Life Possible Podcast Introduction

What if optimizing your metabolism was the key to unlocking your best life? Welcome to the Life Possible podcast where we bring you cutting edge insights, real life transformations, and powerful strategies to help you win the fight against obesity and metabolic disease.

Join host Dr. John Barnes as he explores the science and stories of transformational metabolic health because when you fuel your body right, you unlock your greatest potential.

From leading experts in nutrition and wellness to inspiring success stories, this is your go-to resource for education, motivation, and empowerment on your journey to a healthier, more vibrant life.

Your best life isn't just possible, it's within reach. Let's make it happen together. Here's your host, Dr. John Barnes. Hey, welcome to the life possible podcast.

I'm your host, Dr. John Barnes. And for those of you who don't know me and why I do this, you know, the way I like to put it is 10 years ago, I was fat, sick and depressed.

There's no better way to actually put that. And the biggest challenge was I didn't see a way out. You see, not only was I overweight, but I had so many different symptoms.

And I knew that I had ruined my metabolism, which I didn't think would ever break.

Dr. Barnes' Personal Metabolic Health Journey

And so when I was in such a desperate situation, in my mind, God brought me the ideal protein program as the answer to so many of my prayers, both personally and professionally.

And through that program, I was able to restore my metabolic health, lose the weight I needed to, and live a life that is healthy, vibrant, and alive, a life that, in ideal protein, we like to refer to as life possible.

So I dedicated the rest of my life to researching the science and humanity of weight gain, obesity, and metabolic disease. and in a related practical way.

And now I'm interviewing, I have the opportunity to interview those authors and influencers and researchers that I have learned these principles from.

So I am super, super excited to bring to you today, Dr. Rob Saivas, the carb addiction doc. This episode might just flip the script on how you think about weight loss, willpower, and your relationship with food.

Because Dr. Sivas not only treats obesity, but he addresses the carbohydrate addiction that accompanies it. Dr. Sivas, better known as the Carb Addiction Doc, is a board-certified bariatric surgeon of over 20 years and more than 8,000 procedures performed.

But what sets him apart is his groundbreaking approach, which combines surgical expertise, cognitive behavioral therapy, and addiction science to help his patients understand that for many, carbohydrates aren't just fuel, they're a drug.

Dr. Saivas holds a PhD in liver carbohydrate metabolism and has trained in South Africa, Canada, and the United States. He now leads an internationally recognized center of excellence in Palm Beach County, focused on helping patients overcome obesity by addressing the emotional and addictive roots of their eating behaviors.

Without further ado, let's, hey, how are you doc? Hi there great I was just looking at that photograph that you were showing and just like you have a story kind of so do I and I look at that and I said hey that guy's fat and as I'm sitting here right now I'm down about 107 between 100 and 710 pounds so that was kind of part of my journey.

You can see the hair is a little bit grayer, but it's interesting. You show your evolutionary picture, and that kind of is a reflection of my own. So it's always good to look at that, because I get criticized a lot.

Oh, but how can you be talking about this because you're still fat? Well, I'm a fat guy. I always will be up here, irrespective of what happens here. And the day I don't think I am is the day I'm going to relapse.

Oh, already dropping bombs. You know, I appreciate that because I knew that you had a personal story. And so I was actually gonna kind of open up and start the conversation with that.

I find that many people who are so passionate in this space, it's because they have a personal story, right? Well, I think that's true.

Introducing Dr. Rob Saivas and Carb Addiction

And I think the narrative, the false narrative of what causes obesity and how to get rid of it is so entrenched that unless you've bumped your head against doing what they tell us to do, and it didn't work, and you look at an alternative, only then you discover it.

Because if what they tell us to do worked, you and I wouldn't be talking. But we're talking because it's a false narrative, and it is not something that works for the majority of people.

Because they still see this as a diet. Well, alcoholism is not a hydration problem. It's a substance abuse problem. And in exactly the same way, obesity and diabetes are not nutritional problems, they're substance abuse problems.

Yes, the alcoholics still has to drink, but they don't have to drink alcohol, and they've got to find replacements in their lives for it. In exactly the same way, obese people, type 2 diabetics, diabetics have to, if they wish to change, they don't have to, but if they desire to, they need to use addiction methodology to sustain change.

Otherwise, they're going to get transient change, improve things, and then rebound, because they haven't fundamentally changed who they are. So that really is something that, unless you are that person, you don't have that epiphany.

You keep telling people to eat a balanced diet, to lower your calories, to exercise, all the BS that we've been told for so often that is still promulgated by two groups of people, those who've never been fat and those who've never not been fat.

So, you know, unless you've done the hard work yourself like you and I have done, you don't have those insights. And I'm not blaming them. But I think having undergone a journey like we have, We, like AA, everybody at AA is a recovering alcoholic, and we are more able to understand and be empathetic to the struggles of others than giving them blind advice that has no pragmatic value.

100%. And, you know, it's also interesting, too. I hold a weekly workshop in my office where I introduce our program to potential clients. And the first slide that I put up are my degrees.

You know, I want them to know that I know some stuff. But then the next slide that I put up and talk about, say, that feels gives me credibility to lead them through a program like this is that before and after picture.

And I think too, just like yourself, that that lends so much more credibility because you didn't just learn everything from the books that are behind you.

You've learned it through your own personal journey as well. And I think that- Let me just address something that

you said there, and it's a little thing.

There's no after. It's a continuum. The minute there's an after, you're going backwards. You and I are on a journey of forward-moving milestones. And every time we reach a certain milestone, the ideal way is to challenge ourselves with, OK, what next am I going to do?

And optimism and empowerment are the way to beat addiction. There is no end point. There's no goal. There's just a series of milestones moving forward.

And as long as I'm challenging myself to move forward, I'm far more resilient to going backwards. The minute I stop, hey, I'm done. I lost my 100 pounds.

I'm okay. That's what I'm vulnerable to sliding backwards. Right. Absolutely. And all too often we know those stories and I have the, we have those patients, right?

And, and, and that's why, you know, again, we just, to me, it's a science and a humanity, right? To me, there is some science to nutrition, but there's a humanity to this aspect of it, to the addiction part of it.

Well, absolutely. It's, it's mind, body, and spirit, all three.

Addiction, Identity, and the Myth of Willpower

And, um, I think that, that it is a combination approach. Cause I think if you lose weight, you are changing what you eat and you are changing what you do.

But. If you look at any addict, we are defined by our addiction. You don't drink too much. You are an alcoholic. You are a smoker. You are a heroin addict.

You are a fat guy. We are defined fundamentally based on who we are by our addiction. And that means that unless we change fundamentally who we are at a baseline, we change our habits, our routines, our rituals that are no longer conducive to managing emotional need through the fridge and the pantry, through what we eat, when we eat, how often we eat, and how much we eat, unless we change our emotion management off-ramps, we are still going to be a fact-minded person who is just fluctuating their weight.

AA is not there to stop the alcoholic from drinking. AA is there to help you to rebuild yourself after you quit. Quitting is very, very lonely. But quitting removes an insulting relationship from your life, but it doesn't replace.

And unless you replace, you are going to relapse. So AA is there to help you to replace. My program is there to help people metabolically to improve their health in a small fraction, but ultimately is to sustain them through a process of fundamental routine ritual and habitual change that defines who they are.

Yeah, this goes so much deeper than most people think. And I think that even just the start of the show introducing you as the carb addiction doc, et cetera, I think the biggest question in a lot of people's mind is truly, is carbohydrate addiction a real thing?

Or do people just say that? Is there a scientific foundation for carb addiction? There absolutely is. And I think that the, There are two definitions of carbohydrate addiction.

The first one is a physiologic one. And what you're going to understand about the human body is it's incredibly good. Over many, many eons of generations, the human body is highly, highly protective of itself.

So obesity or diabetes or any of the other metabolic diseases, whether it's autism spectrum disorder, whether it is cancer, they are all the fallout of a failure of the human body to protect you from what you are doing to yourself.

And but the body is extremely resilient at protecting you. So my ability to gain weight very easily protects me from

the damage of sugar. But there's a penalty I pay on the back end.

And it's insidious. You know, by the time you've gained 50 plus pounds or you have type 2 diabetes, that is no longer a mistake that you made. That is a lifestyle.

You know, you get one DUI, you may be an alcoholic, but you may also have made some stupid choices. But once you've got five DUIs and you've got liver disease, you're an alcoholic, I don't care what you think, because it defines a pattern.

So the biology is there to protect us, and by the time it breaks down, the relationship you have with that substance is chronic dominant and over a protracted period of time.

So physiologically, it's a time-based and an excessive behavior in a single direction. Now, my definition of addiction psychologically is when you use a substance or a behavior, in a dominant excessive way over time to primarily manage emotional need, anxiety, stress, depression, anger, fear, frustration, sadness, boredom and pleasure, emotional tension, to the point of harm.

So it has to be predicated by harm. So when you use that relationship with a substance or a behavior to the point of harm, and you ignore or distort the reality of the harm to continue the relationship, you have developed an addiction because you're validating and justifying doing something despite the obvious harm.

And you've lost control of the relationship, and you never will have the ability to control it again. So managing addiction is through transformational abstinence.

And anybody that says they can have a little bit but not a lot either is not an addict or is lying to themselves and pretending they can. And when it comes to carbohydrate addiction, People say food addiction.

Well, by definition, all addiction has to be managed through abstinence or is best managed through abstinence. Well, if you quit eating food, you die.

But alcoholism is not a drinking problem. It's an alcohol problem. The alcoholics still drinks. They just don't drink alcohol when they're in recovery.

Same thing here. I still eat food. I'm alive. But there are three aspects to carbohydrate addiction. The drug is sugar and starch of any kind. The behavior pattern is snacking.

A snack is always an emotional event. Nobody smokes 20 cigarettes at one time. It's a cigarette there, cigarette here, and by the end of the day it's 20. So it's a cumulative effect of the repetitive emotion management.

What Carb Addiction Really Means

Some people are more snackers and grazers. And then the final one is binge eating disorder. So you get some people to cut themselves. That's a process addiction.

You're hurting yourself for that bizarre feeling of well-being. Well, when you overeat, oh my God, I'm stuffed. You are actually hurting yourself and you're overloading your system for that bizarre sense of satisfaction and pleasure on the back end.

But once in a while, it's fine. But if you do that with every meal and we have been program to do it at every meal, just go to any restaurant. No matter what meal you order, they're going to give you the same portion.

It's always more than you need and you're always going to finish it. So we've been indoctrinated with binge eating disorder, what I call Rottweiler syndrome.

And some people like myself are binge eaters. Other people are more snackers, but those are just variations. of the

same emotion management style of eating.

So we're managing our emotions rather than our nutrition. And those are the three aspects of carb addiction. Is it real? Well, it depends what you call real.

In real life, yes, it's real. If you ask the DSM-5, it is not classified as an addiction. But then again, obesity only became real by those same standards in 2015 when the American Medical Association deemed it to be a disease.

Prior to that, obesity wasn't a disease. That's BS. So the semantics are out there. But you ask any fat person, any diabetic, when they look at their relationship with sugar and starch and with eating, it is a dominant, repetitive part of their lives.

You know, and I like how you brought that back for me because one of the my first introduction to you was through this book, Diabetes Unpacked. And, you know, for context, I'm a chiropractor by training.

And when I learned diabetes almost 30 years ago in school, you know, I had to learn it in the context of the patients that I would see. And so for the most part, the most important thing was determining if they if they had diabetic neuropathy versus radiculopathy, et cetera.

So other than that, we learned it kind of a real quick in cursory for the boards and then knew how to apply it when we were seeing patients. But so after I had this journey and I started to go down this rabbit hole, I found Tim Noakes and the Tim Noakes Foundation, and I ordered this book, and I relearned diabetes through this book, which was mind-blowing for me.

And I do want to read this because I saw it on your social media feed just a few weeks ago, right? You wrote chapter four, Who Gets Type 2 Diabetes? And the first statement of this chapter says, only two groups of people get type 2 diabetes, drug addicts and performance athletes.

It is neither the addict nor the athlete's fault for becoming diabetic. Remission is possible, but the burdensome responsibility of remission lies solely in the hands of the diabetic and can only occur once they understand why they became diabetic in the first place.

And I feel like we could probably also put obesity in there as well, I suppose, type 2 diabetes, but so powerful. Let me just stop you for a second there, and I appreciate that tremendously, but what you brought up is a very important point.

Obesity and type 2 diabetes are the identical disease, except for genetic predisposition. I so appreciate you bringing that. Obviously, it was meant to be sensationalistic, but it's reality.

Nobody would bat an eyelid if you said that a heroin addict is a drug addict. Nobody would say that. I use the word fat person all the time because that's how I think of myself and I'm thinking about myself, I'm aware of it.

However, other people, you can't use that terminology. You've got to say they're fluffy. I'm a fat person. That's who I am. And if I own that, I can deal with it every day.

And I use it not as a badge of honor, but as a humbling effect for myself. However, I never was and never will be diabetic. Why? And I think this is physiologically, again, a very important concept to understand.

Another phrase that I absolutely love, your genetics loads the gun, your lifestyle pulls the trigger. So some people who smoke, develop lung disease or lung cancer, emphysema, lung cancer.

Others develop heart disease. They're all smokers. Your genetic predisposition, where your body first fails to protect you, determines whether you get emphysema, cancer, or heart disease.

That's genetically predetermined. But if you don't smoke, you're not going to get any of those from smoking. Well,

exactly the same thing with type 2 diabetes or obesity.

is that those are when your body fails to adequately protect you from the tsunami of sugar. So let's say you start eating carbohydrates. The first protective mechanism that the body does is to begin to turn that sugar into fat in the liver and the fat cells.

But as you load up the cells of your body with too much sugar, that sugar causes harm to those cells. The only mechanism they can use to protect themselves is to down-regulate and block the receptor that allows sugar into the cells called the insulin receptor.

Obesity, Diabetes, and Insulin Resistance

So insulin docks to the receptor, opens it up, and sugar can flow into the cells. Well, they switch that off. And we call that insulin resistance. And that is true.

So diabetes and obesity are both the consequence of insulin resistance. But now genetically, and this is measurable, we have two different populations, obviously a bell curve.

But on one side, you've got people like me, who no matter how resistant their cells are, My pancreas just says, hey, dude, here's more insulin. And I can produce massive amounts of insulin to overcome the insulin resistance, keep shoving the sugar into the cells.

My blood sugar stays low, but my cells are converting and storing that sugar as fat. I gain weight very easily. My risks are not heart disease or stroke.

My risks are related not to sugar, but to elevated levels of insulin. Alzheimer's, cancer, polycystic ovarian syndrome in females, low testosterone in males, weight-bearing joint disease, not ligament and tendon injuries, and autoimmune disease.

Those are the diseases of hyperinsulinemia, where you're insulin resistant. On the flip side, you've got other people that get resistant, but their bodies, their pancreas can't genetically produce a lot of insulin.

They gain some weight, but now they can't shove the sugar into their cells. They cannot turn that sugar into fat. So their blood sugar rises. And when the blood sugar rises, that elevated blood sugar causes vascular inflammation and inflammation in the space between the blood vessels and the cells called the interstitial space.

There are all these little tubules there. And what lives in the interstitial space? Ligaments, tendons, and nerves. So the diabetesogenic folks, ha, ha, ha, look, I can eat a dozen donuts.

I don't gain a pound. Yeah, but your blood sugar went through the roof. You can measure that with a CGM. Those are the folks that are going to develop the heart attacks, the strokes, the ligament and tendon injuries, and the neuropathies, whether it's eyes, whether it's cardiac neuropathy, GI neuropathy, erectile dysfunction, or peripheral neuropathy.

That's what sugar does to them. Their problem doesn't come from majorly from insulin, comes from elevated sugar. And obviously on the bell curve, you've got the hybrids.

I sit here mind blown because I've never heard that distinction before between insulin and sugar itself. And that is absolutely mind blowing. And the fact that insulin resistance in a cell is protective in nature.

I've been watching shows as I've been preparing for this and the first thing that I heard you say that was new to me was the idea that fat storage is protective in nature because that is a way to take that excess sugar and get it out of there so that we won't get that damage.

And I think that's a very important concept because a lot of people, including my good friend Ben Bickman, and I'm

not going to That is relatively neutral.

Fat is relatively neutral, okay? However, the inflammation comes from the perpetual insulin process that's shoving the sugar into the cell. So it's mostly a glycemic problem, not a fat problem.

However, the visceral fat is so bad for you. No, it isn't. Visceral fat is just the storage of fat in your organs. The thing that's harmful is the hormonal disruption, the protective system of your body, the hormonal disruption that led to the fat being stored in your viscera.

So it's the process, the hormonal dysfunction that deposits fat in the viscera that is harmful. Some, particularly women, but some men too, have something called lipidema, L-I-P-E-D-M-A, where they have large buttocks, big thighs, and it kind of stops at the top of the ankles.

That form of fat storage is biologically the most inert, least inflammatory storage. The classic man with a big belly and the two little legs that are this big, that is the most toxic, harmful, physiologic or pathophysiologic process that leads to fat accumulation.

But it isn't the visceral fat. It is the pathway that leads to the accumulation of visceral fat that is harmful. And it's the sugar in that visceral fat that is causing the problem, not just the lipid itself.

Wow. So, wow. So I want to take a step back because I think there's a certain amount of people who are listening to this, who are asking themselves and we're talking about this, but I'm sorry.

Why does all this happen with carbohydrates? Because aren't carbohydrates supposed to be the preferred fuel of the human body? Yes and no. They are a preferred fuel by most cells and almost all cells need some sugar.

But the actual preferred fuel by the human body is fat and ketones. And it's a use of both. So one is a more rapidly responsive type of fuel. Think of nitrous in a race car.

That would be your sugar. The fat is more the diesel that keeps the engine going. And yes, you can raise or lower fat sluggishly, the use of fat. But you can ramp up sugar very, very rapidly.

by entry into the cell and by utilization through the mitochondria. It's called the Randall cycle which switches things on and off and you can adapt to better utilization of fat or better utilization of sugar.

Now when I use the word fat, I'm using the word fatty acids as well as ketones and all the varieties of fat. The ketones are more flexible whereas the fatty acids are more the diesel type thing.

Then we've also got to look at lactate and amino acids that some cells can use. But the majority is the difference between sugar and fat. And all cells use both.

Some cells can only use sugar. For example, red blood cells don't have a nucleus, so they cannot use fat as a fuel source. They are sugar obligates. But most cells with nuclei can use both.

And you can favor which way those cells go by the hormonal state. That provides different food sources to the cell. One of the interesting things, John, is that the human body is somewhat oblivious to blood sugar.

Doesn't measure blood sugar, okay? The human body is extremely sensitive to cellular energy provision. because without, and it prioritizes about everything, provision of energy to cells.

Sugar, Fat Storage, and Metabolic Risk

And if you look at energy, and again, I'm going to simplify this a little bit, physiologists will argue with me a little bit, but all the energy we provide to cells is locked into three molecules.

You've got carbon, hydrogen, and oxygen, and in between, you've got a little bond, and the energy is locked in that bond. And whether it is glucose or glucose fructose galactose, carbon, hydrogen, oxygen, whether it's fat, carbon, hydrogen, oxygen, whether it's protein, carbon, hydrogen, oxygen, and nitrogen.

But all of the macronutrients that we use, they combine energy in those three molecules. And the beauty about the human body is it's so simple. It's so simple in that that carbon, hydrogen, and oxygen enters the mitochondria, The energy gets transferred to other carrier molecules that can carry the energy, and on the back end, you turn CHO into carbon dioxide, CO2, and water, H2O, and we pee one out, we breathe the other one out.

That's how simple the human body works. It's essentially our energy provision is about transferring energy from one molecule to another into a usable form ATP.

So it doesn't matter which of those substrates we use. However, the human body has a propensity to prefer the consumption of carbohydrates. And there's a driving force to use carbohydrates that is a bit like drinking alcohol.

The more you drink, the more you have. There's no off button for carbohydrates. The reason we don't have an off button for alcohol is because alcohol is not necessary for human survival.

Neither is the consumption of carbohydrate. There's benefit to consuming carbohydrates, but there's no off switch. There's a very powerful off switch for fat.

It's mediated by a hormone called GLP-1. GLP-1, Blox, and anybody that's used those Zempik or Manjaro, any of those things, oh my God, I shouldn't have eaten that fat.

Fat creates prolonged satiety. So it's an offstage, but carbohydrates don't. So we are encouraged to eat carbohydrates historically because we had limited access to them and they allowed us to survive winters.

So it was a survival capability that we created, okay? The protein and the fat that we eat is mostly structural, provides some energy, but there is a capping point based on satiety about how much we eat.

Same thing with alcohol. You drink water, the third center regulates how much water you drink. I'll tell you about a little experiment I did just yesterday.

I was really thirsty. Someone put a case of water in front of me. I started drinking, got through about two bottles of water, and my thirst sense said, dude, you're finished.

I stopped drinking. I couldn't drink more water, maybe one more sip, but I couldn't drink a case of water. And just purely for scientific purposes, somebody put a case of beer in front of me.

I'm not an alcoholic. I killed the whole case of beer. No, this was just yesterday. Obviously, I'm making that I've done that experiment. And the point is, yeah, I got drunk.

But the incentive to drink beer is based on the powerful endorphin effect. And the more you drink, the more buzz you get. So therefore, you have to make a conscious decision.

about when you're going to quit drinking beer. You don't have to make a conscious decision about when you're going to drink water. Your body will tell you, your brain and gut will tell you immediately based on salt dilution to stop drinking.

Well, the same with carbohydrates. Fat and protein have very powerful switch off valves, especially fat. Sugar doesn't. Sugar is highly endorphin activating.

So the more carbohydrate you eat, especially simple sugars, the more you eat and you have to consciously decide when you're going to stop. And if you do not consciously decide when you're going to stop, wow.

you will overdo it, you'll overwhelm the system, it'll protect you at first. But eventually over time, just like with alcohol, that system will stop being able to protect you and you develop the disease we talked about.

So powerful, those concepts. And here's the thing, and you said it in the book as well, and we say it in our program too, it seems to me like the deck was stacked against us.

And most of this is not our fault because we literally have been taught and brought up that carbohydrates, six to 11 servings of bread, rice, cereal, and pasta form the foundation of healthy human nutrition.

We never stood a chance against this. Actually, you know what, John, it's very recent. It's very, very recent. It happened in my lifetime, maybe yours.

I'm not sure. I don't want to know how old you are. Don't don't reveal that. But it probably happened in your lifetime prior to the 1950s. we did not eat that food permanent.

We ate a lot of fat, and fat was promoted as being very healthy. We ate lard, we ate fat, and it was a dominant source of our food. We ate vegetables, but they were vegetables that were ancient as a species, and they were single cultivated vegetables.

Why Carbohydrates Drive Overeating

What we then did is we, around the time of the Second World War, and maybe a little bit before, but became huge during the Second World War, we started smoking.

And we human beings are way too smart for ourselves. So the problem is our ingenuity is the problem. So these big tobacco companies started heavily selling a product.

They started promoting the emotive benefits of smoking. Calms you down. It's a great de-stressor. Nicotine, not just smoking, is a very powerful endorphin activator.

And their messaging was, nothing to see here. It's a wonderful thing. Smoke as much as you want to. relax, it's going to be great. And then people started getting heart attacks in the 50s and 60s.

And we started to see, after the Second World War, heart attack risks going up. So the tobacco company said, well, you know what, when we do autopsies on these people that died, their vessels are clogged with fat, just like the drain is clogged with bacon grease.

You're clogging up your vessels with fat. And it's the fat in our diet that's causing these heart attacks, not nicotine. And they created a narrative and paid off scientists like Ancel Keys, 1956, 1957, very powerful nutritional physicians to come out and say that there was nothing wrong with smoking, but it was the fat in our diet.

So we became lipophobic as a society. Which means feared fat. Okay. The smoking was just fine. But the problem is that if you did autopsies on people who didn't smoke, even though we all ate the same amount of fat, their blood vessels were pristine, but We ignored that noise because the money was behind promoting fat as a problem.

All you have to do is look at fluoride that has now gotten a bad name in our society. Kellogg's promoted the addition of fluoride saying, oh, it's the lack of fluoride that's causing cavities, not our Lucky Charms cereal or whatever the cereal was.

So industry surrogate. And this is not conspiracy theory. This is well-established. So we became lipophobic as a society in my lifetime. I grew up on a ton of fat, and then that opened the door to opportunity because you cannot eat a lot of protein.

Protein is fixed at around 15 to 25 percent of our diet. The carbohydrate ratio then replaced the fat ratio. We were eating about 60 to 70 percent of fat with a little bit of carbohydrate.

Now, fat's bad for us. We take that out. Well, we've got to get calories or energy from somewhere. So we migrated across to eating carbohydrates and then the same industry that promoted tobacco now morphed into the processed food industry.

And we started producing very, very high, highly concentrated forms of sugar. And while we said saturated fat was bad, we started manufacturing in factories.

seed oil fats, so polyunsaturated fatty acids that were produced in factories, not naturally. And we shifted then, we continued to smoke, but now the cause of our heart disease was both tobacco or nicotine as well as carbohydrates.

And eventually we caught up with the fact that actually smoking is bad for us. We removed smoking, but we remained locked into this false narrative that carbohydrates are good and fat is bad.

You know, we're only just starting to say that eggs are OK to eat. But in the food pyramid from 2020, the US Dietary Guidelines government policy still ranks Lucky Charms cereals as better quality food than an egg.

And I don't think there's a person on the planet, apart from the Kellogg's people, that will say that. But they still officially, you can look this up, it ranks higher.

Yeah, I've seen those papers and they're mind-blowing when you look at them and think that somebody can actually put a paper like that together and publish it from an academic institution, underwritten.

It is absolutely amazing. But Doc, here's the thing. Aren't there good carbs and bad carbs? So here's a very interesting thing because again, the dietitians look at food as it goes into your face.

And, oh, this is healthy for you because it's a natural apple. This is so bad for you. It's a doughnut. What we don't look at is how the human body works.

OK, and here's a bizarre fact. The inside of your intestine is outside of your body. OK, so when you eat, when human beings eat, we eat a plate of food Because our brain's got things to do, so we want to eat quickly.

We want to load up our intestine, which is outside of our body, with food so that we can go off and do human things. The cow is sitting there grazing all the time, slowly adding to this massive stomach that they have.

And then they actually use bacteria to churn their food. And then all they're doing is absorbing the nutrients that broke down in their gut. In human beings, we've lost that capacity.

So our stomach is basically a big storage vehicle that doesn't allow much food to enter our body. And it churns the food up and then slowly trickles that food into our intestine.

And then mostly with enzyme enzymatic digestion, we use enzymes to digest our food. We break everything we eat, everything we put in our face. We break down to simple building blocks.

So the apple and the donut both become glucose, galactose, and well, actually glucose and fructose. There's no galactose in either. But we break protein down to amino acids.

We break fat down to fatty acids. And most of those, except the long-chain fatty acids, go then across the gut boundary in their simple building blocks and go straight to the liver.

In the liver, under the influence of insulin, testosterone, human growth hormone, thyroid hormone, our storage hormones, we rebuild. those basic building blocks into proteins, fatty acids and glycogen and glucose that we can then tolerably use.

How Modern Food Culture Fueled the Problem

And we distribute them, we store them in the liver and distribute them to ourselves. So the fact is that there is no such thing as a good carbohydrate or a bad carbohydrate, which again is part of the false narrative created mostly by industry and indoctrinated and being misplaced in the healthcare system, when you drink beer, wine or whiskey, what's entering your bloodstream is alcohol.

Everybody knows that. It doesn't matter how it went in your face, but yet we still say this is healthy, this is unhealthy. It isn't. Judge it by the building blocks and the level of those building blocks and your relationship with it.

Carbohydrates are innocent, innocent in the story of diabetes and obesity. our use of them and our transformed relationship with them as a source of emotion management as opposed to survival nutrition is the problem.

So this is a mental health problem, not a nutrition problem. And so I think that provides just an absolutely perfect segue to what I would consider the second half of the show.

And what I'd like to talk about now is, How do we approach this so that we can address the addiction, the emotional side of it? What techniques do you teach in your clinic?

What are the best ways to kind of go about this? Well, the first step is contemplation and ownership. And there is no way on God's earth you can rely in our lifetime on a cultural transformation that is going to make this happen.

It took almost 50 years for people to even recognize what is so obvious to us now that nicotine and smoke, well, that smoking was a problem. And even to this day, based on what those benevolent tobacco companies are telling us, a lot of people still believe that nicotine is safe.

That's how distorted the reality is. We're now 70 years beyond the 1950s, and the majority of people still make a difference between cigarettes and nicotine, saying nicotine's not that bad.

If you look at the studies in the human body, they're equally bad. So there's that distortion of reality with nicotine, let alone with diet. So there's no way on God's earth we can rely on governmental policy or attitudinal change at a societal level to change in our lifetime.

Therefore, we as individuals, have to look at ourselves objectively and look at our habits, our behaviors, our rituals, and what we do under emotional duress.

When you're exhausted, stressed out, and something unexpectedly awful happens, where do we go for restitution? And once you can connect that and say, okay, well, I'm fat because I'm eating M&Ms all day long as my source of emotional restitution, slowly over time, that cognition happens.

But the last person to realize they have an addiction is the addict. Oh yeah, he's John, he's the alcoholic. Well, the last person to recognize they are is John the alcoholic.

And again, with all due respect, I'm not saying that you are, but you understand what that means. I know what you mean. This has to happen at an individual level.

And quite frankly is John the sugar addict for sure. And I've admitted this to my patients. It's a part of what I teach. I used to shoot up in my pantry with chocolate chips because I was under the impression that a little bit was fine and it wasn't an issue.

And a little bit turned into more turned into a glass of milk. And I was hiding it from the rest of my family. And I was also doing it knowing full well that I could get harmed because my wife relied on the fact that there were chocolate chips in our baking drawer and she said she would kill me if they weren't there when she was supposed to make her famous cookies, right?

And so I'm doing it all even with a threat of bodily harm. I get what you're saying. So how do we know? The way to do that is to use folks like us to use this discussion to raise the possibility that maybe I have a relationship problem

with carbohydrates.

And contemplation takes time. So you think about it, you think about it. As I told you on, I came onto this podcast a little bit late because I've had one patient have a stroke and one patient have a heart attack.

that I spoke to today. Okay. And they are both related to hyperglycemia. So when you have those kinds of events, that's a pivotal point in your life to say, wow, this is a problem.

You know, the alcoholic has that DUI. Maybe that's what they need as a liability to recognize, hey, maybe I've got a drinking problem here. Now they may say, I'm going to give up the keys and continue drinking, or maybe they address their addiction.

And nobody does it completely the first time. We struggle with it, we relapse, we struggle again, but we keep going. You only fail when you quit trying.

We are never successful in addiction the first time, but we can be successful the last time. So it's about ownership and then a progression, contemplation.

You prepare for change. The way to eat an elephant is in little bites. You don't try to swallow the whole, oh, I'm going to go carb free. I'm going to go carnivore.

Yeah, you jump in the deep end of the pool. Now I'm going to learn how to swim. Most people don't do very well with that, or they do well for a little while, but it's not a lifelong transformation because you have to, in addiction management, be the tortoise, not the rabbit.

And so many people, oh, look at me, I lost 100 pounds in six months, I'm doing great. Yeah, but where are you a year, two, three, four, five years later?

have you fundamentally changed in terms of how you manage your life? So it's an individualistic, slowly evolving process. And the final thing I'll tell you, John, I lost my weight around 24 years ago right now.

I'm still learning. I'm still learning. I'm still doing well, but I'm still making mistakes and learning from them. These are milestones on a journey that ends about three days after I die.

You're gonna have to unpack that. How come three days? Well, three days. In other words, a long time after I die, because I want the worms to not become diabetic.

Good Carbs, Bad Carbs, and the Real Issue

But it really… I knew there was something there. On the morning of the day I die, I'm still gonna ask myself, what am I gonna do today to be better?

What difference am I gonna make to me today? And whether it is going for a walk again, or whether it is selecting food that I'm going to eat that is appropriate for my nutrition, for my body, not my brain, every day is an opportunity to empower yourself to do better.

But remember, and here's another problem you see with a large subset of our patients, perfectionism is self abuse. And I'd let that one sink in because so many people set ridiculous outcome metrics for themselves, do really well putting effort in, but they fall short.

And then they beat themselves up for not attaining results no human being could have gotten. So you want to put effort in, but you want to love the effort irrespective of the outcome, rather than exclude the effort if it didn't meet a certain outcome.

And for our authoritarian patients, perfectionism is self-abuse. Yeah, absolutely. Absolutely. So I want to dial back a

few minutes ago when we talked about and lead into this kind of line of thinking as we're talking about what can we do to help ourselves to replace carbohydrates as our emotional support.

If we go back to a snack is always an emotional event is how I've heard you say this. And or there's kind of a specific mechanism that you like to teach that might help out with that.

Yes, so there are really two ways in which the human brain works globally, generally. The human brain is able to focus for around anywhere from 10 to 20 to 30 minutes, depending on who you are.

But for a very short period of time, you're able to intensely focus. And what's happening chemically in the brain is a certain set of chemicals and chemical waste is building up in each brain cell as you intensely focus.

It's a very energy demanding process. And let's call it dopamine. It's more complex than that, but dopamine levels build up. And they reach a critical point.

where your brain is so saturated those brain cells are so saturated dopamine that you can no longer focus and that can take 10 minutes 20 minutes 15 minutes you can train yourself to make that a little bit longer but then you need relief and the trigger for relief is serotonin you notice i'm talking a lot with my hands that is an anxiolytic for me i'll sit quietly and and and try not to do that but You need that.

See, there we go. You need that relief. That lasted every human being. You're right. Every human being has a quirk that we use to activate serotonin relief.

I call it a mind cleansing moment. Some people are coming over and chatting to you. Some people are going outside for a cigarette. Some people are having a snack.

Some people are saying a prayer. Some people are looking at what the weather is because they're golfers. Everybody has a quirk that defines who they are for that little mind-cleansing moment.

If you are in charge of what that is, it's gonna be beneficial without harm. If your brain is in charge of what it is, it is going to be highly endorphin acting with a possibility to develop into an addiction.

So for example, the thing that you drank right now wasn't Coke, it wasn't orange juice, it was probably something that doesn't contain calories. And that is what I call a bridge drink.

A bridge drink bridges you across the need for that mind cleansing moment. without causing, in our case, caloric harm. So gum instead of a cigarette. So, oh, I need a cigarette.

Well, the only value of a cigarette is for that mind cleansing. Where's my gum? And the gum fulfills the same purpose. So you can purposefully address that.

I'll give you another example. And again, these are simplistic things, but ADHD. or ADD is where somebody bounces from one thought to another, or they bounce from one action to another, they can't keep focusing on the same thing.

Well, that ADHD bounce is just their form of dopamine relief. That makes sense? I mean, if you think about it, simplistically, the schools know this intuitively.

When I was in high school a few years ago, we were 30 kids in a class and there was one teacher. But at the end of each period, 30 kids got up and went to another classroom.

Surely it's much easier if one teacher goes to another classroom, all the kids. But the reason they do that is every 45 minutes or every 40 minutes, those kids need that break.

So again, those are instrumental in allowing those kids to focus on the next class by having that movement break.

So we build this into our lives. The second thing is any time the pace of your day changes, you need emotional relief.

So at the start of the day, when you take a lunch break, when you finish work, before you go to bed, those are all times where you've built up emotional tension and You need relief, but the relief you need can take two forms.

Treating Addiction Through Contemplation and Ownership

It can either be instant gratification, such as having a cigarette or eating some ice cream, which alleviates through the endorphin mechanism, relieves the emotional tension, but disconnects you from the issues that are causing the emotional trauma.

Or you can have a moment of prayer, some meditation time, listen to some music, take the dog for a walk, go and exercise. You can use what's called an effort-based off-ramp, where you assign time and effort up front, you invest up front, and it takes time.

So in the evening before I go to bed, instead of having that tub of ice cream now or those snacks, I leash up my dog, we go for a walk. Not fast, not far, but I'm isolated.

I'm in my fortress of solitude. The physical activity is an endorphin activator, but not like the ice cream, but slowly over time. As my brain relaxes, as the world dissolves around me, I can now connect to, okay, this happened today, this is what I got to do tomorrow.

I can deal with issues in my life. So by the time I come back from that walk, three things have happened. I'm emotionally relaxed. similar to the way the type of ice cream would work, but now I've connected to and processed issues that were bugging me.

When I eat that ice cream, I shove them in my subconscious. I'll deal with you later. I call that emotional hoarding. We hoard all kinds of, I'm going to use the Latin word here if I may, all kinds of shit in our subconscious that we don't process, which festers, okay?

That's Latin. You can look it up. I'm a doctor. I'm a lot easier. But we are emotionally relaxed after the walk. We've got a game plan for dealing with issues.

And I can be unconditionally proud of myself. going for that walk. Whereas when you go into the pantry and you scoff down those chocolate chips, you have to distort the reality of that, which is very erosive to your sense of self.

When I come back from that walk, in little increments, it builds up my self-esteem, my self-confidence, and my self-respect. And when I've got a strong sense of self, I can create emotion management.

I can generate that from within. I don't need other people to tell me I'm a good guy. I don't need drugs or behaviors that hurt me to make me feel good.

I can generate emotional well-being from within using an effort-based system. And whether that is me talking to a higher power, whether it's me talking with my wife or my son, whether it's me playing a game of cards or building a puzzle, whether it's going to the gym or taking my dog for a walk, All of those things are creative arts, human connection, physical activity, spirituality, meditation and healthy sleep and healthy sexuality are the human off ramps that we do the best with.

But we sacrifice because our society, again, has demanded all of our time goes to service others, others need our job. We self sacrifice. We spend time taking care of others, not ourselves.

The oxygen mask theory on the airplane says, always put your own mask on first before you help others. Well, if you're so busy helping with others and all this emotional tension builds up, now I need ice cream or a cigarette or some alcohol or some heroin to make me feel better.

Yeah. I literally am going to go through that. that five minutes that you just talked about so many times to unpack that and keep unpacking that and keep teaching from that.

Like I said, I heard you. I heard you speak to this at another podcast, not quite so deeply. So I'm a little taken off guard here. But I absolutely love you have that acronym, right?

You have the acronym chess. Yes. for what you rolled through their creativity and is, I think, is so key as far as one of those things that people do.

And you talked about, too, when people, I love this other analogy you have of your suitcase. Can you speak to the vacation in the suitcase? Is that that's the one from the diabetes unpacked book?

No, no, no, this is from a, this is from a podcast you did last year with my, you said when people are going on vacation, they're going to pack their emotional stress relief.

What are you putting in your suitcase? And in my case, the guitarist is going to put his guitar. I'm like, Yeah, right. And the alcoholic is going to put his bottle of Jack.

What are you taking in your suitcase on vacation as you're emotional? Well, that's exactly right. You know, when you check into rehab, inpatient rehab, the first thing they do is they search you because most people going to rehab are going to bring their drug with them.

They're going to pack that Snickers bar. They're going to hide that bottle of Jack or they're going to bring their heroin or their Merrill. They're going to bring it with them.

Yeah, it is. How many, you know, they say, oh, the smoke monitors in the toilets, you don't go into the toilet to smoke. You know, you shouldn't be smoking an airplane, but the addiction is driving you.

And the transformation there is what we pack in our suitcase defines where our head goes. So the physically active person is going to pack their running shoes and some athletic wear.

The creative artist is going to pack their music or their really cool outfits if fashion is your driving force, or you're going to practice games or a puzzle.

Mind Cleansing, Bridge Behaviors, and Healthy Off-Ramps

We are defined by that, absolutely, and a large part of addiction management is to change what you pack in your suitcase. My goodness, you've really researched my content well.

I've even forgotten that, but that is such a good… And by the way, John, one thing I want to tell you is that the majority of my good ideas come from my patients and the people around me.

So for example, that chess acronym, I was talking to a patient telling her what she did. And then she emailed me back and she said, Look, I've thought about this.

And the chess acronym fits in very well. And she sent that to me. So I steal, I beg, I borrow, but Yes, the core stuff comes from me, but so many of these ideas come from the people around me and we share them and I beg, borrow and steal them and incorporate them in what I do.

And I'm so thankful for my community that gives me emotional buoyancy. And I love that because in listening to you, this is part of your approach and you hearken back to AA, but what's the best thing that they do is they create community, right?

And I think that we share this in our practices, our respective practices is, you know, we create a community where we can be doing this together, where we can be helping each other.

We have a book club, where right now we're doing Atomic Habits by James Clear. We always try to choose a book where it's going to help us in this life journey, trying to change every single day.

It's a sense of community. We have events where we bring people to the office and we try new recipes and we do new things, etc. I think it's just so important, that aspect of community and of support.

No question. One of the things about addiction is it's very erosive to our sense of self. Again, the three things I look at, self-esteem, self-confidence, self-respect.

And when your sense of self is in the toilet, what we do is things happen in our lives, issues that we may be ashamed of or a little bit concerned about, but we keep them inside and they fester in the dark.

But we're too poor in terms of our sense of self. to take the risk of being vulnerable. And the nice thing about AA or that community is it creates, it kind of forces us to be vulnerable.

And anytime you share something you're a little ashamed of, shame withers in the sunlight. And all I tell my people is, look up, the sky didn't fall on my head when I talked about whatever the problem was.

And as you announce it, as you talk about it, you see it objectively and you can begin to process it. So we all need one or two or three people in our lives that we trust implicitly that they will not be judgmental or critical of us.

And more and more the world has become judgmental or critical. So we keep stuff inside because you don't be judged or criticized. But We can then learn as our sense of self grows to be vulnerable in those circumstances.

And early on, we know the addict is not capable of that. So the community of AA kind of forces that. Or if you go to see a therapist, which I would encourage an addiction therapist, You trust them because of the label on the door and you can then go in and vomit out all your stuff in front of them or maybe you've got a spiritual connection where you can talk to a higher power about things you're a little ashamed of.

But what you do is you bring it to light so you can connect with it and process it and it's not disturbing you and driving you to the bag of M&M's. Human connection and with empathy is so, so important.

And while I'm very direct in my practice, I am never, ever judgmental or critical of anybody. And everybody is moving along at their own pace. If they're in front of me, it's because they want to be there as much as they don't want to be there, but they've chosen to be there.

So I've got to respect them for what they're capable of doing, not what I want them to be capable of. And all too often as practitioners and certainly as gum flappers on the Internet, We are generic in our information to people.

We don't know who the individual is, and we don't know what pace they're moving. Right. Right. I'm going to let you drop the mic there. I don't think I can ask you another question that is going to give a more powerful moment than you just gave.

And I have to tell the audience that you said you have no stop time, so I could just go out. One comment there, John, just before you go is, guess what we didn't talk about?

Community, Vulnerability, and Closing Reflections

We didn't talk about food. We didn't talk about nutrition because carbohydrate addiction is a substance abuse disorder, not a nutrition disorder. Nobody goes to AA and talks about what they are drinking, but everybody tells fat people what they should eat.

And that's BS. That is a nutrition problem. Yes, there's a transition in nutrition, but ultimately it's about addiction, not nutrition. And once we flip that switch, then we can begin to heal.

Yeah, yeah, so powerful, so powerful. Thank you, thank you so much, Rob. I feel like, oh, I'm sorry, Dr. Simas. No, no, Rob Simas, that's Dr. Simas, my dad.

I feel like we've made a connection here because I do feel like we're kindred spirits to a certain degree. And I thank you for your time. I am hoping that, again, as my population who already follows the show and in our ideal protein nation community, that if they have never heard of you before, that they are going to uh glom on to all of your social media because you always have powerful and meaningful messages um and and they can find you literally all of your socials are basically carb addiction doc right correct yeah and again i don't i put that content out there but i don't it's not my platform for interacting so many people on the internet rely on that as a source of income they rely on it My job is the educational component.

What I do in my office is, maybe it's not the smartest way, seeing patients by the hour, but that's what I love to do. And I'm fortunate that we have positive influence, just like you do.

And I think your story is one that is not complete without the addiction element. And I love that about the journey that you've come from. You traded obesity for a triathlon medal.

Yeah. Yeah. Yep. The time to become that took time to be able to complete a triathlon. Yeah. Yeah. And again, the journey never ends and it's, it's kind of like, okay, what's next.

Well, thank you very much. Yeah. Thank you. Thank you, sir. I'm going to put you backstage. If you could hang out for a couple of minutes, let me, let me land this plane and I'll be right back to you.

Thank you. Ladies and gentlemen, I don't think that show, that show went, I can't even talk, right? And you know that for me, if I can't even talk, that that was an extremely powerful conversation that we just had.

So all I'm gonna do is I'm gonna bring the show back and then I'm gonna get right back on and I'm gonna listen to it from start to finish. So grateful to Rob Sivas for coming on the show.

And as always, Keep reaching for your life possible. That's a wrap for this episode of the Life Possible podcast, where we unlock the power of metabolic health to fuel your best life.

If you found value in today's conversation, don't forget to like, subscribe, and download the podcast so you never miss an episode. And if this message resonated with you, share it to someone who needs to hear it.

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