Summit Introduction and Guest Welcome

Hey, everyone. Doctor Eric Linsky here. And welcome to the Heart Attack and Stroke Prevention and Recovery Summit. I'm absolutely thrilled to be a part of this life transforming event that has been carefully designed to give you and your loved ones the natural living tips that you need to enjoy a long, hard, healthy life.

This is information your doctor will not be telling you about, so please, please, please clear away distractions and get ready to take lots of notes. No joke, you will not find this collection of practical, natural solutions anywhere else online.

From avoiding hidden toxins in your home that are damaging your heart to easy natural product swaps to simple lifestyle habits, each expert will empower you with money saving, time saving tips that will put your heart health back in your hands.

And remember to keep this life changing knowledge at your fingertips. Be sure to grab the summit recordings and bonus materials for ongoing support in your journey to a long, hard, healthy, abundant life.

And today, I'm thrilled to introduce you to a longtime friend and colleague, Doctor Brian Mole. Doctor Brian Mole is the founder and medical director at Suite Life Diabetes Health Centers, and serves clients worldwide as the diabetes coach for over 25 years, Doctor Mole has been helping people around the world optimize their health and metabolism, control blood sugar, and reverse type two diabetes using a natural, personalized lifestyle approach.

In addition, he is the host of the number one rated Mastering Blood Sugar podcast and author of the number one international bestselling book The Pro Fast Diet to Burn Fat and Reverse Type two Diabetes.

In just six weeks. You can learn more about Doctor Brian at Doctor mole.com. That's Dr. Mo Wltx.com. Now get ready. You're in for a treat. My interview with Doctor Brian is coming up right now.

All right, Doctor Brian, thank you again, my friend, for joining me today. It's awesome. Thank you. Really. Always be good. Always good to be with you.

I've known you for a long time, doc, and our conversations are always interesting and inspiring. So looking forward to it. Well, it's a bit nostalgic for me, doc, because it was about nine years, eight and a half years ago when we first interviewed for one of my essential oil summits.

And that was a pretty cool experience diving deep in the the healing power of cinnamon and cinnamon bark, essential oil and the balanced blood sugar and increase insulin sensitivity.

And since then, I've just come to really, really appreciate and respect you and your work. And as a family man and a man of faith, there's so much that we resonate with.

And so when I was going through, you know, who would I want to talk to about heart attack and stroke prevention and recovery? You were top of list immediately because of the topic that most people don't think.

I mean, we need to work on blood sugar dysregulation as a core fundamental aspect of heart health. So, I mean, go just teach as long as you want to teach.

I mean, by the way, folks, I personally have tried to bring in some of the most polished, experts out there and I would say polished, speakers. Brian, you could talk for half an hour and that'd be great.

So I do not want to ruin your flow. I have I have some several questions I'd like to ask you, but I just want you to

have the freedom to share. Because your expertise in this world is is beyond renown.

And so thank you again for joining and blow our minds with your knowledge. Well, thanks for that. Thanks for that.

Cardiometabolic Health and Root Causes

And no, it's a good point because you really can't talk about heart disease or vascular disease without looking at the overarching idea of cardio metabolic health.

And I think to try to separate heart disease from cardio metabolic health, which I'll explain what that means in a second, is doing a disservice to under the understanding of of really what causes it.

And that's what I'm all about. I know that's what you're all about is really understanding these underlying root drivers, these causes, so that we can prevent it or treated better when, you know, it's already started to develop.

And just to start off with, I guess, something inspirational, I believe most cardio metabolic disease can be reversed. And, you know, even once someone's had, an event, a heart attack or a stroke, there's still a ton that can be done to turn things around and prolong their life.

You know, as long as obviously that's not fatal, they can, they can make changes today and moving forward, that can totally change the trajectory of their life span and health span.

But it comes back to fixing, improving, optimizing cardio metabolic health, so to say, how our blood sugar and heart disease related is, sort of looking at it the wrong way.

I mean, they are integrally related because they're both part of the same thing, which is, is this cardio metabolic health spectrum. And I'm sure you've had other guests talk about it, but there's been some recent research over the past few years that's looked at us adults cardio metabolic health.

And it's something like only a little over six, I think it was 6.7% of us adults are considered, to have optimal cardio metabolic health. And that's looking at risk factors for, cardio metabolic disease, things like high blood pressure, high blood sugar, large waist circumference, lipoprotein imbalances, and so forth.

So we have to realize that we're in very bad shape here in the US. And I would argue really around the world. And, we need to make changes. But again, the good news is with change, we can totally change that.

We can totally, turn that in a different direction. And that's really what reverse is all about. Reverse is about let's stop the negative momentum towards disease, turn things around and start moving back towards health and, you and I, I know from our conversations both believe that we were created, you know, by God with, and a healing potential and a health potential that far exceeds what we're currently seeing with humans, man. Amen.

And I'm hoping you can unpack this, this concept of of cardio metabolic health. It's it's a newer term to us, but it's not a newer term in, in the medical and, research community.

So if you can unpack that a little bit, because I'm sure many people listening right now, they're like, wow, what did you just say? Cardio metabolic who.

Right it. And so the root of that metabolism, has to do with energy. So the production of energy breaking down our food into, into basically usable energy that drives our cells.

So if you think about fueling your car with gasoline or electric power, whatever kind of car you have, you've got to be able to take, energy and turn it into something that is usable.

And that's what the body does, and that's what metabolism is. So the, the, substrates or the things that the body uses to make energy essentially are, the foods that we eat and particularly what we call macronutrients.

So carbohydrates, fat and protein or they're, they're basic elemental parts, which is, glucose, fatty acids and amino acids. So we take those and we turn them into cellular energy.

And that's the process of metabolism. Metabolism can, go wrong, though. There can be problems with our metabolic health. And we use the term energy toxicity.

There can be a buildup of excess energy in the system, stored energy in particular. And that's both stored glucose and stored fat. We don't really store excess protein.

We just eliminate it. But especially the excess fat that gets stored in places it's not supposed to be. And we can again unpack that a little bit more leads to this energy toxicity, almost like you're filling your car up with gas and it just starts pouring out because you forget to turn it off.

And so you've got all this excess energy in the system and that starts to mess things up. It starts messing with our hormones. It starts messing with our ability to, regulate that energy, to use that energy and, that's all mediated through something called insulin resistance.

So I'm throwing out a lot of concepts right now. We can start to unpack each of these. But what I, I guess want to get across first is this idea of, metabolism being normal and healthy.

But when it goes wrong, when we have excess energy in the system, which usually comes from overeating or overeating, certain foods like processed, refined foods, which can be very addictive, not burning enough energy through physical activity and movement, and then, hormone imbalance from things like poor sleep and stress and, and other factors, all of that can lead to this energy toxicity in the body, which starts to negatively impact our metabolism.

And then there's a lot of consequences from that. So all the things you think about when you think diabetes, vascular issues, which can lead to eye problems and blindness, kidney problems and kidney dialysis or circulation and poor wound healing, which can lead to amputation of feet and toes.

Insulin Resistance, Visceral Fat, and Heart Risk

Sexual dysfunction because you have or blood flow, to the, sex organs, dementia and Alzheimer's disease because of the effects on the brain and what we're talking about here today, the heart and vascular system in and around the heart and in and around the brain, which can lead to heart attack and stroke.

So those are all consequences of, poorly functioning metabolic health system. And, folks, I want to bring this back and make it a little interactive. If you're able to see the video here, unless you're listening to the audio, which is good, you're good.

I'm going to walk you through what I'm showing you. But, Brian, one thing I've been trying to do is, is bring people to the just, realization that the playing field has been leveled off thanks to AI.

Artificial intelligence has really put more knowledge and better knowledge at fingers at people's fingertips than ever before. And so, like you and I were old school, we have combed through physical journals.

We have combed through digital journals. We've come up with summaries and clinical practice ideas and protocols based off of what the literature says.

And it's taken us hours. I mean, I mean, if you had to guess, I don't even know how many hours I've spent, but I'm assuming you've spent hundreds and hundreds and thousands of hours combing through research.

I mean, am I wrong? Oh, yeah. No. So look what just happened. You're talking about cardiometabolic health. I type that in Google. So just look at here I folks, I want to encourage you with something because as you're learning through these interviews but also everywhere else that you're out and about doing things, especially something that

you're not familiar with, go and do a little fact checking with AI.

And I love what this is giving us here, because when I, I want to teach you maybe a tool that you could use, that you could then not just increase your learning, but to really hone in on mastering your ability to be your own doctor, because oftentimes your doctor will not know exactly what she or he are talking about in terms of natural solutions to these things.

And then if you're armed with the research, you can have a good discussion. So this is an empowerment session. So these factors like Doctor Brian was saying contribute to cardiometabolic health blood pressure, blood sugar cholesterol, triglycerides, weight absence.

This explains the definition, like Doctor Brian so eloquently did. But here's where I want to take you. This is where it gets fun. These are the references.

This is what took us hours to find in before. And I put it together in a half a nanosecond. So I looked at this. I'm like, oh, this is from Harvard, legitimate institution.

I'm not going to mommy blogger a doctor's ecom. I'm going to Harvard, right. And go here. How good is your cardio metabolic health? And it explains a study that Doctor Brian was just talking about it.

It goes into depth about what cardio metabolic health is. And here's the key that we need to think about. Body mass index, weight circumference, blood sugar.

Doctor Brian's going to be covering this in depth. But this is really what's telling to 6.8% of the US population have optimal cardio metabolic health.

That's one out of every 14 people. And then Harvard tries to explain what to do and what we can't do. I just find this really empowering, Brian, because it literally would befuddle me to find a good research study and good basis for data to understand something enough, and then I can communicate it to the general audience.

And now Bard or ChatGPT can do that in seconds. And by the way, y'all, if if you're searching something and if it seems a little beyond your current vocabulary, don't worry.

Like our first, our first quarter of school was medical terminology. Like they taught us basics. You could tell I, you know, write in an eighth grader language or write at an eighth grade level language.

And it will it will communicate with you in the way that you understand. Which, by the way, is the typical average reading level. So with that said, let's dive deep into this more and I appreciate all that you brought in.

Let's go into the role of sugar dysregulation and insulin resistance in heart disease specifically. We're in the context of heart attack and stroke prevention.

From there, we're going to be talking about more stuff. Yeah, that's great and such a great tool. And I love that you pointed that out for people. So insulin resistance I believe is the central pathology if you will, the central problem driving most cardio metabolic disease.

And I would throw even overweight and obesity in there. Although there are a certain percentage of people, probably somewhere around 15%, who are still considered metabolically healthy even though they are obese, because their blood sugar is normal and their blood pressure is normal and so forth. So genetics play a role.

There can be people who, have a normal BMI, which is not the greatest way to evaluate health, but it is, something that's fairly well known. So a BMI, let's say, of 23 or 24, which is considered normal weight and can still have quite a bit of insulin resistance and even develop diabetes.

There are people who have lower BMI, like BMI is closer to, what would almost be considered underweight, like

let's say a BMI of 19 who in certain situations can also become insulin resistant.

And there are people, who have high BMI again, like I mentioned a minute ago, who are overweight or even obese, who do not have insulin resistance. But those are the fringes.

Most people like 75 to 80% of people. There's going to be an association between weight, especially central weight, what's called central adiposity weight around the midsection and, type two diabetes or insulin resistance, metabolic dysfunction.

The connection is usually due to visceral fat and what we call ectopic fat. So when you gain weight around the midsection, especially and again that can be partially genetic.

There are also hormonal considerations. For example cortisol which is stress hormone, tends to direct fat storage toward the midsection, toward the viscera, estrogen, the main female hormone, tends to direct fat storage in women, mostly to the hips, thighs, buttocks, breast tissue.

So, it's protective as women go through menopause and their estrogen levels drop, oftentimes we'll see they start to get that, central fat gain pattern where they start to gain fat around the midsection.

So hormones play a role as well. And, you know, there's more to it than those, too. But those are examples. As we gain weight around the midsection, we tend to lay down more visceral fat.

Visceral fat is excess energy fat that's stored in fat cells, what are called adipocytes, fat cells. So bags of fat, but they're stored not right under the skin, like the fact that you can grab and jiggle.

But underneath the muscle, underneath the abdominal muscles, around the organs. And what makes that fat particularly dangerous is that when the body releases that, it goes right to the liver first.

And so it's got to get through the liver before it gets to the rest of the body. And as you get more and more of that fat going directly into the liver, especially in an environment, a poor food environment where we're already overeating or not eating an optimal diet or not, moving enough or eating too often.

And again, we can unpack all of these factors. The liver gets overwhelmed and that fat starts to build up in the liver. As that fat builds up in the liver, we see things like, elevated levels of lipoproteins, LDL particles, and triglycerides in the blood.

That's why that's one of the factors we see insulin resistance because that fat in the liver starts to sort of numb the insulin receptors. The, the signal doesn't get through when those fats build up in those liver cells.

And so we become insulin resistant. And then that leads to high blood sugar and other issues. So it's that visceral fat that tends to drive a lot of this problem.

Once, once we get this buildup of visceral fat and that fats or it's gone to the liver and then building up their, we have what's called ectopic fat. So ectopic fat is fat again, that's stored in the body.

But this time it's not in fat cells. It's in other places where it's not supposed to be stored. So inside liver cells, inside our organs, inside the pancreas, in and around the heart, inside of our muscles.

So if you've ever eaten like a wagyu steak or a really fatty state, all that fat that you see is in and around the muscle cells. And those cows are, bred that way by feeding them a certain way to become very fatty and to make their muscles very fatty.

Well, those muscles are highly insulin resistant. They don't respond to insulin very well. And insulin is the hormone that helps us utilize glucose, that brings our blood sugar down.

So when we're not responding to insulin, blood sugar starts to rise and we end up with high blood sugar and then eventually type two diabetes. So having that extra weight around the midsection is really one of the cardinal features of insulin resistance.

Overeating, Processed Foods, and Sustainable Eating

Again, the, the amount of fat you have can vary quite a bit. There are people who are again, normal weight. And I think we've all probably seen people like this.

They look sort of been overall, but they've got a little bit of a belly, right? Like a distended belly. Those people are, what are referred to as toffee.

It's thin on the outside, fat on the inside. 25. Yes. Can you fat man. And that is just as dangerous as someone who, you know, looks or appears obese.

Again, there are people who are obese who don't have any visceral fat or have very little visceral fat. That's largely determined by genetics, where we store our fat, but some of it is determined by what we eat, also stress levels and things like that.

So, but again, those are the extremes. Those are like the 20%, 15 to 20% on the edges. Most people we're going to see a pretty good correlation between that, you know, belly starting to distend and getting a little bit larger.

You don't have to have a big beer belly, by the way. Sometimes it's just, you know, it feels a little bit harder than it used to knock your ab muscles.

But you know, the the distension of the belly and your pant size is starting to grow a little bit. If you were always someone who had a, you know, a 32 inch waist as a male and now you've got a 34 inch waist or a 35 or 36 inch waist, you probably on your way to developing insulin resistance and you could use that same, example for women.

Right. Let's. You're talking to me now. Okay? I'm 44 years old. You call it my dad bod. My father figure I've six kids. My wife's pregnant with babies. Number seven.

I have found my time of the day shrinking. Shrinking? I want to be present as a dad. We have a global Bible health ministry. We're always here concerned about and always trying to create and help people give solutions to their health problems.

I work hard, I try to play hard, I try to be present with my family and wife. And then that one thing called exercise is the easiest thing. Just, It's an hour.

It's a half an hour. It's time. Time is money. Time is family. Time is wife. Time is life. Right. And so I it it's was a couple of years. That 32 inch waist when I married my wife.

Turn in to be 33, then 34. And I call in my fat pants and I'm like, I had to change. But it wasn't until I got so uncomfortable that I started to look at my body, not realizing that I was on the road to insulin resistance.

I'm curious, with that in mind, and maybe I'm asking this in a way where I already know the answer. But you've worked with thousands of people. I mean, you're the diabetes coach, for crying out loud, right?

You coached thousands, thousands of people. You're right. Have you found it more difficult to convince someone like me who's skinny fat versus or who was?

Not anymore, thank God, because I'm working on it to have you find it more difficult to convince that person of change versus someone who's obviously obese because the obesity is, like in their face, more than a little bit an extra inch or two.

Like you talk a little bit about that, like, can you can you maybe help convince some people that, hey, you got to take those two inches seriously? So here's what I'd say.

The two inches may or may not be important. For some people, they're not. You know, some people can have a couple inches of extra fat. It's subcutaneous fat.

It's like their, you know, their, love handles grow a little bit. You know, maybe they have a little bit of extra fat on the belly, but they're fine. You know, metabolically, I'm talking about other people are not.

So, it's a great question. It's hard for me to answer because I never try to convince people to change. And people come. I mean, you know how it works.

You said you put yourself out there, you put information out there like this, and people who want to find you, find you and you know, that's that's well, that's what we're trying to do.

Here's what I'll say though. Most people in that situation like yourself, need to see something to say, ooh, that's not good. So maybe it's a blood sugar reading that's higher than you expect.

Maybe you're like, oh, I think I'll try a CGM, you know, a continuous glucose monitor, because that should be pretty interesting to watch my blood sugar.

And then you put it on and you say, whoa, why is my blood sugar 110 or 105 in the morning? I thought it was supposed to be in the 80s or wow, my blood sugar went up 70 points when I ate that apple.

What is going on? Right? So you start to where it really should just go up, you know, nominally after a meal or after something like that. So you start to say, that looks weird.

I'll tell you. For me, years ago, it was my blood pressure. I was going through a really stressful period of time. Probably this is gone now, back ten, 15 years ago.

But, I had gained quite a bit of weight. And my blood sugar was a little higher than it had been. But, you know, in the 90s, let's say, not nothing where alarm bells were going off.

But, I started to sweat at night, which I thought was really odd, and I didn't know if it was just from the stress that I was going through. But you know, like, sweat a lot where my pillow would be soaking wet in the morning type of thing.

Yeah. And, one night in the middle of one of these sweat episodes, I went downstairs in my home and checked my blood pressure, and it was like, sky high.

I don't know, 170 over 110 or something. I mean, really high and that was an alarm for me. And that was my moment where I said, I need to change something right away.

And and so I did, you know, I started fasting and started cleaning up my diet and stopped drinking for a long time and all that stuff. And lost a bunch of weight and worked through the stressful situation and got back to good metabolic health, which again, you know, inspiring that it can be done.

And we've helped lots of people do that. You've gone through that yourself. But the point is, usually there's something there that more than just, oh, I gained, you know, 5 pounds or 8 pounds and went up a pants size.

There's usually something there that's going to be that moment a lab results, a symptom, something that's going to grab your attention and say this isn't right.

And for people who are generally healthy or have been healthy, it can be something sort of small, you know, like seeing a blood sugar of 110 instead of 85.

You know, I mean, for I say that small I mean, I think it's significant, but there's tons of people running around with blood sugars in the low one, hundreds who just don't care.

And many doctors who say, yeah, we'll keep an eye on it. It's, you know, not in the diabetes range yet, you know, you're fine. So for many people, that's totally acceptable.

But for somebody who has always been healthy values, their health, wants to be as healthy as possible. That can be a major wake up call. And so that's what I found is there's something, you know, when people contact me and say, you know, I think I want to work with you, the people who are fairly, you know, close to an optimal body weight or whatever.

It's usually they saw something that grabbed their attention like that. And I hope, I hope we could be more proactive. And folks, this is where Doctor Brian and I professionally differ in our approach because I approach this as health evangelism and I'm trying to convert you.

I am trying to inspire you, and I love Doctor Brian's approach. He's like, hey, let the let the information convict you. I'm like, if there is such a thing as hitting me over a health Bible, I'm trying to do it right now.

Because you know what? Your first symptom of a heart attack is a heart attack. That's a fact. And my pastor and this breaks my heart literally just happened a week ago.

My previous pastor and you know from Michigan we moved down to Georgia. Love him still still visit the church when we go back home. He just had a massive heart attack.

Triple whatever. I think bypass surgery. Like he's still in ICU. It's been a week and he's been carrying this tire around his waist for about, I don't know, 20 years plus.

And he knew he had a break. He knew he had to make change. He had this Yo-Yo diet thing going on. And him and his family have always struggled with health and then bone.

It just he was fine. He was fine. You know, some issues here and there. But the first symptom of a heart attack is a heart attack. And so in the context of stroke prevention and heart attack recovery and prevention, I want to encourage you all, take it seriously.

And, and we're going to cover a little bit more in the fat. So with Doctor Brian, I'm really hoping you kind of unpack this fat concept. And because we we have and many experts differ on this concept of, okay, what causes fat?

Is it a high fat diet? What is the key? Is there another mechanism? So, I know that you take a differing approach than other people, which is why I want you on this, speaker panel.

Next thing, I want to encourage you all with is I don't believe, other than my faith shares with me, the Bible is the only source of empirical truth. But the Bible doesn't talk about this.

So what do I do when the concepts that the Bible doesn't talk about? I go to my friends, I go to my colleagues, I go to research. And there's always differences of opinion, and I embrace that.

I don't believe there's one and all source of truth at all. And I feel what I want to leave you with here is to listen very seriously. What the doctor, Brian has to say about fat specifically, and take that into context with what you might have heard other people say and be like, okay, what resonates with you?

Talk to your health care provider about this. Find out what you think will best fit your lifestyle, something that you can maintain for the rest of your life.

Because if we tell you you all have to be vegan raw for the rest of your life, 99.9% of you won't do it. And it's not a very compliant type of diet. Likewise, ketogenic diet carnivore isn't very sustainable for most people forever.

That's a very extreme. So let's let's remove the extremes for a minute. And can you help us find balance here? Yeah. No, I love that you positioned it that way.

And, and I also want to applaud you for your mission because we need that. You know, we do need sometimes to to go out and spread the word, spread the message to people who might not otherwise be thinking of it and hearing about it.

So thank God for people like you who are doing that. I appreciate you. And hopefully I'm doing that here with you today a little bit, but so I love that you framed it that way, because I do think extreme diets can teach us things and may even be beneficial for short term application therapeutic application.

But I don't think it's a good idea to live on them for the rest of our lives. I think that we do want to find balance. We do want to find something that I would consider more sustainable for most people.

Are there people who can eat a strict vegan diet for their entire life? Yes, there are certainly. And there's ways of doing that and staying very, very healthy.

Are there people who can do the same thing with a carnivore diet? There are, you know, there are examples of people who do that, but the large majority of us aren't going to fall into either one of those camps.

So we want to find something that I think is a little bit more balanced, where we're not cutting out major, food categories. Right? Because, at least natural food categories because, yeah, we want to have a variety in our diet.

We want to be able to do this. And we want the majority of people listening to this to be able to do this. So, you asked me about the fat. I frame this as most insulin resistance is driven by an over accumulation of fat first in the viscera around our organs, then in the liver and in the muscles, which drives insulin resistance.

That insulin resistance leads to high blood sugar and eventually type two diabetes. So what causes us to accumulate fat in our midsection and in our liver and muscles?

Let's first talk about what it's not doing it. What's not doing it. It's not vegetables because there's lots of people with tons of vegetables who are metabolically healthy and don't get over fat.

It's not meat because there are tons of people who are eating a carnivore diet and eating all meat who are lean, fit, and metabolically healthy and if it if meat caused the over accumulation of fat and type two diabetes, carnivores would all be diabetic.

So it's not meat. It's not vegetables. What is it? Well, most science points to it's overeating. It's the overeating of energy of any type of food. But there are specific foods that are much easier to overeat.

Now, I don't want this to sound like I'm making an argument for calories in, calories out, because I think there's a lot of flaws in that. But I am saying that if you consume too much energy or your body's needs, you will become energy toxic.

You will store that energy, and eventually you will store too much energy. What I don't like about calories in, calories out is I think that trying to measure the exact amount of calories in our food and trying to measure exactly how much calories we're burning is nearly impossible for most people, for sure.

So it is about energy balance, but not necessar in a way that we can sit down with a calculator and some apps and figure out for ourselves easily. So which foods do we tend to overeat?

These are foods that are processed, refined, energy dense, nutrient poor foods. Foods that are think, potato chips where you combine starchy vegetables, potatoes with fat, fried oil, a heated oil fry the fry the potatoes, put salt on them, which makes them highly palatable, which is just a way of saying we want to eat a lot of them and, and basically shuts off our brains satiety signals.

So we have hormones in the body that tell the brain to stop eating to to turn off the hunger, reflex. And these foods basically hijack that. They, they, stop it from working properly.

So, foods that are highly palatable. And by the way, foods are engineered by food engineers to be highly palatable and highly addictive. And, this is something that hopefully we're going to see change in the near future. But, the color, the packaging, the marketing, the mouthfeel, they call it like how it feels in your mouth, the flavors and the flavor combinations.

These are all engineered by scientists who work for big food manufacturers to make you want to eat a lot of that food, and they make your kids want to eat a lot of that food and ask you to buy it for.

So I don't think they're evil people, but I think that, they're very good at their job, and that's what their job is. And I do think it, unfortunately, is sabotaging our health in this country because, we are overeating these foods, and it's candy.

It's snack foods. It's processed and refined carbohydrate foods like, you know, breads, pizza. Pasta, to a lesser extent, but, that can be part of it as well.

It's pancakes and waffles and all this stuff that, you know, French fries that we eat a lot of as Americans because it doesn't shut off the satiety signals.

Blood Sugar Tracking and Practical Tools

So we just want to eat some and more and more and more and more. So I don't believe that there's anything magical about a low carb diet or a plant based diet or a keto diet, or a carnivore diet, or a vegan diet, or a mediterranean diet.

I think whatever magic is in those diets, it's avoiding those highly processed, highly palatable, energy dense, nutrient poor foods, eating foods that are more satiating and filling and fixing those signals coming from the brain to the body so that you eat when you're hungry.

You stop eating when you're full, and you don't overeat anymore. Once you do that, you can start to burn the stored energy out of your system and that might mean losing weight, but it means losing that fat around the midsection, around the organs, in the liver, in the muscles, becoming more insulin sensitive, and then regaining control of the blood sugar.

I'm glad you said it that way, I I'll tell you folks, I am. It's it brings things into context. When you look at the blue zones, those areas of the world.

And and I'll mention this a lot, by the way, but I think we need to study these people. I think we need to study those areas of the world where they have the highest concentration of centenarians, those who live upwards to 100 and beyond and have the longest life expectancy.

And you see consistencies in one thing. It's part of their culture, is not to overeat. And that is one thing that we struggle with. And Brian, that was really my thing.

I found myself, very subconsciously, but also consciously overeating. And we have a very, very clean diet. I mean, but you could still overeat something good.

You can have too much of a good thing. Right? And it dawned on me, like, I love nuts, I love nuts, and we're about if I had to guess, I'm personally about 90, 95% plant based.

I just, that's where I land. I'll have meat or fish a couple times a week. I feel, you know, I feel good about that. And it fits my lifestyle and my research and who I am right now.

I feel it's a biblical kind of diet, which is always going back to that. And I lean on nuts a lot for the the safety aspect, the cravings. And they're great.

They're sweet, but they're not loaded with sugar. They're they're high in protein. Yummy, right? Yummy cashews, yummy pistachios, great heart health. Great wonderful health for all that.

But I you know what hit me? I was working all day in my office here and all day like eight hours and I barely took a break. It was one of those marathon sessions.

I know many of you can relate and I was just hungry, so I go to my my little closet here with my little snacks, and I saw my organic grain free nut granola, and I ate the whole bag because it was just a handful size.

It's like the super yummy stuff sweetened with maple sirup. And then a couple months later, I started doing more prayer and consideration like, well, what's going on with my tummy?

Like, I started gaining my little time. You ate, I told you that. And then I felt God speak to me, I really do. He said, you're eating too many nuts. I'm like, well, I don't know.

That's crazy. Like literally I had a conversation with God about nuts. I go to my bag of favorite granola, which is the best thing healthiest granola you could get if you like that kind of thing.

1500 calories I ate in just one sitting. Now again, calories in, calories out. I didn't burn that in exercise. And then I had a full dinner afterwards. And then I did everything I was.

I probably consumed 3500 calories that day, and I was like, I'm not burning 3500 calories. My BMI, my basal metabolic thing, gets me to the point where I should probably have about 1802 thousand calories.

And that hit me. It hit me. I was like, I'm overeating. Yeah, too. Much of a good thing. So I want to encourage y'all. This is a huge takeaway because I've known many, many a vegan and vegetarian who are grossly overweight because they're just eating junk.

Too much of it, and vice versa. So that is a huge takeaway, y'all. And I want to leave you with this mindset that you got to give your body time to be full as you eat.

So consider when you're about 7,075% full to do what the Japanese do and push yourself away from the plate and give your body a minute to respond to the leptin and ghrelin.

The hormones Doctor Brian was talking about to to really help you realize and also practice the discipline of realizing that you're eating to live, you're not living to eat, and everything will change.

And just by that one takeaway, which is probably the most valuable thing you're going to hear right now for you, absolutely. Then you could figure out what diet to get on.

But right there, that's number one. So Doctor Brian, this has been awesome. I have a couple things that I know people need to hear. And I don't know if there's enough time to discuss one or more two things, but do you have a quick minute or do you have.

Sure. Yeah, absolutely. Okay. Anything else we need to do to button that up, or you think I. Was just going to say that, nuts and cheese are probably the two natural foods that seem to bypass the brain's the tiny mechanisms the most.

So be careful with nuts and cheese. Some would argue that cheese is not a natural food, but nuts and cheese, because they're very energy dense. They're high in fat, and they do tend to be, sort of addictive, you know, for some people.

And I'm like you, I love nuts. I could sit down and eat a giant bag of almonds in an hour and, and put, put away, you know, a week and not a week, but at least a full day's worth of of calories.

So really. And. You know, it's in your granola, it's in your smoothie, it's in your nut milk. It's in everything. Like if you live a natural lifestyle, nuts are in everything.

And cashews, by the way, is the key. It's it's if you're a vegan, you're over eating possibly cashews because it's your cheese. It's every aspect of what we do so well.

That was huge. So okay, let's bring it back home. What's the secret? Cause a hypertension. Insulin. So high insulin acts on the kidneys and, causes your kidneys to retain, minerals, electrolytes, which will cause you to have more fluid in your vessels.

It raises blood pressure. So, if you have high blood pressure, get your insulin tested. If your insulin is above five fasting, you need to get your insulin levels down by becoming more insulin sensitive.

And you mentioned this before about anything you want to mention or, wrap up about, CGM and tech in metabolic health that people can actually take away and maybe possibly do at home or with their health.

Yeah. I mean, even if you don't have diabetes, I would I would definitely get a blood sugar meter and check your blood sugar sometimes, you know, check it, first thing in the morning, check it after meals and make sure that it's, you know, within at least a pretty healthy range.

So we use a range of, 76 to 92mg per deciliter. Fasting. So basically in the 80s is considered a normal baseline in blood sugar. So first morning fasting or if you haven't eaten for 5 or 6 hours, it should be in that 80 range.

And after meals we generally don't want to see it go up more than 30mg per deciliter. If it does, it should come back down very quickly and it shouldn't drop too low.

So like let's say you have just a smorgasbord of fruit and your blood sugar goes up by 70 or 80 points. If it comes back down in 30 minutes and it doesn't bottom out, it comes back down to where it was before, let's say in the 80s or low 90s.

That's fine. Really not not that big of a deal. It's that what we call area under the curve. How high does it go and how long does it stay high? That's where it becomes more and more dangerous for your health. So, those are great.

If you can get a CGM, a continuous glucose monitor, which are becoming more and more accessible. It's a wonderful tool. I highly recommend, that everybody wears one for at least a couple of weeks.

The sensors usually last, 2 to 4 weeks. And you can learn a ton about not only your blood sugar, but your physiology and your response to exercise, sleep, stress, foods by watching your blood sugar responses growing.

Is there is there a way that people can get this over the counter or an Amazon or something? Or do you have to get this? Yeah. So I think it's on the road to becoming ungraded, accessible without prescription.

Right now in the US, I believe you still need a prescription, but there's lots of TaylorMade companies out there that help about this stuff. Find that.

How about this stuff here? Like, I mean, I'm on Amazon here. I mean is this. These are glucometer and yeah so these and you. Can do this where an. Amazon.

Yeah just a blood sugar meter okay. That's so you can go on Amazon. Is there an order to put you on the spot. Or if you have a relationship with a company is there one that you would recommend.

Because this is like 2030 bucks? I mean I make blood glucose monitor is is at the end of the day, can someone just pick up anyone on Amazon that has decent ratings, or would you recommend looking at something? Yeah, yeah.

The one that we recommend most is, by Abbott Abbott and okay. Yeah, they're the ones who made the Libra, CGM, but they also make blood sugar meters. There's one called the neo.

Okay. The neo. Yeah. So you'll see the Freestyle Libre two system there. Yeah, yeah, that's their CGM system. And that's what most talented companies use.

Okay. It's a good one. It's easy to use. Works well. They also have blood sugar meters. So they're they're the ones that I found to be the most accurate okay.

But, but you know, most major companies, their blood sugar meters have to comply with, accuracy standards and so forth. So most of them are pretty good. Okay.

So I'll just say I, I wouldn't get one that, that connects directly to your phone. Like, in other words, there's something that goes into your phone that directly measures the blood sugar.

Those I found to not be very effective, but, but if it's a meter like the ones you were just showing. Yeah. And it communicates to the phone through Bluetooth or whatever, that's fine.

Those, you know, those ones that work the best. Okay. So so this is a good place for people to start because I know what I would do, I would just go on Amazon and buy the $20 cheap thing and just try there.

But at least you're getting the ball rolling. Any other cool tech ideas or recommendations you can give to people? That's probably the best. And, you know, I think it's a good idea to track your food for a little while.

Like, you know, you looked at that label and found out you're eating a ton of calories in granola. Sometimes we just don't realize what we're eating, you know?

Like, again, I went to cheese and nuts, but, you know, if you if you eat like I like, I could easily eat half of a bar of cheddar cheese, you know, as a snack, you know, and that's a ton of energy.

I mean, that's a ton of calories. And if you don't, if you're not aware of what's in your foods, you could easily be overeating energy over consuming energy and just not realizing it.

I recommend this, y'all. My buddy is a, master personal trainer, and he just won some natural. Like, no one's doing hormone, you know, testosterone. Fun stuff. This.

He just won a body lifting competition. Like, he just. It's unhealthy. What he got down to, like, 2.5% body fat. It was ridiculous. But he's just, like, jacked, right?

So here he is winning these contests. But this is his. This is his marathon. This is his Mount Kilimanjaro. This is what he wants to do in this stage of life.

But he turned me on to this, my fitness pal. This is so. And by the way, a lot of our natural foods are in here. Yeah. So whether or not you're doing whatever paleo, keto, whatever.

Oh, or vegan, a lot of your favorite foods that you might be buying or even at restaurants, you'd be surprised, but you would be shocked. I would encourage y'all.

I would encourage you all to try this out. This is free. Completely free. I've never upgraded to the paid version, so I don't even know. I know you can do special things, but I did everything and I tracked my food.

I went through a, six week challenge and I tracked my food. And Jason, my buddy, walked this through this

experience. Brian, I lost 10 pounds and I've kept it off.

And so that was my that was my issue. It was like it was just basically all around my tummy, like a couple extra inches. I'm back to my my fighting weight.

And there's some other areas I want to do because I want to be my healthiest, strongest. But I realized that I was on a path to potential destruction.

I wanted it, it was my wake up call when I couldn't put my pants on right? And I was like, this isn't good for me. I'm not doing I'm not doing this right.

I'm not going back to the store to get another set of pants, like something's got to shift. And so it was literally just six weeks and it wasn't extreme.

I just realized, no joke. I was just eating too much and I shifted a couple different kinds of foods, but not much. At least if you feel you're eating a clean diet, great.

But if you still have some fat issues or you think you're if you've tested, you have high blood glucose, or you think you might be like me, skinny fat, then look at your calorie intake and see, I mean, you might be surprised.

And that extra glass of wine or that extra handful of nuts or 500 calories are right there. And that took five minutes to consume. And boy, you do that every day in a week.

It's a pound of fat literally right there. So this is my takeaway for you. I'm glad I had no idea where you're going to go with this discussion. So I'm really glad you did this. And I'm learning y'all with you.

Because I'm not the diabetes coach, right? I, I do what I do at Natural Living Family with my wife helping people with detox, living nontoxic, living with essential oils.

So thank you for taking me to school, my friend. Anything last minute, any words of encouragement or love you want to share with the audience before we go?

No, I just want to appreciate you for bringing together, some incredible experts to, to this event and for sharing all this knowledge with people. Thank you, my friend.

It's awesome. Well, folks, as always, is Doctor Eric Zelensky for hope and prayers that you and your family truly experience the abundant life and we'll talk soon.

God bless.