



Broadcast Transcript

Broadcast: Defusing the Aging Process – Part 2

Guest(s): Dr. Kenneth Cooper

Air Date: February 23, 2024

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Dr. James Dobson: Welcome everyone to Family Talk. It's a ministry of the James Dobson Family Institute, supported by listeners just like you. I'm Dr. James Dobson and I'm thrilled that you've joined us.

Roger Marsh: Well, welcome to today's edition of Dr. James Dobson's Family Talk. I'm Roger Marsh. Thanks so much for joining us. Today, you're going to hear the second half of a very important conversation on the topic of health, fitness and honoring God with a healthy lifestyle. Dr. Dobson's guest on today's program, which was recorded about two decades ago, is the father of aerobic fitness, Dr. Kenneth Cooper. Dr. Cooper is a legend in the world of physical health and fitness. He has dedicated his career to studying about and teaching the connection between exercise, healthy eating and living a longer, healthier life. These are things we take for granted today, but many years ago it was Dr. Cooper who was one of the first to discover the benefits of putting all three together.

Dr. Kenneth Cooper is a leading spokesman for the Preventative Medicine movement and founder of the Cooper Institute, a research and education non-profit organization, as well as Cooper Aerobics. He also serves as chairman of six health and wellness companies and is a graduate of the University of Oklahoma School of Medicine and the Harvard University School of Public Health. He has authored 19 books including the best-seller called *Aerobics, also Running Without Fear* and *Controlling Cholesterol*. Dr. Cooper and his wife Millie have two children and five grandchildren.

Today, Dr. Dobson concludes his interview with Dr. Kenneth Cooper by highlighting some common health issues and risk factors, and they'll also reveal a few preventative steps that everyone can take to make a healthier future for themselves and their families. They'll also field some audience questions as well, so there's a lot to learn and a lot of material to cover. Let's listen now to this classic edition of Family Talk.

Dr. James Dobson: Okay, let's talk about supplements and vitamin recommendations and so on. I know this is something that you care a great deal about. What should people be taking. If they're eating a healthy diet, do they really need that stuff?

Dr. Kenneth Cooper: People ask me, Did the Lord make a mistake? Shouldn't we be able to get all the nutrients and supplements and minerals that we need from the food that we eat? Lord didn't make a mistake, we made the mistake, the pollution of our environment, the destruction of our soils, pesticides, insecticides, the processing of foods. By the time food gets to us, what we're getting now as compared to 30 years ago is entirely different, and that's why during my early years in medicine, I thought that vitamins were making the pharmacists rich and being flushed down the toilet bowl, that there is no advantage to vitamins at all, and now I'm one of the strongest proponents of vitamin supplementation in America today, and I can prove what I'm saying.

If you as a listening audience and you people here today, don't start taking antioxidants on a regular basis, might even write this down, and for a few of you, I have some handouts here, that you need to take at least these levels of antioxidants if you want to protect yourself from the ravages of our environment, and we know there's now 51 different diseases may be related to free radical activity that's caused by such things, ultraviolet light and things of that nature.

Dr. James Dobson: I think you're taking people faster than they're ready to hear you. Ken, talk about antioxidants, what are they? And talk about free radicals and what the relationship is between-

Dr. Kenneth Cooper: Yeah, please forgive me. I talk too fast. I know it, I talk in technical terms. Let's start from scratch. What is a free radical? We all breathe in oxygen. We're breathing 20.9% oxygen right now. The oxygen molecule is daily being bombarded by everything from ultraviolet light, pesticides, insecticides, even excessive exercise will bombard it. There's at least 15 different things that bombard the oxygen molecule, air pollution, car exhaust, on and on and on. And what happens, that oxygen molecule loses one of its eight electrons, and that state is called a free radical. It tries to steal an electron and adjacent molecule to stabilize itself. In the process of doing that, it causes cataracts. It's the first step of arteriosclerosis. It causes damage to the nucleus of the cell and it causes cancer. It accelerates aging, it's a factor in arthritis. As I said, at least 51 different diseases, they're talked about in my book, *Antioxidant Revolution*, are related to free radical activity.

What are antioxidants? These are molecules that willingly give up one of their electrons to stabilize the oxygen molecule. They're dissolved, they cause no further problems. But what do we need to enhance our antioxidant defense system? We need high doses of vitamin C, vitamin E, beta-carotene, selenium. There's about 20 of these things, coenzyme Q10, pycnogenol, but the only ones I emphasize in my book are these top three and number one is vitamin C. If anybody want to write this down, if you have something to write on, and that's 500 milligrams twice a day. That's much higher than the RDA. We can shorten the scientific literature, the 1,000 milligrams of vitamin C, and the nurses study reduced cataracts by 83%, for example.

Dr. James Dobson: ADA is recommending only 200, aren't they?

Dr. Kenneth Cooper: I know. That's going to be changing as we get more and more data. Used to be 60, now it's up to 200. The second is beta-carotene. We recommend 25,000 primarily from foods. Now one and a half medium-sized carrots will give you all you need from beta-carotene, but the most important of all the antioxidants is vitamin E. It takes at least 400 IU per day to get what you need to build up your defense systems and that'd require two large cups of vegetable oil, a large cup of nuts, and about 8,000 calories. You can't do that unless you take it in supplement form. The vitamin C, you can't get, it'd take 13 medium-sized oranges. You get a thousand milligrams a day. The beta-carotene, you can get. The vitamin E, you must get by supplement form. Those three things can protect you from free radical damage and we insist on that for our patients.

Dr. James Dobson: This program goes by so fast and especially when we have a guest like this with so much to say and yet we have indicated that we're going to let this big audience here or some members of it express their questions and we just have a few minutes left, so let's do that. If somebody would like to ask a question, we'll pass the microphone to you.

John Beauvais: Hi, my name is John Beauvais and I'm from the LA area of California. I have two questions. One is exercise related, the other is more diet related. The first has to do with some studies that I've seen showing that walking say a mile is of more benefit to your body than running that same distance. I'd like to have you address that, Doctor. Also like to have you address the issue of high protein diets, the use of some others that are out there. They're all over the bookshelves and just curious about that. Thank you.

Dr. Kenneth Cooper: Thank you for those questions. Walking, we did a study back in 1991 in which we worked with women over a period of six months walking at different speeds. They're walking three miles five days a week at a 20 minute per mile pace, a 15 minute per mile pace or a 12 minute per mile pace. Now that's fast, that's five miles an hour. Took them seven weeks to work up that level. They were premenopausal at women and we were surprised to find that if they could work up to walking a 12-minute pace, and that's aerobic walking, you really have to swing those arms and pump those arms, they got exactly the same benefit aerobically speaking if they'd been running at a nine minute per mile pace, with one-tenth the injury problems. So what you're saying if you walk fast enough, you can get the same beneficial effects of running and reduce the musculoskeletal problems that wipe out so many people's programs.

But now walking in general, if I were to select walking over jogging, I'd say as you get older, transition. Here at 68, now I'm still covering 12 to 15 miles a week and I'll combine. I'll walk one day aerobically and then I will jog another day, and I don't have any musculoskeletal problems because I'm doing that. So walking can be used very effectively and long-term, it's much better for those of us who are older.

Now, high protein diet is roughly 30% protein in your diet. I strongly recommend to my patients, you follow the basic American Heart Association recommendations and that's 50, 55% complex carbohydrates. That's fruits and vegetables, 50% protein, and then 25 to 30% fat, but then we recommend too that you distribute the fats as follows. Roughly 10% should be monounsaturated fats, and the best example of monounsaturated fat is olive oil, canola oil, puritan oil, and then polyunsaturated fats should be 10%. That's corn oil for example. And then saturated fats, that's milk, that's dairy products, that's meat. Why do you need any saturated fats in your diet? The answer is pure and simple. You have to have some saturated fats to manufacture the HDL cholesterol, at least some studies indicate that. All right, people are vegetarians, they have very little saturated fat in their diet. Their total cholesterol goes down and the bottom drops out of the HDL protective top-

Dr. James Dobson: And HDL is the good cholesterol.

Dr. Kenneth Cooper: That's the good cholesterol. That does two things. It tends to keep the bad cholesterol from depositing and some studies indicate it actually can reverse arteriosclerosis, act as a rotor-router. You want to build up the ACL cholesterol. The best way to do that is aerobically exercise, but we're finding that if you go on one of these diets, you can knock the heck out of the HDL cholesterol, but just a little beat, like two servings of select cut, three ounces, two servings per week will bring the cholesterol up a little bit in the vegetarian, but also brings the HDL cholesterol up significantly.

Caroline Parham: Caroline Parham from Pittsburgh, Pennsylvania and I have what they call plantar fasciitis and I used to walk every other day about a mile and I enjoyed it so much. Gave me a good attitude, good sense of mind, and now that I have this, I cannot walk like I used to. It's very painful and I have to wear special orthotics in my shoes.

Dr. James Dobson: It's like a little a growth on the foot, is that right?

Dr. Kenneth Cooper: It's just actually an inflammation of the plantar fascia, the arch of the foot that's called the plantar fascia. You get a plantar fasciitis and it's just so painful that, as you say, it's very difficult to walk.

Caroline Parham: Can you recommend a form of exercise that I could do to try to lose some of this weight that I've gained?

John Beauvais: Well, the first thing I would say is listen to your body. Any of you, if you're involved in an exercise program, if something's happening, which is unusual, chest pain, pain in the foot, pain in the knee, pain in the hip, don't ignore it because you might be setting the stage for a heart attack or a total hip or a total knee replacement. So listen to your body. The second thing is that, first of all, you ought to go to a good orthopedist or a sports podiatrist and see if they can't be treated effectively of putting inserts. If you can get the insert in your shoe,

that might cure it, but in none of those work, you're going to have to do something.

But remember that weight-bearing exercise is the best way to lose weight as compared to swimming or cycling. If it can be weight-bearing, walking, jogging, aerobic dancing, will help you lose weight much more rapidly than if you're a non-weight-bearing type exercise. So I would hope that you could get back to a good walking program. That's a very effective way to lose weight, particularly restrict the calories along with it, but try that first. Try to get good medical attention, get you some good inserts in your shoes. If that doesn't work, then resort to cycling, to walking on a StairMaster, something of that type that takes the pressure off of the plantar fascia. Over here.

Jeanne Binkley: Good morning, Dr. Cooper. I'm Jeanne Binkley from Grand Junction, Colorado. My question to you today is ... I'm glad that John Beauvais just addressed the high protein diet. I've been on that diet for about seven months now and have lost 60 pounds, one of those baby boomers that have never exercised or anything like that, and I am in an pretty aggressive exercise program at the YMCA here. My question to you today is with that exercise ... and I'm starting to add more carbs now, I've never completely eliminated them out of my diet, but I have exercise-induced asthma and I take a steroid inhaler type of thing before I exercise and after I exercise, doing about 30 minutes on the treadmill every day, actually four times a week, not every day and 30 to 45 minutes of weight training.

My question to you is, will that harm my exercise-induced asthma? I find myself hurting sometimes in the chest, but as I take that inhaler, I do well with that. I'm also on the vitamin supplements that you recommend. I take that same dosage a day. Have I injured my body in any way or how do you think I'm doing at this point?

Dr. Kenneth Cooper: First of all, let me congratulate you on losing that 60 pounds. That's excellent. Just out of curiosity, did you have the exercise induced asthma early in life or did you develop it after you gained a lot of weight?

Jeanne Binkley: I had it after I'd gained my weight.

Dr. Kenneth Cooper: And Jim, as I started to say, that is a commonly seen thing in medicine now that as people gain weight and they get de-conditioned, they develop asthma in general, not just exercise induced bronchospasm, but asthma in general. We don't know why, but we've found many people, that if they lose back to normal weight, their asthma disappears. Let's hope and pray that happens to you as you continue to lose weight.

All right, now, I'm not saying that you won't lose weight on the high protein diet as you have, but the other thing you've done beautifully, your exercise program is fantastic. Now, if you go on strictly a high protein diet and don't start

exercising along with it, you're going to gain all the weight back. It's 80% due in a period of two years. You're not going to keep it off, but you've combined the ideal thing as far as the exercise and then the high protein diet, but now you're getting back into the carbs.

Now, another point I'd make too, if you're getting success with the high protein diet, get your blood checked for your cholesterol and your HDL and your blood lipids. Some people in a high protein diet, they shoot their cholesterol through the ceiling and they may lose weight, but they're exponentially increasing the risk of a heart attack. Now, I have patients who go on a high protein diet and to the contrary, their cholesterol increases very slightly and the good or protective HDL cholesterol also increases and their ratio improves. So I say it's not hurting you, at least from what I can tell right now. It's not hurting you.

Dr. James Dobson: Let me role play with you for a moment, okay? I am a very, very busy young man. I've started a new business. I mean, I've got to work 65 hours a week in order to get this business off the ground or fill in the blank. We have a new baby or 5,000 reasons why it is not convenient, and some people would say, not possible for me to exercise. What is your answer to that? I mean, everybody's got an excuse.

Dr. Kenneth Cooper: If you don't have time to exercise, do you have time to have a heart attack? It's amazing to me how many people find time after that heart attack, that first attack, the chest pain or that bypass surgery, and I would challenge you as being the example or listening audience. If I can exercise, you can exercise because I would probably say that I'm working as many hours or more hours than most people in this room. I'm traveling 50, 60% of the time all over the world, and if I can still work in five to six days a week of doing something, anybody can do it. It may be at two o'clock in the morning. Now again, I work out before the evening meal. That's my customary time, when I'm at home. When I'm on the road lecturing, I work out first thing in the morning because I know I can get it in then.

I try to go to hotels when I'm speaking on the circuit where they have spas and I had a beautiful two and a half mile run just down in Brazil this week before last. Also worked out in the hotel, but also worked out on Copacabana Beach. So again, my point is where there's the will, there's the way. But don't wait until you're forced into a situation because if you already had that heart attack, you have that high blood pressure, you have a medical problem, it may be too late to completely correct it, and in reality, I may have been able to prevent it if you'd follow my guidelines.

Dr. James Dobson: I can tell our listeners, you can find the time to do it. You can, and if you have to, you will. I have found that you can do it, but you have to have the commitment to do it, and I have also found myself up at three o'clock in the morning. By my time, I'll be on Mountain Standard time, yet I'll be in New York or Washington or something, so I'm two hours off. So I'm up at three o'clock in the morning my

time, walking the halls of the hotel if they don't have a treadmill, but you can do it if you just decide to do it.

Dr. Kenneth Cooper: As I said, my preferred time is before the evening meal, but then I'm busy. I have a staff meeting, I've got a lecture or something of that type. Then I go home, have my evening meal, and then two hours later I'll go out and walk two miles to the neighborhood. Now, if I run that late at night because of the endorphin effective exercise that lasts for several hours, it makes me so keyed up I can't go to sleep, and so I walk and I walk rapidly and I get that tranquilizing effect without the endorphin effect. I go home, take a shower, and go right to sleep.

A couple points here, don't exercise vigorously too close before going to bed at night and always wait at least two hours after a heavy meal before you exercise vigorously. Why? Blood is shunted away from the brain. That's what makes you sleepy after a heavy meal. It's shunted away from the heart. That's why people that have heart pain, they have heart problems, they have no problems until they walk up a flight of stairs after a meal. Then they have angina. They wonder about that because the blood is shunted down to the digestive system. It's away from the heart and away from the brain. So if you had insult to injury by exercising too soon after heavy meal, you might precipitate a heart problem.

Dr. James Dobson: Next question.

Mary Jo Campbell: My name is Mary Jo Campbell and I'm from Devils Lake, North Dakota, and I would like to comment on the benefit of exercise in the role of healing from an illness or an injury or surgery, and three years ago I was in a very serious car accident where I survived five different impacts. I was ejected from my vehicle and then hit by my own vehicle, which was sliding on ice. And when the doctors took a look at me, I had several injuries. I had a minor concussion, I had fallen like a limp ragdoll on my left side. I had shoulder and neck permanent damage in my soft tissue and I didn't take an ambulance ride, but I saw my doctor and they just gave me pain pills, things like that. The very next day I was so stiff that ...

I'm a PE teacher and I used to teach aerobics, so my first thing was if it hurts, you have to move it a little to get it loosened up. And I went to an aerobic class and I have to tell you, it was the best thing. I had to look. I had to use both parts of my brain. I had to think left, right, and it actually helped heal me from a brain injury by moving my body, and I know that other people who have had brain injuries have had the same thing. You have to move the body in order for the brain to make some connections and I wondered if the same thing would be applied to injury surgery areas that have scar tissue. Doesn't the increased circulation in any of those parts help benefit and heal you? And in other words, staying in good shape. They said if you were not in that kind of shape, you would've broken a hip, you would've done lots more damage. And so if that isn't an incentive to heal rapidly and be able to ... I didn't think I'd ever run again and

so that was a confirmation that that is something to continue the rest of your life.

Dr. Kenneth Cooper: That's a wonderful story and I congratulate you and I'm glad you're doing so well. There was an article published a few years ago entitled Preparation for Mr. USA for Elective Surgery. "Mr. Usely Soft American" or-

Dr. James Dobson USA.

Dr. Kenneth Cooper: And what they showed clearly that if you took a little time to get into shape before you had elective surgery, hysterectomy, for example, for a woman, then the post-op complications were practically nil and the recovery was unbelievably fast. There's no question about what she's saying, that this is true. If you're in good shape before an emergency situation like you got into, for elective surgical procedures, you have a whole lot better chance not having any problems after the surgery and recovering a whole lot more rapidly. And I compliment you on ... I would say that's exactly what happened in your case.

Dr. James Dobson: Right here.

Marilyn LeDoux: My name is Marilyn LeDoux and I'm from Jacksonville, North Carolina, and my question is this. We have many Christian physicians. How can we encourage our Christian physicians to encourage their people who come to them with problems with obesity and problems with health, to take this whole blending and put it all under God's control, surrender in a prayer walk, surrender and replacing that passion for food with a passion for him and his word? How can we encourage our physicians to really say this instead of giving them the doctor's talk that they expect to hear?

Dr. James Dobson: What a tremendous question and statement to make here at the end of the program. Dr. Cooper, respond.

Dr. Kenneth Cooper: I wish I had the answer to that question, how to get physicians more motivated. I've been trying all my professional career to get them to do this and people ask me, what do you attribute to your success professionally, personally, family? Been married now for 40 years, wonderful kids and all, wonderful, wonderful blessings. What do you consider the most significant thing that's enabled you to achieve such success? Is there one word? And the word that comes to mind is discipline, highly disciplined. Think about it.

Dr. James Dobson: That's a bottom line for you and for your books, as a matter of fact. Where do you want cholesterol to be?

Dr. Kenneth Cooper: A study that was just done too using our new Ultrafast CAT scanner where we actually get the calcification of coronary arteries. This was reported December the 31st, 1998 in the new Journal of Medicine, study from Vanderbilt Medical School. And they had this group of people that they followed for one year and

they aggressively lowered ... They had high calcification scores, they had heart disease. They aggressively lowered their LDL cholesterol to less than 120, most of them, less than 100, and they reversed the calcification at a drop-off. And those people who they couldn't get their LDL cholesterol down under 120, it didn't affect the calcification. So it looks like from that study, you want the LDL cholesterol to be really less than 100 and you want the total cholesterol to be less than 160, or if you have no heart disease, less than 180 and that's all brand new.

Dr. James Dobson: And the triglycerides?

Dr. Kenneth Cooper: Less than 125. We think the lower the triglycerides, the better because the triglycerides are fats in the bloodstream to get there because too many starches and carbohydrates and they suppress the HDL cholesterol. It's a teeter-totter effect. As your triglycerides go up in that high carbohydrate diet, your HDL goes down. You lower the triglycerides, HDL comes back up. I want your triglycerides to be less than 125, I want your total cholesterol to at least be less than 200, and I want your LDL to be at least less than 120, and then you'll extend your life by many years.

Dr. James Dobson: I mentioned the bottom line a minute ago. We are at the end of the program now. Let me read a paragraph that was handed to me in preparation for this program based on what's in your book, and I think you will agree with this. "Regardless of what new discoveries are made, Dr. Cooper believes the following bedrock principles of preventative medicine are as follows: Engage in regular, moderate aerobic exercise, limit fat consumption, avoid obesity, consume folic acid daily, eat fruits and vegetables, include fiber in your diet, stop bone loss through calcium intake, drink water and don't smoke." And if you do all that, you'll live to be 400 because nobody's going to get all that done. "Additional factors Dr. Cooper has observed in older people who retain the power of youth include taking antioxidants, remaining optimistic, staying involved in meaningful work, going in for regular medical exams and limiting alcohol intake." That's your program.

Dr. Kenneth Cooper: That's the ultimate. Just a few of those things will give you a great return on your investment. I've had people come in and tell me, I wish I'd had known I was going to live so long, I'd taken better care of myself.

Dr. James Dobson: Dr. Ken, Cooper, it's been a pleasure having you here. God's blessings to you. We appreciate your work through the years. There are people alive, many people alive today because of the work that you've done and you do it in the name of the Lord and you are our friend and our brother. Thank you for coming to Colorado Springs to be with us today.

Dr. Kenneth Cooper: Thank you, James.

Roger Marsh: Well, what great tips and information indeed, and hopefully you found the past couple of programs here on Family Talk to be especially useful. We were in fact created in the very image of God, and it's our responsibility to maintain that likeness by living a healthy lifestyle. You can learn more about Dr. Ken Cooper's organizations and his many popular books by visiting drjamesdobson.org/familytalk. That's drjamesdobson.org/familytalk.

In the world that we're living right now, if you're a parent trying to raise young boys or young girls into godly men and women, you know it can be incredibly challenging. And that's why here at the Dr. James Dobson Family Institute, we've created a special bundle of two classic Dobson resources that will better equip you to navigate the culture we're living in. The classic books *Bringing Up Boys* and *Bringing Up Girls* have been put together in one bundle, and we would love to send you this bundle as our way of thanking you for your gift of any amount in support of the ministry of the Dr. James Dobson Family Institute today.

Now, to make your request known, simply go online to our broadcast page at drjamesdobson.org/familytalk and click the link. Again, that's drjamesdobson.org/familytalk. I'm Roger Marsh. Thanks so much for listening to Family Talk today. May God continue to richly bless you and your family as you grow deeper in relationship with him. Have a blessed weekend.

Announcer: This has been a presentation of the Dr. James Dobson Family Institute.

Dr. James Dobson: Hello, everyone. Do you need help dealing with the everyday tasks of raising a family? I'm James Dobson here, and if you do, I hope you'll tune in our next edition of Family Talk. Our main purpose in this ministry is to put tools into your hands that will strengthen your marriage and help you raise your kids. Hope to see you right here next time for another edition of Family Talk.