Think Your Diet Is Healthy? Think Again — Jill Goldblatt Explains Why It’s Not One-Size-Fits-All Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and Guest Background

Being that there's room for growth and room for change, we have the power to change the way we eat, exercise, improve our weight, and we can drive a lot of these diagnosis numbers down.

I'm here for it. I think that's the beauty of loving yourself and taking care of yourself, and that's true anti-aging, that this is not an automatic sentence that comes with just getting older.

I think that's fabulous. This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Hello everybody and welcome back to Double Down with Dr.

D. I'm Dr. D, triple board certified physician, and this is my podcast, Double Down with Dr. D, which brings a lot of education for you. Today, I'm so excited because as a lifestyle medicine doctor, I would say this is one of the most important podcasts that I have to create.

Pillar one nutrition. So for my guest today, I have Jill Goldblatt. Jill is a registered dietitian and she collaborates with me in my clinic in lifestyle medicine to create the perfect environment for a metabolic health in my patients.

So please, Jill, introduce yourself and explain to our audience all these certificates that you have and how you have the experience and the knowledge to help them dive through their health journey.

Hi, Jill. Hi, doctor. Thank you for having me today. It's a pleasure to see you again. So you're right. I am a licensed and registered dietitian. I have a master's of science in concentration in dietetics and nutrition, and I've had the pleasure of working on the clinical floor, seeing patients for 16 years.

That's where I learned the most about conditions, what people need psychologically while they're dealing with conditions, how to prevent conditions, how to treat conditions.

I've also had a monthly article in a magazine on nutrition. I've done podcasts, talks, I have my own practice, spoke a dietician, and I also currently work in a cardiac rehab, helping people get back to their cardiac health after an event.

You see, I told everybody she's very knowledgeable. Because Jill, just clarify for us a little bit all these different entry levels of people that has some type of knowledge in nutrition and how it's very important for our audience to understand the different levels, let's put it that way.

Right, so there's a lot of information out there when it comes to nutrition, which is both good and bad. And then we have a lot of experts out there. However, there's a difference, I would say, between a dietitian and nutritionist.

Nutrition, I think you can call yourself a nutritionist, maybe if you get a certain certificate or you do some research. But if you want to be a dietitian, there is hours of schooling.

hours of internships, working with patients, you have to sit for a final exam. And dieticians are really the only ones who can work on the clinical floor with diagnosis.

So my opinion, if you have a diagnosis like you've had a stroke, heart disease, chronic kidney disease, diabetes, high blood pressure, high cholesterol, You really want to see a dietitian because these are medical diagnosis and you really want to see a professional who is trained and certified to help you in your journey because what you want to do is any condition that could be mitigated or reversed.

That should be your number one goal and secondary. don't want to do anything to make anything worse. So you really want that trained professional who's been certified, registered, and can actually work on the floor with clinical diagnosis.

This context is really important because nutrition advice is almost like pharmaceutical advice.

Dietitian vs Nutritionist and Clinical Expertise

It is like someone is just advising you on medications. So that's important because whatever decision you're going to make out of the person who is advising you is going to make an impact in your health and which is the most important treasure that you have.

Well, doctor, it could go either way, so we can help people. But if you don't know what you're doing, you can actually hurt people too. And I take that very seriously.

So for example, if I had someone with chronic kidney disease stage four, and I didn't know that, you know, the kidneys can't handle sodium, potassium, and phosphorus the way that they used to when they weren't in kidney disease, I could push them over to stage five if I didn't know what I was doing, didn't have that education certification.

And stage five, of course, is dialysis. So it's not just a cost of, can this person help me on my health journey? But can they also, maybe they don't have enough knowledge and they can actually hurt me as well.

So you want to really see a professional in anything you do just so that you're taking care of your body as best as you can. Correct. Correct. And I agree with you, obviously, as an MD and as a clinician, I am pro as much knowledge as you can have instead of creating your own world that I know and I can handle and not being hold accountable if something breaks.

Well, let's start with basics, Jill, and let's do something, let's define something fundamental in this conversation, and it's about what is nourishment, really?

What's really what an individual nutritional needs are? And let's talk about, yes, I'm talking about in terms of calories and macronutrients, but how we have shifted that approach of the nutritionists and registered dietitians.

And for now on, I'm going to talk about the knowledgeable nutrition experts. They have shifted this old kind of approach on an algorithmic and calorie counting approach.

to a more holistic and going into the nuances that is going to bring me somehow into precision services. So the way that I define nourishment and really nutrition is I keep it very simple.

And the reason why I do that is because we're animals and nutrition is really simple. There's a lot of food noise out there. There's a lot of taglines.

There's a lot of marketing. And I think people with good intentions, unfortunately, get tripped up not because of their own doing, just because of everything that's out there.

So I break it down to two things. One, nutrition is giving your body everything you need to do to carry on your daily life activities. I have to go to work.

I have to be present for my family. I want to hang out with friends. I want to be present and I want to be able to do all the things I want to do. The second, and this is where I think that the industry should go and hopefully is going, is the second goal of nutrition is to prevent any preventable condition.

And what I mean by that is we're seeing a lot of inflammatory diagnosis. So when I look at what's happening in the medical field today, I'm seeing heart disease, stroke, high blood pressure, high cholesterol, Alzheimer's disease.

We're seeing things that we once thought were a normal part of aging and not necessarily so. Through lifestyle, we can greatly decrease these numbers.

So what we do is I will take the labs that you've run on patients and I will take a look at them with you. And we all of course interpret them. So we look at people's adipose, we look at cholesterol, we look at if there's diabetes or hemoglobin A1C, we use a lot of markers to help guide us.

And we kind of base our recommendations on that because through diet and exercise and lifestyle, it turns out we can do more than we can't. And that's great news.

You touch a very important point, Jill, and it's about all these diseases that they are chronic diseases that many people think are part of a normal natural way of aging when indeed is things that we can impose on ourselves through the way how we nourish ourselves or the lack of education in many things, right?

It's our job as a physician sort of some any health provider, including a nutritionist or including even a fitness coach, which I consider that a health provider as someone who gives a service in health to create awareness in this education and to say, hey, those diseases are preventable.

You were saying 90% of those diseases are preventable. The statistics say 93% of Americans have a metabolic disease, and a big percentage of them, they don't know.

You spoke about Alzheimer's. Alzheimer's is now considered the type 3 diabetes, right? So we know that those diseases respond on the choices that we take every day.

So I think that when we talk about anti-aging, many of us think about our skin or our hair, and that's just fine. Except what I saw being on the floor is I said, you know, a lot of times I can tell if someone was a smoker, even before I've asked them, just based on their diagnosis.

What Nutrition Means and Preventing Disease

Said, wait a minute, we have a lot of choice in what happens to us. And when I look at the statistics, for example, more than two thirds of us are overweight or obese.

40 something percent of us have high blood pressure. When I say that, I'm talking about adults. Out of all diabetes, 90 to 95 percent is type 2. It's not the type 1 genetic kind where your pancreas stops making insulin.

Now, why do I not hate these stats? Why am I okay with these? Because it would be very depressing if We did everything right, and these are still the numbers we're putting up.

But being that there's room for growth and room for change, we have the power to change the way we eat, exercise, improve our weight, and we can drive a lot of these diagnosis numbers down.

I'm here for it. I think that's the beauty of loving yourself and taking care of yourself. And that's true anti-aging, that this is not an automatic sentence that comes with just getting older.

I think that's fabulous. We speak the same language. I totally agree. One, you're talking about giving the hope to people to say, no, you don't have to go through these ailments.

It's possible that we can, one, reverse them. And if we can't, at least we can maintain them. It doesn't get worse. And the whole concept of anti-aging, I agree, it's more, and the same thing with longevity, right?

So the concept of longevity, what really means, am I gonna live until 120? Maybe, but can I live with vitality? And that's what it is, right? That's the new hype.

This is what many, you know, Peter Attia and many of these big celebrities are really trying to explain. And it

doesn't require a lot of investment or a lot of new research, biohacking, supplements out of the market.

It requires simplicity, right? The simplicity of where do I start? And we spoke already about education. That's number one. And the second point on a good nutrition, how do we take the time to nourish ourselves well?

Or do I know what to pick for me and my metabolism? Or am I eating for a different reason than just nourishing my body? this connection with my emotions, which is important, right?

This is one behavioral therapist is super important in this part of our team as well. It's like, can I recognize when I'm eating for different reasons that really being hungry or nourishing myself and in the same boat is, can I be in contact, like in a mindful situation with the food that I have in front of me?

It's almost like a little bit of the spiritual ingredient on feeding yourself, which makes a difference on how you absorb. And it has been articles and science behind on how do you absorb your food if you sit down in front of the food and you are mindful and present while you eat than when you are grabbing a sandwich and you continue typing in your computer answering emails.

So the question to you now Jill is like those people that already have some chronic diseases or no maybe those people who want to avoid those chronic diseases and they might gonna know that they have a genetic tendency or they are seeing their parents going through that and they want to avoid take a step ahead of the game and avoid something like that.

How can we start teaching these patients or these clients or this audience that is curious about it about going into the deeper layers on how to prevent the chronic disease and how to approach those emotions and habits that they have been creating for all these decades.

So my dream one day is to have nutrition taught in schools. And the reason is because a lot of the habits we have as adults is not because we're trying to be rebellious with our diet or lack of exercise or anything like that.

We kind of just continue what we know. So if you did something in childhood, you usually just continue in adulthood. But until that happens, what I like to do first and foremost, when I see my clients one-on-one, and I think it's so important to see people one-on-one because much like what you do as a doctor, it's so personal.

It's so important. and I don't take that lightly. So when patients meet with me, I let them know this is a no judgment zone. I've seen it all. I've heard it all working on the floor.

Nothing moves my needle. So anyone can tell me anything and we could work through it because food is nourishment. And even though I have a really simple answer on what nutrition is, I understand also for the individual, it has layers.

It's not just eating to nourish the body. There's an emotional aspect, both good and bad that we use food for. So I talk to them about where they're at.

And then I ask them what they're already eating. And it's not to come down on them. It's not to troubleshoot. It's because I'm gonna base your new diet on what you're already eating.

We're gonna change some things, but it's based on the foods that you like. If you don't like eggplant, that's never gonna show up as a food that you're going to eat.

Because what I like to say, what I used to say to my team when I worked on the floor is, I'm only interested in something that's good in reality, not just good on paper.

Because if it's good on paper, we're not gonna follow it. So if I give you a diet on paper that has nothing to do with what you like, it's good on paper, but you're not actually gonna follow it.

So we take that into account. And lastly, I bring my clinical skillset. We're going to look at all the diagnosis that you're dealing with or maybe that you're at risk for based on data.

And we're going to tackle that. And what I love most about nutrition is kind of what I like about in life. When you do one thing right, you check many boxes.

Nutrition is really intuitive because again, we're animals. So eating is a natural part of what we do. So a lot of times I don't have to prescribe four different diets, four different diagnoses.

So when you eat anti-inflammatory, you're going to hit all of your goals and even goals that you don't know you want. So for example, the leading cause of kidney disease in this country is type two diabetes and high blood pressure.

Precision Nutrition and Personalized Care

So when we eat to either mitigate or reverse those diagnosis, guess what you're also lowering your chances of? Kidney disease. You probably didn't even know that.

So when we treat you, we're going to hit every point across the board, at least try to. Nutrition is very intuitive. When I do one thing right, I'm going to check all those boxes.

So we're not going to eat differently for four different diagnosis. Chances are we're going to eat one healthy diet. Because it's healthy and anti-inflammatory, we're going to take into account salt, and saturated fat and carbs and sugar and calories while at the same time making sure we get our fiber, our vitamins, our minerals, and our fiber.

Just like working out. When you work out, are you working out for diagnosis A, B, C, or D? Well, you're gonna hit all of them. because exercise will benefit everything that you're looking for, chances are.

You touched a very important point. First, we talk about precision, and that's one word that I use often when I try to explain to my patients and clients what I do.

precision. We use some technology, so this is going to give me the data very unique to you. And one of the things, for example, that we have here in the clinic is our breath analyzer.

It's a machine that is called indirect calorimetry, and it gives us the exact amount of calories that a human being is burning and what kind of micronutrients come from there.

And it depends what you're doing. If you're doing a rest or you're doing it actively, So, that brings up a lot of data unique to this individual that, for example, someone like you, Jill, can use to individualize that metabolic state.

The second part, like you mentioned it, as a physician in lifestyle medicine, a part of taking a very thorough past medical history and a physical examination, I do a list of lab work that it tells me where your status is.

And sometimes I can read the metabolism of that person out of those labs as well, how they are metabolizing lipids versus how they are metabolizing the glucose.

Are they at risk of insulin resistance and how inflamed they are. We're talking about the inflammatory state. I have some markers. So altogether, that's what we call precision medicine.

And out of this data, I give it to someone like you, Jill, and you do precision nutritional advice. So unique. Agree with you? There is things that are global.

There is things like your processed food that we're avoiding. There is things like anti-inflammatory products. Always going to be welcome, right? Your berries are always going to be welcome.

details of other type of diseases. And let's give our audience an example of what kind of patients we're treating together. Let's take a patient that is recently diagnosed with hypertension.

And this person, maybe they just started in the new anti-hypertensive medication. because it is required. So I go, Jill, I already gathered the data of this patient.

Here is his breath analyzer. We have indirect calorimetry. This is how his metabolic basics, but we're starting from his metabolic basic state. Right now we're targeting hypertension.

His cardiovascular health is at risk. I need your input on it. How would you approach this patient that I'm referring to you? So from a clinical perspective, let's assume that the patient I have spoke, I have a good understanding of their habits, of what they like to eat normally.

I'm going to go into the diagnosis. I'm going to look at the labs and chances are what I find too is one diagnosis kind of overlaps with the other. So one of the things that I like that you do very much is you go really deep with the labs.

Applebee, VLDL, these labs are great when it comes to indicating what's going on with the patient. So I look at everything. So with hypertension, we're gonna focus on salt, no question, because your vessels are elastic.

They expand and they contract. When they contract, your blood pressure goes up. A diet that's high in salt for a long time makes our vessels less elastic.

And so it's gonna drive our blood pressure up. So we wanna focus on that. We also wanna focus on weight, because if we are overweight or obese, that's gonna naturally drive up our blood pressure.

Then we're also gonna actually look at carbs and sugar. because I always call it the Goldilocks method. We don't want too little, but we don't want too much.

We want just right because when you have too much glucose, it can also damage the inner lining of your blood vessels and also make them less elastic. So we don't just look at one thing.

We see how all these processes work in conjunction and we're going to work on each one to give you that 60 view of how we can best help you for your goal of lowering your blood pressure.

Excellent. Thank you for that example. And now that you touch weight, right? So this is, I understand how everything overlaps, but another client, for example, that we can have, right?

It's like weight. Weight is universal. Everybody's talking about it. And I agree. Weight loss can just be the beginning of treating a chronic disease.

But weight management, weight maintenance, And here in our clinic, we talk about visceral fat mainly because we are pretty precise and we don't get a stock in the number, in the scale.

And neither we get a stock with the BMI, the body mass index, which is a measurement that everybody still uses, but it's very, very obtuse. So we talk about weight, which is now universal.

And we know it could be just almost the first step on making a lifestyle change and it will take over your chronic disease. But I bring to you a patient with a weight that we need to manage to put her in a healthy weight.

And I also provide to you, again, very precise, the amount of visceral fat that this person has because body composition is the number one step to decide on someone's visceral fat.

And here in the clinic, I have a DEXA scan, which is pretty accurate and precise. It's the gold standard, actually, except of the hydropot, which I don't have it here, only in big institutions.

But after that is the DEXA and the body composition. So I bring to Jill the amount of visceral fat that we have, and we speak in pounds. And then we have goals for this patient to lose some weight.

Explain to our audience, Jill, how we do approach someone like this patient. So I really like that we can see goals and we can see data before because numbers do matter to people.

So when they can visually see their numbers change and see their accomplishments, it really fuels us to keep on the right path. It's just a great motivator and it shows that the system works.

And speaking of goals, one of the goals that we make or I make with patients rather is realistic goals. So we're going to talk about diet. We're going to talk about how to eat for our goals, for our diagnosis, for prevention, but we're also going to make realistic goals.

So let's say you love red meat.

Hypertension and Weight Management

Okay. It's high in saturated fat. It's not the most ideal food for your heart. That's what you like and you eat it five days a week. So maybe our goal isn't to eliminate it right off the bat.

Maybe our goal is to get a healthier cut and maybe our goal is just to reduce it. to a few nights a week, a couple nights a week, and maybe we're gonna try something else that you like in its place.

Like I said, we have to be good in reality, not just good on paper. So we're gonna hold your hand, we're gonna be your teammates, and we're gonna make our goals for you attainable, and we're never gonna take away things that you are just crazy about so that you feel deprived.

What you're doing is people just come and change their lifestyle for the better, but we're not going to do it in a severe way. We're going to be your teammate.

We're not going to be adversary about it because then you'll stick to it. You'll be happy and it'll feel like a lifestyle change rather than a restrictive diet.

Right, and you spoke about goals absolutely necessary to make changes, and small changes, baby steps, right? That's what we do in lifestyle. Medicine, smart goals, right?

The S for specific, M for measurable, A for attainable, R for relevant, and T for timing. We do timing, so very specific goals, very easy to follow, small steps, and the rate of success is actually pretty good.

So here we give to our audience a little bit of an idea how we approach this patient. We gather data on this patient. We see the goals, right? Our main goal is prevention.

Our main goal is reversing diabetes type 2. Our main goal is like weight management, weight to a certain extent. And yes, I agree with you. We talk about numbers because it's It makes the goal more clear.

And then from them, we take the whole individualized part. I love red meat. Don't take it away. Absolutely. We are not going to make you feel that you are not enjoying the moment of nourishing yourself.

Same thing. I come from different backgrounds, different kitchens. You cannot teach someone to eat one way when they don't understand another way that we're trying to say, yes, we want everybody in the Mediterranean diet.

But what that really means, maybe it's a product that is easy for all of us, but maybe it's not the same from someone who is very rooted in an Indian type of kitchen, cuisine type.

So we take that in account and putting all this world together, I think the rate of success is pretty good. And the most important, it is sustainable.

Because yes, I agree, we hold the person by the hand and we help them, but it's not forever a kid. Once they learn how to walk, then they walk by themselves.

We're not holding hands at 20. So it is important that everybody understands the process and that they will take control of their own health to go for this best quality of years ahead.

Well, it's time to have a little bit of fun, Jill. And we want to introduce to our audience, because Jill and I, we collaborate, right? We are a team.

And we created this new mnemonical feed. It's not FOMO anymore. It's E. It's F for fear. And we will elaborate a little bit more. E for education. We spoke a lot about it.

E for everyday mistakes that we make and we don't kind of pay attention. and D for disguised disease. So Jill, go ahead and talk to us about especially that fear, everyday mistakes we can make and the disguised disease that we think is normal and really maybe is not normal.

So when it comes to fear, I think a lot of it is we've never known more about nutrition and had a bigger problem with it. And I don't think that's you know, anyone's malintent, I think that there's so much fear out there because it's overwhelming.

What do I do? Where do I start? Everyone's an expert. There's plenty of trendy diets that are actually not healthy. And where do we go? And so that's why I really enjoy being a dietician because I really enjoy kind of taking that fear out, helping someone guide them and always having, you know, disease prevention as my North Star because you can't go wrong when health is at your basis.

And then something I would also say about fear is Once you're on a plan, fear of messing up. I just want to speak to that for a second because there is no messing up.

Number one, in loving yourself, you give yourself grace. And let's say it's Friday night, you go out with your friends and you go off what you consider to be your meal plan.

Okay, get right back on. Two reasons. One, it shows that this isn't a big deal and we can continue and that's self-love. Give yourself that grace. And the other is productivity.

Here's what I mean by that. Let's say I went off my meal plan or my lifestyle change on Friday night and instead of forgiving myself, I feel guilty. I feel overwhelmed and I say, I'm so upset with myself.

I'll start, I'll start again on Monday. and then Saturday, Saturday night, Sunday, Sunday night. So by not forgiving ourselves right off the bat, we're actually leaning to more overeating and getting further away from our goals.

So being kind to ourselves, giving ourselves grace, not only feels great, feels good, but it also helps us stick to our lifestyle plan. Wait. I like it.

So F for not only fear, but forgive yourself. Forgive yourself. Feel great. Yes. It's okay. Just because I lie once in a while doesn't mean I'm a bad person.

It's the choices you make overall. And we don't want to be too hard on ourselves. No one's going to be perfect, but it's progress, not perfection. I like it.

Let's go with the E. Everyday mistakes that we make without noticing. So I think there's a lot of everyday mistakes. I get a lot of clients with people who feel like they're eating healthy, feel like they're eating too.

have weight loss and they say, there's something about my body. I just can't lose weight. Okay. So then I take a look at their diet and the traps that people make are they're eating way too many carbohydrates.

So we do want to limit that. And I teach them what a serving size is. Is this a carb eliminated diet? No, I've never recommended one diet that didn't involve carbs or sugar because your body needs glucose and we want to treat our body with love.

The other trap people fall into is like what I call marketed health. So I'll take granola, for example. So they'll switch their breakfast and they'll have like a great Greek yogurt.

They'll add berries, maybe some shaved, no salted almonds. And then they do a whole bunch of granola because granola, for example, is marketed. When I think of granola, I think of, for some reason, a mountain climber, just really outdoorsy, just so active.

When you look at it, it's super high in calories and super high in But it's healthy, right? But it's marketed that way. So by also coming to us, we can also kind of help you troubleshoot.

Because if you're putting all this effort in and you're just running on a treadmill, it's all that energy and you're not making any forward progress. That's so frustrating.

And it's, it's defeating and it's also expensive. And right now going to the grocery store, we don't want to spend money on things we don't have to. Our bills are high enough.

We're good on that. No extras, please. Exactly. Another mistake that we can do every day sometimes is skipping meals.

FEED Framework: Fear, Everyday Mistakes, and Disguised Disease

I have the teenagers, I'm not hungry at breakfast. Yes. And that's a mistake that will just give a punch in the stomach to your metabolism. Oh, so yeah.

So one of the things I may talk to clients about because it's inevitable, either I'm too busy for breakfast or I'm going to save my calories for later in the day.

What happens is when your blood sugar goes down, you get not just hungry, but overly hungry, and you're more susceptible to overeating. So when I see someone, for example, whose problem time is nighttime after dinner, I instantly say, hey, are we eating a good breakfast?

Are we eating a good lunch? Do we have snacks? And they said, how did you know I skipped those meals? I said, because it's the pattern that you're eating.

So just knowing how to be your own friend and not a sabotager, how to have those tools in your tool belt, how your body works physiologically, I think is a huge benefit.

I have a lot of clients who tell me they don't have willpower. Of course they have willpower. Their parents, their employees, they run a household. They have done so many reputable, amazing things in life.

It's just knowing the physiological. Edit that. It's just knowing how your body works. So that way you understand it's not your willpower. It's a change in glucose levels.

That's really hard to overcome. And so by giving you those tools in your tool belt, by giving you that education, we're not just telling you what to eat at breakfast, lunch, and dinner.

When you have that education, we're giving you those tools to fly on your own and become independent because I want you to eat this way for life, not just in the intermediate, forever.

Correct. Love that part. And you just touched a point, but we're going to do another episode on that. And it's the whole willpower and how people has a different perception and we can teach them all the dopamine pathway and how it has nothing to do with willpower.

That for another episode because it's a long one, but let's touch the D in feed, disguise disease, which is very interesting. So I think there's a lot of, I'll call them like everyday ailments that we think are just, this is the way my body is and it necessarily is the way it's supposed to be.

So if you find yourself getting diarrhea too much or constipation, you know, we really want to look at your diet. We really want to see if there's, you know, IBS, inflammatory bowel syndrome or things like that.

I will tell you, for example, in our country's diet, we don't get enough fiber, for example. And so what happens is in the intestines, we have weak pockets that get created.

They're called diverticulum. And so we have a condition called diverticulosis, which is when in your intestines you have weak spots. Now, what does it feel like?

It doesn't feel like anything. You wouldn't know you have it unless you get diagnosed maybe through a colonoscopy or another type of diagnostics. Well, what happens?

Well, when we continue with this diverticulosis, these weak spots can get inflamed, diverticulitis. Now, what does that feel like? be very painful. You might need antibiotics.

You might have to go to the hospital. In extreme cases, we might have to do a resection. I've seen I've had patients that had ileostomies and colostomies.

So what does that tell me? Well, what's weird is in this country, 50% of people 65 and older have diverticulosis. But in other parts of the world, like Asia and Africa, these rates don't even come close.

Correct. So what does that tell me? Well, it tells me that we haven't evolved or mutated faster than the rest of the world. It tells me it has to do with lifestyle.

My hunch is it really has to do with fiber. And so the positive- It has to do with the sad diet. It's sad, but it's the standard American diet, which 60 to 65% it is processed food, no fiber.

And to take a negative and turn it into a positive, Well, that means the reverse is true. So if I change my lifestyle, if I change my diet, I can reduce my risk of this?

Sign me up. Why wouldn't I? That's loving myself. Yes, I love it. Another disguised disease is inflammation and bloating. Bloating is something that I see all the time.

Oh no, that bloats me. And you know what, now that you're talking about fiber, when someone, and I heard this from a doctor, he's a gastroenterologist, I call him Dr.

B because his last name is Long and he finished in weeks, but he wrote a book that is called Fiber Fuel. He explained that obviously fiber is one of the first things that we introduce, but our body has to get used to fiber if it's not used to it before.

And the first thing that's going to happen is you're going to produce a lot of gas. And so everybody says, no, I don't eat broccoli. It gives me gas. No.

And yes, it does because it has a very specific component in the vegetable per se that it creates gas out of your microbiome. But it's not a negative thing.

It's something positive that is happening in your body. So people avoid it. Cauliflower, broccoli, everything that

gives you a little bit of gas. But things that are very rich in fiber extra are difficult to digest.

Yes, beans are difficult to digest. It has been proven that once you go slow and you continue increasing and your body will get used to it. But fiber, fiber is the answer to many things, to many things.

And fiber are only plants. That's it. That's all is not. It's not like it's a negotiation. It's Mother Nature who decided that only will give fiber to plants.

So that's another global advice that we give is eat plants. You can be carnivore, but eat plants too. You touched on a really interesting point and it reminds me of what we talked about earlier when it is when you do one thing right, you kind of check many boxes.

And yes, we can always slowly increase your uptake of fiber. And if there's a food that you just say, you know what, I just don't feel comfortable eating it, that's okay too.

But what you said about only plants have fiber, It reminds me that only plants have phytochemicals. So when you do one thing right, you check many boxes.

So when you're focused on your fiber, when you're focused on your plants, you're also going to get phytochemicals. And that's the belief that every color of plant has a different superpower.

Now, the most famous one is beta-carotene for your eyesight. There's phytochemicals that are believed to improve cardiovascular health. There's phytochemicals thought to reduce your chances of cancer, thought to help your immune system.

And I always tell my clients, eat a rainbow because there is not a color I want you to miss out on. And here's the great thing. If you like a sweet potato, great.

If you like a baked potato, that's okay too, because then you're going to get those white phytochemicals. I think one of the things we also talk about in with fear of food and things that are wrong is that we seem to demonize everything.

It's an all or nothing. And we're starting to eliminate foods that we really don't need to. We're being more restrictive than we need to. And that's another reason why I like to meet with people because it's not all or nothing.

There's a middle ground. And so I'd like to remind people that there's a middle ground. We don't have to be so extreme. We don't have to say goodbye to baked potatoes.

They're not the enemy. And it's kind of like relief when you just check in with people again and you remind them of You know, we're just gonna keep it simple, healthy is healthy, not healthy is not healthy, and no trendy diet should ever be able to make us change our minds.

Yes, you see, I told everybody, Jill is a holistic registered dietician, which is, I would say, difficult to find. And I wish everybody start changing their mind as well and sit down and see the person in front of them as the individual, that we are all.

I do portray myself as a doctor who does that. I just listen and I do eye contact and I take you as an individual. to help you to continue with your objectives.

Before we wrap up, I would like to give one takeaway, one piece of information that our clients and our audience can take out of this conversation today.

What that will be? So when I look at self-love, yes, it's caring for myself. It's getting my nails done. Maybe on Mother's Day, I'll take myself for a massage.

But what I want to instill in everybody is true self-love. is making your health a priority.

Self-Love, Health Priorities, and Closing Remarks

There is nothing more valuable than you. And not only are you showing yourself the ultimate in self care and love when you make your health a priority, it's a gift you're giving to your loved ones.

We put the little spiritual side here where mind, body and spirit all together in a wholesome Well, everybody, we say goodbye at this point. I want to thank you from the bottom of my heart, Jill, for taking this time and start enlightening our patients, our clientele, because we are huge on that E in feed, education.

So for everybody, once again, thank you for listening to me. Double down with Dr. D. I continue putting up there a lot of information out of bias. Please share my information.

If you think that someone will benefit from this information, just share it and I'll see you next. Bye-bye. Thank you for tuning into Dr. Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

Each day is a new opportunity to make choices that empower your well-being. For more insights and strategies, subscribe to our podcast and visit our website, www.doctortalks.com.

Stay connected, stay healthy, and join us next time on Doctor Talks. Real talks from real doctors on the issues that matter to you most.