

The Primal Blueprint Podcast – Episode #25: Internal Medicine Physician Dr. Ron Sinha Talks Fat, Cholesterol, and Stress

Topic timestamps:

Introducing Dr. Ron Sinha /“The South Asian Health Solution”: 00:56

Is the medical community engaged?: 02:03

What kind of medicine do you practice, Dr. Ron?: 04:20

How do the doctors have time to help patients in lifestyle change?: 05:28

Working with cultural differences: 8:13

Gentler approach works: 11:37

Working with corporations: 15:37

Mobile clinic: 18:02

Metabolic 6-pack: 19:17

Controlling stress and sleep: 21:02

Dealing with Type A personalities: 23:13

Heart rate variability: 25:56

Relaxation is critical: 31:44

Brad Kearns: Back with Mark for another podcast. Thanks for joining us, Mark.

Mark Sisson: Hey, my pleasure as always, Brad.

Brad Kearns: Again, I am your host, Brad Kearns here with Mark Sisson. After of our couple dozen awesome podcasts, we are now going to have a real live human guest to join us and mix things up a little. We sat down and strategized who would have the privilege of being our very first guest and we picked one of the great superstars of the planet, the primal movement, and the medical community. We have Dr. Ron Sinha joining us from the Bay Area. Ron, are you there?

Ron Sinha: I sure am and it is a privilege to be first. I am glad I am not following some other superstars. There is no pressure on me at all, right?

Mark Sisson: [00:00:56] Not at all. Ron, I was just sitting here remembering when we met at a lunch in San Mateo a couple of years ago. The strategy that we came up with about taking the Primal Blueprint and what we were doing with it and maybe directing more toward what became of a culturally tailored guide to losing fat, increasing energy and avoiding disease. That became your book, The "South Asian Health Solution." Tell me. How are sales going with your book?

Ron Sinha: From my perspective, I think it has been great. Within such a short period of time, I have been getting so much feedback and, as you know, I do a lot of my work in corporations in the Silicon Valley so the variety of feedback from patients in the community, high-tech engineers, HR people and physicians. It has been phenomenal. People reach out to me and have told me this is so different from anything else they've read. It has been very rewarding. I can't believe a couple of years have gone by the tremendous work we've done. We have a growing engaged audience right now and it has been a fantastic experience.

Mark Sisson: Great. [00:02:03] Are you sensing a buy-in from the medical community in the Bay Area?

Ron Sinha: I had one example. I sort of had an advantage in that I had already engaged the physician community on my side. I work for a medical group with over 1000 doctors and I have been doing a lot of these medical consults for a couple of years so a lot of my physician colleagues had already witnessed remarkable transformations in my patients who were following ancestral health principles already. So I am not like being a doc off cloistered in a cabin somewhere writing a blog. I am working with docs and patients every day. By the time the book came out, luckily I had a small group of docs who were already interested in it. There are only so many emails and messages I can send to sort of give advise on how to manage patients so that the fact that I had that group of docs already and then shortly after the book came

out, they invited me for grand rounds and I presented to about 350 to 400 physicians in our group. It was a webinar. After the presentation, I was expecting emails and hate mails to come through and phone calls saying, "What are you talking about?" The overwhelming majority of people responded so positively. I think that has been probably my rewarding thing. I think my big sort of nervous factor about the book was what was going to be the physician response. Are they just going to think I'm a quack? I haven't gotten that feedback yet. I think it is because on the front end, they have already seen such amazing transformation in patients I have been treating already. I think that translated into a big win with the book.

Mark Sisson: So I sense an enthusiasm here for the possibility that the medical community at large will be accepting to this kind of message.

Ron Sinha: Yes. I have to tell you. If you were to ask me that question a year or two ago, I think I would have been more skeptical. I think there is a big positive wave. Part of it is that I work with a lot of primary care doctors. Right now today, being the primary care doctor can be pretty tough. You are being asked to see more and more patients in less time. Even physicians who mean well, just don't have the resources and time to make impactful changes. They are struggling to find resources other than the prescription pad to really make an impact on these patients.

Brad Kearns: [00:04:20] Can you tell us what kind of medicine you practice and what your role is with your various corporate relationships, your operation there in the Bay Area?

Ron Sinha: My training is as a general internal medicine doctor so I pretty much treat every imaginable adult disease but what I more in to a role of cardio-vascular prevention especially within the special community of South Asians community, although I see people from all ethnic backgrounds because we have such a diverse high-risk community out here. Over the last few years I have been involved to what they call the Medical Director Employer Services for our group and so our medical group serves all the major companies in Silicon Valley. I go out to these companies. I design health education lectures, wellness programs, and whatever challenges that they have, like fitness challenges. I sort of provide the education component for that. I have been doing that for the past decade. Now the momentum has reached a point where we are just setting record-breaking attendance records at companies like Oracle and Yahoo, and all those companies. Now to be able to have a book as a resource to give these people to turn to, has made this so much more rewarding.

Mark Sisson: [00:05:28] That is great. It is good news that people are receptive to the message. You brought an interesting point that I think has been sort of a bottleneck for a lot of doctors though over the last several decades that only gets worse over the years and that is the ACA. That is the point at which you have done the testing on the patient, you have determined that are some issues, and there needs to be some sort of a lifestyle intervention, and yet as a primary care physician, with a burgeoning practice, you can't spend more than 7 or 8 minutes. How do you get to the point where you can educate one-on-one? I know you can give them a book. But do you have a method in your practice where you have a Physicians Assistant, or a nurse, or somebody who can spend a little more time with the patient, or is it sufficient to just give them the book?

Ron Sinha: You bring up a great point. We have to redesign the system from the inside out. Part of this means really bringing in a Care Team. In the old days, it was just you and the doc. And you put all of your trust into the physician and there were no other resources around. I have the benefit in that I run a consult practice so I have 40 minutes with the patients and it is usually enough to get the message across pretty clearly. Now what I am doing, Mark, is creating systems within our medical practice where I can have a nutritionist and trainers that I have vetted out to come in and talk to our doctors and serve as a partnership resource. We have operations like nutrition places, fitness centers that are doing a lot of great testing and offering really good advice and I am getting physicians engaged in using those resources. The other key thing is actually, I was able to lecture to our entire nutrition department. Doing that training has been huge, too. In a lot of cases we were referring to nutritionists and not seeing the results because there weren't standard guidelines. I think now the goal for Primary Care is try to find an effective team that can surround and support the physician so the physician is sort of the point guide who will engage the patient and say, "Listen. This is something serious. We have to fix your nutrition." Maybe give them a few lines about their

triglycerides to HDL ratio. How they have to cut back on those refined carbs and then put the team around them to support that goal. We have already started doing that and I think it is working well, but I think this is the only way we are going to be able to beat the burden of chronic disease that we are facing in the current environment.

Mark Sisson: That is a very time and labor intensive effort at some levels just to be able to get the time for one-on-one with the patient, I would imagine. Then to be able to get compensated by whatever system to make it worth everyone's while to do that.

[00:08:13] In paleo-primal/ancestral health world we talk about this template that we use that everyone ought to maybe start from and it is two week to one month template of eliminating grains and sugars and industrial seed oils, and eating unprocessed foods, but at some point we run up against some sort of wall with a lot of people and, you and I.....this is basically the genesis of the book.....where there are so many cultural means and so many customs that people are unwilling to adjust even in the face of the sciences, that suggests that maybe there are some foods they maybe shouldn't be eating. I talked with some Latino and Hispanic people who said we love the Primal Blueprint but my grandma makes the greatest beans and rice and it is an insult to her to go to her house and say no, we can't eat this way. So back to the 1.4 billion South Asian people on the planet who are apparently facing some major health hurdles. How does this culturally tailored guide manifest itself in real terms to different populations and different ethnicities?

Ron Sinha: We wrote this book for that population. We brought up the Hispanic population who also face similarly issues. Literally a lot of them have come to me asking if they can use this book. I tell them you can replace the Indian flat bread choices with tortillas, substitute lentils with beans, we can do the same sort of thing. You bring up a good point about the cultural norms. The neat thing is now since we addressed this book all the generations, including seniors, can have an impact on the whole family health decisions. Some of those simple substitutions have made a huge difference. I use my mom as an example who is actually coming in today. She makes amazing shrimp curry, lamb curry all those wonderful protein-based curries in Indian cooking. But now she knows how to make amazing coconut flour [recipes] and cauliflower rice. So it is a bit of bartering but when the patients realize that some of those forbidden foods that they have banned from their pantry like ghee and some of those sources of protein they thought might not be good for them, they realize that we can keep some of that and maybe it is okay to cut back on some of the grains that were causing their insulin resistance. So when they see that trade off, I have been shocked, Mark, even I have seen some very die-hard very traditional families, not just from India, but some Chinese, for Filipino backgrounds. When they swap them out like that, they are still seeing some pretty significant changes and that is why I have preached the metabolic six-pack in the book. They can measure very simple markers. They are not in ketosis and maybe they are not achieving that end goal, but they still probably added a few years on to their life and delayed diabetes for a few more years, which is still a good win. The conversations are changing and I think having that impact on different cultures is absolutely possible. You do need one or two proactive members of the family to help them promote that change.

Mark Sisson: [00:11:37] I think that one of the things that we decided over the decades that we have been talking about the Primal Blueprint is that it doesn't always have to be this militant, "You must this and you must eliminate that," and if you don't, then you will fail. I think that what we are seeing here is that there are degrees of success and in many cases a lot of that is up to the choice that the person makes that does so with at least the knowledge of by making that choice, they know what they are getting in to or not.

Ron Sinha: I think I can safely say that I am dealing with one of the most non-compliant patients groups on the planet. These are people who have never exercised a day in their life. They have no idea or concept of what healthy nutrition is. I am amazed and it is nice because when they make a very simple change that leads to maybe a triglyceride drop of 30 or 40 points. All of the sudden they see that numerical difference and then they take that first step. If I had the attitude of, "You've gotta do the Whole 30," I would have lost them. There is no way they would have come back. They would have doubted my ability to be a doctor because they would have said, "This doctor is all or nothing. He's too militant." But now that I am much gentler with that approach, I am amazed that I have taken an engineer at Google, for instance, who has never exercised a day in his life. Now over the last 6 months, all of a sudden, he is in cross-fit on site at Google. That would have never happened had I had that all or nothing approach. So I wasn't something that

I necessarily deliberately did, but it was just because I had such a difficult population. I found that a lot of times they scaled down the recommendations I made but they still had tremendous results. That has been a learning lesson for me. I think the gentler approach that the primal community has taken has definitely resonated well with this population.

Mark Sisson: Yes. And this is not to disparage Whole 30 which is a great program. Dallas and Mellissa are awesome people who are doing amazing work. It is simply, I guess from my perspective, and I think you might agree with me, I wanted to invite the greatest number of people possible to come play with us and I didn't want to frighten people off by saying, "Look, you are either in or out. If you are out, we don't want to hear from you." So it's by various degrees of bringing on certain lifestyle adaptations or certain food groups, or eliminating certain food groups. But not this all or nothing approach. It is one that just says, "Here is the general template. Try it out. Number 1 we want this to be a sustainable lifestyle for you, because it does neither of us any good for you to go on to this program for 30, 60, or 90 days, demonstrate incredible changes in blood chemistry and maybe some loss of body fat, and then go off the wagon and revert back to an old way of eating simply because it is unsustainable."

Ron Sinha: The interesting thing that I found, one part of this population that I have leveraged, being from the Silicon Valley, I have some of the most driven Type A patients you could possibly have, but, unfortunately, that drive has sort of been hoisted off into the areas of academic and professional achievement. And the nice thing is that when I start off with that gentler approach and people see their numbers improve because they are so numbers driven, all of the sudden they want more. They are ready to get those triglycerides down to below 200 or 150 or 100. At that point, that is when I get to sort of transition them into a template that is more like what I would have liked to start with at the beginning. A lot of people will find their way to a program like the Whole 30 with that gentler approach because they just want to see more numbers because they feel so great. They say how do I get to that next level? That has been very rewarding. Taking it from a point where they have had no education about nutrition and all of a sudden they are all over Mark's Daily Apple and other resources and everybody is testing my game, too. They are so into their own research and joining blogs. It is really rewarding for me to see.

Mark Sisson: [00:15:37] That's great. You brought up your work with the corporate environment. I am wondering at what point we are going to see larger corporations start to get in to the metrics of the changes in their entire population, their employee population. And almost more what interests me, is there a metric to measure improvements in productivity, and decreases in lost time, and the bottom-line dollar changes that may happen when you get a large population of several thousand people who embrace this way of living?

Ron Sinha: Yes, I have been a lot of lectures over the last several months. I think probably my best gig was being invited to the Silicon Valley Employers Forum, where they invited me to talk about the book and my approach with the high-tech population, particularly Asian Indians. So we had reps from every major Silicon Valley company come to that so they literally gave me 30 minutes to talk all I wanted about it. That's where I highlighted the challenges of the metrics that people are using right now and how they get irrelevant numbers and believe me, after that I got so many emails. And now it is interesting because those same darn handouts that a lot of companies give that show that your total cholesterol had to be less than this and now people are asking me to sort of revamp those handouts and focus on numbers that really have more relevance.

You bring up a point about reducing costs. Definitely employers are focused on that but right now they are struggling so much they are just looking for people what are engaged. They are just looking for participation at this point. A lot of these companies will pay these employees to take their health risk assessments and join the fitness challenge and still employees are not joining. So literally, to give an example.....Oracle is a company I have worked very closely with. We are doing health webinars. In the past when we have done health webinars they could hardly get 100 people to join. Just the momentum we have built over the last several months has improved. The last webinar we did, we had over 1000 people joined. Some of them are already Mark's Daily Apple people....a lot of South Asian engineers. We are just growing by leaps and bounds. We did a lecture at Yahoo with standing room only. So people are desperate

for information. I think that first level of engagement is what companies are after. And then the next level is looking for more biometric improvements, some productivity measures.

[00:18:02] The other thing I have done which has really piggy-backed well on this is we launches a corporate mobile clinic. We have a high-tech RV that our medical group invested in. It goes out to these different companies. We have a trained physician sitting out there that does physical exams and measures labs. So for a lot of these employees that are addicted to work and they can't get out, they will come and see me and we will do a seminar basically and then a week later the mobile clinic rolls in, and now they know about the metabolic six-pack and the lipid rules and all that stuff. They see the numbers on board and they don't have an excuse that they can't get time to see their doctor. They see that improvement and now we're going to start measuring that. The next step is, I just got approval, to do a mobile clinic study. We are going to have our mobile clinic go out to at least a half dozen employers and measure base on biometrics. I am going to put them on this ancestral South Asian program and 6 months later, we will take in some resistant South Asian engineers to see what kind of impact we have. I am really excited about that because I really want to start putting some data evidence to really support the interventions we have been making that we know have been successful in the past few years.

Mark Sisson: Wow! That is an awesome program. It sounds like you are way ahead of most of the rest of the country. Even those who claim to be paleo/primal physicians.....it sounds like you have a lot of great stuff going on.

[00:19:17] You mention the metabolic six-pack. For the listeners, why don't we go into what that means.

Ron Sinha: The metabolic six-pack is basically a reiteration of the metabolic syndrome criteria. The way we came up with the name is that I have a lot of people seeing me that are frustrated. I think they set their goals too high in terms of achieving optimal body composition. What I teach a lot of my patients in corporate climes is let's not focus on the outer manifestations and the before and after picture. Let's work metabolically from the inside out. That's why I call it the metabolic six-pack because a lot of times you'll see that improvement with biochemical numbers and really they are based on a lot of insulin criteria that we are already familiar with, but it focuses on ways to [reconsider] the triglycerides level – [adjust the safe level] down to below 100 rather than the general cutoff on labs of 150, focusing on the blood pressure, blood sugar measure. I also added the C-reactive protein. That for some docs is controversial. Some docs only like using that high-risk cardiovascular patients. But I have found hs-CRP to be a pretty decent lifestyle measure as well. I have seen a lot of patients who have a lot of visceral abdominal fat, they are under high stress and their C- Reactive protein comes back elevated but when we manage their stress and improve their body composition, that number sort of magically floats back down. Even if it is not a direct reproducible inflammatory marker in some cases, I am amazed that some patients do everything right from a lifestyle perspective, they CRP is still high but the minute they manage their stress and are sleeping better, we see it dropping back down to normal. So that is sort of the whole idea behind the metabolic six-pack.

Mark Sisson: [00:21:02] Well, I think we should highlight that last point because Brad and I just talked about it in a recent podcast. The notion that controlling stress and getting adequate sleep, which seems to be overlooked by not just the tech world these days, who grew up ordering pizza and a six-packs of coke and taking a nap under their desks after programming for 36 straight hours, but the general population tends to think that sleep is just a luxury and that controlling stress isn't possible in today's world....so why even deal with it. And yet, here you are suggesting that once the diet has been reeled in a little bit, it is really critical to look at stress and sleep.

Ron Sinha: You know, Mark, I have had a handful and I just had a CFO of a pretty large high-tech come to see me on a consult. If you look at his numbers on paper, you wouldn't think there was anything wrong. His metabolic six-pack was fine. He was Type A driven. He was exercising. He had all the check boxes ticked off, but clearly he was not getting enough sleep and his stress levels were very high. In his case, he had a remote family history of heart issues, it was not really a red flag but based on that, I kind of got the [extra cautious] approach. It came back. It wasn't severely high. We aim for less than 1.0. His came back about 2.7 and just off a gut feeling I went on got a calcium scan to measure the calcium in his arteries and his

calcium score was off the charts. He had impending plaque that probably would have translated into a heart attack within a couple of years or sooner. That is one case I am telling you about. I have seen a lot of Type A people with similar things. They are exercising. They are doing their Type A exercising and their numbers look pretty good. There is clearly something else going on. I have known this before. I don't think I even prioritized it as much. Now that I am seeing it more in this community, I am taking it really seriously. I am being asked to give more talks on stress and I think this is turning out to be one of the number one factors in this community and rally world-wide as well.

Mark Sisson: [00:23:13] So when a Type A, how do you get someone to willingly accept the notion that they have to go to bed a little bit earlier and perhaps dial back their work? Aren't these the people who are running the show? The C-level people who claim that there are not enough hours in a days and they have stuff that has to be done. How do you impart this message to them?

Ron Sinha: You have to give them physiological and anatomical evidence. They are all so data and evidence driven. The talk I gave a Yahoo about a month ago was on stress. I have given stress seminars before and, luckily, we had an amazing turnout for that and great feedback. Half of the talks I give about stress I show MRI images of what happens to the brain and the key thing is to show the connection between brain health and stress, too, and how there is premature accelerated aging in the stressed out brain. Anybody, even in the C-level, knows that as they age, they want skin in the game. Otherwise they will lose their place. They need to keep their cognitive skills completely sharp. So when they see that data, (we didn't have that data in evidence before,) it is amazing when they see the functional MRI images of the stressed out brain, when they see that objective evidence, they know they have to start thinking about taking it more seriously. The problem is how do you get them to actually make those changes and one way that I have been really successful is some of the aps that I prescribe in the book. So one thing is to use heart rate variability. That is an objective measure. Sometimes my patients use their smart phone to measure that so they get some objective feedback. They take some of these small steps. They use their FitBit or some tracking device to measure their sleep. If they can see some numerical objective improvement, rather than my saying make sure you get 8 hours per night, when they have some way to measure that, I see a lot more engagement in that. And then they feel better. Some time we try some other measurements that show some additional reinforcement. I think there is enough objective information and intervention out there and now it is much more doable than it was in the past.

Mark Sisson: Yes there are a number of new metrics that has arisen and this heart rate variability is really interesting to me. We used a really crude version of the when I was an athlete. We basically tested our resting heart rate in the morning upon waking and if it was way out of whack, we, theoretically, wouldn't go out and train that day, although that really didn't happen, with a Type A personality. [00:25:46] You have become sort of an expert in this heart rate variability world as it is evolving. Tell the audience a little bit about what that means....heart rate variability. How it is used to tailor a lifestyle.

Ron Sinha: In the area of stress.....I know athletes who use it for training purposes, but who I am dealing with in the Silicon Valley, the whole concept of when you have a pulse rate of 60,..... a lot of people think your heart is beating like a metronome, that it is right on par from beat to beat, but in a normal healthy heart that has enough parasympathetic, or enough of that relaxation response activated, you do get normal range of heart rate variability, rather than that metronome type distribution within the pulse. But people that are under high stress levels, actually lose that variability and high-stress, negative emotions, anger, aggression.....all of these things can really have a significant impact on the variability. There are tools that you can buy, there are devices, but using your smart phone you can actually get a rough circuit marker of what that looks like. I have to tell you, Mark, as much as I preach this out there, I wouldn't say that I am 100% convinced that this will directly correlate to stress levels, but you know what it does....regardless of the fact, is it creates mindfulness. All of a sudden people learn to slow down and they breathe to try to achieve that level of heart rate variability. It may work and it may not but at least it is making people conscious about a number. It is just like a pedometer. People ask me which is the best pedometer. Which is the most accurate? I really don't care whether it is 70 or 80% accurate as long as it gives you a number that is going to make you move. For the first time, I have resisted a number. Patients have clearly told me that definitely when they are under stress they can see a change in the number. They know how to add that rhythmic breathing to make an intervention. I think it is a pretty cool tool. I don't

think it is something that ought to complete 100%. I don't think every time you are stressed your A-fib is going to be off but at least it makes a habit and ritual and gives them some objective feedback numbers.

Mark Sisson: When I was back in the old days, I would take my resting heart rate. I would lie still and breathe rhythmically and I would put my finger on my carotid or on my brachial artery, and every once in a while I would be startled.....I missed a beat. Something was right. There was so much variability. I was expecting it to me like a metronomic, because that was in my mind it was supposed to be. Now we know there is such fine tuning that goes on in the body where the heart is a demand mechanism that responds to the signals that are being given to it.

If the signal says we have plenty of oxygen, we've got plenty this. Nobody is fighting to survive. Let's just beat as we need to and no extra beats. We don't need to waste beats putting stuff out there versus when we are under chronic stress or we get that burst of adrenalin or that cortisol that is literally causing that causing that metronomic beat because it is saying we don't care what the situation is, we are just going to pump faster to supply whatever nutrients may or not be needed. That is the irony of the modern lifestyle, having adrenal glands and a parasympathetic nervous system or sympathetic system, that is able to respond to life or death situations, which almost never occur. And yet we create them.

Ron Sinha: My executives squeeze their workouts into such a tight schedule, literally like from 12 to 1:00 they might be in the crossfit workout and they are seeing clients at 1:15. I tell them they just went from a high-intensity workout to a high-intensity meeting with absolutely no rest in between. I tell them they should have their workout intervals and meetings but you have to have a rest period in between. I have done that myself in the past, by seeing patients all morning, and then I would go to a lecture, and then I would see patients with very little break. I was wiped out by the end of the day. I felt miserable. Now what I do, I definitely fit a 10 or 15 minutes, if I am at work already, I am going to walk around the grounds before I see patients and yes, I have lost some productivity. there is a patient that I could have scheduled into that slot. But now that I see the impact it has on health, I say, "Screw it!" I am going to schedule rest periods whenever I possibly can, because it is just not worth it. There is no way I am going to see all of the patients in the Silicon Valley. I have to take care of myself if I am going to avoid burnout.

Mark Sisson: Exactly. It is rampant in society today. If I can only see just one more patient, or one more client, I can make a difference or make X more dollars. You have to ask yourself, "When is enough, enough?" When have you overdone it? I find myself in that same situation, almost on a daily basis, I have to take a moment and stop and ask myself, "What is more important, that I live to be 90 or 100 and be fully functioning and be able to do this at a pace that is comfortable for me, or kick ass today and drop dead tomorrow?"

I think you have talked about the bottom line metrics that you can show, the quantified self aspect of taking a C-level exec and telling him.....here are the real numbers that came back from your tests and if you continue on this way, you are either going to drop dead or you are going to cease to function at the highest level that you want so your only choice is to pull back a little bit and decide where it is that you can make this compromises so that you can have the best of both worlds.

Ron Sinha: Absolutely.

Brad Kearns: [00:31:44] Guys, that was fascinating especially going off into the stress markers. You write about this very well in your book, Ron. It is more than just connecting the dots and nailing the diet or doing what the doctor says about this kind of workout or that kind of workout. The rushing around and the pace reminds me of your sidebar in the Primal Blueprint, Mark, where you are talking about us professional triathletes and the languid lazy days that we would exist in. We did about the same amount of training as your average hard-core harried amateur who was slipping on the tie after that lunchtime swim workout and busting back into the office with dripping wet hair. Meanwhile we are lounging on the lounge chairs and stretching and having a snack and then heading out for more miles on the bike. All told, when you proceed at that comfortable pace and watch those stress markers, and those signs that you are getting harried and frazzled and be able to turn it down at a moments notice. That is when things are really cooking for you. I thought I would close with that thought. It is so important. You both expressed that very well in your books and in talking to people. Thank you so much for joining us on the podcast, Dr. Ron. Mark, what do you think? Should we have this guy back in 6 months for a follow-up on how things are going on the front line?

Mark Sisson: Absolutely. I think this is the most interesting area that we are doing right now is the willingness of the general population to accept these lifestyle changes and even more so, even the willingness of the medical community to embrace this. Ron is definitely one of the leaders in that front and I am very interested in the progress that he is making.

Ron Sinha: I would be happy to come back. We even have some initial results from some interventions and trials we have done at that point.

Mark Sisson: Let's do it.

Brad Kearns: So Dr. Ron Sinha, the author of the "South Asian Health Solution." Look it up on Amazon.com. It is a wonderful book, not only for South Asians but for the big picture of getting your risk factors right and your lifestyle dialed in. Thank you for joining us the Primal Blueprint podcast with Mark Sisson.

Hey, podcasts are great but how about a life-changing weekend at Primalcon. Coming up is a historical occasion of our 5th annual event that is on the beach in Southern California, at the amazing Embassy Suites Mandalay Beach resort. It is about an hour north of Los Angeles. It is one of the best kept secrets in Southern California, this beautiful resort right on the sand in the beautiful beach town of Oxnard. We have a lovely park there with a large expanse of grass and all kinds of fun stuff to play on. We will be spending a fun weekend outdoors with an awesome slate of presenters talking and presenting on all manner of physical activity, diet, health, nutrition, posture and movement mechanics....all kinds of education from the world's leading experts. We will also have a ton of fun and excitement. Of course we will be playing the annual survivor team challenge just like you see on TV although this one is more fun and more challenging. It includes brain-teasers and good team strategy challenges. We are also going to have the world famous Primalcon ocean plunge/jacuzzi sprint. You are going to run into the pretty cold ocean, guaranteed, and then about a 2-minute sprint to where we take over the entire jacuzzi and the Mandalay Beach resort. People look at us like we are crazy but it is loads of fun and then we will dine on the all-time fabulous Primalcon food. You can see all kinds of picture of the food on the website. So visit Primalblueprint.com and look for the Primalcon link. You can see pictures and videos chronicling the wonderful times we have had in Oxnard over the past 4 years. We certainly hope you will join us for the 5th annual Primalcon Oxnard. September 25th through 28th, 2014.