Introduction and myth-busting

Welcome back to another interview on Reversing Chronic Gut Conditions. I'm your host, Sinclair Kennally, and todayI am joined by my wonderful friend and colleague, Dr. Beverly Yates.

She is a licensed Doctor of Naturopathic Medicine. She's also the nation's leader in online type 2 diabetes care. And this is why I wanted her on this summit.

And this is so important for us to really get to unpack some of the concepts that are really intertwined between the the epidemic of diabetes that we are experiencing today, whether it's Type 2 prediabetes.

She's an expert on both and as well really looking at chronic conditions and how things have really come to a head in these last couple of decades here.

So she's going to use her background as an electrical engineer and systems engineer in Silicon Valley to help us unpack the systems here. What has gone awry and what are some of the key relationships between, you know, some of the most important factors at work here today under the surface.

So welcome, Dr. Beverly Yates. So wonderful to have you here. Hi Sinclair, it's great that you're doing the summit. Thank you for taking your leadership role here, helping people with better gut health.

And I'm looking forward to our interview to bring some clarity and hopefully inspiration, some hope to people who are struggling with these things because it's such a central problem in people's health and in their lives.

Yeah. Love this. So we're going to start by myth busting today. Right. This is one of my favorite things to do. As you know, I really want to give you a chance to unpack for people what are these persistent blood sugar myths?

Because when we think about diabetes or pre-diabetes, you know, there's this subtext in between the lines of like, well, you know, you're lazy, you have made bad choices lifestyle wise.

And so therefore, you know, just deal with it and it's your fault. And I know that you are really passionate about dispelling these persistent myths. So what do you think are the biggest blood sugar myths that are holding us back right now as a culture?

What are great rich questions? All right. Let's peel back the layers of this onion. So you're right, people do get a lot of shame and blame and disparagement when it comes to a diagnosis of type 2 diabetes or pre-diabetes.

People often jump to a very judgmental, assumptive place that someone has earned. They deserve this particular chronic illness, which is just bizarre because often and certainly in my clinical work, you know, 30 plus years now helping people.

A lot of times people don't necessarily have a crazy lifestyle. They aren't necessarily eating too much of the wrong things or, you know, deliberately abusing themselves like, you know.

Tell me, Sinclair, if you agree with this statement, I think it's true that none of us zero wake up in the morning saying, how can I screw up my health today?

Nutrition and blood sugar basics

Like, no one does that. Right. But there's this implicit bias behind the whole thing that if someone has that diagnosis, they must have done something actively and consciously to destroy their health.

And the onset of diabetes can be caused by lots of things. Could be a really bad reaction to a viral respiratory infection. It could be from way too much stress, not enough sleep or none of quality sleep.

It could be due to a variety of things. And yes, of course it could be due to eating all the wrong foods and knowingly and not exercising. But usually what precedes that are some things that are really difficult and people's lives, you know, we don't choose to be ill.

We don't. That's a beautifully said. I really agree with you. I had I can't think of a single person in our practice or our group courses that would ever knowingly say that they chose to get sick.

And here we are with this epidemic of gut health issues and diabetes. And of course, those are so intricately over well interwoven. So I really want to dig into the different aspects of this with you today.

Why don't we start by actually talking about the impact of nutrition, right, on delaying gastric emptying and slowing the release of food from the stomach.

And I also want to give you a chance to explain to the audience why we chose to start here. All right. Absolutely. So I think we can all agree that your food is your medicine and your medicine is your food.

Right? Nutrition would be the bull's eye of the target if you're working on blood sugar issues. You can't just like you cannot exercise a bad diet. You know, you're not going to have good health if you haven't figured out nutrition that is healthy for you.

I tell people, eat the foods you love as long as they love you back. Part of that is how your blood sugar is responding. Part of that is whether or not your gut is bloated.

You experience a lot of gas and belching and burping and farting, etc.. Right. Because those are all symptoms. Those are clues that something's not right.

So I have found that the order in which people eat their food matters and it does vary by individual. Most people will benefit from one of a few following really simple strategies that they involve noticing.

And if you wear like a CGM, like I'm wearing now continuous glucose monitor or you don't. There's different ways to assess. Your biggest clues will be after you eat.

Is your mind clear? Are your moods in a good place or in a bad place? Are you like irritable and difficult to be around? Everyone flees until you've eaten or after you eat.

Are you so exhausted that you just do like a face plant on your desk? You have them pull your head up your back because you're so exhausted. You go into a food coma, right?

We get a lot of clues. So for most people, if they start their meal with either a dense protein or with leafy greens, that's usually going to be the first food in, followed by a healthy fat.

And then the last thing they should probably eat would be their complex, slow burning, resistant starch carbs. This will then lead to usually a gentle, healthy blood sugar.

So their blood sugar will move a little, maybe 20, 30 points from where it started right before they eat, which is okay if you start out with, Gut forbid, simple carbs, right?

Highly refined, ultra processed foods, particularly rich in carbohydrates, butter is likely to spike up like a rocket, come crashing back down and you'll be like this.

Your moods, your attention, your ability to focus and function, your desire to exercise will probably be gone. You won't be supporting your health. So if you eat the wrong thing first or at all, this is the problem, right?

So that also leads to knowing when it's time to stop eating, feeling satiated and satisfied, being able to know that your hunger has been met. All of these things are related and giving people a reasonable chance and having a healthy weight and metabolism.

It still works and not overwhelming your digestive system because your gut is asking you all the time to treat it with love and with care. That's so beautiful.

Thank you. So let's talk about the other aspects of lifestyle that often get overlooked, right, when it comes to diabetes and persistent kind of health issues.

So I know that you're really passionate about sleep quality and want to give you a chance to unpack some of those important factors for sleep appetite, satiety.

How do all these things relate together? All right. So let's share with the audience then the story of the twin gremlins. These are two hormones you don't hear a lot about, and I've nicknamed them just for fun.

It makes it easier to remember the twin gremlins. One is gremlin spelled Ghrilin. That's Ghrilin And the other one is Leptin, Leptin. That's right, Leptin.

So those two, I call them the gremlins because they can kind of sometimes run around in the background rather a lot of havoc, a lot of chaos. If people don't understand that these two worlds, when they're out of balance, cause a lot of the problems.

So for those who struggle with overeating, those who struggle with insatiable hunger, they just cannot tell when they're full.

Sleep, stress, and the twin gremlins

For anybody who finds that their appetite just doesn't make sense relative to their activity level, you really I invite you to look at leptin and ghrelin, because those two hormones might be out of balance.

Ghrelin is the one that is related to you feeling hungry, right? Grrr Ghrelin, your stomach, your tummy goes grrr. Right? That helps you remember. That's gremlin.

That's explanation. Yeah. Get that one to your girls. Ghrelin. And then Leptin is the one that lets you know when you are satisfied. You're a satiated, you are full. You've had enough.

For some people, they're broken. That's one of the reasons why some of the peptide therapies, whether it is something like Ozempic or something like Mono Gyro, Semaglutide, other names, they go by.

This is why they're so popular, because for a lot of people, leptin and ghrelin are broken and they need very real support telling people they can muscle through and ignore that they are hungry or ignore that they can't tell when they stop eating is cruel.

It doesn't work like that, and it often is rooted in issues with chronic stress or poor inadequate sleep that those two the stress of sleep will completely disrupt leptin and growling.

So if somebody knows that they have absolutely had you know, now they're listening to you about the twin groans of the going, Yep, I feel broken. I think that's exactly what you know intuitively is going on with me.

And they would agree. Yes. Stress and sleep have been major issues for me. What do they have control over in regards to that? Like what? What are some steps that they could take to support that without getting into costly drugs?

That's a great question. So let's dig in on this one. The things that they could do to take control and do some simple

like, you know, personal, do I feel better or worse after this would be this one would be to be sure that they have leafy greens with all their meals and yes, friends.

That includes breakfast. I know that's controversial. Some people have told me that they think that's weird. Some of my longest term patients, that's where we started.

They now do it. They're now so much better. Right. The reason you want to have those leafy greens with all of your meals and ideally at the front end of your meal is because they help you in a primary way with that feeling of fullness of satiety, of being able to have control and not constantly overeating, giving yourself that feedback.

The fiber that's in the leafy greens is a blood sugar sponge. The fiber leafy greens also helps with cholesterol. The fiber in leafy greens helps your gut literally to expand in a good way, not a bloated way.

But that expansion in that small intestine lets the brain know it gets a signal, says, Oh, we have food coming through and it makes all the rest of it work, including if you're struggling with bowel movements and things like that, right?

So you get more intestinal motility, you know, there's the intestine squeezes so that all of the product goes through its large intestine becomes fecal material.

If you aren't eating leafy green vegetables, friends, you are missing out on a great, helpful, helpful thing that's doing like eight things for you at a minimum.

That's what a great point and it's super accessible to do. So you bring it up with them and I really want to give you a chance to comment on this. And this is so topical right now, and I promise we're going to keep talking about the twin Gremlins, guys.

But since Dr. Beverley's area of expertize is diabetes and we're watching this huge ozempic craze right now, I really want to get your thoughts on it.

So if there's anything with any of the peptide therapies that are addressing what I feel are for some people the missing pieces, I think that they are a helpful therapy and they buy people time.

You still need to make the life felt changes. And what I've seen is often when people have diabetes and if that's why they're put on a drug like Ozempic, or if someone is obese and that's why they're put on a drug like Ozempic, or for that matter.

Montero Often, in fact, I could safely say honestly. Sinclair Most of the time they have not been supported in the rest of the lifestyle things right there are five factors that matter.

Five pillars that make the difference. Right? Or steps in your lifestyle that you could take. I bundled them up in the Yates protocol. Nutrition is the bullseye, the target, I think we can all agree on that.

The next one would be paying attention to sleep. It is restorative and foundational. You cannot be well or it's much harder to be well if you weren't sleeping well, next would be stress.

Stress is the bully that grabs people by their genetic color and slams them up against the wall of epigenetic expression. Whatever is lurking, you have to live it.

Image Yeah, it's a vivid image, right? But I think we've all, many of us have lived it. If we've gotten stressed for long enough and hard enough, the stuff that's lurking in our gene pool is what has shown up as an expressed chronic condition.

Right. Because, you know, the stress bully ran amok with our genetic potential, our genetic vulnerabilities. Right. And this is where lifestyles make the difference, because we can also turn it off and influence it to get back to

health.

Right. The fourth piece is going to be exercise in particular, strength training along with consistent exercise. Some of us are working way too hard for exercise.

We're beaten ourselves into a pulp. And therefore, you know, our stress response has hijacked. Right, because we're doing too much for exercise. Some people aren't doing enough.

Some people are different. Some of us need gentle, consistent exercise. Some of us need more vigorous, less frequent exercise. Right. You have to figure out what's going to work for you.

And in fact, with meal timing, some people, particularly if they have diabetes and blood sugar issues, so fascinating in terms of human behavior. They'll eat breakfast, forget the months.

They get so busy they're doing everything for everybody but themselves, their own self care. Is it number one on their list? These are sometimes the most amazing people in the community.

They give a lot. They say, are people coming back to say, hey, if you had lunch today or basic things like that, by the time they get to dinner? Sinclair, they are ravenous.

They could eat a bear and they're going to make that. They're much more at risk than they eat for choices. This is where the cycle can come in a real damage around nutrition, right?

So when you're looking at the drugs like Ozempic, etc., because it is conversing directly with the brain, it's getting that support, it's getting the feedback to say, Hey, we've had enough.

We were satisfied at a much lower level than the person has without that medication. I think the potent thing to do is get that lifestyle support. So if you are on Ozempic and it has been life changing, great.

And if you're not having nasty side effects because it can have some nasty side effects and it's working for you. Cool. But if you're finding you can't tolerate those side effects or you're looking at a way maybe to get off and not have to do this for the rest of your life or it's gotten too expensive.

I really would invite you to explore all five of those lifestyle factors the nutrition, the sleep, the stress, the specific kinds of exercise and mealtime to make sure that you are robustly supported.

Because for most people, it's one or two of these that really matter for their blood sugar health. That, combined with your gut health, makes for a really rewarding, sustainable lifestyle that will support your gut.

And thanks for helping me go down that rabbit hole because I just could not resist now. But I know we need to get back to the to the twin gremlins here, leptin and ghrelin.

And I want to give you a chance to talk about this from a different angle. So when we talk about the impact of stress, like if we brought this up a couple of times and how this can actually drive cravings and then food choices, you know, how does that relate to the twin gremlins and twin gremlins?

It sounds easy to say that we're right. Gremlin and gremlin. Yeah, yeah, yeah. So here's how it relates. And this is rooted in human survival rates. Back in the day, if we needed to respond to an emergency like, say, there was a predator or something threatening our survival, we had to be able to get up and go and we needed to have the energy to do that.

That meant we could be amazing. We could be superheroes in that moment for probably about 10 minutes, there'd be enough adrenaline from our fear, from our cortisol being released to save us or to save a loved one.

Right. It's how you hear about tiny people lifting cars off of loved ones. You people set Olympic records and don't

even know it, trying to get away from something or to be really strong and fight off.

I have a friend who recently fended off some people who had ill intent, and I'm sure her cortisol was intense, but she did it. You know, she's maybe about five feet, five foot one tall, and she kicked their asses.

So that was cool. I'm sorry that it happened, but I'm so glad she was able to avoid further harm. Right? Small but mighty. I love that. Small but mighty.

So in that moment then, you know, you're able to do what you need to do. That is supposed to be a temporary stress. And for many of us, the way life works, it's we're kind of always in that mode.

We don't really get to calm down and reset. So here's the deal. When your body has released that much energy, it needs to be fueled. And so you're going to preferentially go to look for blood sugar, for glucose, right?

Your muscles are ready. They're primed to absorb it. That all works for 10 minutes. Nothing's going to break like that. But if you're like this 24 seven, this is a problem.

So as a result, then if you're chronically stressed or you aren't sleeping well, either one, heaven forbid, both are happening the next morning when you wake up Latin and grilling or now out of balance, you will feel overly hungry.

You're going to want preferentially simple carbs, not complex carbs. So, you know, things like lentils and chickpeas will not seem sexy, but donuts and croissants will seem amazing, right?

Any of the simple, highly processed flours, things like that. And you may also want things that are savory, really umami, really highly comfort level foods.

They're going to be high calories, right? Maybe high comfort, but low nutrient density.

Ozempic, lifestyle support, and chronic condition overlap

It's a real set up. So if you get stuck in this cycle, this is day after day, week after week, month after month, God forbid, year after year. You got some trouble here.

And this is how leptin and ghrelin can get out of balance, stay out of balance and take you with it. And it's really well said. So it's you're basically describing the modern lifestyle. Oh.

Yeah, I kind of am. Huh. And then they then we wonder why it all ran amok. Exactly. And we wonder why we're not getting better. So let's let's unpack for this this intertwining of chronic conditions and diabetes.

What overlap do you see there between the biggest chronic conditions of our time? You know, of course, there's leaky gut, but we also see, like this could be we could talk about this from the perspective of symptoms as well, not just diagnostic labels, but what do you see in terms of the overlap of this basket of chronic conditions and diabetes?

I think that there's two layers of it. One is when the digestive capacity of the gut and its ability to assimilate well, to digest, absorb and assimilate, right.

So break stuff down and then make it useful to the rest of the body. When that's compromised, chances are really good that other things are broken with it and in the case of chronically high blood sugar or people who get on the blood low blood sugar, and they rarely spend time in the middle.

This means, then, that their gut microbiome is most likely compromised. The signaling that comes from those good, healthy gut bacteria is probably being overwhelmed by unhelpful inhabitants in the gut, and as such, their blood sugar is not stable.

It also means they're not absorbing their nutrients correctly because they weren't digested correctly, were broken down into their smallest bits, they weren't digested properly, and therefore they're not assimilated, put into the cell, into the tissues for repair, which means an elimination now is being usually overwhelmed, overburdened.

The poor liver is trying to bag and tag and detoxify things. Right. The gallbladder is trying to help you with your fats. You know, your pancreas is trying to help you with all those beautiful enzymes that it makes along with the hormone insulin, other the good things that it has to offer and everything is just on overdrive and it's like oversteer relation but under effective. Hmm.

And it's a really important distinction. Overstimulation under effective. Yeah, it's trying real hard. Real hard. But you know, the sensitivity isn't there.

So when you when you think about how I talk about things like insulin resistance, but we don't necessarily talk about like, you know, assimilation. Resistance, maybe we should.

Mm yeah. I agree. So what are some signs and symptoms that people might have pre diagnostic label that this would actually be an issue for them where they're overstimulated but under effective you know, aside from those blood sugar swings what else might they be noticing when they're in the stage?

Sure. Great question. So I always ask people, what's your energy like and what's it like throughout the day? Because I find that clinically it should it should match things that we can observe when we do laboratory testing, like if we do a diurnal cortisol test.

In other words, for point throughout the day, we want to know what your awakening cortisol is like, what it is like at around midday or lunchtime, what it is in the late afternoon, and then what it is at bedtime.

We are really clear about what cortisol should be doing at different points in the day. If your curve doesn't match that, then we've got some work to do.

What you might feel is you wake up and you feel like you didn't go to sleep. You feel like a truck ran over you while you're in the bed. You're like, Did I go to sleep?

And you look at your watch, your clock, you know, you're like, Well, time went by, but what the hell? I don't feel good, right? That's one. I remember the stage of my like, well.

You know, I think we have all been there, right? My entire mind. And it was called caused by another error of your expertize mole because. Oh God, that just blew me up. It was terrible.

Now I know, you know, Ben at that time was an engineer, so I just didn't know how how damaging mold is for human health. Right. Midday, you should still be feeling good, even brain clear, able to get stuff done.

If you find that your energy is just in the tank midday, something's not right there. You might find that your stomach is kind of rumbling, but not like it's hungry.

It's upset, it doesn't feel well. Maybe you're eating them because you feel like that's the only time you have to eat or not, right? Or you're just eating something for comfort because, hey, look, let's be real.

We're all human. We don't want to struggle and suffer. We want to feel good. And so you're going to go for that 15 minutes of feeling good, even though, you know, you've got 3 to 4 hours of hell to pay for the 15 minutes.

It's a tradeoff, right? Yeah. Late afternoon energy should still be there. And if it's completely crashed and you're in line at the cafe to get a hit of caffeine, I'm looking at you right now.

You need some other support. And then in the evening, if you perk up, you're ready for the day. It's like, carpe diem, seize the day, but now it's night.

Notice that the saying is Carpe diem, seize the day. It's not, you know, carpe a night, heath. The night you just saying your energies upside down. Yeah, that's a really good point.

I mean, that and you're you're also really highlighting something that I think so many of us have normalized in this culture. And it comes as we pay such a high price for it that we're looking for that short term fix to reset the nervous system, to, you know, boost the the oncoming crash, award it off to try to self-regulate and get some short term relief because we're just so depleted.

Yeah, yeah. Are there any specific gut symptoms that you think that you see as early warning signs for pre-diabetes and like, Oh, you are headed nowhere good.

One of them can be if you notice that your accumulation of body fat starts to really show up so much more so in your belly and not necessarily just under the skin, but at a deeper level.

Right. And you can be thin, otherwise thin on the outside, but then you can have the accumulation of that abdominal fat inside your organs. It's called toffee.

Toffee, been on the outside, fat on the inside. People make lots of a judgment, does assumptions and judgments like, for instance, with sumo wrestlers, much of their body fat is right below the skin.

It's actually not in the organs. It's not in visceral deposition despite their appearance. It's so interesting where that fat is in your body matters.

So if you start to notice that your your midsection starts to feel thick, that's one another. Could be if you are visibly overweight or obese and you can see you have that Apple distribution where your body looks more like an apple with a lot more weight around your midsection than anywhere else.

That's another thing to think about. If you start to find that your stomach or your belly area just feels really uncomfortable no matter what you eat.

If you find that you are hungry, hungry, hungry, like all the time, as if you were still a teenager who was like a varsity athlete, kind of hungry, you know?

And you don't have that that age and that really busy, active lifestyle anymore. That's another thing you might notice.

Gut symptoms, motility, and meal timing

And also, if your bowel movement pattern just doesn't make sense, where if it's just sluggish, even though let's say you are eating a high fiber with plenty of hydration diet because with plenty of hydration and fiber, it should be easy to move the bowels.

And if you're struggling with that, that's a clue on the other side, if you have too much motility, it could be your body's just dumping things. If you have bowel movements that are really frequent because, you know, it hasn't figured out how to really hang on anything long enough for you to benefit from it. Right.

There is such a thing as too quick of a transit time from when you eat all the way for it to be excreted down the other end. Can you explain that a little further?

Like what? What is the relationship the audience needs to know between intestinal motility and blood sugar balance? Yeah. So there's this thing with particularly with type two diabetes where people get into gastric emptying syndromes.

It goes by all kinds of names. But for some people, when they eat, particularly if they eat the really high sugar content foods with no fiber, minimal protein, minimal fast, their body just dumps.

So the second it hits the stomach is just on an express train right out of there. And so they'll get into all kinds of problems. And because type two diabetes, when it goes to the more serious consequences, compromises everything, including your nervous system.

One of the things that happens is the signaling that should happen in the stomach via the nervous system that beautiful feedback gets broken because as blood sugar in excess starts to glom onto naturally found proteins in your blood circulation.

One of the things that happens is the proteins that help compromise your or comprise rather your nervous system. Also get glycated. They get sticky with that excess blood sugar and they become less able to function normally.

And so your body's signaling gets literally gummed up. And that's one way you get these gastric emptying syndromes where people's food just dumps through.

So they never got a chance to really digest them, you know, primary stage in the gut. In the stomach specifically. Yeah. Wow, what a great point. I think this is so important because I even meet practitioners all the time that have not made that connection and they're not looking out for that in the same way they're like really quick to jump to like a microbial emphasis, which is fine.

That's an important layer to discover and assess. But there's there are larger implications here that we need to get better at assessing. Yeah, yeah. There's a reason why, you know, your body has decided to dump it.

You need to determine is it microbes, is it neurologic feedback or the lack of it, etc., which was compromised because once you know what that root cause issue is, then you can address it.

I would say always keep an eye clinicians. For those of you watching who are clinical in your work around what people are telling you with their lived experience, their symptoms, and then you look at the signs and assess what's the appropriate way to determine where the struggle is, because that's really going to make the difference for that person's health.

Yeah, exactly. Absolutely. Okay. So I really want to give you a chance to talk about meal timing and gut health, since we just we kind of brought this up several times.

Let's get granular about this piece right now. Okay. So meal timing is one of the most fun things. And for most people, it's probably one of the things you definitely have control over throughout your day.

Ideally, particularly for those of us who are an adult, we really have to pay attention to a few key things. So number one, if you have a meal, a typical meal eating pattern of having breakfast, I highly encourage you to have lunch and dinner.

Going from breakfast to dinner with no lunch and no plan is a mistake. I've seen more wreckage from that than anything else. So if your life is stressful or if it's unpredictable, if you have others that you care for who count on you, if you have a crazy boss, whatever it might be, you know, people in your lifestyle circumstances, right?

Make sure you have a plan for lunch. That is the meal that can cause the most havoc for blood sugar and gut health. I feel if you typically eat free meals now, if you're doing some sort of intermittent fasting or you just don't typically eat breakfast, that's okay.

Different people's metabolisms can respond beautifully to that eating pattern. Right. I'm agnostic in terms of thou shalt always eat right now we have so many ways in which we can be healthy as long as you find what works for you.

So if you're going to eat your two meals, then you want to be relatively consistent across days. At what times those meals are, you know, think about it, right?

If you can remember your childhood as a little kid and if particularly you had a good childhood, you probably had regular meals if you didn't have that experience as a child.

I'm sorry. And I'd say now as an adult, you get to give yourself that gift of consistency because your other hormones and circadian rhythm depend on these things.

But similarly, if we go to bed at really different times, it's hard to be, well, your hormonal system, your endocrine system, all of the magic. It really likes predictability.

That doesn't mean you have to be rigidly to the minute, but certainly within a half hour or so, you know, you just give yourself that gift of easier health.

Your body knows when to expect new inputs. Therefore, I can give you the outputs called bowel movements, you know, or urination or whatever it might be, right?

The biggest, most important thing about meal timing that I see a mistake with Sinclair is when they eat their final meal of the day relative to that time. Mm.

My professional advice, lived experience. What I've seen with all of the people I've helped is that it is critical to allow at least 3 hours before bedtime and up to 5 hours before bedtime between dinner, your final meal in going to sleep because you give your gut time to do that work while you're still upright, while gravity is working for you before you go horizontal.

Now, I want to make this visually clear. When you're like this gravity is working for you, it's going to help pull that food down. Once you go horizontal to sleep.

And I'm assuming most of us aren't bats. We're not upside down trying to sleep. We're sideways right around a bed before a futon, whatever it might be.

Your body no longer benefits from gravity to drive that food down. So the intestinal motility, the guts, ability to squeeze the small intestine particular is critical to keep that food moving.

If you eat a heavy meal and go to bed like this, it's sitting there between your esophagus and your stomach. It has even gotten to your small intestine.

Yet there are sphincters along the way, some of which are mechanical, some of which are more dependent on gravity. And if you don't have gravity to assist you, the likelihood that that food now will travel back up, come up the esophagus through the throat with the stomach acid causing you to have heartburn and or gastro esophageal reflux disease is much higher.

I've seen some people's cases of heartburn and gastro esophageal reflux disease. Gerd, go away simply by having that time 3 to 5 hours between dinner and sleep. Wow.

That's amazing and not uncommon. You know, if you think about it, you would need to work with the body here. So one of the things that I'm really tempted to talk about with you before we go, I'm actually going to resist because you and I did a really good job of this.

Be at one. When I interviewed for you for my podcast on your Health Reset, there's an amazing episode with Dr. Beverly that we did together called Why Haven't We Fixed Diabetes Yet?

And she's given you so many pearls today about these overlooked pieces, really, like layering the basics here and understanding the underlying scientific factors like what has gone awry, not just in our modern lifestyle, but in our diets specifically, and how you're treating food.

But we're talking about the systemic piece of why haven't hasn't diabetes been fixed yet in that interview? So I'm

going to resist the temptation to do it because I know you guys can all find that.

And I really want to give you a chance to zoom in in our remaining time on a couple of stories that can help give people hope. You know, I'm thinking about how often diabetes and chronic conditions are characterized by this emotional roller coaster of long term suffering.

Right. And I would love it if you would end. Take us home today. Dr. Beverly where's stories of hope. People that started out really sick and had advanced chronic gut issues and you know, also in diabetes was complicating that.

And then you saw them get well and walk us through the path they took to get there. You're I'm happy to do that. So one story that comes to mind is of a woman who has a family history of diabetes, along with gut health problems.

And within the family, there was this belief that, you know, this was just then this was part of being in the family to accept it. You know, it's going to happen to you, too.

It was kind of like in the air. That was the expectation. This one particular person was like, No, I refuse to accept that. I want to be well, but I need to figure out how.

So for her, she had started out with pre-diabetes. I was going along with her life and then her usual du pot of stress and all the other things that go with it.

Not eating well, right? Having poor gut health. And then one day she was diagnosed by her doctor with having type two diabetes. And when it flipped, a switch flipped in her head because now she felt a sense of mortal threat.

It felt so much more real for her now that it was type two diabetes. She's like, there's no pre I'm in it. And her gut health was getting worse. She was getting more and more uncomfortable in her own skin.

And you know, when you have something wrong, when you can feel it, it's not some sort of an unknown or existential threat or it doesn't seem real when it's quantifiable.

It can be diagnosed and you feel crappy when those things all come together. For her, it made a compelling. Interesting. Okay, so it was no longer abstract.

She made it into type 2 diabetes surgery. How did she get out of it? She got out of it by taking it seriously. She went and looked at all five of those factors that we talked about nutrition, stress, sleep, exercise, meal, timing, realized her biggest pieces, reworking what her nutrition was, and having a plan that was part of meal timing really for her.

Hopeful case studies and practical next steps

But it really is nutrition and planning her meals. That was huge. The other piece for her actually was sleep. She realized she didn't sleep well. She hadn't been prioritizing it, so she became fastidious about sleeping in a regular time allowance.

So 8 hours sleep, so going to bed with enough time so she could get 8 hours of sleep, so she'd plan for nine and hope for eight. That worked out great for her.

And meal planning made a huge difference. This meant then when it was time to be social and go out here, we knew what she was going to eat. Nice, nice.

Big difference. Right. And so of three months she got back completely out of all of it. And the last time I heard from her, she has an agency of 5.5, so she took that seriously.

Oh, and that was just 3 to 4 months. You said you got after it. Wow. You really did. That's amazing. And she still

had real life going on in some stress.

So I'm not saying this person lived in a bubble and has 30,000 people to weight on them. No, no. This is a regular person. Mm hmm. Yeah, right. That's really important for us.

I think we we assign way too much power to our genetics instead of considering what our what our family habits, our family co exposures and other factors of our family history, aside from genes, actually are teaching us, you know, what are the lifestyle pieces that we picked up from family instead?

Yeah, exactly. That's a great way to say it. Thank you for putting it that way. So now she's the one who's lighting the beacon for everyone else in the family to follow because they're shocked.

They didn't know that this was possible, right? Yeah. Yeah. So cool. Yeah. I remember vividly when I became the I went from being the sickest in the family, you know, and like the one nobody wanted to have around, because I just felt so terrible to being the coffee enema enthusiast, like, you got to try this.

It is getting to be amazing. They call it that coffee enema speech, my TED Talk Passes by. You can literally change your the whole world. One family at a time.

One family at a time Write another story. Quick one to share with you is with someone who started out with an agency of ten. So they knew they had type two diabetes.

They had kind of been hiding duckling cover and what got their attention was when their doctor said, That's it, we're putting you on prescription insulin.

You're going to need to inject this in. You know, for a lot of diabetics, that's a wakeup call. Right now, they've progressed, gone through all the meds.

They've done all the things in that conventional Western medicine allopathic world, and now they're finally there. And for people who've watched others than if they've seen their health just get so much worse when that happens, because, you know, it's like hammer in this auto.

Like, if you want a house auto to heal, you have to stop hammering it. So the issue issue is insulin resistance and you keep feeding the body more insulin. You're not solving anything, you're just stuffing them.

They become supercharged, right? And they usually put on a bunch weight and they feel miserable. It's not the right approach. So long story short for her in this case, that got her attention and she again, we looked at five factors.

Her deal was stress. And the exercise that she was doing in her case wasn't vigorous enough for her, but she was so miserable, uncomfortable and fatigued. I forgot to say that earlier in our talk.

Fatigue is an overwhelming element here because of the issues with blood sugar. It's so ironic. People have so much extra blood sugar available. They ought to be the Pepys people on the planet.

But the energy represented by the extra glucose is not available because of the resistance of insulin to be able to use the energy and instead it's in storage form, on active form.

So in her case we changed up her exercise, so we had her focus on resistance training. So she had focused, focused use, focused demand for that blood sugar.

And we focused on stress to bring down the overall demand for blood sugar. Right. So cortisol could start running off of things. So we fired stress the bully, put that back in the corner, got out of the way.

And those two things for her of the five really made that difference. And over the course of the year, that agency

came down to 6.8. And right now it is at eight because I get these I get these messages for people.

It's pretty fun. It is at a 5.9. So she's almost out of the pre-diabetes range. But again, they did the work. They did the work. I love it. So. Okay, then I have to ask and this'll be our last question.

We want to end on this note. I so appreciate you sharing the case studies because I think it makes it accessible for people and we need to see we need to hear stories of people who have gone before us and how what worked and how did they do it.

So for those people who are in the audience, whether they're just getting started taking control over their health or they've been struggling for a long time and they're quite advanced in their research, they're still not making the progress they want to.

What would you say to them about if they're in a state of overwhelm right now? Like, okay, those people did it, but I don't know where to start. And I feel like I've tried a lot of things, you know, how can we get them out of a state of overwhelmed with some pearls from from Beverly Today. Sure Sure.

I'm thinking of a very specific patient I'm working with right now. She's been a type 2 diabetic for over 25 years long in the journey, has a strong family history and has not seen others around her succeed.

Right now, she's enjoying success because we focused on two simple things. One was to get her back some native energy, right? So we started working on her mitochondrial health, some other things that just pop up those cells at the core level, right?

Get the mitochondrial energy factories producing energy. It has literally gotten this woman up off the couch. Now she realizes, oh, with nutrition. Oh, wait a minute.

So you were saying I could, like, get I could even just buy bone broth if I don't feel like making it. So now this is a person who was on her own, doesn't want to cook for herself.

The usual things that go on. We're all human. I get it. Yeah. All the stuff I said to her in that first visit. Now we had our fifth consultation of the day.

She has transformed how she's doing it. She's enjoying it. And she told me, and this is always music to my ears. When this happens, I feel like myself again.

She's thrilled, right? And we are doing lifestyle stuff. There's no prescription meds required on this stuff, but you got to be willing to do the work.

And the thing is, I'm not asking people to do anything crazy. I'm not saying go run a marathon in a month like nothing of that kind. We're identifying to one or two usually key things that need to shift.

In her case, it was her energy. She had none. The other was the self-care focused on her nutrition because it looked to me like if she could do that, the rest would come along.

And that's the case, right? It starts, the support person goes, Oh, well, I can do this one other thing. And it becomes really simple, really straightforward as they, you know, get reconnected to themselves.

You love that, honey. Thank you so much for sharing your wisdom with us today and for being such an advocate for people because I feel like every time I hear you talk about diabetes with feels so persistent, such a big problem becomes very practical, very solvable as long as they just follow your system.

So, thank you so much. Thanks for today.