

P5P - Podcast - Dr. Steve Gundry #3 - 10.15.17.mp3

Additional Introduction

[00:00:00] If you are dealing with an autoimmune disorder, which I am, then I strongly suggest you not only listen to this podcast, but also listen to others to which I linked in the show notes. Those other interviews go deeper into the science. You also should buy a copy of his book, *The Plant Paradox*. I can tell you the following: I have gone gluten free for up to ten years to no avail – and I did that long before it was fashionable. But in the last two years since I first heard a Dr. Gundry interview, I have played with being lectin free and my shoulder pain of 36 years disappeared as did recurring elbow pain. Then when I experimented by “cheating” with comfort foods, I wound up with severe ankle pain and that too went away when I got strictly lectin free.

Recently, I saw my GI, who runs the department at Cornell / New York Hospital and I mentioned lectins and she said that was a big area of focus for their immunology research team. So, it is catching on! And another key area, not discussed today are fungi and candida in particular, but Dr. Gundry’s diet and supplement routine make it very difficult for those pathogenic bacteria to thrive or even survive in a meaningful quantity. Quite frankly, if you are looking for any edge you can get, then I would say Dr. Gundry’s *Plant Paradox* book is a top ten tome to be kept at or near the top of the stack of your medical books. I am not saying it will work for everyone, but as Dr. Sidney Baker and Dr. Nancy O’Hara like to say, the treatment is a test in and of itself, and my lectin tests have proven to be tremendous game changers for me; I hope many of you or for those whom you are helping will benefit as well. And if you are wondering on what authority Dr. Gundry speaks, he did his undergraduate work at Yale in evolutionary biology and became a heart and transplant surgeon; in other words, he knows the immune system and his program starts with the number one triggers.

But as with a pattern in my choice of interviewees, you will see that he too risked his entire practice and livelihood to follow his convictions when he saw clear evidence of a better way to help his patients. I suppose I should start a “**Pivot Award**” for those willing to pivot when presented with evidence of a better way. And with that, here is Dr. Steven Gundry.

[00:02:33] [DE] I have the pleasure of sitting here with Dr. Steven Gundry who is someone I think you will all want to listen to, if you are facing anything in the immune system which affects us all. I have rarely come across anyone with as much and certainly not more knowledge. And he is someone who has had tremendous access and success treating patients of all kinds and with that. Welcome Dr. Gundry.

[00:03:09] [SG] Thanks for having me, I appreciate.

[00:03:13] [DE] And you know I would love if you could give a little bit of your background on the evolution of your career. I think everyone would benefit to hear your background and how you came to think the way you do now.

[00:03:28] [SG] ***Well I guess the capsule summary is I went to Yale University as an undergraduate back in the dark ages where we could actually design our own major. And I had a thesis that I had to defend that you could take a great ape, manipulate its environment and its food supply, and predict you would arrive at a human being. And I successfully defended my thesis and got an honors and then gave it to my parents and went off to medical school, and I became quite a famous heart surgeon and invented a lot of devices that are still used today to keep the heart alive during heart surgery, and became chairman of cardiothoracic surgery at Loma Linda University and I headed up the xeno transplantation effort which involved putting pigs in baboon heart, putting pig hearts in baboons and got pretty famous at that. Good at it. And then about 17 years ago, I met a gentleman who pretty much reversed his inoperable coronary artery disease by changing his diet and taking a***

bunch of supplements from a health food store and I thought that was pretty impressive.

[00:04:52] And I was a big, fat, overweight heart surgeon even though I ran 30 miles a week and went to the gym one hour a day and ate a healthy low fat diet. So I actually called my parents in San Diego and asked them to send me my thesis and I put myself on my thesis and lost 50 pounds my first year, and 20 pounds subsequently and I've kept it off ever since. And I started taking a bunch of supplements and I started doing bloodwork on myself every few months, and watching the changes and then I started teaching all my patients at Loma Linda who I operated on how to do this. Their high blood pressure went away, and their diabetes went away and their arthritis went away. So about 15 years ago, I quit my job, resigned my position and I set up a clinic in Palm Springs where I just asked people to every three months let me draw some blood off and send it to labs and Medicare and insurance pay for and let's see what happens when I ask you to change what you eat and take a few supplements, that you know you'd buy at health food store. And that resulted in my first book back in 2008, which was Dr. Gundry's Diet Evolution. And then after, that I had a large number of people with autoimmune disease show up on my doorstep and asked me what I knew about autoimmune disease, and I was frank and said I don't know anything about autoimmune disease, but I know a whole lot about the immune system, and what it's looking for and how to fool it.

So if you want to play I'm happy to play. So about half of my patients now **come to me with autoimmune disease and that resulted in my second book, The Plant Paradox**, which has been on the **New York Times bestseller list for 13 weeks**. And, so one of the statements I make in the book, is that **in general, autoimmune disease is completely reversible with food changes and supplement**. And in fact **just today, I saw a patient who has chronically had markers for lupus and today for the first time those markers for lupus are gone**. And I actually have a visiting physician from news New Jersey shadowing me the next couple of days and she was shocked that in fact markers for lupus could go away, you know because we're all taught that that's impossible. So she got to see it first and this morning.

[00:07:40] [DE] Wow. I know some people that would be interested in that. And what are you seeing in the medical community and the reception, I'm curious because I do want to spend a lot of our time on the actual disease system protocol that you've developed, way of thinking and approaching. But I'm curious what the broader medical community's reception has been.

[00:08:04] [SG] Well, I think there's those people who see this or read about it and are intrigued. I have a number of physicians who are my patients. And for instance this physician who is visiting today and wanted to see this in action. And you know **my clinic is an open book, anybody can come and see what we do. There are other physicians who I think, because I challenge their belief systems, and I challenge their balance, that they get pretty upset with what I say. And you know I'm always reminded of **Carl Sagan, who always said that "progress is never made without questioning conventional wisdom and it's only those people who have the courage to question conventional wisdom that progress is made."** So, I guess I question conventional wisdom. You know he **always said that science is based on experiment and on a willingness to challenge old dogma to an openness to see what the universe really is**. So, you've got to question conventional wisdom.**

[00:09:36] [DE] What I am, what particularly intrigued me when I started listening to and getting your first book several years ago, was that you're a surgeon, which I find historically surgeons are more mechanical but that **your thinking has dramatically evolved and you were willing to question yourself. So that's for me that's why I always stand up and listen when people are willing to make significant career changes, take risk. You know, what's curious to me is there's nothing that I've seen that you're suggesting that says the day that a patient has to get off their medication immediately or do anything. Immediately.**

SG: Correct.

[DE] And diet and supplements which should be seen at least initially as adjunctive which is why I'm curious that you can start adjunctive, if everything's getting better then lower your medication. Is that the typical evolution of a lot of the at least the sickest patients.

[00:11:41] [SG] Yeah you know, I'll use for instance, ***I'll use a Statin drug on someone who's just had a heart attack or stents or had bypass surgery from somebody else. But I'll use it as a crutch or as a cast. And you know, you wouldn't wear a cast the rest of your life. And once the bone heals you don't need the cast anymore, and once we fix the causes of why you needed a statin, then we don't have a problem anymore and we can get rid of the statin now.***

[00:11:29] [DE] What I'd love to do is get in a little bit more into the actual protocols, so starting with the way someone comes to you. They've been either diagnosed or have a problem I assume most of your patients are coming to you. I'm guessing that they're coming to you and they already have a known problem.

[00:11:52] [SG] No actually that's not true. I would say ***half of my patients come to me to make sure they never get a problem.***

[00:12:00] [DE] Wow. That 's the West Coast. That's not on the East Coast.

[00:12:07] [SG] And you know they may have strong family history of coronary disease or a strong family history of autoimmune diseases. Strong family history of diabetes for instance. But a lot of them and a lot of people are suspicious that they have an issue. But the traditional tests that most doctors order aren't going to spot them. And for instance ***the physician who was visiting me today was shocked that there are far more accurate ways to look at kidney function than the traditional bun and creatinine, I already this morning showed her several examples where the traditional kidney tests would have missed Stage 3 kidney failure that two of the patients had.***

[00:13:05] [DE] In what and again, so before we dig into the protocol. Do you you keep track in the data on the efficacy of the patient and how responsive they are?

[00:13:20] [SG] Yes. Luckily the labs that we use, have running printouts that are given to the patients every time they come, so that the patient can actually see what they're doing and the effect of me asking them to change something in their diet or they will see it on inflammatory markers or will see it for instance on kidney function. One gentleman today went on a bit of a fruit and cookie kick and you could see that his kidney function had definitely deteriorated and he had no idea that fruit could have been bad for for his kidneys, and in fact he could see it with his own eyes on his blood test.

[00:14:16] [DE] So if someone comes in. Well why don't we start with **someone who's got an auto immune or serious illness, what are the things that you first test for?**

[00:14:33] [SG] Well, we you know **we obviously get the markers for auto immune disease that are known about now and new ones come along every year. But there is a fairly standard battery of tests that really any physician can in order in their office. And most people who have a known autoimmune disease we obviously, you know, see that, but a lot of people haven't had the full gamut of the auto immune tests. And many people with one auto immune disease carry markers for several other diseases. And a bit of a surprise to them. But, so then the next thing we do in the case of auto immune diseases, we almost always find that these people have a low vitamin D level. It's almost universal and by low I mean 30 or 40. I think most vitamin D levels should be 70 to 100. I've run my vitamin D level greater than 120 for the**

last 10 years just to prove to people that I'm alive. Supposedly some doctors think that's a lethal dose and I certainly thought it was a lethal dose long ago. And then they have almost always universally low fish oil levels in their blood and that's usually a tip off that there is an auto immune disease, you know possible are lurking. So we get their vitamin D levels up to preferably around 100 and we get what's called the omega 3 index which looks at the amount of fish oil in you last two months up to greater than 8. And then we asked people to give up the major lectin containing food groups and that's in the book. And it's it's pretty easy to follow it. What I asked people to do is basically eat like it was nine thousand nine hundred ninety nine years ago, when we were hunter gatherers, where we were eating leaves, we were eating tubers like sweet potatoes or yams. And we were eating grass fed animals and wild fish and shellfish and then all of a sudden we started eating grains and beans, and kind of the rest is history, and grains and beans have a large number of lectins, that for instance gluten happens to be a lectin, is just one of many in grain or wheat. And so we asked them to get these out of their diet. We asked them if they're going to eat beans, to use a pressure cooker which will destroy all lectins except gluten, and then we asked them to get rid of the major new world foods, particularly the night shade family like potatoes, eggplant, peppers, tomatoes, goji berries. And then we asked them to get rid of the American squash family like zucchinis and pumpkins and cucumbers and then get rid of American cow products. And that's what we do. And then we look at their markers of inflammation and we look at their markers of auto immune disease. To give you an example, the gentleman with the marker of lupus since I saw him last, he finally bought a pressure cooker, because he really did not want to give up his beans. He's quite a vegetarian. And so this was the first time he's been using the pressure cooker for three months now. And number one, he loves it. And number two, his marker for Lupus is now for the first time are completely turned off. And the only thing he changed this time around, he added a pressure cooker for his beans.

[00:19:12] [DE] You know. I'm living proof, at least to me, of the lectin theory, because *when I started in February of 2016 after listening to another podcast you did, I had 36 years of shoulder pains since little league suddenly went away and I couldn't quite figure it out until the following winter, so probably of January of this year. In December, I started cheating a little, having some French fries here and there off my kids plates and little things like that and all of a sudden start having severe ankle pain. And then only when I was perfect, including down to what I said to you before we started the podcast, when I finally take chicken out, that may have been exposed to grain, even though it says pasture raised, and the severe ankle pain that came out of nowhere without swelling that no one could figure out, just evaporated.* So and you do have a list on your Web site which is drgundry.com, there's a great PDF that we keep in our kitchen. So that will be in the podcast notes. But for those listening but it's worth going and grabbing it. So how long does it usually take and how soon do you follow up with any testing.

[00:20:47] [SG] Well we usually test every three months. We've unfortunately gotten so busy that we're now for our standard patients, we're checking them every six months. But I think a three month protocol is very reasonable. Most insurance and Medicare will pay for these battery of tests every three months. So that's actually where we kind of started the idea of doing it that way. But you, I mean, many times it's within a few weeks. Quite frankly most people with auto immune disease have a problem not only with their microbiome, the bugs that live in them and on them, but they also almost invariably have some degree of what's called leaky gut. I used to not believe in leaky gut at all. I now think that probably every one of us, eating a Western diet, has some degree of leaky gut and you can show very well that lectins are one of the major causes of promoting a leaky gut by literally flipping a switch on the cells that line our intestines and making what are called tight junctions between these cells break, and the cells that line our intestines are only one cell thick and the surface area of our intestine is the same as a tennis court. So down there wrapped all around inside of you is a fairly impressive surface area with only one cell between everything you swallow and everything is living down

there and the rest of you including your immune system. So it's a in a way, it's a horrible design. In a way, it had to be designed like this otherwise we couldn't absorb food. But ordinarily we have some major defenses against lectins. I talk about in the book, but it's been pretty decimated. If you watch football games, you can count up the injuries that occurred to a football team and pretty soon you can see that the offensive line becomes porous or the defensive line becomes porous to a running back and it's actually very much the same situation that goes on in us.

[00:23:33] [DE] So you put you are first taking out what offends, you then also, you have a significant supplement line to help replace and build up. I assume.

[00:23:50] [SG] - Yes, you know I, people say that I wrote the book to sell supplements and in fact that's the farthest from the truth. And in fact the supplements are at the end of the book. And for every one of the supplements that I manufacture I gave alternatives that **you can buy Costco or Trader Joe's or Vitacost or Amazon and I even give the dose.** So it's, I think it's rather humorous for those people who say I wrote the book to sell supplements. Supplements definitely help. I used to **think supplements made expensive urine.**

[00:24:32] **They in fact don't and this physician who's visiting me today is seeing the results of blood tests where someone took a supplement and it had a result that you can measure and several other people who were on vacation or for whatever reason stopped taking their supplements. And you could see in fact that they weren't taking them and you could see the effect. So you know it's not conjecture, it's hard science.** And if people want to take my supplements quite frankly, I think I make some fantastic supplements but if people don't want to take my supplements that's fine. I tell you.

[00:25:16] [DE] I mean really what I'm focused on is because you mentioned the microbiome before. You very clearly lay out the components and how you want to rebuild the bacteria which to me is feeding them, is helping them do what they do better than we could do by taking probiotics, and do that because I don't believe you really have that you're in the prebiotic category, which is where I personally over the years, have found the most benefit. But can you just talk about how you go about it? Putting aside, you know which brand anyone buys, but how about rebuilding the body with supplements?

[00:26:03] [SG] So you want to, kind of getting back. **So, let's suppose we buy the idea that we have a leaky gut, since lectins are constantly forcing open the walls of our gut and one of the first things you really need to do is get lectins out.** I liken this, let's suppose we're out on a lake or the ocean and our boat springs a leak. We basically have two options. We get a bucket and we start bailing. And if the leak gets bigger and bigger, we're going to need a bigger bucket or a bunch of us are going to have to go bail or run sink. And I view a lot of the treatment for a leaky gut as basically giving people buckets to bail with. And there's nothing wrong with that. But it's a whole lot easier to plug the holes in the bottom of the boat. And then you can bail the water that's in there but no more will come back in. So, **I view getting lectins out as really the first step of this process.** Now the second step that I talk about in the book, **ordinarily we have over 10,000 different species of bacteria, fungi, viruses in our gut, many of whom are extremely good at eating lectins in fact believe it or not, there are bacteria that love to munch on gluten, but our antibiotic use in the West and our use of antibiotics in animal feed has pretty much decimated our normal microbiomes. It's the equivalent of putting napalm on a tropical rain forest. I mean it literally in fact, there are some nice studies that show one round of antibiotics, two years later you may have only a solitary species of bacteria in your gut. Two years later.** So, but everybody says **well let's take probiotics which are living bacteria and we'll, you know reseed the forest. Well, that's all well and good. But if you burn down the forest and then put lots of little seedlings, it's a little naive to think that forest and all of its complexity will grow back in a matter of weeks. In fact, it could take years.** So the other problem with most probiotics is that

gastric acid destroys them. So there's very little proof that living probiotics make it in to the rest of our gut. There are some probiotics that are spore formers, that cannot be eaten by acid and I use those in my products. But you can you can get those with other products as well.

[00:29:13] So but the most important thing is, **if we view probiotics as the seeds or the seedlings then we have to give them Miracle-Gro, we have to fertilize them** and we have to give them what they want to eat. And what these probiotics want to eat are prebiotics. Now unfortunately, these names came about in very odd ways. So, **probiotic doesn't mean much, and a prebiotic doesn't mean much, but prebiotics are in general sugars, complex sugars, and or resistant starches that are, as the sound implies, sugar molecules that resist digestion. And these are what good bacteria would love. And there's evidence, actually rather overwhelming evidence, that the more you give these good bacteria the things that they like to eat, the more that they actually elaborate fatty acids that are called short chain fatty acids, that nourish our gut wall, that actually nourish our brain and perhaps more importantly are signaling molecules to our immune system that everything's kind of back to normal in our gut and everybody singing Kumbaya. And our immune system doesn't have to go get all riled up and attack things.**

[00:30:55] So prebiotics, of the two, probiotics - prebiotics, prebiotics in my opinion and many others are far more important.

[00:31:05] [DE] And what about the other greens and other things, that's just all de-acidifying and.

[00:31:15] [SG] Yes, well, so one of the things that early on I got interested. In a class of plant compounds called **polyphenols** and how people remember that is "Polly want a phenol", like, "Polly want a cracker" and **polyphenols are plant compounds that manipulate bacteria**. They actually, bacteria actually eat polyphenols and in many, many cases **the byproduct of the bacteria eating these polyphenols or the active compounds that actually de-age us, that keep our brains smart**. The **miracle ingredient in red wine, Resveratrol is a polyphenol**. So early on in my work, I found that certain polyphenols like **grape seed extract, or pycnogenol, which is a patented French maritime tree bark, had measurable effects on how flexible our blood vessels were and how sticky our blood vessels were, how attractive our blood vessels were to cholesterol sticking**. And I've *published and presented this data, and I've even shown that if you stop these polyphenols, that your blood vessels will become sticky again and that the flexibility of your blood vessels will stiffen again*. And then if you re-add them, the flexibility returns. So these are measurable things, they're reproducible things so actually my first product was of **Vital Reds**, which is a **combination of a number of plant polyphenols along with a spore forming probiotic and then, there are plant polyphenols in green things as well, particularly dark greens and the cruciferous vegetables** and people unfortunately don't eat nine cups of vegetables every day like my friend **Dr. Terry Wahls who cured herself of MS**. So I made primal plants to not only do this, but to also get a number of compounds that have been shown to modulate the immune system and the wall of the gut to resist lectins, and so on and so forth. And then my third product in the triumvirate is **Prebiothrive**, which, as the name sounds, is prebiotics and a bunch of prebiotics that have been designed to feed friendly bugs and works pretty good.

[00:34:20] [DE] And then, what about on glucose levels in the body, and in sugar and also what would you recommend patients do when they are cheating so to speak. How to limit the damage?

[00:34:44] [SG] Well I think everybody is probably aware that sugar in its many forms is one of the great mischief makers in terms of our overall health. The length of time we're going to live and more and more we're beginning to realize that what's happening at the brain is directly related to sugar. **There is a type 3 diabetes which is better known as dementia and we now know that the brain becomes what's called insulin resistant**. It's no longer able to use sugar properly. And so **sugar is one of the great evils**. One of the things that most people don't realize is **that protein is converted into sugar in most of us. It's a process called gluconeogenesis** and there's two large

studies that I talk about in "*The Plant Paradox*" **showing that consumption of animal protein is equal to sugar in causing diabetes and obesity, equal to sugar.** And that's because protein converts into sugar. **So just because you're having that boneless skinless chicken breast and avoiding the bread and French fries doesn't mean that you're not eating a large amount of sugar in that supposedly sugar free chicken breast.** And this was actually one of the mistakes that Dr. Atkins made, and I had the pleasure with my first book getting introduced to Dr. Atkins' ghost rider and his head nurse, who confirmed that **Dr. Atkins was unaware that protein turned to sugar. And that's why unfortunately he did die a fat man.** So, **you really want to limit animal protein. And I say that reluctantly because I grew up in Omaha Nebraska where beef is king, and cheese is king, and I still consider myself a fine cheese head Packer fan** but, nevertheless, these things are also problems. I mean there are ways around this. They're certainly very good products out there. I make a product called glucose defense which you can take before meals. There's a good product at Costco called Cinsulin, which works in a different way but it's also a good product. I just introduce my product to absorb some of the sugars you eat and some of the fats you eat called Tri-Trim it's actually the results of about a year of research on my part and it works. It's pretty interesting how it works. But, so there's a lot of options and again you don't have to go to www.gundrymd.com to get them, But if you want to, come on by.

[00:37:56] [DE] And what are some of the, what I would call worst offenders, like you know fried carbohydrates or if people are or.

[00:38:08] [SG] Yeah, that's yeah, that's a good question. **So fat per se has really gotten a bad rap. If you went on an 80 percent fat diet with a 10 percent carbohydrates and 10 percent protein, you will affect not only dramatic weight loss but you'll also quite frankly starve a lot of cancer cells and you'll give your brain a real boost. Now, so people hear the word of a high fat diet, and they assume that all you have to do is eat fat but they somehow think that a French fry is the perfect combination of getting fat in your mouth. In fact, one of the worst culprits is the combination of fat and carbohydrates. In fact there's probably no worse combination. So that delicious glazed donut, or the French fries, or the bag of potato chips, or healthy deep fried chips with olive oil instead, are actually really packs a one/two punch, so try to avoid the combination of fat and carbohydrates.**

[00:39:36] [DE] And then what about our way you recommend for either an **intermittent fasting** or, and how you see that impact your patients over time.

[00:39:51] [SG] Yeah. So **intermittent fasting basically means that you're going to go longer and longer periods of time between meals. Dr. Dale Bredesen who recently published his amazing book "The End of Alzheimer's" is probably one of the most knowledgeable people in brain health and protecting the brain. And you can actually watch his and my podcast together by just typing in "Gundry Bredesen YouTube" and they'll come right up.** Anyhow, he and I **absolutely think that the longer you go between meals the better your brain health is. And what does that entail? You think some minimum every night is to go 12 hours between meals, preferably 14. If you carry the APOE e4 gene which is sometimes called the Alzheimer's gene which about 30 percent of people carry, you really want to stretch it out to about 16 hours.** Now what that means in practical purpose is **you really want to try to finish dinner around 6 o'clock at night so that you have about a four-hour window of not eating before you go to bed. And we can talk about why you should do that in a minute. And then the next meal you should eat is preferably 14 hours later so that would be about 8:00 o'clock at night because you're sleeping. Or better yet if you go 16 that would mean your first meal would be about 10:00 and that's the more you can do that the better your brain health is a long term. And the other way to do intermittent fasting which is called the 5:2 diet and there's various iterations of this. But basically two days a week, you eat about 500 calories. And the other days the week you eat regularly and this has been shown to act like intermittent fasting. And then there's Dr. Walter Longo's research at USC, that would suggest that a five day a**

month vegan diet of about 700 to 800 calories a day acts as if you were intermittently fasting the entire month. So there's lots of ways to skin a cat. And one of the things we all have to realize is all cultures, all great religious traditions have a fasting protocol as part of their religious practice. And the more all of us look at the positive effects of fasting, the more we're beginning to see the effects that fasting has in a positive way.

[00:43:22] [DE] And then, effectively, if I'm trying to summarize, people come to you, they are, you're trying to take things out and then what I like, where I keep coming back to what I wanted to name this podcast in the first place, except the name sounds terrible, is "getting every edge you can get". And now I speak that as a patient. I actually, there is one thing I want to ask you about, the 80, you know using the 80 percent fat and just putting a label of ketosis on and ketogenic diet. But do you suggest that people cycle on and off of that over time or?

[00:44:07] [SG] Yes, and I think **Dr. Mercola** says this best, we've become quite close and talk quite a bit now. He takes things to extreme and testing things out and then good for him. And he found out the hard way that a continuous ketosis is very rough and actually you will start to underperform. **On the other hand, if you break ketosis about one night a week, by adding carbohydrates, that's one, I think, really good way to break ketosis. Now on the other hand, what I try to do is try to follow, what I think my research suggests that our ancient ancestors did, and that is they cycled seasonally and that they gained weight primarily during the summer, during fruit season and then they lost weight during the winter, when there wasn't much food.** And so ***they would cycle into a storage system and then be in ketosis for a good part of the winter unless they ran into something they could eat.*** So I tend to, I don't tend, ***for the last 10 years, in the winter, I try to stay in ketosis during the week and then break ketosis on the weekends.*** And then ***in the summer, I try not to do much ketosis. So and that's worked for me for the last ten years.***

[00:45:56] [DE] You know I do. I also, in the back of your book, you have quite a few recipes which are great. There is one thing before we finish up and I will in the show notes, not just link to your site, but more specific to certain areas. But there are a couple of other things in particular that you hone in on, on what is healthy food and what we talked about lectins generally, when I talk to friends I have a hard time convincing them of how unhealthy some of these seemingly healthy things can be and I and I'll say this quickly and that is I first tried macrobiotics almost seven years ago, and I had a little bit of a health scare and when I started I went up to the Kushi Institute, and I met with everyone and I was very strict especially in my food preparation. And it helped me tremendously. But the second I stopped pressure cooking everything which goes to the lectins and the second I maybe had some brown rice at a restaurant and didn't soak and pressure cook it. You know I wound up not benefiting nearly as much and yet I kept on it and it, the benefits went away. But can you just take a quick minute or so, if possible to keep it to that, about why some of these healthy foods aren't so healthy after all?

[00:47:32] [SG] ***Well let's use brown rice. So, four billions people use rice as their staple. Four billion people take the hull off of rice and eat it white and surely four billion people can't be that stupid. It's because the hull of rice has a number of lectins and one of the best examples is the Okinawan diet. Some of the oldest living people in the world, and 80 percent of their calories are sweet potatoes and rice constitutes about 6 percent of their calories, and they eat white rice and the researchers who eventually wrote the Okinawan diet book, in that book, say gee, imagine how much healthier these people would be if we could talk them into using brown rice instead of white rice.*** They really do. And it's like holy cow. ***You're studying some of the healthiest oldest living people in the world and studying their diet and a good researcher would say isn't that interesting they use white rice. What is it that they know that we should learn from this, rather than presumptively thinking that brown rice is good for you.*** Which of course it's not. And you know so those are the sort of things we really have to step back and say, you know, ***conventional wisdom says brown rice is good for you, but four billion***

people I guess are flaunting conventional wisdom and eating the rice white. Why is that? Well, it's because they're getting rid of the lectins.

[00:49:01] [DE] Fantastic. So I do have to ask you, I guess a pair of questions. One is if you could only take out one or two things and it's maybe self-answering. But if you can only take a one or two things from your diet or your lifestyle. What would those be? And then on the other side what would you add?

[00:49:26] [SG] So **take out grains and beans and if you have to eat the night shades peel and deseed them.** That's actually quite easy to do. What you really want to add is, **you want to add as many cruciferous vegetables as you can tolerate. And you want to add resistance starches, you want to add tubers, you want to have green plantains, you want to had Jicama. If you have to have a grain or pseudo grain, sorghum and millet don't have lectins because they don't have a true hull. So those are really quite good. And and oh by the way stay tuned. "The plant paradox cookbook" will be out April 10th. We just put all 110 recipes to bed as of this morning so it's on the way and it's fantastic.** And you know *my job is to try and make my crazy requests not only edible, but easy to make, and delicious and stuff you'll do over and over again.* So it's coming.

[00:50:41] [DE] And it's great. I mean there are more and more resources online that are providing things like that. I will try to find those because I know that part of what you're doing is missionary and already you know there's already I think a six month wait to see you so or talk to you on the phone. So, I know you're out to help everyone. I want to thank you. Again as I said earlier, I will link out and there are several other great interviews that you did that got into the biology and the evolution better and I didn't want it just simply repeat everything here. So I will link to those as well for listeners. So, Dr. Gundry thank you very much. This was great.

[00:51:27] [SG] All right. Thank you for having me on. Appreciate.

Dr. Gundry Links

<http://gundrymd.com/>

<http://drgundry.com/>

Dr. Gundry's Supplement page

<http://gundrymd.com/supplements/>

"Approved food list"

<http://gundrymd.com/plant-paradox-shopping-list/>

Dr Gundry interviews Dr. Dale Bredesen

<http://gundrymd.com/dale-bredesen-alzheimers-video/>

Dr. Gundry on Bulletproof Radio

<https://blog.bulletproof.com/how-nutrition-can-reverse-disease-and-the-impact-of-lectins-dr-steven-gundry-417/>

Dr. Gundry on the Dr. Mercola Podcast Series

<https://www.youtube.com/watch?v=FEXcFjDEA8M>

Dr. Gundry on the Primal Blueprint Podcast

<https://www.stitcher.com/podcast/the-primal-blueprint-podcast/e/51886178>

People Mentioned

Dr. Terry Wahls

<http://terrywahls.com/>

P5 Protocols interview with Dr. Wahls

<https://soundcloud.com/user-269144574/p5p-dr-terry-wahls-100317>

Dr. Joseph Mercola

<http://www.mercola.com/forms/background.htm>

Other interviews

<https://www.youtube.com/watch?v=46oqZXqwc7U>

Books

The Plant Paradox

https://www.amazon.com/Plant-Paradox-Dangers-Healthy-Disease/dp/006242713X/ref=sr_1_1?ie=UTF8&qid=1509389921&sr=8-1&keywords=the+plant+paradox

Dr. Gundry's diet evolution

<https://www.amazon.com/Dr-Gundrys-Diet-Evolution-Waistline/dp/0307352129>

Intermittent fasting

<https://www.healthline.com/nutrition/intermittent-fasting-guide#section3>

5:2 diet

<https://thefastdiet.co.uk/how-many-calories-on-a-non-fast-day/>