Food, Culture, and the Secret to Lasting Change Transcript

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Introduction to Regenerative Life

Hi, I'm Dr. Scott Stoll and welcome to a regenerative life podcast where science becomes hope, food becomes a catalyst for healing and every conversation explores the profound connections between personal health, human flourishing and the earth and future that we will share together.

But more importantly, we'll explore one of the most important questions of our time. What happens when we actually begin living in alignment with the way we were designed?

All right, welcome and welcome back to Regenerative Life. I am delighted that you're here again, and it is really my sincere honor to welcome a dear, dear friend today.

This is Deepa Deshmukh, a registered dietitian. and such a great friend for so many years. She is an education specialist, advanced practice clinician, she is a incredibly well-respected voice in lifestyle medicine, and I believe brings a unique element of culturally adapted nutrition care, which we're going to talk about today.

As you'll see today, Deepa brings a rare and deeply needed perspective to the conversation about food and healing. She really understands that lasting change is not simply handing someone a meal plan and telling them what to remove from their plate.

Because she learned a long time ago that doesn't work. We both understand, and Deepa understands this deeply, that food is emotional memories, it is culture, celebration, its identity, comfort, belonging, community.

And all of those things are a part of a nutritional plan for an individual. If we ignore those, even the best science and the intentions can begin to feel foreign, restrictive, leaving people with an unsustainable dietary plan.

Deepa's Family, Food, and Cultural Roots

In my experience, what makes Deepa's work so powerful is her ability to translate evidence-based nutrition into real life for people in every walk of life, honoring their traditions, honored their culture, honor flavors and spices, their kitchens, families, and their lived environments, at the same time using all those things to help them to better health.

So today Deepa and I are going to have an incredible conversation about why culture, community are important, why they're really not barriers, but they are actually doorways to transformation.

And we have to take these things into account because they were essential pathways for helping people create sustainable, joyful change. So Deepak, I am delighted to you.

Thank you for taking time out of your day to spend with us. Gosh, no, thank you so much, Dr. Scott, and I'm excited that you have started this podcast.

And I love the name, A Regenerative Life, very suiting to what you do and what have been doing. Yeah, Thank you. I think we're all pursuing that kind of regenerative life in every part of our lives, right?

Whether it's relationships, the earth that we are stewarding, our own lives our, own cells, or our thoughts or minds, it is all trying to rebuild and make it better.

Now, before we jump in on all things nutrition and culture, community identity, you know, I think it's always important contextually for people to hear your story.

You know? And I, what I would love to here is kind of your growing up story, your culture and what food meant to you and your grandma and mom used to cook and how that warmed your belly and I'm sure there's some great curries in there.

I'd love to hear that part of your story and how you found your way into kind of regenerative plant-based nutrition. Yes, no, thank you. So I grew up in India, and I grow up what is called a joint family structure, where you are staying with your uncles and aunts and cousins and grandparents.

My father's family or parents, that set of my grandparents, they were in business. From my mother's side, her family was in this business, so I grew up in a business environment, which is not very static, it's very dynamic.

You know, with business a lot of ups and downs, and a lotta people coming in and going and experiences. And the Indian culture is such, and I'm sure most cultures are like that, where no matter how busy you are, how rich you, are how poor you somebody steps into your house, food is offered.

you know, a drink is offered. It can be 100 degrees outside. The first thing that we offer is chai. You know what you like? Some hot chay, right? And then it's very interesting.

One of my grandmothers, my father's mother, both my grandmother's were good cooks, but one was more like a gourmet type of cook, My mom's mom, and very precise.

She had a lot of ingredients at her hand to cook with. They had very modern kitchen back then, whereas my father's mother, where I grew up, she had almost like Rachel Ray kind of cooking, something very quick with whatever ingredients that were available.

Interestingly enough, my mom had some intuition about nutrition because I remember she was mixing three different kinds of flowers and, you know, sprouting things and very homegrown version of kombucha.

making it at home. So nutrition was in the background. But what I learned from all that as I look back is how they maneuvered food to connect with each other.

And that is what really gets to the root of the traditions, the cultures, and a way to show love. right through food. And I must say that I did not grow up eating junk food, there was no junk.

Everything was homemade. All the masalas were homemade every single day. The rotis were home made. We did no eat junk, that's the reality of it.

From Dietetics to Culturally Adapted Nutrition

By the way, my grandmother died just a year and a half ago, almost three years ago now, at age of 104. Wow. There's something special about a family joining together around a table and even inviting people that show up as guests around that table, and eating together.

That's true. And that shared experience of sharing food is so important. I know, Scott, you talk about the potluck concept. Potlucks should be like another pill in the pill box.

It's powerful. And the research shows, as you know, that it's not the fact of like coming together and eating that builds the bond. It is the act of sharing a meal and being together that build the bonds.

I think people miss that. You know when we sit and eat around a table, something magical is happening that is connecting us at an emotional and relational level that we can't really put a finger on, but it is important.

It's very important. After this last Plantrition Conference, I came home and as you know I work in the community. For this particular group of people, it was their first ever potluck.

You won't believe it. Strangers. I'm sure everybody does pot luck with their own group, but now we are talking about people We don't know each other, but me and my colleague, we were the only common thread among them.

And they were hesitant. Oh, I don' know anybody. How can I come? What should I cook? They may not like what I cooked. We said, doesn't matter. You can bring bananas and water.

Just show up. There was this young boy, 16 years old. He didn't want to get out of his car. Okay, he came with his mom. And he wanted to go to some fast food place and his mom said, no, I'm not, not going.

I am here because I promised Deepa that I would be here. We are just going to stay here for five minutes, seven minutes and 10 minutes. And we will leave, you know.

and 10 minutes lead to 20, and eventually he came out of the car. And I would say within 45 minutes, this boy is standing there, he's eating food, is talking to people, He's talking other young person who was there sitting in the corner and they were chit chatting.

All of us adults who saw him just less than half an hour ago, not getting out of the car. Mom is trying to, you know, fight with him about it. And he was transformed within in less than an hour.

Yeah. This is the power of food to create and build communities and to nurture and cultivate communities. Yeah, and so as you became a registered dietitian and were working probably in the traditional elements of dietetics, was there a point in your career, not only were you transitioning to whole food plant-based nutrition prescriptions for people, but when you also began to realize that you have to honor their culture in order for this to become sustainable?

First of all, when you come into a new country from a different country, you are trying to absorb everything, right? Because everything changes, air changes language changes the kind of food people eat changes.

For me, it was also a cultural shock to some extent, everything starting from the temperature. I landed up in Boston, which was very cold from a tropical country.

That's a good change. It was one of the worst winters at that time, 1993. And I used to go to the grocery store, look at food, and I said, oh my goodness, breakfast food.

I don't know. There was this thing as breakfast. So I was observing all these things. And fast forward, I thought, you know, if I go back to school here, we learn more about food.

I will learn the science behind it. All that, hence all the ABCD behind my name. And then when I started, first of all, started working in the hospital, didn't last for not even I would say three months.

Okay. Inpatient I said, Oh my God, this is not for me. Maybe I need to change my career. And then I saw that outpatient dietitians have more control over nutrition education side, but even then it was fine.

So I started my practice and.

Why Culture and Community Drive Sustainable Change

At that point, I was trying to recommend medical nutrition therapy that I had just learned, that if a patient has diabetes, if they are drinking regular soda, have them drink diet soda and low fat cheese and margarine or what have you.

And one day I said, gosh, If I ever get diabetes I wouldn't eat my own diet. That's a powerful revelation, isn't it? Even I won't follow my recommendation.

I will write in my chart, patient non-compliant. Oh, that's that word. We use that so often in medicine, don't we? And

it's filled with judgment when we say someone's non-compliant, because what we're really saying is, you know, they're not listening to me, They don't respect me.

They do not value the information I'm giving to them. Something's wrong with them, and it takes us completely out of the responsibility, right? I did my job, I gave them what they should do, And they are just not doing it.

But there's so much more to that word, isn't there? Oh my God, that non-compliant word is so bad. You know, it breaks the first vow of above all, do no harm.

It harms them. The blame and shame that hides behind that word and patient can feel it. They most certainly do. they feel how we feel about them, you know.

And I think that is more damaging than the disease itself. Because our job is to give them hope, our jobs is give support, and they see in our eyes, I don't believe in myself, even this person has also given up on me.

And that's what that word, the way we write it in the chart, it is really inhumane. It's based on so many false assumptions. And it's really not taking into account, if we're just talking about a dietary prescription, all the potential challenges, friction points, barriers that someone may face when we are making that recommendation.

And rather than meeting them, like you said, with hope, care, compassion, curiosity, and interest, We just simply meet them from a clinical standpoint, delivering a prescription, and expecting that somehow they're going to go do this in a world that is actually working against them.

And you're right, it leaves them with shame and blame. which does them tremendous harm by ramping up, as we know, that whole cortisol stress system, inflammatory cascade, which can lead them to eat more unhealthfully and believe something's wrong with them.

And nothing's right with that. Nothing is wrong. I mean, the word bothers me, and there's another attitude practitioners that I have seen all around me when I'm working with others is that oh this is too hard patients are not going to do it.

practitioners, we really cannot have that assumption. How do you know they're not going to do it? Yeah. I often think sometimes when they say the patient won't do, what they are really saying is, I won t do.

Right? How did we know? I have been so surprised, as you have as well, Yes. How many people will take this on? And sometimes people that, you know, I'm very hopeful and optimistic.

There are sometimes I have patients as you probably do as well, and you think to yourself, gosh, i have no idea if they're going to take us on and they go for it 100%. So we can never make assumptions about who someone is, where they come from, how they are going approach it.

And it's really our job to again, just approach you with curiosity and care and say, You know how can I help them? That's true. And I think the word lifestyle medicine is very comprehensive.

It's complex. The treatment plan is complex, it's not like pill one and done. You know, and that's what makes it interesting, intriguing, but at the same time, challenging, right?

And unless as providers, we create a pathway, a roadmap on how to practice and not just recommendations without really understanding how those recommendations are going to get executed.

Right. I'll give you a very quick example. Times patient goes to a provider and they just say, Oh, don't eat bread and pasta. Okay. If I am of Indian origin, my message is that the way I'm interpreting that is, oh, if you have something, something don't eat bread and pasta.

I don' eat it bread or pasta anyways. Or they would say, Oh, don''t eat butter and margarine. Well, I didn'''t need

butter in marging. What I don't know as a patient on the back end is, well, butter equates ghee and margarine equate some other traditional oil that we may be using, right?

So it's a missed opportunity. Our lack of understanding of somebody else's culture or their traditions or beliefs is a miss opportunity to teach and to make a difference.

Yeah, and that's such a good point. A lot of times people assume that eating healthy requires abandoning traditional foods and cultures. You know, sometimes we present like, you know eating healthy is, steamed kale and potatoes, right?

So they have these concepts. How do you help people adapt the foods they love, just as you said, traditional Indian food. And I know you've done a lot of this work, adapt their foods, they loved to be foods.

They love but healthy. See, when you get into the cultural food arena, you will notice that most cultures have emerged from Whole Food Plant-based foundation.

Right. There's not a single culture unless we go to Alaska and, you know, that kind of environment, Eskimo environment. But if you look at overall culture, all the cultures all over the globe, they all have a very strong foundation, which is rooted in whole food plan based minimally processed cooking skills and techniques.

It's extremely important to take just five minutes of your visit time to ask patients, so just tell me what your grandmother ate or where do you do your grocery shopping?

What are some of the traditional foods that you eat? And chances are they are going to say, you know, some grains, Some kind of plant-based protein source or way to flavor their foods.

And you just hang on to those two, three things. If you just ask patients what their ancestors ate, you get a lot of history about their culinary habits.

And all you have to tell them is, that's our goalpost. That's what we are going to try to imitate. So how do you do get there? First of all, your instantly connecting with them by showing that respect.

It's all about showing respect. The moment your patient recognizes that hey, you are as eager to learn about them, as they are eager to get the treatment plan or recommendation from us, that connection is the most powerful one.

That question, you know, tell me about your cultural heritage of food. It opens up a magnificent conversation. And so, maybe just for the audience, give them some examples of how you would approach kind of culturally relevant foods and make them healthier, metabolically healing, fiber-rich meals that bring joy.

Absolutely. So, you know, everybody has recognized in the United States that kale is a vegetable that is supposed to be good for you. If I see a patient is of Hispanic background or African-American or Indian or any other, like Korean or, any ethnicity, and we are talking about greens, I make sure that I almost tell them, don't eat kale.

Making Traditional Foods Healthier

Okay? Eat fenugreek leaves, which is very popular in Indian culture. Eat bok choy. All kinds of those little chai type of vegetables or watercress, right?

Mexican grocery stores have those chayotes or red amaranth leaves. I tell them, you don't have to eat care. Just go back to any green. I don' care what name of that green is.

Go to the ethnic grocery store and buy any greens. You don''t have smoothies. Don'''t drink kale based smoothie or salad. Indians don's eat salad, period.

There's no raw big salad in our cuisine. So I cannot tell you how many times, at least hundreds of times people

have said to me the first thing, I hope you won't ask me to eat salad.

That's their hope, Scott. Well, that's the misconception of a healthy diet is it's a big salad, right? I can't live on salads. I've heard that a hundred times.

You know, like, we don't have to live salad! I don' t either. Exactly. But to get there, I had to study the cultures and I have to have an open mind. And I've taken every opportunity that I get to go to different grocery stores, walk through their aisles, look at their vegetables, understand the names and come back home.

That's the kind of fellowship we need is understanding culinary traditions and foods. So you first ask them or ask him to go to, in my case, fenugreek is, I am convinced that fenogreek probably has same amount of ORAC value or even higher than kale.

So we tell them to stir fry it with some garlic and a little bit of chickpea flour and some cayenne, cumin, and the dish is ready. Yeah, that's beautiful.

I know you created an amazing series of kind of food pyramids for every culture. The calorie density pyramides and those literally came out of my passion to go to these different grocery stores, understanding what the foods were, looking at the, you know, the fruit section and the herbs and spice section or, or you the different kinds of beans and lentils and things like that.

And where can people that are watching download that? Because it's an incredible resource. They need to reach out to me and I'll do it because it is in another database right now and i need a special permission to get it.

Okay, we'll work on getting that. Thank you Deepa, that would be very special. So, it's culturally relevant and it is community, right? But I think as we were talking maybe just before we started recording today, sustainable change rarely happens in a vacuum.

You know, we are community-oriented creatures. We love to be with people. We love to eat with people. It's a part of our lives. If we're recommending someone make a transition in their lifestyle, it's very difficult to do that when they're alone.

How did you begin to understand this was important? And I think more importantly, how did you actually begin helping your patients connect into community or actually work with their family community to help them make those lifestyle changes?

Yes, so what I started doing was I start asking them who is involved in your food decisions, right? Sometimes spouses or their kids, if they're an elderly patient, sometimes their neighbor too.

And I would say next time, bring whoever is involved in shopping for you and cooking for. Okay. They have never heard anything like that. Right? Because we have a tendency to treat hopes.

Whoever is in front of me, one disease at one time. Yeah. Siloed. Very silo, very silored thinking, a very silent treatment plan. But when you start showing them the scope of this treatment is not here and now, but we are trying to get to the root cause of where this is all coming from.

And other people are invited for the next class that you are doing, next potluck you're doing. Even your one-on-one appointment. I used to say, well, if your neighbor is making you Girl Scout cookies or selling you a Girl Scouts cookies, bring her here with you.

teach her that maybe instead of cookies you know maybe she you can donate money for something else right so because many times Scott we know people want to do something right but they feel social pressure if because they fear oh my god if I say no to my mom if i say, no, to, my friend if, I, say not to they just don't know how to say how, be polite and say know right So you just have to teach them all these skills to some extent of the cell skills.

I call it. Yeah. And at the core, you know, for all of us, we have the needs of like being seen, heard, valued, connected, and all that as a part of our immediate inner circle of friends and family.

Community-Based Learning and Shared Meals

You know one of the challenges that I often see with patients in my immersions as well, people are making a lifestyle change, they go home. I'll just use this example because I'm remembering a person I worked with.

And he said, Dr. Stoll, I don't think I can do this because on Friday nights I go out for beer and brats with my friends. I would order salad and I feel disconnected.

And so what you're doing and what your sharing with us is so important to invite the people in their life to come and learn with them. In that way, they're a part of the solution and not a Yeah.

And you know, Scott, I'm trying to test this theory, which I have, a gut feeling for the last 20 years that this is how it should be. I may have told you that I am finishing up my PhD and finally…

I don't know how you squeeze that into your busy schedule. It's quite amazing. Oh my goodness. You know, I'm doing it because I am enjoying it. It's not just taking classes, but finally able to put the proposal together and ability to test what I have been doing for so many years.

So, i'm kind of excited about it You know, and I take my own time, so there is no pressure, you know. So it's all working out. But the essence of my thesis is actually, is lifestyle medicine interventions are going to be better?

include or if we couple the education along with some experience-based learning. And that takes me back to your potluck concept, the picnic concept. We did a beta testing of launching the program in a restaurant.

Because that's the first thing, right? People feel that, oh my God, if I start eating better, I will not be able to go to a restaurant, life is not going to be fun, all that.

So I want to show them that this is a lot of fun. You're not missing on anything. So we went to the restaurant, I taught them how to order with no oil, how scan the menu and identify ingredients that they can tell the servers to put together to create a dish of their choice.

And it worked out beautifully. So far we have gone to a Thai restaurant and a Mexican restaurant. That is a beautiful way to educate people. I love that idea.

Yeah, that's right. Because they're not doing it in the typical setting. if it's in the clinic, then it is not real life, and it has to be real. I'm just thinking that in our delivery of nutritional information and lifestyle in healthcare, we're trying to do something that the system wasn't built for.

We have a kind of an antiquated system for the delivery of lifestyle medicine, and it doesn't work. So we have to, in some ways, disengage from parts of that system that are ineffective or antiquate.

And like you're doing, innovate new concepts for helping people actually find pathways to integrate these things into their life. I love that idea, Deepa.

Yes. No, thank you. And in fact, another experience I want to share is this time when I came for the Plantation Conference, a patient of mine came with me and she was changed in the first 24 hours.

Why? Because she was getting the education and then the food, right? Experience. She said, I have never, ever experienced something like this. What does that tell you?

The power of being with other people, the power experience, and she's a changed person. Yeah, it connects to an emotional part of our lives and a relational part that is often missed when we're just delivering information.

You know, there's interesting studies I know that you're aware of when you are delivering an information as a prescription for someone that only turns on two parts of the brain.

When it is delivered as story, turns six parts. And when it's delivered an experience, It's full HD for someone. And so the more that we can make it experiential for people, connecting them in community, connected them with other people.

Inviting them to a potluck, taking them into a restaurant, then change becomes real for them. It is not just something the doctor told me to do. And you know, Scott, you have seen with patients too, right?

Patients' blood pressure goes up, white coat syndrome, when they walk into our rooms, so that tells you. I understand why too. Not only the friendliest kind of place.

And then on top of that, Oh, you need to breathe better and you to drink better. You know, while in that state of high blood pressure and cortisol levels going up high.

So there's such a misalignment of what we want to do, how we are doing it, what will want patient to and what patient needs. What if we could redesign the way that we deliver lifestyle healthcare, including the environment?

What would that look like? I'm just thinking of this as a thought experiment as we're talking right now. What an ideal environment look like? I'm kind of putting you on the spot I know deeper, so I'll give you 30 seconds to like think through this.

But I am just thinking, you know, it's like you're taking people to a restaurant. Like, what is the kind-of optimal environment for helping somebody make a lifestyle change outside of a small clinical cubicle where we see people?

That's true. I think we really need to go back to our tribal way of living. You know how In olden times, I'm sure a person who knew about medicine sat under the tree probably and few people gathered around him and he preached or he diagnosed them or, you know, and while that was happening, people were chit chatting.

I think environment plays a huge role in just calming people down. So if we start to have this lifestyle medicine clinic, or since you believe in systems, if you have an alternate system or a place basically, it can be a faith-based organization where people go and they are naturally relaxed.

It can a restaurant. It can be by the lake. Doesn't matter. Take them somewhere where there is a natural tendency to feel relaxed. and maybe we'll have to change on the insurance form, the place of service by the lake.

I don't know what it is. Lakeside. So something has to changed because in order to connect with someone, people need to have their minds open and they need be in a state of calmness.

Designing Better Environments for Lifestyle Medicine

Yeah, it's turning on the parasympathetic, turning off the sympathetic. Turning off that threat system and turning that system of rest, recover, rejuvenate, and providing atmospheres for people to do that.

I think that's a challenge for us to kind of contemplate. How can we actually begin doing this in lifestyle medicine in a way that meets people where they are and meets with who they You know, as you said, we are communal beings, right, that are part of community and connection.

Correct. And that's why I think confidence like Plantation Conference can be an avenue where providers can ask their patients to come, hey, three days of resort experience.

right, which is so beautiful. This, like I said, in 20 years, this is the first time my patient of mine came and it was life-changing for her. I'm really hoping next year I can bring two or three more people because for me it's like an

anthropology type of experience just to see how people react and the outcome of it.

That was beautiful. I love that idea of clinicians bringing a patient to a conference. That's what makes you special, Deepa, is you're thinking outside the box in ways to really empower people for long-term change.

And it comes from your incredible heart of compassion. Yeah. It's been very interesting to me how all of this has evolved over the years and how basic it is.

Yeah, so for the clinicians that are watching, what would you say to them right now? They're hearing this and they're, you know, What we've been talking about you and I thought about for decades, but this is maybe new for them.

And I remember trying to figure this out in my clinic a long time ago, like, how can I actually do this? So what would you say to clinicians who want to offer a nutrition prescription, lifestyle medicine that can be delivered now in a culturally relevant, kind, compassionate way, understanding the power of community?

What kind of encouragement would give them if they were just starting out? I think if no matter what settings they are in, whether they're in FQAC, in a hospital setting or a private practice setting, we all have to think a little more creatively and get into the shared medical appointment setup.

We know that there is reimbursement for that kind of a visit structure and then find a place that is not as medical or clinical in nature. And then let's see, it would be very interesting to do just an experiment checking someone's blood pressure within the traditional exam room versus at the picnic or a potluck.

Same person, same disease conditions, only thing we are changing is the environment where we're taking the blood pressure. Yeah, that would be a great study.

And for the individuals who are maybe new watching this, what are some simple systems? Because we talked about systems. Systems are what allow us as clinicians to bring change into our clinics to help people, and systems are any individual to bring any kind of change into their life in a sustainable way.

We have to build systems. What are some simple suggestions you can make for clinicians first—and then we'll talk about individuals—to build some basic systems inside of their clinics to begin improving the effectiveness of the lifestyle prescriptions?

You know, lifestyle medicine hinges upon behavior change. In order to drive the behavior of a change, we all agree that it should be given in bite size doses, so to speak, right, without overwhelming the patient.

We first need to know, or we need have what, as a clinician, is a right kind of tools. So I have a software solution which allows me to write lifestyle prescriptions.

We call them smart actions. They are not goals, they are smart action and it allows the patient to take a picture of their food, not count calories and you know As much as we, I guess, what I want to say is we pay a lot of attention on education side of things.

Oh, we want teach them this. We want them to teach that. But too much at one time can be very overwhelming. So you need to have a right software solution to break that messaging into small parts.

Systems for Clinicians and Patients

That's one thing. Your documentation that captures not only your conversation but the context behind it. And then on the side, as a clinician, we must all continue learning not just about the science but also the culture, the faith, and the traditions and have those maybe food models ready or pictures of some of the common ingredients or be aware of, you know, different festivals.

that patients go through. So having all that at your fingertips is extremely important. That's going to make it easy for you to prescribe lifestyle medicine, so the delivery and the tracking of it.

On the patient side, patient is coming to you and he's saying, I understand you are trying to tell me the science, but just give me one thing that is going bring my energy back up.

Okay. And anything that you can give that is going to literally kickstart that process without overwhelming them is important. These two things are part of building those systems.

Yeah, that's right. Finding great dietitians like yourself, it's a team that critical. See, that's another thing, Scott, That unlike the traditional medicine, lifestyle medicine cannot be delivered by one individual provider.

You know, it has to be a collaborative effort. So it is almost a community of healthcare professionals delivering to a Community of patient model. I like that.

That's beautiful. Try one community helping another. That's really a beautiful picture. And for the person that's watching, they're just maybe learning about this information and they want to start making some changes.

What advice would you give them? What recommendations and what encouragement today? First of all, the biggest encouragement is being hopeful and open, not getting overwhelmed.

And it's the same thing. Take a moment and ask yourself or ask your family members, what did our grandparents eat? Or even our great-grandparents ate.

Identify those foods. and start working with those. Make sure you are eating lots of plants, lots flavor. Don't be afraid to make that change overnight.

It's a roller coaster ride. it's never a straight line. Relapse is part of the recovery. So not getting overwhelmed and starting and find your tribe. Dr.

Scott's website, I mean, Plantrition's web site has a potluck mac. Start a Potlucks. Exactly. We want more potlocks. And we definitely want pot locks and no need to tell anyone that there's going to be no meat or what you're doing.

Just, just lead by example. And Diba, you've been doing this for a very long time and thinking deeply about food, culture, community. And I think I've come to realize after more than 20 years in this that culture is not an obstacle.

Community is an not obstacle, it can actually be a doorway. What kind of deep understandings of food kind in that honoring place would you want to share with the audience that I think would maybe resonate deeply with them?

You know really where the healing starts when it comes to food is respecting food. We live in a culture where we don't underestimate the power of food to some extent because it's a mindless culture of opening up a package and eating whatever comes into your mind whenever you want.

Right? There's food available 24-7. I don't have to work too hard to get food. We have our ancestors. They were extremely mindful about how precious food was.

Right now, the least precious thing I feel is food for people because of the excess of it. So as we start respecting the power of food and how it helps It's a mindset shift.

I'm sure you see the same thing. When person comes back to you after you give them your recommendations to eat what they're supposed to it and let's say they were suffering with tremendous amount of pain and when their pain goes away, they are in awe.

They feel this is like some miracle drug you gave them. How can? food, heal me and get rid of my pain that I was suffering for so many years. And I tell them that's the power of food and you have to respect it.

So I think really at the essence of the healing is through understanding and honoring and respecting your food. If that means you start your meal with a prayer, you start your meal by just closing the eyes and thanking or with the gratitude, all that counts.

Yeah, that's really, sometimes you can distill things down to a core essence, and I think that is the core essense. And it just reminds me of how we started our conversation with your grandmothers.

They honored and respected food and they understood its power to bring people together and hold them together. Yeah. Our money and our time follow the things that we value and honor most.

And I think your advice is spot on, and it is incredibly wise that, you know, we can begin with that moment of honoring, respecting food. That's the idea, the power of the plate, that food came from somewhere, someone invested in it, it took earth's resources, was transported to us.

Respecting Food, Culture, and the Healing Journey

it finds its way down to the deepest parts of our DNA in four to six hours. It affects the way we feel, the ways we impact others in our world, and so it demands respect.

And I love that you shared that with us. Thank you, Deepa. No, thank you as well. I mean, I'm sure it happened at some point in everyone's life that wasting food was kind of not allowed because there used to be a scarcity of food.

But I think what has gotten us is taking this food for granted. and not understanding the power of food, like I said, and that's why the tower of plate and the dots that you are connecting through the planet health and animal health, until we become mindful and start respecting all these components of nature, we are going to be in trouble.

Yeah, I think what I'm taking away from our conversation is that when we respect food and honor culture and community, lifestyle change really stops feeling like deprivation and it really begins feeling that coming home.

So thank you for that, Deepa. This has been a beautiful conversation. Thank you. Is there anything else that you would want to share with the audience that as a final parting of encouragement, warmth, Well, the name of your podcast is a regenerative life and conversations like these are essential to regenerate anything in life.

So I hope that your guest will fuel the essential components of the concept of regenerative life. So I wish all of our audience and concentration staff and you, Dr.

Scott, for everything that you have done over the years and we are grateful. Thank you Deepa. I'm honored to be with you today. And before we go, where can people find more about you?

The software solution that mentioned with systems and they can learn about your work. Yes, so they can go to pronexinc.com to learn about the software solution.

And they just find me by literally Googling my name. There aren't too many of them who are dietitians. So I'm pretty easy to find. I am not wanted anywhere, I not hiding.

So, I am happy to answer anyone's any questions and maybe I'll see you at the next Plantation Conference. Please make sure you all come there and otherwise contact Dr.

Scott and his crew and they will find me for you guys. All good. That's beautiful. Thank you, Deepa. thank you so much for this shared conversation. I've walked away with a deeper understanding than I started and that's meaningful to me.

And that idea really, you know, gosh, I'm just resonating on that, idea that when we respect food and honor culture and community, lifestyle change stops feeling like deprivation and it begins feeling, like coming home.

and I just, love what we've talked about today. Thank you as well, Scott. Thank You. And thanks to all of you for watching today. This is Regenerative Life, the Science of Healing and the Power of the Blade.

If you like this conversation, share it with some friends, and let's get more of this information out there and start building healthy, healing, powerful communities.

Until next time, God bless. I'll see you soon. Thanks for listening to a regenerative life podcast. If this conversation inspired you, follow the podcast, share it with someone you care about, and join us changing the world one bite, one conversation, One connection and one life at a time.

Please visit PlantritionProject.org or Dr. Scott Stoll for more information.