



## DR. BROOKE GOLDNER INTERVIEW

Author of *Goodbye Lupus*

By Chris Wark

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## **DR. BROOKE GOLDNER INTERVIEW**

### **Author of *Goodbye Lupus***

Hey everybody. It's Chris. Welcome to another interview. Today I'm interviewing Dr. Brooke Goldner. Dr. Goldner is a board certified medical doctor and the founder of [goodbyelupus.com](http://goodbyelupus.com). She's also the author of three bestselling books: *Goodbye Lupus*, *Goodbye Autoimmune Disease*, and *Green Smoothie Recipes to Kickstart Your Health and Healing*. She also created the Hyper Nourishing Protocol for Autoimmune Reversal.

Chris:

Dr. Goldner graduated from Carnegie Mellon University with honors for genetic research in leukemia and neurobiology, which means she's kind of smart. She's also a graduate of the Temple University School of Medicine. She was chief resident at Harbor-UCLA residency and holds a certificate in plant-based nutrition from Cornell. Dr. Goldner is a regular contributor to the T. Colin Campbell Center for Nutrition Studies. And she's featured in the Journal of Disease Reversal for reversing her own lupus, as well as multiple case studies in reversing end-stage lupus nephritis, which is kidney failure, with her protocol.

Now, you may be thinking, "What does lupus have to do with cancer?" Well, lupus is an autoimmune disease. Autoimmune diseases can be precursors to cancer. And some autoimmune diseases are treated in a lot of similar ways as cancer, and some of those drugs can contribute to cancer. Personally, I'm really, really interested in this interview because, first of all, Dr. Goldner is a plant-based medical doctor, which I love and I'm fascinated by. But second, I don't know anything about lupus. I don't know anybody who's had lupus. And lupus has always been one of those kind of weird fringe diseases that I just have not spent any time researching and thought, "I don't know what to do about lupus." And so, we're going to learn some stuff from Dr. Goldner. So, Dr. Goldner, thank you so much for taking the time to do this.

Dr. Goldner:

Absolutely. I love getting to teach and share. Just like you, right? When you've found something that can change your life, that can save your life, you just can't stop talking about it. So, I appreciate any opportunity to share information and help people.

Chris:

I have unlimited energy to do what I do. And I imagine you're probably the same way, because you get so much fulfillment when you're sharing real, helpful information that people can take and use.

Dr. Goldner: And that you've been touched by. There are some people who teach nutrition because they read some really cool books that inspired them. And that's a different kind of passion than almost dying, finding the path to help, and wanting to share that. I mean, that's just something that I think we share, and was one of the reasons why I was really excited to get to talk to you because that is a unique experience.

Chris: It really is. Because I've never interviewed anyone with lupus. I've never written anything about lupus, I haven't studied lupus, I'm really just excited to add this to my database of information and to share it with my audience. I know there are definitely people in my audience who have lupus and there may be people who know somebody with lupus. And so, I'm just excited to get this information to them. But anytime I interview someone who's a medical doctor and is into nutrition, especially plant-based nutrition, I want to know how that happened. And so, let's start with your personal health and wellness journey. Obviously lupus was probably involved...

Dr. Goldner: Yes, lupus was involved. So, you just read off all this whole list of my achievements and things. And of course, I'm known for being a doctor and scientist. But before that, I was a patient. I was a patient for much of my life. I started out getting migraines around the age of 14. Nobody knew why I was getting them. I got some MRIs, they shrugged their shoulders, gave me painkillers, and kept going. Then I started getting joint pain. My knee would get swollen and painful, but then the next day it would be the other knee.

A very strange thing that happens in lupus is called migratory arthritis. But it makes you think you're going crazy because if something is swollen and painful, it normally takes days to weeks to heal. But nope. It could be normal the next day. And then, it moved to the other side. And then you have to go, was it that knee or was it that knee and then it would be your shoulder or your knee. Or your fingers or all sorts of different places it can move to.

And then, finally, I developed a rash. I'd spent the day outside at the pool and came home with a horrible migraine, was vomiting, and then had this rash on my face. And my parents took me to the emergency room and that's when they were able to put it all together. These are all classic signs of lupus. They ran the blood work and said, "Okay, it's lupus." But the blood work also showed that my kidneys were failing, which was completely invisible. I had no pain that would suggest that. I had no idea. And so, within the next two days, I had a kidney biopsy and it showed I was in Stage IV kidney failure. There's different types of kidney failure that can be caused by lupus. And mine was called Membranoproliferative,

to the nerds who know about this stuff, who are interested. And that is the most aggressive kind of kidney failure. So, they told me, "At the stage you're already at, you've got about six months before your kidneys completely fail. And at that point you'll either die or be on dialysis."

Chris: That's insane for a 16 year old.

Dr. Goldner: Well, a 16 year old who thought I had my knees hurt and I had a rash. Definitely to then hear you could die within six months was just...it was beyond what I could really absorb. I kind of heard it and then I couldn't hold it. Whereas my family, I mean, it was devastating. I'm an only child. My mother's an immigrant. My family is Holocaust survivors. So, they were refugees from concentration camps and coming from World War II from Poland. So, they came here for the American dream. And I was, first born generation, going to live the American dream. And I really have. But it was so devastating. My mom was the first one to go to college because her parents got fourth grade, sixth grade educations. So, she was able to go to college, coming here as a kid.

And here I was. I was going to be a doctor or something. They knew I always wanted to be something. I wanted to learn forever, basically, as a lifelong nerd. But I had so much. And so, the devastation it caused my family was greater. And you probably can relate to this. You don't go through illness alone. And I feel, oftentimes, those of us who are sick feel like we can handle it better emotionally than the people who love us. It's like I compartmentalized it. Like, "Okay, I have this illness. I have to take these medicines. I have to do this. And then, I have to keep living. I have to do all these other things." But for the people who are scared they're going to lose you, it's like a whole other level.

And now that I'm a mom, I get it in a way that I never did as a kid. But my mom was with me to the point like, "Hey, it could always be worse. There's medicines that can treat you. We do what the doctors say." I grew up in an immigrant family and you just do whatever the doctors say. That's not true of any of my patients, but that's how I grew up. "Whatever your doctors say, you do it. You take the medicines. You do it. And then, you have to study. You're still going to college. You're finishing high school. You're going to do all your dreams. So, you just don't stop." And she was everything I needed. But I still could some nights hear her crying in her room at night. And my grandmother, I'd never seen her cry in my life. She was always the most positive person, always optimistic. She called herself lucky, even though she'd survived the Holocaust, because she always focused on the positive. And I burned into my memory her on her knees on my kitchen floor screaming and begging to God to take her life and to spare mine.

So, you're talking about what it was like for me at 16. I feel like I carry more trauma around those kinds of things of what my family went through, than dealing with my own mortality, which I didn't really have the capacity to understand. I don't think we have that existential ability at 16, if we're lucky. So, for me, I just kind of did what I had to do. And what they told me was, "Listen, the current medicines we have aren't going to stop the kidney failure." So, now we have sexier, newer drugs. There's Plaquenil, which everyone is now hoarding because of COVID, and CellCept and all these other medicines – which are very expensive and actually have not extended the life expectancy or the progression of this disease, compared to the billions of dollars in research.

But that aside, it was basically steroids and that was about it. Plus, I took about seven pills a day. And he said, "This isn't going to stop the kidney failure. But there's an experimental treatment we have right now." Every patient loves to hear that. "It's an experimental treatment. We're thinking about using chemotherapy for lupus. Chemotherapy is often used for cancer. And it's supposed to kill growing cancer cells. But the side effect is, it destroys your immune system. It just shuts the immune system down." And that's why a lot of people with cancer die from infections. They just have no immune system anymore. Or they have no white count. They get an infection, it's terminal. So they said, "Well, since lupus is a disease where your own immune system is attacking your organs – instead of your immune system attacking a virus, it's attacking your kidneys – if we can shut off your immune system, we can save your kidneys."

So, that was the theory. And I was one of the early people who was put on cytoxin chemotherapy. And nowadays we still use it. Selena Gomez got it. She still needed a transplant. It didn't work for her. But nowadays, they use it for a limited time – maybe four or five treatments. I used it for two years straight. They didn't know how long to give it. So, from 16 to 18, I took high dose steroids, seven pills a day of other things to help me, plus the chemotherapy. And that was a lot.

Chris: I can't imagine. It must have been terrible.

Dr. Goldner: I mean, yeah, if I focused on it. I gained 20 pounds in the first two weeks on the steroids. Cheeks out to there. I still have scars from all the stretch marks and everything from what it did to my skin and all the weight gain. Yeah, the chemotherapy, nausea, no appetite, vomiting, weakness, passing out in class a few times at school. Yeah. But I think being raised by Holocaust survivors, I very much always felt like what my grandfather said: "Every day you wake up and you're free and you're here, it's a good day." Like whatever you have to face, you can face it. And I really felt that. It

wasn't a platitude to me. It was like, "Alright, I live in a beautiful home. I have an amazing family. I get to go to school. And I have this disease. It's better than what other people might have who don't have all these good things I have." So, for me, that's how I got through it. On my worst days, I would just obsessively count my blessings – it was just an instinct for me – about all the things I was grateful for, until I was crying from gratitude instead of crying from pain. And that's always what's worked for me.

And I was told that I had a chronic illness that would never go away. After two years, my kidney failure actually got better. And I was in an earlier stage, probably about stage one. They never gave it to me, but as a doctor looking back... They said, "You'll always have protein in your urine. Your kidneys will always be a little off, but we'll just keep monitoring you and you should be okay. You don't need to keep the chemo going." They said that I would progressively get worse over time. That I would probably be disabled by my forties or so. And that I'd be at risk for a lot of things. I wouldn't be able to have children, that would probably kill me. And so, that was what I was told and that's what I believed. And so, I just kind of accepted that and said, "Alright. Nobody knows how long they have to live. Nobody gets to choose it. But I can choose what to do with the time I have."

So, I actually became more studious, more passionate, more focused than other people my age. You mentioned how I did genetic research at Carnegie Mellon. Well, usually they don't allow people to do genetic research until they're at least a junior. But I didn't know how much time I had. So, when I was right at the end of my freshman year, I started showing up in all the labs every day, knocking on doors, asking to do research. And they'd say, "No, you have to be here for another couple of years." And I just kept knocking and knocking until someone finally said, "Okay, fine. Come and do research." So, I started early and I've just never let anything stop me from going after what I want because I'm going to make every day count.

And that was what made my life so good, in spite of having the diagnosis. So, I wish I could say that I came to be the doctor I am today and what I teach through some kind of breakthrough I had through my own research – in terms of the genetic research or the leukemia research or medical school residency. I never did. I was trained as a Western medical doctor. I was grateful that Western medicine kept me alive. And I thought that was the best case scenario, because I would have been dead. And I wasn't dead. So, medicine is good. My doctors were incredible. They saved my life. And so, I figured if I could give people some of what I got, then that would be good. And what I found also....

So, I originally thought, "Maybe I'll do it through genetic research." But I don't like doing research. It's lonely. You're just sitting alone with fruit flies. I'm clumsy. I break a lot of test tubes. It's just not me. I am a people person. I love connecting with people. So, I went to medical school thinking, "I'll be a rheumatologist. I'll help people in lupus." But what I found over and over again is that the people in the hospitals where I was a medical student, how they felt about their illness – their moods, their depression, their connection to relationships – had a greater impact on their recovery than their treatments. They could have the same treatments, but the person who's happy, surrounded by family, and hopeful gets better. And the person with a better medical prognosis who's depressed doesn't.

And so, I started to think maybe my emotional fortitude would be more helpful for people. Anyone can read a book and prescribe medicines, but I have something else I can offer. So, I went into psychiatry because I'm really good at happy. And I started teaching people how you can have a productive life, in spite of whatever you're dealt – whether it's poverty, or homelessness (I worked with the homeless for years) or chronic illness. So, that's what I was going to do. And I was good at it. I am good at it. But what I do now was purely an accident. And I just learned from the things that happened to me.

So, I fell in love with my husband, Thomas Tadlock. And he wanted to marry me, even though I was sick. That's a whole book in itself. But he knew that I couldn't have children, that he would have to take care of me when I became disabled, that he would lose me at a young age. And he said, "I'd rather spend a short life with you than a lifetime with anyone else. So, let's just make it a good life." And I went, "Okay, sounds good." And so, that's what changed things. Not the love part. We were in love for more than six months before anything to do with my diet changed. I still had lupus. My blood test stayed the same. Because some people think it was like the magic of love. But my tests were still the same.

But when we decided to get married, which was like a month after meeting (we were already knew that), I decided I wanted to look good for my wedding. Like every other woman. And my husband is a famous trainer. He actually has a bestselling book, *Miracle Metabolism*. He also went to Carnegie Mellon. And his research, what he was obsessed about, was "Why is it that my master's degree professors say that different diets work for different people? We're all made of cells. That doesn't make any sense. There should be one optimal way to feed a cell. And it's going to always give you the same results." So, he was obsessed with that. And so, what he found is that's true. There are certain things that you feed cells and then everybody can have a fast metabolism. So, I wanted that.

He was training people for MTV. I said, "Well, I should look like MTV for my wedding. Right? Why not? Give me the six pack." The white coat can cover everything, and I was eating the best diet to be sick and fat, which is hospital food. Like hands down, worst diet ever. It's the worst. You have a heart attack and they're like, "Here's your bacon and eggs. Enjoy."

Chris: Well, I don't know if you know this about my story. Everybody watching does, and they're going to be like, "Okay, we've heard this a million times." But the first meal they served me after they cut out a third of my large intestine for colon cancer was a sloppy joe, which is like the worst of the worst of hospital food.

Dr. Goldner: Oh yeah. It was the worst. And the doctors are eating just as bad. We're eating the same cafeteria food. It's the worst. And I was vegetarian from the time that I was about 12, because I loved animals. But I was eating processed foods – cheese and eggs every day. I could eat a bag of Doritos myself at 16. That was like a source of pride for me, that I could eat the entire bag. So, I mean, it's really bad. Sometimes people talk about a healthy vegetarian diet. "Oh, it really depends what you mean by that. Because I had high cholesterol by the time I was 19. I was told it was genetic. I said, "What can I do about my cholesterol?" My doctor said, "Blame your parents." That's what he said.

Chris: Yeah. There's a lot of junk food vegetarians and junk food vegans out there who, I get it, they do it for animal reasons. And not for health reasons. But then they jumped to a conclusion that they're healthier just because they're not eating animals.

Dr. Goldner: Some people who eat meat are healthier than some vegetarians because they eat all these other vegetables and things that the vegetarians are not. So, yeah. I was definitely not a healthy vegetarian. I did like salads and things, but I had eggs and cheese for breakfast every day. I mean, I was pretty hardcore on all that. So, he said, "Okay, I can fix your diet." Now, he'd never trained anyone who was vegetarian before. I think I was one of the only vegetarians in Pittsburgh, where we met. I mean, in Pittsburgh, when I would order a salad, they would put french fries and Ranch on top. I was like, "Why are there fries on my salad?" Like Pittsburgh has a huge obesity epidemic. But anyway, so he said, "Okay." What he had come up with back then, and this is now 15 years ago, was similar to what paleo became actually. But this was from his research, back then. He said, "High levels of raw vegetables, super high levels. Eight cups or more a day. Super high omega-3 levels. Super high hydration."

And then, he thought at the time (because that's what he learned in his masters and everything), is that you need animal protein for



muscle building. So, he would use the best source of animal protein he could find, which was like free range, slightly better, omega-3 and omega-6 ratio, stuff like that. But I said, "I'm not eating that." And he said, "I don't know. Let's just put tofu instead and you do all the rest of it." And so, I accidentally became a vegan. I wasn't ever planning it. I always thought vegans were weird. The only vegans I knew at college had like a big nose ring – like the bull ring – and tattoos and stuff. And so, it just seemed like a freak weird thing to be. But it was kind of accidental. And I didn't even think of myself that way at the time.

But he said, "All the saturated fat from all the dairy and eggs you're eating is actually going to make it harder for you to lose weight. So, all that has to go." I mean, he did say I could eat egg whites, but it was disgusting. So, I was like, "Alright, I just won't eat them." So, I did that. And what I found was, within a short period of time, I maybe a week or so, I had more energy than I'd ever had. And now, at this point, I was an intern working 30 hour shifts, multiple days a week. And I was not eating hospital food anymore. I was unpacking these little bags of vegetables and stuff with me. I was carrying a gallon jug of water over my back with a strap.

They already thought I was weird, because I was way too happy for an intern. I was told this by my chairman. I wasn't appropriately depressed and demoralized. But I was just like, "I'm still here!" I had just had multiple mini-strokes in my third year of medical school. So, the fact that I was still alive, I was like, "I'm still here. I made it. I got to the doctor role. I did it. Oh great, I'm working 30 hours today? Okay! Glad to be here." And they were like, "There's something wrong with you." But now I was also extra weird because I was carrying a gallon of water and all this stuff. They thought I was absolutely out of my mind. But my energy was amazing. I could go to the gym after a 30-hour shift and feel good. And that's not normal, even if you don't have lupus. I just felt so good. No arthritis, no migraines.

So, I went, "This is great." And I went from a size 11 to a size 3 in 3 months. I was ripped. So, I was like, "This is great!" I didn't know that anything changed. And I knew that I still had lupus, because it was incurable, and the only thing I changed was my diet. And diet has nothing to do with disease, or I would have learned it in medical school. Obviously. So, it was just, "I feel really good. Let me just keep doing this." And I went to get my lab tests. Now, I normally got lab tests every month since 16. And at this point I was 28. Because it could go any way. I had just had mini-strokes, my kidneys could go at any time. So, I always monthly. But my rheumatologist had just retired, so I had a gap. It was like a three month gap.

So, I don't know when it happened. But the next set of labs I had that were three months after I started were negative for lupus. And that was the first time ever in my life, since diagnosis at 16. I had a borderline level of blood clot antibodies, which, like I said, I'd had multiple mini-strokes. That's a whole... I collapsed in one of the clinics, so yeah... So, I was taking injectable blood thinners every day. In my stomach, I'd inject myself. But that was only borderline. All the sudden, my genetically high cholesterol was normal. Nothing to do with all that cheese, right?

Chris: Let me interrupt you. What were the mini-strokes caused by?

Dr. Goldner: So, when you have lupus, your immune system can make an antibody to anything. And so, originally, my antibodies were against my kidneys. And so, my immune system was like really effectively killing off the kidney. It was like, "Let's get it. That's a virus. Let's go for it." So, after your immune system recognizes something, there's always going to be some level of antibody floating around, right? So, they shut off the immune system with the chemo and the steroids, slowly let it restart again after two years. That seemed fairly quiet, just minimal levels. But then, eventually, the reason why lupus is so deadly, is eventually it can turn somewhere else. So, a lot of people start with kidney, but then it could be your heart, your lungs, your brain. I've had multiple people with brain lupus. It can make you psychotic, have seizures. And another thing you can get is an antiphospholipid antibody. And it's an antibody that creates blood clots.

So, I developed this antibody. Even though my kidneys were still considered in remission, they were still not working properly. But they were no longer aggressively being destroyed. This new antibody showed up when I was in medical school. With an autoimmune disease you're supposed to avoid stress and get enough sleep. Medical school is not exactly the first place to go for that. So, I did get sick again. So, this was the newest antibody. And they said, "You need to be on these blood thinners for life, or you'll have a major stroke. But since you're on blood thinners, don't hit your head because you can also have a bleeding stroke, a hemorrhagic stroke." And I'm clumsy. So, it was always scary. I'd gotten into car accidents and stuff when I was younger. I actually broke my back at 18 in a car accident. That stuff's not even in my book. I have so many things. I have doctors who've known me my whole life. So, I was dealing with that as well. So that was newer. It had only been a few years that I'd had those antibodies. And that's life with lupus. It's like, "What's next?" You go into a remission if you're lucky. Some people I see never have been in remission. Like it calms down, but then you know there's a cloud somewhere that's going to be the next thing.

Chris: So, between the time you started eating super healthy and the time you got this first test where they didn't find any trace of lupus, how long was that time period?

Dr. Goldner: Three months.

Chris: Three months. Yeah. I mean, that's fast.

Dr. Goldner: I had been sick for 12 years and I'd never had a negative lab. With lupus, it's not considered possible. Once you have antibodies, you have antibodies. And there's no way to shut that down. If you apply a huge amount of immunosuppression – chemo, steroids, other drugs – the antibody numbers go down. But it's only because you're suppressing the body's ability to have an immune system. But then, you take that step away and then the antibodies come back because immune system comes back. And then, it's going to be something else. So, that's the struggle. People with autoimmune disease are usually on immunosuppression their whole lives. And then, they have these other problems.

I remember in medical school having a sinus infection for six months. I took so many Z-packs in a row because I had no immune system. And the immune system I had was doing the wrong stuff. So, a lot of people with autoimmune disease have low immunity anyway. And that's another reason why they're more susceptible to cancer and things too. Their immune system is busy, but it's doing the wrong stuff and it's not fighting off what it should. And because I had two years of chemo at 16, I had a very high chance of actually developing cancer later because I had two years of exposure to chemo. We use it for cancer, but it can also cause cancer.

Chris: Yes.

Dr. Goldner: And so, that was three months. And then, they said it was a lab error because it was not possible. And I went back after my wedding. I went back and tested it again, and the labs were better! The blood clot antibodies were completely gone. Lupus was still negative. Cholesterol was perfect. Now my blood pressure, which was always 120/80 – except in kidney failure when it was like 200/100. But it was 120/80 always. Now, suddenly it was 95/55. I was like, "I didn't start running marathons. Why is my heart working better?" Because lower blood pressure is healthier. It's because my arteries were clear and my heart didn't have to pump so hard to distribute blood. So, at that point, I didn't know what happened. I did not consider myself healed. I was a Western medical doctor in my residency. I was in programmable mode. I was receiving. So, it was one of those things where it was like, "I

feel good. I'm going to keep doing it." But I didn't even connect my diet to it.

I didn't know why it was better. "I'm happy I've reached my dream of being a doctor. I just got married. Life is good. Stress is low even though I'm a resident. Who knows!" So, I just kind of kept doing that without knowing. I just felt good and I liked it. Although I did introduce some things here and there, I might have cheese once in a while at a party or something because I didn't really know. But I seemed to rebound from it pretty well. And so, it was years. It was four years after I got better that I decided I wanted to have a child, which freaked out my family, especially my husband. He said, "You told me it would kill you to have children. And now you're saying you want to have children." And I said, "But I'm healthy. I have spent four years. I've had normal labs, I feel amazing. I don't think I'm sick anymore." And I got pregnant.

And I remember my OB/GYN asked me about my health history. And I said, "Well I used to have lupus." And she said, "What do you mean you used to have lupus? You don't use to have lupus." You've got to go to the high-risk OB." That's why they have malpractice insurance, because the lupus patients die. She was like, "This is horrible." She sent me to the high risk OB. He did the full workup and he sent me back. He said, "She's not high risk. She's not sick. She's the healthiest pregnant person I've ever seen. She's yours. So, she had me coming in like every week for tests because she was so scared. And with lupus it can get worse when you're pregnant. Or sometimes, because of the immunosuppression of pregnancy, you can feel better, but then get worse after birth.

So, they were waiting for me, at any moment, to get worse. But I had a normal pregnancy. And I ended up having to have a C-section because my son was breached. And he was really breached – butt first, lodged in there, not moving. So, I had a C-section. And the same day of the C-section, I was walking around. I felt great. I went home a couple of days later, milk supply enough to feed him and donate to other families. Like it never came back. And that is actually when I got it through my own thick skull that maybe I really didn't have lupus anymore. But if that's true, then how? Because it's not like I flirted with it. Like I got sick, got better. Like 12 years, almost died many times, and then it's just gone. And my husband and I realized the only thing we ever did was change my diet.

Is it possible? So, we started researching. Now, I'm not the type of person that... I've seen some people who will write a book or something where they did something and they had a result. So, they go, "Just do what I did." I'm a scientist. That's not good

enough. I need to know what happened. So, we started researching, looking specifically at whether there is any connection between certain foods and inflammation, autoimmune disease, ability of cells to repair themselves. And that's when we realized we'd accidentally created the most anti-inflammatory nutrition possible. Then we went into testing. I started giving free opportunities, like, "Can I feed you?" Like, "Do you have lupus? Can I feed you for three weeks? Can we do this?" And what I found was, it was reproducible every time. The hardest part was getting someone to do it. But they did it. Lupus, rheumatoid arthritis, multiple sclerosis, Sjogren's disease, diabetes, heart disease. I mean, it's amazing that if you feed the body right, it just fixes itself. It just fixes itself.

And so, for me, this year will be 15 years that I'm lupus free. I have two healthy boys and I've got tons of energy. I feel great. I'm in my forties. And instead of being disabled, I've been on the cover of fitness magazines. It's extraordinary. And so, what I've done is... I originally was doing two roles. I was, of course, the youngest medical director at a non-profit for the homeless. I beat out the other people with my ideas for readdressing how we treat young people with all sorts of issues – transition age youth. But I just kept filling this pull that what I did for my disease was actually going to be more important, and I had to help all the people I knew was suffering that wasn't getting the help they needed. That nobody else could do that work. So, I retired from my medical director job about seven years ago now to just dedicate myself to disease reversal and teaching. I share my entire nutrition protocol for free online. I do free classes. I do free Q&As for hours and hours a month, for the public. And people from all over the world have actually healed from autoimmune disease for free, just by coming to the things that I teach. So, that's the shortest version of my story that I can give you.

Chris:

I absolutely love it so much. We're a lot alike. Even though I'm not a medical doctor and I didn't pursue that, I adopted the same diet to help my body heal cancer, to prevent a recurrence that I was told was basically almost certainty after surgery. And I refused chemotherapy because, frankly, I was more afraid of that than I was of cancer. And I knew that physically... You know, you have a sense like if you're physically capable of handling something like chemo or not. And I was not in a state where I... I just knew it was going to destroy my body and wreck me. So, anyway, I didn't do it. But yeah, whole food plant-based diet all the way – tons of cruciferous vegetables, tons of juices. Like my goal was to overdose on nutrition. From day one, I was like, "I'm going to cram so much nutrition into my body every day. As much as I possibly can every day. And let's see what happens."

Dr. Goldner: You call it "cramming nutrition," I call it "hyper nourishment." Don't give the body just what it needs on a low level. Give your body more than it needs. And cruciferous vegetables, they are the kings. And they are the most cancer fighting foods we have. They get rid of inflammation. They've got so much nutrition. So, yeah, I mean, when I was healing, I was eating like a pound of broccoli and cauliflower a day, dipped in guacamole. Just shoving it in. Just shoving it in. And it's amazing how good you feel. And so quickly. And you can go to the bathroom like a champ.

Chris: Inflammation goes down. Pain turns around. Things start happening that you can't... You don't know what's happening, but things are happening in there. And yeah, so that was my approach to it, which is why I love... The fact that this same approach, when you give the body... An abundance is what we're talking about. An abundance of nutrition, vitamins, minerals, enzymes, antioxidants, all the phytonutrients in plant food, give it more than a needs. And then, it has this vast array of resources that it can use. And it will use what it needs.

Dr. Goldner: Yeah. And I can tell by your coloring that you do it too, because you have that beta carotene glow. Whenever I see people that they don't have a little bit of an orange tint, I go, "Oh! They're malnourished." And unfortunately, a lot of plant-based people – including some of the people who are supposed to be experts – are not eating the raw foods. They're not eating all the cruciferous. And it's like, I can see it. I can see that glow and that energy from people who are really optimizing their nutrition, versus just avoiding inflammation by not eating meat and dairy. There's levels. And especially fighting something really aggressive like cancer, like lupus, you need to be more aggressive.

Chris: Yeah, absolutely. I was as aggressive as possible. I was 26, and in my mind it was like, "Okay, everyone thinks I'm going to die. Especially if I don't do chemo. And if I don't do chemo, I better do the most hardcore aggressive thing I can find that's non-toxic." And that's what I did.

Dr. Goldner: A lot of people don't want to do that though. And sometimes they'll say, "I don't feel like I want to eat that way, but I don't want to take the drugs." I go, "Choose something. Because otherwise you're choosing your death."

Chris: Yeah. You've got to take massive action one way or the other.

Dr. Goldner: Yes. I mean, I'd rather people at least do nutrition and medicine. Or if you're not doing medicine, do the nutrition. I had somebody with cancer who wanted to work with me, but she just wouldn't eat. And she was complaining, "I'm not getting better." And I said,

"You're not eating." The thing about using nutrition to heal is it only works if you eat it. It's not a pill, it's not an IV. And you have to find that inside yourself to say, "I'm going to do it. Even if I don't like the taste of it. Even if I don't like how bloated I feel." That's the only way to do it. So, you have to be really motivated.

That's why I'm so grateful that I went through psychiatry as well. I'm trained in like 12 different kinds of psychotherapy, in addition to being a medical doctor and everything else. Because what I do most of the time is help people get through this stuff so that they just eat the food. Anyone who thinks that diet is hard, it's because they've got other stuff going on. The diet is easy. Eat your cruciferous vegetables, eat your flax and chia seeds, drink this water. It's simple. But it's not easy, unless your mind is where it needs to be. And what I'm hearing is your mind was where it needed to be. You were motivated, you were just going to take action and whatever. But many people just can't do that.

Chris: You're absolutely 100% right. And I've experienced this many, many times in people that I've worked with and counseled and coached. And I'd love to know... Why do you think it is that some people – I'll use this this term, and it may not be the best term, but – self-sabotage?

Dr. Goldner: Yeah, well, it is a good term. And sometimes people get offended by it. And I'll say to them, "Listen, self-sabotage isn't a judgment. It's an observation.: You have a goal. And the action you take is either taking you towards your goal or away from it. If the action or taking is taking you away from your goal, that's self-sabotage. You're sabotaging your ability to get your goal. I'm not calling you a name, I'm observing your behavior. So, behavior is complex. This is why I ended up writing my second book. *Goodbye Lupus* is just, here's my story of what happened to me. Here's the six steps to reversing disease with supermarket foods: three steps are what not to eat, three steps are what to eat. Bam. Done. And if look at reviews and stuff, the people who do it are like, "Oh my God. This works. It's amazing. Five stars." Right? But why is it that people read the book and don't do it? Like, "This will heal me? Nah." And they put it down, or they do it for a couple of weeks and then they put it down.

So, my second book *Goodbye Autoimmune Disease* is two parts. The second part is just dozens of case studies and people with all different kinds of diseases that got better. Just to help people see how it is relevant to other things. But most of it is the processes that I work people through psychologically to get them to then do the diet that was in the first book. *Goodbye Lupus* is this big. But if you can't do that, read *Goodbye Autoimmune Disease*, which is this big. Because that's all the psychological stuff. So, it's different

for different people. The stuff that's in *Goodbye Autoimmune*, those are the processes I work through with people, mostly in my rapid recovery group.

So, in that group, for 42 days, you've got to work with me every day. My husband and I do it together. And ever yday, I need to see what you ate, but also how you're feeling, what your stress level is. And then, if people mess up or are struggling, I help them figure out why. Nobody eats off-plan just because of some superficial reason. It's always deeper, but they're not ready to address it. So, what we've seen over the years working with people is there's multiple things.

So, first of all, physical addiction. We have created food-like drugs or drug-like foods, however you want to call it. People are physically addicted to their food. It's not just a willpower thing. It is physical addiction. So, meat, dairy, all of that stuff...huge amount of dopamine goes off in the brain. Just like when people do drugs. It's like if you ever meet someone who says like cheese, they never say, "I like cheese." They go, "I love cheese!" Like, "Whoa. Hey. Back it up. That's a lot of energy." You're laughing because you've seen it. It's always like that. You're like, "Whoa, that's a lot of passion."

Chris: "I love cheese!!!!"

Dr. Goldner: Right! That's like orgasm right there, right? That's what it is. And what else releases dopamine? Sex, food, and drugs.

Chris: Alcohol?

Dr. Goldner: Yes! So, it's a physical addiction. And we have to acknowledge that, right? These people are junkies. I've treated people as young as two years old with lupus now. And I have to tell these people that their two year old who will only eat nuggets and mac and cheese is a junkie. And so, your junkie is going to go into withdrawal. She's going to be grouchy. Moody, fits, temper tantrums. And guess what? The adults have them too. They're just more subtle. But it's the same thing, right? So, usually, the intensity of the withdrawal peaks at about the two-week mark. So, people often find that they can kind of use willpower to keep going for about two weeks, and then they break down and they go off. So, that's one part of it we have to address.

And so, like in my rapid recovery programs, what I have them do is start putting in other activities to replace the dopamine. If they can exercise, we use high intensity exercise. Now, some people with autoimmune have too much pain to do high intensity, but maybe they can do it in a pool or something. So, if people can do



high intensity exercise, that'll replace that addiction. Alright? Other times, maybe it is going to be making love. Or maybe it's going to be spending time with friends who make you laugh. That connection of laughter and fun. Fun is a drug too.

Chris: Joy.

Dr. Goldner: Yes. So, many people who are sick don't replace that, or they've never learned to prioritize it. So, they only get pleasure from food. So, if you take away someone's only high, they will eventually go back to it. Because without that high, their life is miserable. So, we have to replace the high. That's the first thing.

The other thing is, people use food for a lot of different reasons. It's tradition, it's peer pressure, it's insecurity. "I don't want to stand out. I don't want to be different. I don't want to let someone down who made me something. They put time into making me something." All this kind of stuff. So, a lot of insecurities about doing something that's different, even if it's what you need. A lot of it is around trauma. Most people with autoimmune disease – they're thinking upwards of 60% – have had either some kind of childhood trauma, sexual trauma, depression, anxiety. So, I work with people to heal that. If you've had intense trauma, you're more likely to be sick. You're also more likely to be really bad at self-care and to depend on food.

So, if we don't heal that stuff, people will eventually go back to eating the old way because even if they feel better on the food, emotionally they're bereft. And they're going to need their drug back. Right? When do people relapse who are alcoholics? Stress. Something bad happens. And even if they were two years clean, they have the relapse of the alcohol because they have no other coping skill. Right? So, that's the work that I do with people: "Here's the diet I want you to eat. And yes, I will optimize it for you. We'll see which ones work better. Oh you have too much diarrhea? Let me fix it. Oh you're constipated? Let me work on that. That I can do." But the hardest part is getting them right here. So, this is lined up: their heart, their head. And then they're motivated.

So, the two-week mark is usually where people last on their own, through their own willpower, their own excitement and motivation. To make it long-term, we have to address those other factors. And that's what I think has been missing. And that's the feedback I've gotten from people who either work with me or who've read *Goodbye Autoimmune*. And they're like, "This was missing. Everyone's telling me what to eat, but nobody's addressing like, why I won't do it." And that's the hard part.

Chris:

I love that so much. I mean, it really does explain why so many people can, even if they don't have a serious disease – if they're just trying to lose weight – do a two-week crash diet. No problem. Right? Like they can get on it – Weight Watchers for two weeks, Jenny Craig, raw food, veganism, anything – to the two-week mark. And then, yeah, it's like things really start to fall apart right around that time. And a lot of people don't know how to push through it. And one of the things that I talk about in my book, and frankly I talk about all the time, is that people are self-medicating, right? Many of us are self-medicating. We're self-medicating through food and sex and drugs and alcohol and shopping and being a workaholic. And those behaviors are disruptive over time. They all lead to health problems. And so, those behaviors have to stop.

But you won't be able to stop them permanently until you get to the root cause of those self-medicating behaviors. Because that person has pain, right? They have stress or worry or anxiety or pain or guilt or shame or bitterness. They have a swirling mass of negative emotions that they're medicating. And so, unless they resolve those conflicts, they're going to still need that medication in some form, and end up going back to it. So, I talk about forgiveness a lot because it's a huge factor with cancer. And there's a lot of cancer patients that are holding onto bitterness and resentments. They've had traumatic childhoods or lives. And it's like, "Hey, you're medicating this pain and we need to solve the pain problem. We need to forgive and let that stuff go. And then, you're not going to have that strong desire for food medication, or whatever it was."

Dr. Goldner:

Right. That's part of my program. Forgiveness is one of the worst. But you have to build up to that, right? And you have to release the anger you feel before you can have the forgiveness. You have to complete the communication. And a lot of times too, there's so many beliefs people have around food. I just did this amazing session with someone today who has already found that just eliminating certain things from her diet, her symptoms got better. And yet, she was still eating them. And I said, "I'm not going to tell you what to eat until we figure out why you're not doing what you already know." So, when people sign up for my wellness session, I spend over an hour with them – usually like 75, sometimes 90 minutes – because the diet part takes me 15 minutes, but I've got to know how I'm going to make you do it.

And so, what we got down to with her was that her dad used to always tell her to stop eating because she was going to be fat. "And you don't want to be fat and ugly, right?" And they were poor. So, everyone only got one portion. Even if you were hungry, you didn't get more. But when she went to grandma's house,

grandma was so cuddly and loving and she would give her junk food. So, we got an emotional connection of love and junk food. We got a feeling of there being a punishment around food. Like, "I can't have what I want. I'm not allowed to have it." And so, we have this like rebellion that goes on. And so, when I have people who do the healing work, we go all the way back to the child that first got the message.

That five-year-old who got the wrong messages, she needs you to heal her because five-year-olds are choosing what we eat. That's where our beliefs and everything come from. They're all formed and solidified by around five years old, which is why they're irrational. Because five-year-olds are really irrational. So, the five-year-old is like, "I want the cookie. I want this." And if she's in charge, guess what you're eating? Versus, if you say, "I love you too much to give you the cookie," not "You don't deserve it. You don't get it. You'll be fat." But "I love you too much for that. I'm going to give you a better life than that." That's where the healing can start and where the forgiveness can come in too to say, "Alright, the people who took care of me did the best they could with their own messages."

Our parents' generation did not have a lot of psychology work done to them. They kind of just passed on their own traumas to the next generation. They did the best they could, but they weren't exactly working through their issues. So, we have to forgive that too. To say, "They did the best they could with their issues, but I can do better. I can re-parent it. I don't have to live with these issues forever." But you're right. Forgiveness is such an important part of that. Because if you don't, you're just continuously punishing yourself with the same thing that someone else did to you. Or maybe what you did. Sometimes people are guilty about things they've done in their life. And I always ask them, "Alright. If you feel like you deserve to be punished, and you're not allowed to just be forgiven outright, could it be time served? Have you been sick long enough that you were punished long enough? Is time served good?"

Chris: That's amazing. I'm stealing that.

Dr. Goldner: 15 years good? Can we parole now?

Chris: That's brilliant. It's absolutely brilliant. Because anytime I talk about forgiveness, before I get to it, if I don't get to forgiving yourself, someone will always say, "How do you forgive yourself? How do I forgive myself?" And yeah, that kind of guilt and shame and the continual sort of feeling of unworthiness and beating yourself up over your past mistakes, you have to address it head on. I mean, you just have to own them.

Dr. Goldner: If you're in that habit...then you eat off-plan. You were eating your cruciferous, but then you ate the cookie. "Well, see? I am worthless. I can't do anything right." Versus what I do is retrain them. If something goes wrong, we go into game plan. No emotion game plan. What went wrong? How would we make it not go wrong the next time? Let's game plan it. And we put all the emotion into celebrating everything that went well. So, you did 9 out of 10 things well? That should be celebrated! And the last thing? Let's just make a game plan. So, next time, don't go to the supermarket hungry. Let's try that. Versus what they'll normally do, which is ignore all the success, but make all the emotion be around what went wrong. And make that like evidence that they can't have what they want or that they don't deserve it. For some reason it takes a lot of retraining.

Chris: It does. And I know it's difficult when an adult, let's say, that has a family is buying food for the rest of the family. And they're still buying all the junk food for the rest of the family. And they're trying not to eat it. And many times I've had the conversation where I'm just like, "You can't buy that food anymore. It can't be in your house. Your kids or your husband or whatever, they're going to have to get over it. If they love you, they'll understand."

Dr. Goldner: Instead of goldfish crackers. They'll be okay.

Yeah. And just be like, "I'm sorry. I cannot eat this. I don't have enough self-control. It doesn't need to be in the house." And that's actually what I did for myself. I stopped buying junk food. So, when I was craving something, like some junk food or a quick snack or something, there was nothing to eat but fruit or nuts or vegetables. You know what I mean? So, it was like, "Oh, okay, I've got to eat something healthy. There's nothing else in the house." And I think, in some cases, people just make excuses. And I think for some people it's like, "No, no, you have to be that drastic with yourself. If you're tempted to go to McDonald's on the way home, drive a different way home. Don't even drive by the McDonald's. Take a new way home every day." This stuff works.

Right. But you also have to value yourself enough to say, "I'm allowed to change what everyone's eating because it's good for me." You have to have that self-esteem there too. I mean, a lot of the people I treat are women, because women have a much higher rate of autoimmune disease. And a lot of them are literally making their husbands bacon and eggs while drinking green smoothies. And I'm like, "That's a recipe for failure." I mean, you're smelling it. You're over it. And they say, "Well what is my husband going to do?" I say, "He's not a baby. He can have a smoothie or he can make his own eggs." But they're in this pattern of just believing, "Okay, my purpose is to serve. I'm not lovable unless I'm doing

things for others. He won't love me if I don't do this and that." So, when you ask that big question: "Why do people self-sabotage?" Oh my gosh. I mean, there's so many layers to it. And sometimes it's as simple as getting rid of the temptation, because it's just addiction. So, just don't drive that way. Don't have it in the house. And it will pass. But so often, it's layers of trauma, self-worth, negative messages through childhood.

And the reason I started doing my rapid recovery programs is, I realized that these people need help every day. So, my group is six weeks, every day. And what people find is that by the end of it, they're like, "This is easy. I can keep going." My husband and I are like, "Whew." Because the first three weeks, we're just trying to keep them all there. "Don't quit. Keep going. Keep posting. We got you." We work with one guy who has been self-sabotaging, we're about to meet with him. Someone else thought food was her only friend. We're like, "Let's talk about this friendship." Like, "I'm giving up my best friend." Whoa. Who wants to give up their best friend? And sometimes it's literally just a structural thing. Like, "My bladder can't hold this water. What do I do?" But for most people, they need to intensively work through all the emotional stuff to get to the point that they can go, "Oh, what's the big deal? It's just eating vegetables." That's my goal. To get them there.

Chris: You're awesome. I'm so glad you're doing what you're doing. I mean, the emotional and psychological connection to health and healing is so huge. It outweighs everything else. And I usually just lump it all and just say "stress." Right? If your stress is not addressed, it'll outweigh everything else you try to do to get well. And it's just so refreshing to interview you and know that the way that you're helping people is by helping them navigate their psychological and emotional issues. I mean, I know a lot of friends, I have a lot of friends that run alternative cancer clinics and holistic clinics, medical doctors and integrative doctors and all kinds of people. And the ones that I think are doing the best work are the ones that are really digging into the patient's emotional life, their mental, emotional, and spiritual life. Because the therapies and the diet have benefit, for sure. But that patient's got to go home and heal at home. They can go to a clinic for three weeks and get some benefit. But they've got to go home to their mess. And they've got to clean it up. Right?

Dr. Goldner: Well, it's both, right? Because your levels of stress, depression, and anxiety, all of that contributes to your gene expression as much as food and everything else. So, most people, when I see when they're sick, it wasn't just their diet. Because they had their diet in place for a while, but then something happened. Maybe somebody died or they went through puberty or something. I always say that it's not a single lightning strike. It's a storm.

There's a pressure system. There's the wind. So, what I found is there's people, like you, who they're otherwise happy. They have a great marriage. They like their job. They're pretty motivated people. I literally work with them on their diet, and their disease and symptoms are gone in days. I had someone who had years of lupus and Hashimoto's and all these issues. And 10 days in my group, she was symptom-free. Already doing step-down. 10 days.

Chris: "Give me the plan. I'm doing it. 100%."

Dr. Goldner: Yeah. She was great at self-care. She lived by the beach. Great at self-care. Happy. Changed her diet. Disease gone fast. I mean, 10 days to be symptom free is ridiculous. Right? And then, there's the other people. And that's why I created the group. All the other ones where every day is a struggle. I mean, we just did a live with someone who was like, "I just can't eat cardboard." And I was like, "The choice is, you eat cardboard or your kidneys fail. That's the only choice you have. You've got 10% of your kidney function left. My program works. It will get your kidneys back. But you're not going to enjoy the taste of your salad. Why are you not doing it?" So, we had to spend like over an hour on that. Like what's behind it? So, yeah, it's both. It's the stress that causes the illness, in addition to the food. And it'll keep you from healing from it because it'll cause all the sabotage as well.

Chris: It reminds me of one of my favorite cancer healing stories: my friend Courtney Campbell who had lymphoma. And she refused chemo and she went hardcore nutrition, just like us. But she could not stomach vegetables. And she was making these giant green smoothies with broccoli, cauliflower, like crazy veggie smoothies. But every day, for a year or more, she would have to hold her nose to drink this giant smoothie. And she held her nose the whole way. I mean, every day. And I'm like, "That is the attitude of a winner." You know what I mean? Like the determination. She was like, "I don't care if I have to hold my nose to get this in my body every day. I will do it." And I'm just like, "There it is. In some cases, that's what's required." Fortunately, I love the taste of vegetables and I figured out a way to make them taste good. And it was fine.

Dr. Goldner: And that's the thing. That's what we were talking about with this lady. When my husband first discovered that we could do a smoothie instead, he was making broccoli, cauliflower smoothies. It was disgusting. I would take a sip and I'd want to throw up. But he was like, "This works. It gets all my nutrition in." And for him, it was like aesthetic. It was just an incredible aesthetic that he had with bodybuilding. But it was just like, "Get it done." It's just function. We give away our smoothie recipes on our website, but we figured out like, "Oh, you know what? If you add just a little bit

of fruit and the right kinds of greens, it actually tastes wonderful. And that's better."

But you're right. I mean, when we were talking to this lady kidney with failure I said, "Look at this other person [who was in the group]. You can see her logs. Her first couple of weeks, her logs say, 'My smoothies suck today. Got it down anyway. Going to get this.' And her function went up 2% every week. And she got off the kidney transplant list at the end of six weeks." But yes, if you have the eye of the tiger and you're emotionally where you need to be, the food works like magic. And if your mind is not where it needs to be, it's a struggle.

I would say it's like a stock ticker. Not the one right now, because with COVID the stock sticker is just going down. But the one we normally see, where it's like, "Oh good days. Oh I had a bad day. Maybe I'll never get better. I'm going to eat off-plan and sabotage myself. Now I'm going to have two more bad days. Oh wait, let's get back on." And it's this kind of thing where they just need that level of support. And for my husband and myself, we love to give that level of support. I mean, I always say, "You've got to save your life." And he always says, "You got to save your wife." So, we treat every person as if they are me or someone we love, to try to do whatever we can to get them over their crap.

I always tell people, "Crap is a great fertilizer, but you've got to spread it out. You can't just let it pile up." So, that's what we love to do. So, yeah, I believe a million percent that the nutrition is perfect. And I also know what it takes for some people to actually just do it. And so, that's why I feel so grateful for my whole journey. I'm grateful for my illness. I'm grateful for all the training I've had because everything I've done has landed me right here. And the lives I've been able to touch. It's just astounding. I'm in tears every day with gratitude for what I can do for people.

Chris: You've got such a beautiful message and mission. Thank you for what you do. Thank you for the emotional investment that you make in your patients and clients because it pays huge dividends for them. And I know for you as well. I'm just glad to know you. This was an amazing interview, Dr. Brooke Goldner. Thank you so much for your time. Where can people find you?

Dr. Goldner: Okay, well, if you're looking for more information about my classes or working with me, [goodbyelupus.com](http://goodbyelupus.com). You can always find me there. We have a Facebook community for free. That's like 20,000 people all over the world who are not ready to necessarily become plant-based, but are looking to add what they're missing. That's the hook we use: "Start by adding what you're missing. Add the smoothies." We have a website, [smoothieshred.com](http://smoothieshred.com), where you

don't even have to join or put your name down or your email. You can just look at free recipes, free videos. That's public service that we provide. The only reason someone would give us their email is if they wanted to join our group. But other than that, it's just a free resource for people, because we're just trying to get the word out there. So, I encourage people to do that.

If you're on social media, like Facebook or Instagram, @GoodbyeLupus. Like I said, I do my classes for free usually every month or so. It just depends on my schedule. It's about five hours of education. I teach everything that's in *Goodbye Lupus*. I do my case studies. And then I do hours and hours of Q&As. So, I usually announce those on my Instagram, Facebook, Twitter, so that people can just jump on whenever they want to. But I'm most active on Facebook and Instagram. Every day I put videos out for free. People who do sessions with me will often agree to be filmed so I can release little segments of teaching to help other people. So, every day I try to release something to help people either stay focused on the nutrition or the emotional work. To just keep them focused on their recovery, so they don't lose track of it. So, those are all the places people can find me.

Chris: Amazing. Well, look, everybody go follow Dr. Brooke Goldner. Follow her on social media. She's doing amazing work, as you can tell. And it's so fun to find amazing people in the world. You just met another one. You just met another wonderful, amazing person doing great work and helping a lot of people take control of their health, reverse disease, thrive, prevent future chronic disease, and heal their mental/emotional stuff. So, that's the total package. So, please share this video with people you care about, especially anyone you know that has lupus. But let's help spread the word and educate the public and the masses that lupus is yet another disease that can be managed or completely reversed with nutrition. Wow. What a concept. So, thanks for watching everybody. Thank you, Dr. Goldner.

Dr. Goldner: Thank you.

Chris: See ya!



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