Podcast Introduction and Mission

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. I hope you are as excited as I am because this is the 100th episode of the Life Possible podcast.

I really did not know when I started this back during the pandemic. if I would ever reach this milestone. But I got to tell you, it's been through the support of listeners and viewers like you, the support of people inside and outside of ideal protein, my peers, my loved ones, and I'm so, so excited to be here.

Uh, you know, for those of you who might be new to the life possible podcast, um, I started this podcast back during the pandemic, uh, primarily to highlight successful clients, coaches and clinic owners who have used the ideal protein program to transform their life, to, to reset their body, reset their mind and reset what's possible for their life metabolically.

And now and recently, I've been able to make a shift and include, you know, my mission is now to bring you some of the world's leading experts in the low carb keto nutrition world.

You know, to me, it's important that you hear the underlying principles behind the science of ideal protein, the science of ketogenic low carb nutrition, the science of metabolic health, you know, because weight loss does not equal metabolic health.

And there's a big difference there. There's a nuance there. And, you know, ideal protein at its core helps to Restore metabolic health from the inside so that we can lose weight on the outside.

And so the people that I bring you are experts who understand this. In some cases, they've done the research that proves this. In other cases, they're putting it into practice in their own medical practices to help change and save lives.

One of the things I'm super excited about too, I don't know if you heard, actually, last month, I was ranked number two best protein-based podcast by FeedSpot, who monitors podcasts, et cetera.

What a thrill and what an honor that was.

Dr. Barnes' Personal Story and Show Origins

And especially now that the new guidelines have totally shined a light on the importance of protein, just like we have been doing, just like ideal protein has been doing for over 20 years.

and so super excited to have that under our belt. Well, who am I and why did I even do this? Well, what you have to also know is that this was my story and this was my journey first.

Like many people who are in the experts in the field, they had some kind of personal experience that drove them down the rabbit hole to find out Why were they so unhealthy?

Why was their family so unhealthy? What could they do to make a significant difference or change? And, you know, this is my story. What I like to say is back in 2015, I was fat sick and depressed.

And the worst part about it was I didn't see a way out. But I truly believe that God brought me the ideal protein program is the answer to so many of my prayers, both personally and professionally.

And so now that has inspired me to try to get the word out to as many people and inspire as many people to make the change as possible. So our show today, I feel, is particularly important because we're going to address very specifically type 2 diabetes, what leads up to it, what is involved in it, and can it actually be reversed?

Have you ever heard of that? You know, when someone is diagnosed with type 2 diabetes, the message they often hear is that this is a chronic and progressive disease and it gets worse over time.

Maybe they need more medications, more insulin, more complications, but this is kind of a life sentence. And so is that really the full story? What if type two diabetes is not simply a lifelong sentence, but a metabolic condition rooted in insulin resistance?

Something that can improve and in many cases be reversed. Today I'm joined by Dr. Mariella Glant. Dr. Glant is an endocrinologist who trained at Harvard and Columbia and has over 20 years of experience.

She's truly a global leader in metabolic health. Dr. Klant has dedicated her career to proving that type 2 diabetes can be reversed through personal nutrition and lifestyle medicine.

She carries out this mission as the CEO of Ona Health, a telehealth company that envisions a future where type 2 diabetes and obesity are no longer progressive or permanent.

It also targets those who are in underprivileged communities as well. Let's just stop talking, John, again, and let's bring her out. Where are you, Dr.

Glant? Are you out there? Hey, so Dr. Glant, thank you so much for joining us. My pleasure. I'm honored. So I actually want to start off by having our listeners and viewers find out where are you joining me from?

Where physically are you? I am actually physically I'm in Madrid at the moment. But I am really, I work in the US. So I am, you know, I, my mind is always in the US.

I feel like when I go out in the street, I know, right. No, it's so amazing. And your ability to be able to reach around around the globe really, to be a leader in metabolic health is really fantastic.

I've had the opportunity to interview a couple of people in Australia and Glasgow, Scotland.

Introducing Dr. Mariella Glant

I've had the opportunity, but I've never had anybody who's been in Spain. So this is quite a thrill. The thing is that I live in Spain, but you know, because all the work is in the US, it's a little, it's like, think of me as in the US.

Yeah, absolutely. So I tell you what, can you tell us a little bit about your professional journey to become an endocrinologist? Well, sure. Well, I guess it goes back really to my dad.

My dad is type 1 diabetic. And I was always nervous about this. And I mean, when I was a kid, my dad didn't have a glucometer. There was no such thing.

Right, right. I can't even imagine a world where there was no way to check your blood sugar at home. I know it was,

I can tell you it was hell. I mean, I was a patient, but I was the kid who was living through that.

So it was hell because, you know, now looking back at it at that time, I'm like, how did you even survive? It's kind of a miracle. Seriously. Right. It's really pretty crazy.

But anyway, that kind of led me to always be interested in anything diabetes. And I did research in type 1 diabetes while I was at Harvard and also at Columbia.

And then I just kept always having an interest, even when I started practicing general endocrinology. But somewhere along the lines about, 10 years ago, almost 11, I was actually opening my own private clinic And it was a really wonderful opportunity because I mean, I was modeling in my private clinic after what I thought a good diabetes clinic should look like, you know, multidisciplinary, blah, blah, blah, the whole thing.

Yeah, like psychologists and nutritionists, everything. But then I suddenly discovered the low carb movement. I was like, oh, my God. this is crazy. But at the same time, since it was my clinic, I could do whatever I wanted.

And I just flipped the whole thing, had to change dieticians, had to do everything because they thought I'd gone crazy.

From Type 1 Diabetes to Endocrinology

And that was how it started, patient after patient, just started growing and growing. And the results, as you know, speak for themselves. So Yeah, absolutely.

You know, in our pre-interview when we got to meet the other day, I got chills, actually, because you told me that one of the first reasons that you even started going down the low-carb keto rabbit hole was a video by Dr.

Sarah Halberg, a TED Talk that she gave. Yes. And that was very much early on in my transition into ketogenic nutrition for weight loss. I saw that video and I was mesmerized by her presence on stage and by her enthusiasm for being a low-carb ketogenic physician who was basically trying to reverse type 2 diabetes.

I'd never heard of such a thing. I know she was my hero. She was incredible. She really, you know, you can't you if you're listening, you can't be not affected by that video.

It does. Yeah. No, I was like, what? Yeah. No, 100%. And now, actually, I didn't know the story about your father and how that actually, you know, started and drove your curiosity right out of the gate.

That makes absolute sense. So Can you actually talk to us a little bit about what is type two diabetes? How is it different from type one diabetes? Well, great question.

I mean, really, these are two different diseases, if you want to call it two different conditions. OK. It's not really, I don't think of it as a disease.

I also always tell my patients with type one, you're not sick, you're just missing a hormone, that's it. And so that is type one. Type one is you don't have insulin, that's it.

And insulin is a hormone that's very, very crucial for growth and for just storage. Those are the functions of insulin. So it helps us growth and store.

So if you can't store, then you kind of wither away. That's the diagnosis of type one. It's secreted, of course, when we eat carbs, that's the macronutrient that triggers it the most.

So you eat carbs, insulin secreted, and this is the storage that happens. But in type one, the beta cells that produce type insulin are destroyed. It's an autoimmune process.

Type 2 diabetes is exactly the opposite in the sense that you don't have low insulin, you have high insulin. When you diagnose type 2 diabetes and you go to the doctor, you will have high insulin levels, not low.

So this is how you can actually tell right away what type of diabetes you have. That's one way of checking. But basically type 2 diabetes, why does it have high insulin?

Because the body has stored so much already and how much you store, what is too much is a very personal thing. But when for your body, your body has stored too much, that's when the cells say, hey, I don't want to respond to that anymore.

I don't want to store anymore. So that's insulin resistance, and that is what characterizes type 2 diabetes.

Understanding Type 1 vs Type 2 Diabetes

Now, type 2 diabetes is a combination of two things. insulin resistance, but that's not enough to give you diabetes because if you keep producing a lot of insulin, your sugars will be normal, but you'll still have insulin resistance.

When you can't keep up with that demand of insulin to push, push, push those sugars inside the cell, when you can't do that anymore, then that's when you have relative insulin deficiency and then you get type 2 diabetes because the sugar starts to accumulate in the blood.

Got it, you know, hit upon a couple of different things. And, you know, when I went to a chiropractic school and I'm not gonna date myself, however, it was a long time ago, I learned type one diabetes as a juvenile onset diabetes, right?

Juvenile diabetes and type two diabetes was adult onset diabetes. And you know, these days, it seems as if we've absolutely erased those definitions because it seems to me like we're seeing more and more kids with type two or adult onset.

And I actually know, and you can, I've had mixed results on this. I know a couple of adults who seem to have developed type one diabetes. Is that possible?

And why is that happening these days? Actually 50% of type one is diagnosed after age 18. So yes, it happened. Wow, I had no idea. So yeah, and type one, you know, it gets a little bit murky because there's something in between that's called latent autoimmune diabetes of adults, which is a 1.5, I guess some people call it or LADA.

And LADA actually has components of both. It has insulin resistance and lack of insulin. So you have to be on the lookout for that one. So it is an autoimmune driven.

So it is like a type one, but it's a little bit milder in its presentation. And there's a lot you can do. Wow. Yeah, no. It just seems like the landscape has totally changed in the time that I took my state boards.

And today it's really been pretty crazy. And one of the questions I was going to ask, because I have this question asked a lot, is type 2 diabetes technically a sugar problem or an insulin problem or both?

I think both because like we said, you need both. You need, well, the sugar is just a symptom. Okay. That's all. That's why type one and type two have the same symptom, which is high blood sugar.

But so the problem is the insulin resistance. That's what always predates type two diabetes. So if you want to look at the root cause, you have to go for the insulin resistance.

When you treat the insulin resistance, the diabetes goes away. Okay, and so yeah, now we're kind of getting to the crux of the matter and I wanted to kind of, I want to try to explore insulin resistance a little bit with you.

How prevalent do we think that is in the United States? And how does it actually develop in individuals? What a

difficult question. Type, I mean, insulin resistance, There are kind of different ways of looking at it.

First of all, how do we know somebody has insulin resistance? There are many ways, but the signs and symptoms are kind of grouped together into something that we call the metabolic syndrome.

And the metabolic syndrome, oh, look at that. I just happen to have a graphic here that might help us out. Well, there you go. Well, these are actually all symptoms.

They're all manifestations of insulin resistance, but they're not signs and symptoms. So wait, let me back up here. This is, I would say, the next slide.

But before that, metabolic syndrome actually consists of five things. High blood pressure, high triglycerides, low HDL, increased waist circumference, and high sugar, dysglycemia.

Exactly. So these are the five things that say when you walk into a doctor's office, this person is high insulin. And it depends what study you look at.

This might be somewhere between 80% and 90% of the United States. So that's insane of adults.

Insulin Resistance and Metabolic Syndrome

And this is, let me put it this way, about 88% of Americans have one of these off. And it's enough to have one of these off to really signal that something is wrong with the way you're processing your insulin, which in the end is in the way you're processed, like how you obtain energy.

That's actually what we're actually talking about, okay? Because when you're insulin resistant, you're not using energy in a very effective way. So this is like screaming at the doctor, hey, you've got insulin resistance.

Now, insulin resistance can manifest, as you have in the next slide, in many, many things. It can present as obesity. Obesity is an exaggerated increase in waist circumference.

Diabetes, which presents dysglycemia, a little bit of high sugar is enough to be on that, on what I said metabolic syndrome. Diabetes is an exaggerated or it's like an extreme form of insulin resistance.

Cancer is always associated with, almost always associated, there are few cancers that are not, with insulin resistance. PCOS, polycystic ovarian, underlying cause insulin resistance.

Fatty liver comes along with insulin resistance because if you don't know If you just, if the insulin is high, it messes up the pathways in the liver and you end up storing fat in the liver.

Heart disease, number one reason, number one risk factor for heart disease is insulin resistance. So most people don't know that. Notice that we didn't say ADL as one of five things, right?

But heart disease, number one risk factor. Well, competing with smoking is insulin resistance. High blood pressure, as we said. These things are all saying, hey, if you have erectile dysfunction, you better check your insulin level.

Right, which, you know, for many, many people, that seems like over here and over there. Like, what does that have to do with anything? And again, too, you're talking or you're speaking to checking your insulin level, which also, I think, for the majority of patients, nobody has ever done.

Right. We're missing the elephant in the room. Yeah, yeah, yeah. So again, most people, can you speak to the concept of being glucose-centric as far as the medical doctors go in looking at this versus being insulin-centric?

Most people just get their fasting glucose done. And I also found out you don't even get your A1C done unless you've had a previous blood test where your glucose is above normal.

It seems like that's the standard of care, which makes no sense to me. You're right, though. It's true. I mean, basically, if you look at Let's say before your diagnosis of type of type two diabetes, you have between six to 20 years of high insulin levels that go unchecked.

It's only when your insulin levels start coming down that your sugar is going to go up. Because as we said before, your pancreas can't keep up with the demand.

OK, because the cells are like, do not store any more sugar. but the pancreas has no choice. I think of it always as like a civil war. The pancreas is like hiding the rest of the body, right?

You ate that sandwich, that bread is now sugar that's in your blood, too bad. Now I'm gonna have to get it out of the blood, otherwise you're gonna have diabetes.

The job of the pancreas is let's get the sugar out. So it will crank out insulin, insulin, insulin, insulin. so that the sugar can go into the cells. The problem is the pancreas in 10% of the cases gets tired.

It's a very simplistic way of looking at this and starts to secrete less because it itself actually has fat accumulation that is causing it to malfunction.

So then then you have the problem of the sugar accumulation. And so what I'm saying is by the time you diagnose that sugar, you've been with high insulin causing all of those things that we just saw on that list happening, but you don't even know about it, right?

Because nobody's checking it. Right. I've heard crazy statistics and maybe you can help us with the nuance of pre-diabetes, right? So there's a statistic that says that 50% of adults in America are either pre-diabetic or diabetic.

Yeah. And then most recently, the CDC came out a couple weeks ago and said that one in three teens is actually considered pre-diabetic. Yeah, I believe it, actually, if you look at the way people eat, right?

I mean, we're just not built to handle the food that surrounds us.

Protein, Carbs, and the New Food Pyramid

A hundred percent. And I've had that conversation with, I've had that conversation most commonly with a friend of ours, Shannon Davis. We go, we go, we go through the conversation of what nutrients are essential that we need to get in our nutrition.

And, and the fact that, you know, again, it's not our fault because we've been taught that carbohydrates, uh, the foundation of healthy human nutrition is six to 11 servings of bread, rice, cereal, and pasta every day.

Right. Right? How can we not get sick? Or exactly, right? And so that's why and I wanted to celebrate a little bit too. I didn't expect to use all my graphics, but I'm gonna.

I wanted to celebrate a little bit with you as well. Can you can you speak to the significance of the newly revised pyramid that was just released? I mean, I think this is unbelievable.

I can't believe this happened. I mean, I'm so, so thrilled that this happened. The fact that meat is there at the top, that protein, animal protein being the best source, the most nutrient dense source of energy for our body is so amazing that I just can't even believe that's up there with fish and eggs and everything that needs to be there is actually there.

I mean, you know, If you are eating a diet, I didn't answer your question about what causes insulin resistance, because we didn't really get to it. But I think you can have some carbs if you're not eating sugar and you're not eating seed oils.

I think that is OK. And I think that's why societies have been just fine having lots of rice or having lots of tubers without getting sick. The minute you throw in fructose and seed oils.

I think that's when that this is what really triggers the insulin resistance. And then if you want to correct, you have to go all the way and take out the carbs because actually when insulin is high carbs convert to fructose.

So you, what you, what you want to. Whoa, that's something I didn't know. So yes, this is why you have to go all the way. You can't just stop with, people are like, oh, but I eat sugar-free.

No, because you're eating potatoes and it's still not gonna solve the problem. You have to be extreme because of what I just said. Yes, because carbs can turn into fructose and because if you keep eating carbs, also you're keeping the insulin elevated and you need to bring down that insulin.

It's like multi-pronged, you know? But you have to go all the way to really cut the cycle. Right. Absolutely. I love when I learn something on my own show.

I have never, ever heard that. But it makes a whole lot of sense because, like you said, you have to go all the way once you've become insulin resistant.

At least that's been my experience personally and my experience with my patient base. Right, completely. Yes, we'd like to be less extreme but it won't work and then you'll still be craving things and you'll still be unable to really get the full benefit and the joy of being low carb all the way.

Right, right. Wow. You just threw me, you threw me all off my outline because I'm just blown away by this concept. And fructose, if you could just actually, my audience probably doesn't know necessarily the significance between fructose and sucrose.

Can you speak to that a little bit? Sure. So fructose is, it is a sugar. It is Unlike glucose, which is what, you know, what all the carbs basically like boil down to, well, bread, pasta, et cetera, get broken down into glucose.

Yep. Yep. Fructose is actually what gives things a sweet taste. Okay. So if you're, if you've, that's why when you eat rice, you don't feel the sweetness because it doesn't have fructose.

Fructose All of the body can use glucose, but the only part of the body that can use fructose is the liver. This gets completely centered into the liver, which very quickly ends up converting it into fat.

The problem also with fructose is that not only Do we need energy? Here's the thing. When we break down glucose in the mitochondria, eventually we end up getting ATP, which is energy.

To me, what's amazing is that when you break down fructose, it ends up costing you ATP. Wow. So this is a fundamental difference. It actually makes us tired to break this down rather than the opposite.

So this is one of the main things, one of the main differences between fructose and glucose. So the minute we added fructose, meaning like table sugar.

High fructose corn syrup in sodas and table sugar. High fructose corn syrup, but even regular sucrose, sucrose is glucose plus fructose. It's basically table sugar.

Table sugar, yeah.

Fructose, Fruit, and Why Low Carb Matters

So that's in like 80 something percent of products in the supermarket that's added, because now we're like addicted to it, we want it. So if you want something that tastes good, you better have sugar.

So we're now completely addicted to this. And the threshold for sugar goes up and up and up. So we want more and more of that, right? So anyway, fructose, not a good thing.

You gotta get it out. But a lot of people are like, oh, but I took out the fructose, but no, it's not enough. By the time you're sick, you gotta take it all out.

Wow. So relate this to me, relate this to fruit. Isn't fructose the primary sugar that is in fruit? Yes, but you know, fruit is great if you want to gain weight.

Oh no. Again, I've never heard that before and I'm going to be using that forever now. Oh my God, right? Explain that. No, I mean, I always have this image of like the bear eating fruit before hibernation, like all summer, like gaining weight, you know, the fastest way to gain weight is to eat a lot of fruit and then it turns into fat.

Now, if that's all you're eating, you're probably going to be calorie deprived. And in the end, you're going to lose weight. By the way, I don't know if I mentioned this, but fructose does not require insulin.

Did I say that? No, you did not say that. I'm sorry. Can you tease that out? So fructose does not require insulin. So if things that are high in fructose at first were kind of like sold as if they're good for you because they don't require insulin like glucose does.

Okay, so so but because something like like sucrose has both fructose and glucose You're getting you're getting like a double whammy you're getting the fat conversion from the fructose really fast and on top of that You're getting the high insulin storing everything, you know storing everything is fat.

So and so But when you talk about fructose, so when fruct when we just take in fructose by itself Yeah It does not need insulin to get stored away as fat?

It does not. What? Yeah. Fructose, it goes into the cell without the help of insulin. Yes. Wow. Okay. Okay. Wow. So something like agave, which is high in fructose, I think originally it was sold as something that was like good for you for that reason.

Yeah, yeah, yeah. Which is a very common mixer in mixed drinks. Not that I know that. So go for mixed drinks. So I was getting that I was getting that visual when you were talking about it before because when we eat fructose it gets converted into fat and we get tired afterwards we expended so the bear I was always you know I was taught that fruit generally is only in season to help us get.

store away some fat, some fuel for the winter, right? Exactly. Exactly how I think of it. I mean, of course there are winter fruits as well, right? But I'm not saying that you have to like never eat a fruit.

Okay, that's not what I'm saying. But I'm saying if you're trying to fix metabolic disease, okay, then I wouldn't eat fruit. That's my recommendation.

If you're a healthy person, then no problem, have a fruit. And we're going to circle back to that question because I've got a very specific question about bananas later.

So let's cycle back and get back because I know your time is valuable here. Let's get back to the idea that type 2 diabetes, when people get a diagnosis of type 2 diabetes, they in general are taught that this is a life sentence that this is a chronic progressive disease that eventually will just require more and more medications to try to manage it.

Does this seem accurate? Yeah, yeah, completely. And so you think differently. That is true. That is true. It's a true statement if you keep eating the way we've been eating.

Okay. So let's get to the concept of reversing type 2 diabetes because there's still so many people out there who have been diagnosed who do not understand that they have the possibility of at the very least improving it if not reversing it or putting it in remission.

Yes, and I think it's so exciting to know that you don't have to be sick with type 2 diabetes. I, you know, once you understand that it's in your power, that you decide what goes into your mouth and that if what you put into your mouth doesn't raise your sugar, then it doesn't raise your insulin, that combination, you take that out of the diet completely.

Feed yourself really good nutrient-dense food at the top of that pyramid. You're done with diabetes. And the sooner you do it, the better, because the reversal is much better when you do it early on.

So it's really worth it to be proactive as soon as you get that diagnosis. And then that's it. You can reverse it. You don't have to have diabetes. You can be free of medications, free of complications.

and even be healthier than you were before because now you know you maybe had been living with insulin resistance for years and now you're not going to have that so it's very very powerful and this is what we do and we do this in underserved populations in the Bronx And it's just against all odds.

People are like, whoa, how can you do that? But we do that. That is true across all segments of society.

Reversing Type 2 Diabetes with Lifestyle Change

Anybody who wants to get rid of diabetes can do it, no matter what your budget. So it's really, really, really feasible. And of course, you're talking about your company, Ona Health.

You've created this company, this model, this ability to be able to, and right now you're primarily reaching out to a community in the Bronx? Well, lots of different places in New York, but also in West Virginia.

Oh, right. I forgot about that. So we are about diabetes reversal in underserved populations. This is mostly what we do. And I mean, it's just, this doesn't have to be a life sentence.

That's true for everybody, right? All you have to do is understand what brought it on and understand what causes insulin resistance. And as I said, I think the sugar and the seed oils are main factor here.

But if you want to reverse, you got to take everything out. You got to get that out. Yeah. And then you're good. You can chuck all your stuff away. Are you well, are you talking about somebody who is just maybe a little bit diabetic?

Are you talking about somebody? What is? I heard a podcast that's actually only been out for like two days now, right? So it came up on my feed immediately and you were talking about your typical.

What is a typical patient that comes to you fresh? What does their profile look like? Well, our patients are very uncontrolled. They come with an A1CO9 on average.

They're very sick people, very, very sick people on meds, on insulin, on GLP-1s, on SCLT-2s. They take the whole lot and they're still in the cold. So it's not like, oh, let's give this person a GLP-1.

No, they're already on a GLP-1 and it's not working. You know, what you need to do is just change the diet and then it just, you know, it is not necessarily reversible all the way.

Like I said, if these patients that have had type two diabetes for 30 years, then I may not be able to get, I will get you off insulin pretty quickly, but I may not be able to get you off of everything.

But I try to decrease the insulin as soon as possible because as we said, the body's rejecting the insulin. So why bother taking insulin? Because it'll only increase the insulin resistance.

It's really the opposite of what you wanna be doing. Well, it's also, it's also affecting all the other cell systems in the body, right? Every cell in the body has receptors for insulin.

And that's how we get that big circle with all of the diseases and problems there. Because the more you're putting that insulin, whether it's natural insulin that your body is producing, or whether it's synthetic insulin that you're actually injecting, it's going to have that effect on those other systems, right?

Absolutely. Absolutely. It seems like the insanity of telling people it's, you know, your body cannot process carbohydrates well, but eat them anyway.

And we'll dose for those. Right. Makes no sense. People knew that. I mean, this is how type two diabetes used to be treated. It used to be treated with a low carb diet.

So it's the doctors intuitively knew that. Yeah. Yeah, this is, you know, before we had the old food pyramid and we started telling people to eat carbs.

Doctors knew not to give patients with diabetes sugar. So, yeah. So you're, I mean, we just got in the last 50 years, we kind of went crazy. Yeah. Yeah.

Right. Well, and, and so we'll circle back to the banana, right? I had a friend, uh, I overheard a conversation he was having with somebody about getting, getting his potassium in, um, you know, getting his electrolytes.

And he said, you know, I take one or two bananas to work with me every day and I make sure that I eat those. And, and, um, I'm thinking to myself, you know, a banana, especially.

on one end of the fruit spectrum is a stick full of sugar, right? I think on average, seven and a half teaspoons for a medium banana is what I come up with.

Yeah, 20 grams usually, I think so about seven. Yeah. So let's say no, maybe less. Yeah, but it's a lot. Yeah. Yeah, it's a lot. Yeah. And it's it's fructose, right?

Yeah, there's a lot of fructose. Also, there's a little glucose. Yes. But yes. But yeah, banana is I mean, it's all about- Well, again, for somebody who's sick, for somebody whose body does not handle or process those carbohydrates properly, right?

Right. You can get potassium from many other things. You know, vegetables that grow above ground have a lot of potassium, so you can just do that. You don't need to eat a banana for that.

Yeah. Yeah. So, there's no reason. And also, you don't really need potassium if you're like a healthy person. You can just eat, you know, If you're eating meat, chicken, fish, eggs, vegetables, you're going to get your potassium.

You're going to get your potassium. Yeah, right. I don't think that people understand that that could come from those sources, right? Right. Literally, the banana is the source of potassium.

I know it's true. I didn't know until I got into nutrition as deeply as I have that potatoes actually have more potassium in most cases than bananas do, right?

Yeah, but again, we're still talking about starch. Correct. Right? Yeah. But so yeah, so and and you've been you've been using this model now and you've been taking care of type two diabetes this way for how long?

Coaching, Support, and Closing Remarks

Since 2015 is when I tried treated my first patient. So we're now 1000s of patients in so That must be an amazing feeling, you know? Again, to me, it seems like when you get this diagnosis, it can be very, very disturbing, very devastating for people.

And they're very fearful, very scared. Yeah. Right? It's definitely, it's scary. And it's, like I said, it's not necessary. Let's just get rid of it. That's, you know, who wants to walk around with a diagnosis of diabetes?

Well, and I love how you actually phrased it earlier when you said you don't have to be sick with diabetes, right? Yeah, yeah. This is a new… Go ahead.

No, no, no. I think that we have the impression that once you've been given this death sentence, that's it, you know? And it's a very depressing thought.

And what's also depressing is that the worse your diabetes, also the worse your depression. So it does even get worse in that way. Um, absolutely. So, yeah.

And it's, it's a shame because the body's starving really lives for nutrition and we're depriving it by giving it like fast acting glucose and fructose.

You know, the body needs good proteins and good fats. And that's really what, what it's about. This is really what leads to health. You want to cure yourself, just have real food and stay away from the carbs.

It doesn't really require much more than that. Wow. Yeah. Wow. It's pretty simple. Thank you so much, Dr. Glant, for being with us today. I know that I have learned something today.

I hope that there are many people out there who have as well. We got pretty technical in some places, but I think that, again, I think that was amazing.

Um, so your message to, to somebody out there who, uh, was either newly diagnosed with diabetes or they have a friend or a family member who is very, very concerned and worried about it.

Um, your, your final message to them is. You don't have to be sick. No, you don't have to be sick. You know, listen to this podcast, understand that, that if you take away the problem, which is by definition type two diabetes is a rejection.

Okay. It's, it's, it's a resist sugar and carbs, which is sugar is a type of carb, but people think of it. Yeah. So if you just take that away, you don't have to have the diabetes goes away.

It's as simple as that. And, you know, there are little things that need to be understood along the way, but it's not that much more complicated than that.

You don't have to be sick and you have the power to change that. Wow, and that is such an empowering message because people really feel helpless. You know, one thing I also wanted to highlight for people is you don't just tell people this is the way to eat and send them away, right?

Like your model actually has a lot of education and coaching with it, right? Correct, yes. It's doctor, coach, and group meetings, which are, you know, this combination is really where it's at.

That's that's been the magic key. Yeah, the coaching is absolutely critical. Yeah, well, that's that's near and dear to our heart in the ideal protein world that I live in.

You know, our whole concept is we've got a map and you've got a coach and it's that coach that really brings it all together. You know, I heard you talking about on the other show, it's part cheerleading, it's part education, it's part, right?

It's all the things, because this is humanity. These are humans, right? That need help. Yeah, it's and you know, the bottom line is that if we weren't all sugar addicted, then it'd be much easier.

I would just say do this, this and this and that's it. But we're right. We have hijacked the system. And now we want it. It's like a drug. That's 100%. Well, thank you.

Thank you again so much for your time. I, you know, good luck with your mission. I love it. I support it. I hope that

we get to see each other at different conferences and maybe even back on the show.

Yeah. And I'm going to drop you backstage and close the show up and I'll be with you in a minute. Thanks. Well, ladies and gentlemen, what an amazing show.

Like I said, I always am so excited to learn new things on my show. Um, uh, that was a, like I said, so enlightening for myself and hopefully it was so enlightening for you.

Um, type two diabetes does not have to be a lifelong sentence of sickness. Um, and I think that that's the biggest message that, uh, Dr. Glant brought us.

So until we meet again, uh, like I always say, keep thriving, keep striving 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.

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