fat and sick. That's right, doctor. If you don't talk to them about what they're eating, that's what you're going to see. But if you talk to them about their diet, you'll become the happiest doctor you know, because your patients will get healthy.

And so, I finish my presentation with a provocative question to the students. I say, "Now that we know that these fearsome diseases – the diabetes and the high blood pressure and the inflammatory arthritis – are reversible with the plant-based diet, do you want to heal these patients or don't you? Really. Why'd you go into medicine? Do you want to heal these patients? If you do, then get real about what they're eating. Because that's why they're sitting in front of you, Doctor." And if you do that and you bring plant-based nutrition in, you see this wonderful transformation. And I say, "What else could you want, as a physician, then to see your patient restored to glowing health? So, you'll see him at the health food store and on the bike path. That's the only place you'll see them. That'll make you a happy doctor."

Chris: I love it. So, I was having a conversation with a woman after my talk today. And she came up and you know everybody has a story about a friend who's gone through cancer, and maybe that person didn't want to change their diet or do anything. And she tried to talk to her and say, "Oh, you should read this book." And the lady's response to her was, "My doctor said that there's nothing I can do." And I just thought, "I should put that on a t-shirt." Right?

Dr. Klaper: Exactly.

Chris: Isn't that just tragic?

Dr. Klaper: I often start my presentation off with an apology. "I want to apologize to all of you people who have encountered a physician that dismissed you when you brought up the question of nutrition. Who had this abysmal ignorance of the importance of what you were eating. On behalf of my profession, I apologize to you for that." And it's embarrassing to hear that story. The state of nutritional awareness in my profession is an embarrassment. And we're working hard to reverse that. In medical science, we can identify a genetic mismatch on gene A21, on chromosome 14. Boy, we can hone in on that with precision. But the thought that cheeseburgers and pizzas might be clogging up our patients' arteries...this is too abstruse a concept for my colleagues to understand. Well that can't stand. It's time to get real about food. So, we're trying to turn doctors and the public onto that.

Chris: Alright, here's a fun question. If you could only eat the same thing every day, different meals, but you've got to pick your breakfast, lunch, and dinner for the rest of your life...what would it be?

Dr. Klaper: I love fruit and oatmeal in the morning with half a teaspoon of maple syrup on it, I must admit. And lunch and dinner, I could live on soups, salads, and greens. And we mostly do. My wife makes these hearty vegetable soups. She throws in lots of grains and legumes and veggies. Big salad. She makes wonderful tahini salad dressing. And steam up some kale or broccoli and some sweet potatoes, and I'm a happy guy. So, there's always going to be soups, salads, and greens. And then, if there's a quinoa dish or a stir fry, I'm happy along with that. But it's oatmeal in the morning and soups, salads, and greens for lunches and dinners.

Chris: Sounds like our house. That's great. Okay. The last question is, somebody comes to you with cancer, what do they need to know? Even if you're not their physician. You know what I'm saying? Like, what does a cancer patient need to know?

Dr. Klaper: Okay. Well, in your brave journey, you've in many ways embodied the archetype of what a person needs to do. They clearly, with no blame attached, up to that point, created a body that supports cancer growth. That supports the initiation growth of cancer. Alright, well, what were they eating? What were they thinking? What was their stress level? Et cetera. Alright. One by one, we've got to undo each one of those to transform that body into one that doesn't produce and doesn't support cancer growth. And so, as you did, every meal, as the nutrients flow through the body, has to send that chemical message of calm down. So, again, it's whole plant foods, in as unadulterated a form as possible.

And exercise is so important. Get out there and walk. Get the heart rate up. Pump that oxygenated blood through your system. Flush out that waste. So, reclaiming your physicality on a reasonable level. Drinking enough water is important. Give your kidneys enough water to flush this waste out with. Get enough sleep. The body heals when we sleep. And there's no cheating on that. It catches up with you one way or the other. Clean up your diet. Get rid of the sugars and junk food and the fried oils and all that stuff. So, every meal is a healing meal. And get yourself happy. A scary thing. You've got an advanced cancer, but we're not here to suffer. If there's something in your life – if you're angry at your boss, or in a miserable marriage – fix what you can fix. Get yourself happy. We're not here to suffer. And that suffering had something to do with the initiation of cancer growth. So, that's also something else that has to be done.

So, go down the list of all the things that may have contributed to the cancer growth. Untie each one of those knots. Lay them all nice and flat. And give yourself a big hug. And transform your body and your life into one that doesn't support the growth of cancer. And you just are an

exemplar for that. And you laid it out just beautifully in your presentations. As you were going down the list, I was thinking that's exactly what to do. And you're just a beautiful example of how the body has this healing power. The body doesn't want to be cancerous. It's such an abnormal state. From what you were eating and the life you were living, it's like you were driving the car and the red light came on the dashboard. And that was your cancer with a red light saying, "Check the oil, check the water, check the fuel, check your life." And you listened to it and you did what you needed to do. Most people just keep driving. So, I really commend you and thank you for the service you provide with your experience and the wonderful communication you're doing to help so many viewers.

Chris: Thank you, Dr. Klaper. That means so much to me to hear you say that. It's just such an encouragement to have your admiration or respect or endorsement or whatever.

Dr. Klaper: You certainly have that.

Chris: Thank you.

Dr. Klaper: Absolutely.

Chris: You know, something that you said that I wanted to touch on is this idea that when you have cancer, you've got to put on your detective hat. And you just said it, but you have to uncover everything in your life that may be contributing to your disease. And you can't figure it out all in five minutes. Right? That's where reading and researching and watching other interviews with doctors and experts and people who've healed. And seeing the big picture. Finding the common threads and understanding, "Oh, my diet. Okay. That's a part of it. Oh, I'm overweight. Oh, this stress in my life and the unhappiness." So it's this onion, right? You're peeling the layers back and figuring out, "Oh wow, there's a lot of stuff in my life that could be making me sick. It's probably all making me sick at the same time." And systematically untying those knots or undoing those things, that's just part of the healing process. You said it beautifully. Thank you. Thank you for your time.

Dr. Klaper: You're so welcome. It was a good one. Thank you. And best of health, everyone.

Chris: Where can people find you?

Dr. Klaper: Yes. Go to my website, [doctorklaper.com](http://doctorklaper.com), and click on Moving Medicine Forward. You'll see it as soon as you get to the webpage. And you can learn about what we're doing. If you know a medical student at a school, or you have a surgeon friend on staff at a medical school, give us their name and number. There's a place to do that. We will contact them about possibly coming to arrange a visit or do it electronically by Skype.

And if you'd like to make a tax deductible donation, we're paying for our own plane tickets to get us to the medical school. So, any financial help would certainly be appreciated, as well. So, thanks for letting me get that message out.

Chris: Yeah. That's a worthy cause. We'll also link to your books on Amazon. Link to your site. You know, we'll make sure that there's resources there in the show notes for this video. If you're watching on ChrisBeatCancer.com you'll see them. If you're on YouTube or listening to the podcast, just click the show notes to connect with Dr. Klaper, find out what he's doing, and get involved.

Chris: Good.

Dr. Klaper: Okay. Thanks for watching, everybody. Please share this video. If you got to the end of it, you know how awesome it is. And there's people in your life that need to hear this message. And there are medical professionals in your life that need to hear this message. So, please share this with not only the healthy people or cancer patients, but if you know some doctors or nurses or anyone in the medical profession, please share this because they will pay attention to Dr. Klaper. They will pay attention to other medical professionals when we're talking about health and nutrition. And it's encouraging because the movement is growing faster than I think ever before.

Dr. Klaper: It sure is.

Chris: And I'm very encouraged by the young generation, the new generation of doctors, the ones that you're getting to. You're on the ground doing the grunt work to advance the mission in the medical field, which is so incredible and so admirable. I am so excited about that. And so, not only am I excited that doctors are finding this information and getting tuned into plant-based nutrition, but that you're out there hitting them on the head with it. Yeah. Like beating them up and saying, "Do you really care about your patients getting well?" I misquoted you.

Dr. Klaper: "Do you want to deal them or don't you?"

Chris: "Do you want to heal them or don't you?" So, anyway, thanks everybody for watching. We'll see you on the next video. Bye-bye.

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