

5/21/2026

Week 21

Randy Robison & Blynda Lane

Don Colbert

"Health By The Numbers"

MALE ANNOUNCER: The following program is sponsored by friends of Life Outreach International.

ANNOUNCER: Coming up on "Life Today," Dr. Don Colbert presents "The Twelve Health Markers That Add Years to Your Life."

DON COLBERT: But when you do all of these 12 numbers, I find the majority of my patients, they live long, they live strong, it prevents most diseases and it increases their longevity, and people who don't, what happens when they don't understand these numbers and don't follow these numbers, many times disease gets a foothold and you can't reverse it.

[music]

RANDY ROBISON: Welcome to "Life Today." I'm Randy Robison. Blynda Lane joins me today, and I just learned something about you today.

BLYNDA LANE: Oh, what'd you learn?

RANDY: We share a birthday month.

BLYNDA: I know, August.

RANDY: August is a birthday month.

BLYNDA: It's a great birthday month.

RANDY: It is, but I gotta tell you, I try--the older I get, the more I try to ignore my birthday.

BLYNDA: Oh yeah, well, I mean those number--I ignore maybe telling the number.

RANDY: The number of it. But yet at the same time, I tell my wife, you know, living long is the goal.

BLYNDA: And it's so interesting because I have--I've--again, I've told Todd, my husband, I'm like, I don't wanna just live long though because there's people who can live a long time.

RANDY: That's true, good point.

BLYNDA: But they're not strong. I want to do both. I wanna live long and I want to be strong.

RANDY: I wish we could get someone to help us with that.

BLYNDA: I know, I think--I think we've got just the guy.

RANDY: Yes we do. Dr. Don Colbert joins us again, and he has a new book called just that, "Live Long and Strong," and we're gonna hit a couple things. Welcome back, Dr. Colbert.

DON: Well, thank you. It's great being here.

RANDY: It's always great to have you here to talk right over my head most of the time, but I'll try to bring it down so people can understand it.

DON: Thank you.

RANDY: But no, you know, you talk about some things that are very obviously important, but one of the first things that you start with, there's this number 12 on the cover of the book. And you say to know your numbers, and this is why I bring this up, because this is something we can all do.

DON: Yeah, there's a proven fact, numbers don't lie. And so, what I've been doing for 40 years of practicing medicine is I check these numbers on my patients every 6 months. And I--there's 12 key numbers on a lab report that I check. These are my 12 key numbers that a lot of doctors, unfortunately, don't do many of these. They do some of them, but not all of them.

But when you do all of these 12 numbers, I find the majority of my patients, they live long. They live strong. It prevents most diseases and it increases their longevity. And people who don't--what happens when they don't understand these numbers and don't follow these numbers? Many times disease gets a foothold, and they sign up for disease.

And many times disease is actually diagnosed at a later date when it's got a foothold and you can't reverse it, so it's so important to know these numbers early, monitor them regularly. I like to do it every six months. I do it for myself and my wife every six months. And then you--if they're off, you get them back in alignment.

BLYNDA: So, it's a complete preventative measure?

DON: Yes, it prevents disease. That's what's so neat about it.

RANDY: All right, well, let's hit one of them that I think we all are somewhat familiar with, and that's blood pressure. Is that an important number or two numbers?

DON: Extremely important because high blood pressure is a silent killer. But most people are unaware that in 2017, the numbers changed the normal. In other words, high blood pressure used to be defined as blood pressure systolic of 140 or greater, and diastolic or the bottom number of 90 or greater.

But as of 2017, according to the American Heart Association and the American College of Cardiology, they have changed the numbers for anything greater than 120--130/80, 130 or above, and 80 or above is considered high blood pressure. So, 48% of our population has high blood pressure, yet many are not being treated.

And what's amazing is, did you realize that just one cup of coffee can raise your blood pressure systolic and diastolic, between 3 and 14 points?

BLYNDA: Real quick, let me just interrupt. Are you saying coffee because it's something-- coffee or caffeine? Is this caffeine? So, if I'm not a coffee drinker, I can still think of it in caffeine terms, okay. Keep going.

DON: Correct, because we can--and again, most Americans consume way too much caffeine. And caffeine constricts the arteries, and most people don't drink one cup or their cup is 16 ounces or 24 ounces.

RANDY: My cup runneth over.

DON: So, they're getting a caffeine high. And then weight, do you realize that 15% of people with normal body weight have high blood pressure, yet 40% of people that are obese have high blood pressure? And so, when you're obese, you literally sign up for high blood pressure.

RANDY: How do you--how do you define obese? Because I got a--I can lose--I could lose a few.

BLYNDA: He's sitting up--we're all sitting up a little taller. We're sucking in.

DON: Well, obesity is actually defined as a BMI or body mass index, greater than 30. And so, 42% of Americans are obese.

BLYNDA: And that's done by like a formula, right? Your weight times yo--okay.

DON: Yes, it's your--it's your weight in kilograms divided by your height in meters squared. So, there are charts and tables, because you don't want to calculate it out. So, you can just plug in your height and your weight, and it'll tell you if you're, you know, obese or overweight or normal weight.

BLYNDA: What I'm hearing you say is--so, caffeine, is there really any place in your life for caffeine? Because this is--

DON: Caffeine is okay.

BLYNDA: Okay.

DON: I'm just saying if you don't have high blood pressure--and again, the good part about it is caffeine may elevate your blood pressure for maybe two or three hours, but the effect wears off. Like for example, a lot of people come to my office, we check their blood pressure, they come in and they've been on the 114 interstate.

They come in and that is a stressful drive, so they come in like this with their shoulders up touching their ears and they're all stressed out and I see their fists clenched and I say, "Just relax, take some slow deep breaths and just relax." By the end of the appointment after an hour or two, the pressure's normal. I don't worry about that.

So, again, if you have a little short-term reaction, that's fine, or if people are always tense, always stressed, we give them natural adaptogenic herbs that relaxes the body, calms the body down, calms the mind down so they can cope with stress. It's real simple.

BLYNDA: So, just for those of us who like to have it very simple, high blood pressure is hard on your heart and so therefore, it's creating a toxic environment for the body.

DON: Well, what it does, it constricts your arteries. It also will cause plaque buildup in your arteries. It'll also set you up for a heart attack and a stroke and eventually heart failure as it puts more stress on the left ventricle.

The left ventricle gets thicker and eventually you can go undergo congestive heart failure. So, high blood pressure is a silent killer, yet it shows no symptoms. People are walking around every day with high blood pressure and very high blood pressure, yet they have no symptoms until they have a heart attack, a stroke, or suddenly their legs swell up, their whole body swells up, and they have heart failure and they can't breathe.

BLYNDA: So, is there a way to--I know medication is always an option, but what are some things I could do if my numbers did come high that I could just change in my lifestyle that might help bring that down?

DON: Well, the--first of all, as you lose belly fat, your pressure goes down. As you decrease your salt or sodium intake, your pressure comes down. As you drink more good healthy filtered water, your pressure starts to come down. As you take--as you decrease your caffeine and vasoconstrictive compounds, stress, as you lower your stress level, your pressure generally comes down.

So, there's a lot of things I talk about you can do naturally as well as supplements, as well as grape seed extract which helps to improve blood flow throughout the body, it's natural is

from grape seeds. And a high dose like 500 milligrams to 1,000 milligrams twice a day, it helps to lower blood pressure and it helps--it helps with blood flow throughout your whole body.

So, a bunch of natural things like magnesium, 60% of Americans don't take in enough magnesium, but there's like 10 different forms of magnesium. So, I discuss what type of magnesium people need and start supplementing with magnesium at least 300 milligrams a day for women, 400 for men, and that helps to lower blood pressure too.

RANDY: It's interesting, my default is I'd rather not take a drug if I don't have to. I'm grateful for them when I--when you gotta have them. And so, I'm not like one of those, but I would rather try natural things first whether it means shifting my diet, which can be a hard thing to do, but also taking some of the supplements you're talking about.

I was actually sitting with someone who is a member of a tribe, a Native American tribe here, and he was--his wife makes beauty berry jam, and it's fabulous, and I've never heard of it. I never--I never--oh, trust me, it's worth checking into. But he was also telling me all the things that they pick off of their farm, and they make teas or other types of things, spices and things like that, and how healthy that was.

And I'm going, I look at him and I go, it's almost like God knew what we need to keep us healthy.

DON: Well, there's great--there's teas that lower blood pressure, hibiscus tea, chrysanthemum tea, green tea. So, there's lots of things we can do, but unfortunately, most Americans are eating an inflammatory diet that--with lots of sodium that raises their blood pressure and a simple diet that helps is the healthy Mediterranean diet and the healthy keto diet.

RANDY: Which you've written about.

DON: That is in my book, "Beyond Keto." And so, those help to lose weight and help to lower blood pressure amazingly well.

BLYNDA: So, you're talking about diet, which kind of helps segue into another marker that you talk about is high blood sugar.

DON: Yes, another--yeah.

BLYNDA: And that has a lot to do with the sugar intake we have in our diet, correct?

DON: Exactly, we eat way too much sugar, because everything has sugar in it. Our sodas are full of sugar, our coffees are full of sugar. And the desserts of course that everyone loves. And then we eat highly processed carbohydrates like white bread, white flour, pretzels, bagels, you know, sourdough bread, it converts to sugar rapidly.

RANDY: It sounds like my lunch order.

BLYNDA: Wait, I thought sourdough was good for you?

DON: It's better, but it's got lots--it still has some gluten, and it's still highly processed, so you're going to raise--spike your sugar. So, again, we gotta be careful with these carbs, processed carbs, I call it carbage because it's like garbage to your body, okay.

So again, with high blood sugar it's so simple, we need to start eating like Jesus ate. When we process foods, we so highly refine them that it spikes our blood sugar and drives our blood sugar up and we gain a lot of belly fat which sets in motion a vicious cycle of more inflammation, higher blood pressure, more weight gain, higher blood sugar, and those are creating an epidemic of disease.

Forty nine point six percent of Americans have either diabetes or Type II diabetes--or pre-diabetes or Type II diabetes, that's a lot. So, 49.6, so because of these statistics, our kids are becoming diabetic too. We're teaching the same eating habits and they're starting younger, so they're getting this at a younger age and getting disease at a younger age.

So, it's so easy to fix with diabetes, we just--the diet is the key, exercise is the key, supplements are a key, so I'll talk about some natural supplements, herbs, and I use mainly herbs and vitamins and supplements as well as intermittent fasting, but exercise is critical at bringing sugar down.

And for those people that hate all supplements, they hate all these foods that we do have now the GLP-1, agonist medications that turn off these appetite hormones. And so, for those people that can't control their appetite, the Bible says in Proverbs to put your--put a knife to your throat if you can't control your appetite, but I just--I don't do that to them. I just--I just figuratively.

But what I do is I just put them on one of those GLP-1 meds that turn their appetite way down and then their weight just kind of melts off, then put them on the healthy Mediterranean diet or keto diet.

RANDY: All right, I know how to go to the grocery store and put the cuff on my arm and measure my blood pressure. I know how to look in the mirror and measure my obesity pretty easy. How do I--how do I measure my blood sugars?

DON: Well, you go to your doctor, and some doctors, not all of them, they'll do a hemoglobin A1C. The hemoglobin A1C is a gly--a glycosylated hemoglobin because sugar adheres to the red blood cells, so they can measure the sugar on the red blood cell and it tells me it's your sugar report card for three months. It tells me what your sugar's been for the past three months. Our goal is to get it below 5.7. That's the key.

Now, 49.6% of Americans have a D or F on their report card, in other words, they're pre-diabetic or diabetic. I try and keep my hemoglobin A1C at 5.0, why? Because when you do

this, you prevent most diseases. You turn down inflammation, it corrects--it helps you correct your CRP. It corrects--helps correct inflammation in your body, but real important, it keeps that sugar down low so you're less likely to develop disease.

BLYNDA: Okay, and I want to clarify, we're talking about processed sugars because our natural sugars in fruit are okay?

DON: Yeah, well, now the key was natural and yes, I like what you just said, fruits are better, but some people if they eat high sugar fruits like if they're diabetic, if they have kidney disease, we have to limit those like ripe bananas and oranges or high sugar fruits.

But for the most part, sug--the sugar and fruit has the fiber, so as long as we're not just drinking the juice then we're fine for most, like apples. And now, again, your grapes are high in sugar so we have to limit those for some, but for most people it's fine and for kids it's fine.

BLYNDA: No surprise why I love grapes. They're like little sugar pellets.

DON: I knew you did.

RANDY: That's funny. But I think, you know, the important thing to know if I maybe should limit my grapes or whatever it is to know your numbers, right? It all goes back to that.

DON: Yeah, and don't drink the grape juice, maybe have just a few grapes. And again, when you--when you balance these with healthy fats like some nuts and some grapes and some healthy protein, then you're going to--and fiber, and then that lowers the spike of blood sugar, you don't get the spikes.

But the worst sugars--one of the worst is high fructose corn syrup because that will contribute to fatty liver and that'll cause saw a whole host of problems. As well as a lot of sucrose, and that's just simple sugar, they put--we put in teas and coffees and sodas and other beverages we drink, and ice cream and cake and pies and cookies, that's the sugar that's killing patients.

RANDY: Getting hungry. All right, So--no, is that what the--you talk about avoiding your kryptonite, is that what you're saying is? Is that thing that's really driving you into bad health? Is just learn how to just cut that out?

DON: What I tell people, the only thing that hurts Superman was kryptonite. Well, unfortunately most Americans are eating their kryptonite.

The kryptonite or inflammatory foods that invite disease in your body, and most people are shocked at what their kryptonite is, like deep fried foods, just like those chicken nuggets, anything deep fried, those french fries, those fried onion rings, yes, they taste good but you can't eat just one those potato chips, those Fritos, those other chips, these are highly inflammatory foods.

Gluten is inflammatory for most people. Dairy is inflammatory for a lot of people. And I list all the key inflammatory foods. And then foods that people develop food allergies or sensitivities to, and these include--the most common food sensitivities are real common: gluten and dairy and eggs and soy, as well as tree nuts and peanuts and fish and shellfish and sesame seeds, those nine are the key food allergies we see over and over and over again.

So, I desensitize those foods, but those food allergies are highly inflammatory to a lot of people, they create inflammation. And so, I identified the kryptonite, the inflammatory foods, and we're trying to eliminate them. Now for some, we can rotate them and do it every three days, and they do fine.

RANDY: Interesting.

BLYNDA: Okay, so I'm thinking about somebody who would be wanting to get your book. What will the book help them understand that they'll get out of it? What will be a result of them reading and understanding these 12 markers?

DON: Well, first of all, they're gonna hopefully get their 12 markers checked and just take the book, write these tests down, and take them to your doctor, say you wanna have these tests done. If your--if your levels are high, I give you a roadmap on how to get them down through diet, through supplements, through exercise, through herbs, through natural means, how to lower them, and it's real simple.

And if we can't lower them through natural means, we throw in a little GLP-1 agonist such as Ozempic, tirzepatide, Mounjaro, or semaglutide, okay, which turns down those appetite hormones, turns--lowers your insulin levels and prefills your stomach, delays gastric emptying, so you're full a lot of the day.

RANDY: All right, there's a lot of people watching right now. They're gonna be like, "Okay, I gotta rewind that. And what did he say, and what was that test?"

BLYNDA: My french fries are gone.

DON: Start with moderation.

RANDY: It's okay, and you can go to our website. You can go to lifetoday.org and watch this show again. The show's on the stream if you have that app, but you could just jump into something that's close to us, something very important to us, which is Mission Feeding.

BLYNDA: Which I feel really guilty, Randy.

RANDY: Why?

BLYNDA: Because I was talking about I'm gonna miss my foods that I can't eat, and we have people who aren't able to have a meal.

RANDY: Well, yeah, and you know it is a little bit of a contrast of Americans who are killing ourselves with food versus people who are dying for lack of food. And so you go, okay, what's our proper response? Well, I think you take care of yourself.

And so, we'd love to get "Live Long and Strong" into your hands and I think you reach out and help care for other people. So, here's an opportunity, watch this and I hope you'll just pick up the phone and go online and say, "Yeah, I wanna be a part of Mission Feeding. And yep, I wanna help myself, so send me Dr. Colbert's book," but most of all, let's just be obedient to what God would have us to do today. Watch this.

[music]

ANNOUNCER: Across parts of Africa, the rains have stopped, crops are failing, and families are running out of food. For mothers, the fear is unbearable, watching their children grow weaker with each passing day. Adding to this food crisis is the fact that emergency aid normally available in rural clinics is now critically depleted. And for children like Rikilson, the consequences of this drought are already being felt.

ISAKPRETORIUS: This is a picture of crisis because of drought. When we say to you crops have failed, when we say mothers are telling us that they don't have any food, that they can't feed their children, Rikilson is the picture of what that looks like.

Unfortunately, you can see how many mothers are here. Mothers that have gathered in this area desperately looking for food, looking for help, asking, "Please, can anybody help us?" Because they need to feed their children, they know what comes next.

As malnutrition sets in to these little bodies, they understand what happens, it comes like a silent killer and steals their lives. But we can change that. You and I can change that if you'll open your hearts, if you'll partner with us, if you'll say, "Yes, I'll give that gift today, I'll do what I can do." I promise you that we will do everything we can do to save these precious child's lives and to answer their mother's prayers.

[music]

RANDY: You know, most of us can't imagine being in a situation where we're desperately looking for help, desperately looking for just something to eat, but that's the reality for so many.

BLYNDA: It's the reality. How can you not see when they're measuring the child's arm and there's just nothing there and you just think--and they've got the distended belly, which is a sign of malnutrition. It's--all of that is so sobering to see.

And then it shifts into them holding these red bowls full of food and this is where we come in, this is the role that we play, is we get to take that child from being malnourished and giving them food and it's just so beautiful that I know that if I give a little, lives are being changed a lot.

RANDY: A lot.

BLYNDA: But God does more with what I--the little I give, he does so much more.

RANDY: He does and then there's also the reality of the people that you've seen that are in place right now. We've been doing this for literally decades now, and we've seen great success. I mean, the success stories are so encouraging.

And however, when I walk into a village and I see some of the things that Blynda has talked about, you see the skin that has turned a little bit or the hair that has turned red, which is not natural for them, the bellies, all the issues, the thin arms, all these things that we see, it would be very difficult if I didn't know, okay, we have the solution for this, we have the Mission Feeding program, we have clinics as a last stop effort to prevent a child from dying.

But with the Mission Feeding program, we know we can take it to them where they need it, to the villages where because of drought or famine or displacement or some other cause that's completely out of the hands of these people that work so hard, we can go in for a period of time, however long that is needed to be, and stabilize the situation by giving them food. Stabilizing their health so that they don't worry about what we're gonna eat today. They can focus on the future. They can focus on working, on education. That's how we get these people out of that cycle of desperation.

But here's my question for you today, for that mother who's desperately looking for something to eat for her child, not even for herself oftentimes, but for her children, will she find it? She will if we continue to provide it. We will continue to provide it because we have the workers in the field. We have the systems in place on the ground if we have your support, because it takes all of us, takes all of us coming together to say yes, the children that needed a meal yesterday will get a meal tomorrow. So, I'm inviting you into that right now.

Average \$30 will help feed 3 children for the next several months, \$100 will help feed 10 children, \$1,000 will help feed 100 children. Some of you, you may be able to give \$5, \$10, I don't know. It's really not about how much we can give, it's how we give. I want you to give with a cheerful heart. It will express God's love to someone, so please go online, go to the phone, make the best gift you can.

ANNOUNCER: Right now across the continent of Africa, children are suffering, facing severe malnutrition and even death. With food reserves critically depleted and many areas experiencing devastating famine, we urgently need to replenish supplies to keep feeding the 350,000 children who are counting on us every single day.

Through Life's mission feeding outreach, your gift of love can be an answer to a prayer for a hurting and hungry child in their time of need. Call now with your life-saving gift of \$30, \$50, or \$100 to help feed and care for 3, 5, or 10 children for 3 full months.

With your gift we'll send you "The Father's Heart" devotional. Drawing from Scripture and his past, James Robison takes you on a 90-day journey to help you experience a deeper, more personal relationship with God as your loving Father.

With your gift of \$100 or more, you will receive The Father's Heart bundle. This stationary set, paired with the devotional, is a thoughtfully-designed collection created to help you share encouragement, prayer, and the love of our Heavenly Father with those you care about.

Finally, with your gift of \$1,000 or more, which will help feed 100 children in desperate need, request Life's beautiful bronze sculpture, The Good Shepherd. So, please call, write, or make your gift online today.

JAMES ROBISON: In this area right now, we've been feeding long enough to actually see a school established here around the feeding area, a school under the trees, and these children are not facing immediate death. Some of them are malnourished, most have been stabilized. They're now going to school. We keep the feeding program going here where they're going to school because it keeps them coming to school, so it gives them a bright future.

So they've--we've literally gone from areas like this where the children would have reached down here and they would have gotten this soup mix like this and they would have brought dirt and all up to their mouths to eat it, they were that hungry. And then we've watched them, over the years, climb into barrels to try to scrape the remaining mix out because they could tell we were running out and that's all we had.

And Betty's prayer years ago that our line to feed them would be longer than the line coming to get the feed, has been answered by people like you. We don't ever want that to change. We want the line to feed them longer than the line to be fed. We don't want them going down here in the dirt trying to get a little bit of food anymore. We want them to go to school.

There're areas where children are still facing death every day if we don't help them, then there're the areas where we stabilized it like this, and we wanna keep the feeding warm, and that depends on you.

RANDY: The need is great, but the solution is simple, and the solution is you. So, please go online, go to the phone, make the best gift you can, and request Dr. Colbert's book. We would love to get you on a healthy path. We want everybody to live long and strong.

BLYNDA: I'm encouraged. I--it's always that rub whenever it's--you're encouraged but you know change is coming. You know, I'm gonna have to make some changes, but it's really--this is--I'll feel better and so I'm so thankful for you writing this and for reminding me that I do wanna live a long time and I wanna live it well.

DON: Amen, and we have to do this for our children and our grandchildren, it's critical.

RANDY: Yeah, and there's a lot more information in this book. Could we hang around and maybe do another program to talk about this?

DON: Absolutely. I'd love to, thank you.

RANDY: Great, well, we look forward to seeing you next time. We look forward to seeing you next time. You can catch all of our shows at lifetoday.org. We'll see you. We're all gonna get healthier here on "Life Today."

[music]

ANNE GRAHAM LOTZ: So, God allows bad things to happen to us, but he's not going to leave us in that pit, but--

ANNOUNCER: Anne Graham Lotz reminds us that God won't leave you there.

ANNOUNCER: "Life Today" is made possible by the supporters of Life Outreach International. Your gift will be used exclusively for the exempt purposes of Life. The ministry features specific outreaches as examples of the programs it supports and conducts. Gifts are considered to be without restriction as to use unless explicitly stipulated by the donor. The ministry is a member of the ECFA.