Introduction to Dr. Beverly Yates

Welcome to this episode of the Reverse Alzheimer's Summit. I'm so excited to introduce you to my friend and colleague, Dr. Beverly Yates. She's a licensed naturopathy doctor, and she is the nation's leader in online type two diabetes care.

Her virtual practice has programs and supplements to help people lower their blood sugar naturally and at home without ever having to step foot in a clinic. Dr.

Yates is on a mission to help 3 million people heal heal from type two diabetes and pre-diabetes. We have her here today to talk about the connections between blood sugar and Alzheimer's.

You may have heard Alzheimer's referred to as type three diabetes. This is when toxicity from blood sugar actually starts to cause damage in the brain.

So, Dr. Yates, welcome. Oh, this is so lovely. Thank you so much, Dr. Sanders. And I appreciate all the work and effort you're putting into helping people who are at risk for who currently have Alzheimer's to have better quality lives.

Thank you for showing the way and being a leader. I appreciate you. Thank you so much. I've been looking forward to this conversation for months and it's finally here.

And I want to just say, I we could talk for hours. I already know because we've done it before. But let's just dove into the meat of it. So why is we kind of started this?

I started this in the intro. But why do you feel that Alzheimer's dementia is called type three diabetes. What's the connection? The connection, I feel strongly, is around the issues with insulin resistance, and I think it precedes all the damage.

It's like the gateway, the thing that connects these these situations. And I've seen this clinically. I even unfortunately in all this in my family with my mother in law, where before when I was in engineering, before I became a naturopathic doctor, my father in law would tell me that she had problems with pre-diabetes.

And this was years and years ago. And it was it preceded what then became Alzheimer's for her. So I've seen that up close, that transition. And if we'd known then what we know now, wow, that could have had a very different outcome.

So okay, I started with a blood sugar being so toxic, but you're saying that insulin resistance is actually an even bigger part of the problem. So I think a lot of people have heard of insulin resistance.

But can you break that down biochemically? What does that mean? What's going on?

Why Alzheimeru2019s Is Linked to Type 3 Diabetes

Okay. So insulin resistance means then that the person's ability to make use of insulin that their body is making. So in this case, it's most likely someone who maybe doesn't even know they have a problem.

Their insulin is not effective in grabbing a glucose or blood sugar from the bloodstream and making the glucose available inside of the cell. Insulin is going to sit there on the cell wall, grab up the glucose, the blood sugar in the bloodstream, bringing inside the cell and make it available for energy.

If there's too much, then it becomes fat. It gets stored somewhere, typically the liver, but other places, right? If that process is broken or deranged, then the brain in particular for its own sensitivity, it may contribute to the very problems that we see with the tail particles, the beta amyloid formation, all of these things.

Right. I tell my patients this, it's like the whole works gets gummed up. So I know we have both health professionals at this summit along with the general public, so I'm going to try to speak to both.

Think of it like this when you have if you think of tumbleweeds going along right on the prairie and then you see a bunch of tumbleweeds gummed up together, they're like giant balls of Velcro.

If you take Velcro so sticky and pull it apart, well, why would I use that analogy when there's too much blood sugar? That extra blood sugar, the extra glucose sticks to them actually occurring proteins in the blood and we measure it with hemoglobin A1.

C What we measure with A1 C is the stickiness of that extra blood sugar to your red blood cells. Now, every day your bone marrow is putting out beautiful, brand new fresh red blood cells.

But if you chronically have too much blood sugar, too much glucose and excessive glycemic opportunity, if you will, in the blood, then it's sticky like Velcro.

That extra blood sugar sticks to the naturally found proteins in the red blood cell wall hemoglobin. We measure it. That's the agency. So if you are at risk of or if you have instant resistance, if you know your family has issues with Alzheimer's, if you're simply trying to protect your brain health, you must control your blood sugar and resistance of insulin.

Insulin resistance means your insulin isn't working. Effectively grab up that blood sugar and make it useful. Therefore, it's still staying in the blood and it has the opportunity to be the velcro called Glycation.

Right. Advanced Glycation end products ADF. That is the process we're talking about. And so that is a much bigger thing. This is relatively small. Just to give you an image, let's say that's the normal sized molecule.

You get a glycation end product. Now this is way bigger, takes up a lot more space and that's why diabetics are at risk of losing their vision and going blind.

All the issues with the kidney skin is, Hey, that extra blood sugar, the threat to the brain? Yes, heart attacks, strokes, the loss of limbs in the gangrene and amputations, the wound, poor wound healing, immune system threat.

There's just a whole host of worse. But when we're talking about the brain, the thing about this, Dr. Sanderson, is that so much of that is silent. The damage that's happening is silent.

So people under appreciated and they'll say, oh, I just have pre-diabetes. I'm okay. No, you're not okay. You're under. Threat. Okay. So you've mentioned hemoglobin HNC, which is a pretty easy test to get through any doctor.

And so hopefully a lot of people who are listening like they know their A1 C number. Now will you take us through what it is designated as pre-diabetes, where it's designated as diabetes?

And what's the goal when we're looking at that number? Okay. It's great question. So what's designated currently is pre-diabetes. And these numbers have changed, by the way, over the decades for sure.

Understanding Insulin Resistance and Glycation

If you're a long term practitioner, you know this. And if you're a person who's been traveling about sugar for a long time, you know this so recently, now the numbers are this.

If you have an A1, see a hemoglobin A1 C measure of 5.7 to 6.4, that's considered pre diabetes. If it is A1, see a

6.5 and higher, that's considered type two diabetes.

And in there I've always thought of it as a spectrum. What it means then is somewhere along there is a measure of how much your blood sugar regulation is not under good glycemic or blood sugar balanced control.

That's really what that's about. But I really want to make sure anybody listening who has pre-diabetes please don't, you know, underestimate the threat you're under.

Because for a lot of people, they get scared when their pre-diabetes turns to type two. Diabetes is like a switch flips and now they feel more urgent.

So if you're in the free range, please take that seriously. Absolutely. And this is that range. When we're talking about the spectrum of dementia to very severe dementia, it's so much harder to treat.

But if we're talking about mild cognitive impairment, even though that's relatively severe, we're talking about those early stages of cognitive decline.

That's the time to act because it's so much simpler, it's so much easier, it's so much quicker to get reversal of the disease process. And I'm imagining it's similar with diabetes.

If we pay attention to those signs and those those symptoms and those numbers earlier on, we can get reversal and and a reversion to like more optimal health a lot easier that right.

That's absolutely right. You know, it just makes sense if you've been exercising actively and taking care of yourself and if for some reason, let's say you've had an injury, you've been in an accident and you've been forced to take a break for 6 to 8 weeks, an unplanned break, you're going to lose some level of conditioning.

It just makes sense. Right? I think we all know that. And so when it comes to reversal and changing the situation and getting things into remission and improving it, the further you have to travel, the longer it's going to take.

And there's probably more damage that has occurred along the way. So the good news is the sooner you start it, the better off you are. But if you're long into a process, I say don't give up hope because at least you are putting a firm plant of your flag if you keep further damage from happening. Right.

We all got to start somewhere. Okay. So we're motivated, right? Like we get what's going on, we get insulin resistance, glycol toxicity. We know what numbers to be looking at and we understand why it's really important to start making these changes at the earliest moment that you realize that something is maybe a little out of whack or off balance.

So what do we do if we're right? So here's what here's what you do. We're ready, right? Like, pay attention. Like notice, you know, do I have any issues with, say, memory deficits or cognitive decline?

Do I feel like my memory is just not? There are other people giving me the feedback that like, Yeah, you were just forgetting some pretty basic things.

Now I want to say something about what we consider to be normal aging versus typical aging. A lot of times as people get older, they come to expect that their memory is going to fail.

And the second they can't find their teeth, the second they put their favorite teacup someplace odd and look for it. If they freak out. And when they were younger and these things happen, they don't think twice about it like, Oh man, I just misplaced my keys.

Like it was no big deal. That one off event is different than many times a day. Not to be confused, right? I think we all need some education. Would you agree, Dr.

Sanderson, about where it is we should be paying attention. What should we be looking for? What are the hallmarks that go on? Because I think that sometimes people are worried about something that's actually not an issue, and it's other people who are pretty blasé who should be a lot more considered.

And stressed that stress is also a component. Maybe we we don't eat as well when we're under stress. So if we're freaking out, right, there's a balance and we don't want to be like freaking out that we have Alzheimer's just because we've misplaced our keys and we're distracted and we don't want to be freaking out so much that we start having a super restricted diet.

But wait, so because all of that stress just contributes to cognitive decline, but you talk about the five factors of your lifestyle that impact blood sugar the most.

Well, you take us through those. Sure, I'm happy to do it.

A1C Ranges and the Importance of Early Action

So I've, you know, packaged this up. It's become the Yates protocol. These five factors are super sensitive for lifestyle, for joy and for blood sugar control.

My diabetic and pre-diabetic patients over the years have really helped me hone in and get this dialed in about what matters. So those five factors that are most sensitive for lifestyle, and that's the good news in my opinion, for blood sugar control.

That's nutrition, right? And nutrition is the bull's eye of the target. I think we all know what we eat matters. Let your food be your medicine. Your medicine be your food, too, is going to be.

Sleep. Sleep is the foundation for all healing. If you aren't getting good sleep, you are at risk for all sorts of things, whether it's joint repair, gut issues, certainly for the healing and repairing the brain.

The brain requires certain cycles of brain health to happen so that the cerebral spinal fluid, other things can clear, literally clean out and detox the brain.

And if you aren't sleeping well, that isn't happening, which also contributes to and sets up the stage for Alzheimer's. Right. Number three is going to be stress.

I always like stress and start to stand out into being a bully that grabs people by the shirt collar and slams them up against the epigenetic expression of whatever is hanging out in their genes and their environment and lifestyle is going to force that weak, link those vulnerabilities to be what shows up, going to. Your imagery.

Yeah, yeah. It's not going to ask for permission. It's just going to do stuff and you're not going to be happy with it. So you want to do as much as you can to do stress relieving right?

So make simple thing for me, you know, for aromatherapy, I right here on my desk, make it easy. You know, you've got to do your self-care when and how you can right before this interview, I just came back from a beautiful walk on a lovely, sunny day.

You know, I do what I recommend for others, and I invite everyone as much as you can. Please do their self-care things. Okay. I just want to review to make sure that we've got them all.

So nutrients, sleep, stress. Yeah. Got two more to go. So number four is exercise. That's right. Exercise. Friends, you know, active working muscles are blood sugar sponges.

Right. So, you know, I'm sitting I'm here for telehealth or whatever. Right. And we're going to clients. I like to keep this real, keep it real good. Whatever you got to do, stand up, you know, walk around, things like that.

And then resistance training is part of exercise, movement, dance, you know, whatever you need to do and whatever you enjoy at all counts. I don't want people to underestimate the importance of that because not everyone is necessarily going to be spending time in a gym.

You can use your own body weight, but whatever you do, you just need to get it done. And then number five, guess what? Number five is? Well, you know, what's happening here is I'm realizing that I want everyone else to realize that your list is really similar to mine.

Right? It's nutrients, stress, it's exercise, it's sleep. And we talk about infections and signaling and there's so many other things. But you've nailed the foundations digest.

And so I'm super curious. Connection and love is another big part of ours, so I can't wait for you to tell me what it is.

Five Lifestyle Factors That Support Blood Sugar

Okay, so this is where I talk about a little differently, probably because my focus is on diabetes. I love the idea you're talking about community and connection and not being isolated. That's brilliant, totally supportive.

But number five, I find for the folks I work with is meal timing. Many people with diabetes are the rock in their community. They do so much for other people.

They are generous souls. The overall stereotype of being fat, lazy, indulgent, wanting to wreck their own health. Listen, I've never met anybody who gets up in the morning, says, How can I screw up my health today?

Like, nobody thinks that. That's just so I feel mean spirited and not the lived experience of the people who have this right. Real timing usually means people forget lunch and because they're not planning their meals, lunch either doesn't happen or they grab whatever's easy.

Yeah, this is where the the threat, the risks come in, the damage. And so with that, you know, having those five together nutrition, stress, sleep, exercise, including resistance training and meal planning really makes a difference.

And when people get this dialed in, oh, those blood sugar numbers are just beautiful. The thing that's so fun about it is you don't need to be perfect.

It's about progress, not perfection. And usually it's two of the five that they really need to focus on it. They have not met anybody who has all five things broken.

You know, we kind of I love this because it's about a healthy body and I focus on the brain. You focus on blood sugar, but there's so much overlap in what we do.

And I notice the same things. I have so many patients who are you know, there's the it's stressful and it's overwhelming to be considering cognitive decline caring for someone.

The thought of Alzheimer's is absolutely terrifying, just like the thought of getting diabetes or diabetes diagnosis is. And so there can be this sense of like, where do I start?

Distance of overwhelm? And I notice the same thing that we pick two things and typically it's what's easiest. So what's that low hanging fruit like? Maybe you're already exercising, but there's a way that you can kind of ratcheted up or optimize it so that you get maximum benefit.

And then the other thing that we look for is where's the biggest benefit from change? So maybe it's like the thing that you're doing the least of and that's the most terrifying and the scariest.

Maybe that means changing up your diet a little more radically than you're prepared to, but we start to go in that direction and prepare you because maybe it's a diet where you're going to get the most impact or maybe it's sleep,

maybe it's getting a really good sleep routine or changing your mattress or changing something about your sleep routine where because you've been getting such bad sleep, getting good sleep is going to get you that biggest effect in terms of change.

So it sounds like you're going in kind of a similar direction with your patients, is that right? Yeah, very much so. You know, our work is, of course, going to overlap because both have professional training and a clinical experience has indicated the sensitivity and the power and the joy, frankly, of working on these lifestyle things, because this is where stuff broke.

This is why it's the root cause issue, right? All over the place. You know, when you think about stress and sleep and how they interact with each other, you get a bad night's sleep. Why?

Maybe you're really stressed out. You've got a busy mind, you've got way too many responsibilities. Perhaps not enough either emotional capacity or financial resources to respond whatever the situation may be, or you just feel tapped out.

Man, like some of us, our batteries are drained when the day ends. Right. And go to bed. You're expecting, hey, I want to get a great night's sleep and then you get up next morning.

You like a truck ran over you like, oh, my God, time went by. But I'm not restored at all. Right? Those are real experiences for people. And the unfortunate thing is, in the case of diabetes, is that that's a real set up for a few things to be true.

The next day, obviously, you'll be tired and fatigued. I think we all understand that. But there's more things that happen. You may find that you have cravings and my friend, your cravings will not be for celery or kale or broccoli.

Wouldn't that be great? No, no. It's donuts, right? It's like that thing that causes you to have diabetes and Alzheimer's. It's just so unfair. But this is how we're wired.

You know, back in the day when we were under threat and we were sleeping outside, maybe we were in our village with our community. We had things pretty set up.

We had to be able to respond quickly to a threat, quickly and a real threat. But the rest of the time things were pretty chill, so that meant we adapted and we are amazing to respond.

And when I call superhero mode when needed, this is when you hear, you know, of a tiny a really small adult woman can pick a car up off of a loved one.

Right. You know, just these like how did she do that? That's why she's responding to that stress response of cortisol, which releases white blood sugar.

But if you're constantly under threat, constantly feeling that kind of alarm, that kind of danger, real or perceived, then your blood sugar never really resets.

And this can set you up for Alzheimer's. That's one way that that mild cognitive impairment parent becomes much more pronounced and the brain is under threat.

And if that's your weak link, that's what's going to show up. I want to dove into what you recommend in terms of diet and also meal planning, because come together.

So break that down for us. Is there something that you tell everyone with elevated blood sugar or does it really depend on the person? What are some of the takeaways and actionable things that people can do today if they want to make some change?

What a great question. Thank you for that. This is one of my favorite topics I've learned after over 30 plus clinical

years.

Diet, Ketosis, and Personalized Meal Planning

It's so important to meet people where they're at. I don't give people a one size fits all nutrition plan. I ask them what kinds of foods and flavors do they currently enjoy?

What's their cultural reference? I found that if you put people who are used to spicy foods on a bland diet, that's a mistake because they're not going to stay on it.

Similarly, if you put people used to bland foods on a spicy diet, they too are not going to do it right. So meet people where they're at. I recommend that people have a balance of things on their plate that includes lean proteins, leafy greens being the primary vegetable route that I prefer people focus on.

Because in the case of diabetes, I'm working with people on their blood sugar because those leafy greens are beautiful but sugar sponges along with cholesterol balance.

Right. Because it also helps with cholesterol, just like exercise, you know, two for one, we deal with things efficiently, healthy fats. And then I want them for their fourth food group to focus on resistant complex starches.

So complex carbs slash resistant starch, it's because those are slow burning. They don't leave the stomach quickly, they don't spike your blood sugar, etc..

And then I always say test, don't guess. I have people either get their glucometer and test strips ready by getting that little drop of blood is painful.

I prefer they can to get a CGM or prescribe. Continuous glucose monitor. Okay, so just so everybody listening knows the CGM, you can get through your doctor and you can also actually just get them online.

If you're willing to pay cash and not have insurance, cover them. But it's a way to measure your blood sugar all of the time for a couple weeks. And this is one of the most fascinating, informative things I've ever done for my own health. Personally, definitely.

I think that they are just a huge, huge help. You know, both the electrical engineer and me and the naturopathic doctor in me loves the use of this kind of health data.

So you can put the CGM on your arm, continuous glucose monitor, use your phone, swipe fine on your app because the sensors are already built in and know what your blood sugar is doing.

And for everyone has ever used one this way in working with me, it has been so eye opening to them. Now they know maybe some of the foods they were avoiding thinking, assuming because some list somewhere said that it was a blood sugar spiker.

It's fine for them. And also they'll determine if they have unusual reactions. What if your blood sugar spikes for blueberries or cauliflower or quinoa foods that for most people are fine, but maybe for that individual.

And it's so we have such bile individual individuality for our response to foods. This can happen with twins in triplets. Oh, wow. Oh, my gosh. I never would have thought.

That research has shown this very clearly. We are individuals, even though we may have lived the same, I've eaten the same stuff. We still respond individually.

That's why I say, just don't get. So find out what your blood sugar is doing. You might think you have a ton of food intolerances or food sensitivities.

They may actually be blood sugar reactions. Then it might be that the portion is what matters, right? So if you've had that bad night's sleep, if you're really stressed and you find that you're struggling with cravings, it's important to untangle poor sleep from lots of stress.

And what are your cravings telling you? Are you an emotional eater? Do you have disordered eating? Do you truly have an eating disorder? Or are these blood sugar reactions that puts you on such a whipsaw for a rollercoaster reaction?

And of course, you don't feel well, you know, if you're routinely hangry, you're in a bad mood. It's really it's affecting your love life, your personal relationships, your work life. Wow.

These are important things to work on. And these all precede and set you up for the risks to the brain to the brain threat that results in Alzheimer's.

I have patients I've seen this over and over again because we I recommend a ketogenic diet, not forever, but for 3 to 6 months for my patients who are struggling with cognitive decline.

Because what we see is that those ketones kind of turn the brain on. And I certainly have had the experience personally getting into ketosis, ketosis and noticing that I feel sharper, clearer and have more energy.

I sleep better, and that's because I'm getting off of that blood sugar rollercoaster that you're describing. Now, the other thing, just to your point, is that I've had a husband and wife sitting in my office measuring ketones and blood sugar, and the exact opposite things happen with zucchini, right?

One person's blood sugar goes up, the other person's ketones go up, and you expect them to be inversely related. When ketones go up, blood sugar goes down.

And when blood sugar is up, ketones are down. Now to people and I was shocked to hear you say that twins and triplets will have different experiences, but certainly a husband and wife, two people who are eating regularly together but have different genetics, have really different experiences and different metabolisms when it comes to how they process the meals that they're eating and sharing.

And so understanding that and then being able to plan meal plan around those goals of getting blood sugar down, potentially getting ketones up really requires getting that individualized information.

And I love that mantra test. Don't guess that's possible. Absolutely. Test on gas whenever possible. And I would say if you're if you are living because I people listen to these things from all over the world in some parts of the world, the continuous glucose monitors over the counter.

This is not an issue here in the U. S. it is an issue. It's considered a medical device. Generally, you need a prescription. There are starting to be more direct to consumer access, just like lab tests.

You can now often get them direct to consumer. You don't have to get your doctor's permission or buy in. So I would say if your doctor doesn't want to help you be healthier and well and help you take control of your blood sugar, your metabolism and your cognitive health, then you need to maybe find other people to be part of your health team because I don't feel like it's right to hold people hostage.

You know. I've had patients who have done a bunch of research and found places like a Costco or somewhere like Good Hour Eggs or something like, Hey, I can get a cash praise on a CGM.

Would you send in a quick prescription for me? And every time I say yes for for my patients to establish with me, because that information is so helpful.

And now to be clear, for me personally, I didn't need a CGM for more than a month. I think I've done it twice because I loved it and I got so much information from it.

But now I know. Now I learned what that raspberries will get me out of ketosis and raise my blood sugar. But blueberries won't add the same amount. A handful of raspberries kicks me out of ketosis for someone else.

That might not be the same it. But now I know. So I go into eating a handful of raspberries with different information and I can make different decisions.

So it's not that you need to wear the CGM forever, it's that you can wear it for a month or two and get that information and then apply it when you're not wearing it.

Exactly so and apply it now, then you can craft that meal plan for yourself, for your loved ones, your household, whomever you're eating with. And when you're in social situations, you can plan ahead about what makes sense and whether you should bring your food with you or you are going to be able to make use of what's there, you know, being strategic.

And I found that when my patients, my clients really get a hold of this concept and make it personal, sometimes they gamify it and it becomes fun for them because now they understand how their body responds to this stimulus that's so different for the other person.

So here's the tips on meal planning that just make sense. One stick to the recipes. You know, you like to make them in batches. For many people, this is a Saturday or Sunday.

So for instance, if you're a meat eater, I say cook your proteins ahead because they're going to take a longer and then you can warm them up during the week.

Similarly, for the leafy greens, for anyone who's plant based or if you are a meat eater, of course for anybody I work with, green vegetables are absolutely going to be part of what we're doing because they're so nutrient dense and full of water, you know, hydration, cook them ahead and cook in batches.

So like, for instance, in our family, we'll make batches of we'll have steamed broccoli or we'll make collard greens a completely healthy recipe. We'll do the kale, we'll have Swiss chard, spinach, whatever.

The only thing I don't cook in advance is spinach because it's just so quick. It takes literally a minute. You know, there's no value to that. And the other wants to take longer, especially collard greens.

They take some time to break down that beautiful fiber. So when and I learned this from my mother about the importance of cooking ahead as a single mom, she did a great job of feeding us nourishing meals just so filled with love.

I felt like it was rich with vitamin L, you know, vitamin love. And I learned from her. She took me to the store with her when I was little by the hand as I got older and I understood, you know, you chop ahead your vegetables, prep your peppers, onions, whatever else you might have in your food, and just be able to grab and assemble your meal same way in morning.

If you have an egg scramble for, let's say, for breakfast, they might be prepping ahead. Don't make every meal thing so stressful that you hated it where you just feel like you never have enough time, do things in batches and if you do it that way, to me, that's part of you giving your energy back to yourself and building up your own soul battery, if you will.

I love it. Yeah. That extra preparation can. It's an investment, right, of getting prepared, going to the store, having your list so that you have everything you can make it all happen on a Sunday or whenever you have an extra moment or an extra couple hours to do it.

But then you get the dividends back all week long in terms of eating healthy and feeling better. One of my favorite recipes is that that comes in batches that I don't even make for myself because I have an egg allergy.

It's like my one food allergy, but eggs are perfect foods and I feed them to my daughter. So if you can tolerate them, they're such a great way to get healthy fats and choline, lots of great nutrients.

And I think there's kind of this false idea that they raise cholesterol even though they have good cholesterol in them. I think that it's a very safe food for the vast majority of people to eat.

And it's a phenomenal thing that you can make ahead of time. So we do these little egg muffin bites for her. And so in the muffins hen I take that egg scramble deal with some.

Usually I put some cream or some nut milk in it to make them a little fluffier. And then we'll add a little bit of cheese sometimes, or veggies, broccoli, onions, whatever.

Meal Prep Strategies and Practical Food Tips

I want mushrooms in there and I can mix up the flavors with different spices so that even though I have 12 of them, you know, every three of them are one flavor, three of them are another flavor.

And it kind of mixes it up for her throughout the week. And that's, you know, breakfast is taken care of, right? I don't have to think about it again for a week.

And that makes all the difference in the world. And I have so many patients who have said, thank you for this recipe. Thank you for this. It's changed how we eat.

And at least do you ever tell people to start with one meal, start with breakfast or start with lunch or start with dinner? Don't worry about the other two.

You just start with one and let's see how that goes. I was in here smile listening to you. I'm like, we could be twins. Yes, I do tell people to start with one meal, meet them where they're at.

I don't want to overwhelm people. Make pick one meal, make it the best meal you possibly can. Feel great about that. Get it dialed in, move on to the next.

I don't feel for most people, they relaxed, they able to do it. They're successful because I'm not asking them to be perfect. It's about progress, not perfection.

I love it. I love it. That's so accessible. And, you know, that's what it really takes. These are these health trajectories. These health outcomes are really they come down to those decisions that we make every day about what time we go to bed, about what we put in our mouths, about, you know, who we hang out with and how we spend our time and how much exercise we get.

Those decisions that we make every day add up to our health. And so having the support of a doctor like you, of health coaches, of whoever is on your team is really just so helpful in terms of making that, again, that progress, not perfection.

It's about that trajectory. Just shifting it even a little bit. We end up at a different destination in ten, 20, 30 years. Absolutely. I think being intentional about health is important because I personally feel like there's a lot of things in today's world that are undermining health on many levels, whether it's the stress people feel, perhaps from watching the news or seeing other events around them, maybe locally, regionally, nationally or internationally, maybe they're concerned about threats from the climate, things that are going on where people are just getting wiped out from these unusual barrages of just extreme weather, maybe inside people feel so lonely and isolated.

You know, one of the ironic things around my work with diabetes is despite the fact that literally hundreds of millions of people around the planet have the problem and it's growing at a shocking rate, everyone who has it feels very alone. Hmm.

Yet they couldn't have more company. It's not. It's kind of interest. It's kind of weird. You know? It's. I just find we just need to have a lot more compassion for each other and hold ourselves accountable where we can for the things we can control and influence and otherwise have.

Compassion for the things that are out of our control and that we cannot influence. I couldn't agree more and yeah, that that empowerment piece it's almost self-perpetuating, right?

When you feel in control of your health, you start to feel more in control of your life. And then if things don't feel as hopeless and overwhelm in Dr.

Gates, this is just an absolute pleasure to be connecting with you. I want to make sure that everyone who is listening and watching right now knows how to find out more about you and everything that you have to offer and all of the help and support you're providing for your patients and clients.

Sure, they can go and visit me at my there's two websites. One is my name so D. R. like the abbreviation for Doctor D r b v e r l y y a t e s dot com. And they can also visit me at a site that we are growing right now called Natural health care dot com m80 you are a l h e alta c.a.r.e.

Dot com and you are the host of an upcoming summit as well. Can you share when that's going to go live and what people can expect to find there? Sure, I'm happy to do that. Thank you for that.

It will be live October 3rd to the ninth of 2023. It's called reversing type two Diabetes Summit. And we're going to have an amazing thing summit. We've got wonderful speakers and a wide array of topics around the world of blood sugar and glycemic health and all the things and tips and tricks to bring them all to one place.

Fantastic.

The Role of Medications and a Final Call for Compassion

I'm so, so glad you're doing that and sharing that information because I know so many people out there, like you said, hundreds of millions of people suffering.

So many people are not getting great information. You know, before me, before we fully wrap this up, I'm just curious again, I could talk to you for hours about this, but I'm just curious, do you ever use medications for diabetes?

Do you think there's a time and place for using something like metformin? Or what are your opinions about some of these very high profile kind of weight loss drugs that have been co-opted from the diabetes world?

Would you just give us a little bit of a synopsis through the lens of a natural path, a doctor who's clearly focused on the lifestyle components. What about the meds?

What a great question to wrap on. Okay. So I'm glad you asked this. I personally feel that there is always a place and a time for whatever therapy we're using, right?

There's value in all regimens. This includes prescription drugs from the point of view of diabetes, I feel that prescription drugs buy people time. They still need to make the lifestyle changes.

And if they rely exclusively on the drugs and don't make a lifestyle changes, what I've seen result from that is catastrophe. I'm thinking in particular of some people that I've known, friends, family, I think in one particular family member, an uncle who was a Type two diabetic in his earlier life, he had been quite lean, very healthy man.

And then later on, years later, you know, his health was in decline. He came with type two diabetic and he was eventually prescribed insulin because his blood sugar was so out of control.

And long story short, he used the insulin. In fact, he had been taught by that particular medical practice to cover it so he could eat whatever he wanted.

So he would eat, you know, pints and pints of ice cream. He would have cakes. I know. It's shocking. It's horrible. Horrible. And that's not an unusual story.

And eventually he died of organ failure because his body was so awash in extra blood sugar and glucose. And he was a great man. So I say, yes, drugs have their place.

They buy people time. You still need to attend to lifestyle. But please, if you're on these prescription meds, don't abuse them. It's not meant to cover you eating, you know, five pieces of cake in one sitting or playing some pints of ice cream, one sitting.

That's not the purpose of an insulin injection. If you are a type two diabetic instead, I would really you to pay attention to those five factors of the protocol nutrition, stress, sleep, exercise, including strength training, meal timing please, if you're here for Alzheimer's, obviously for brain health, please listen to what Dr.

Santos and all of your guests are sharing with you. This is cutting edge, correct, accurate information. We're busting myths and we're bringing forward what are actually facts and not some of the general gibberish and noise that you see in the misuse of the Internet and social media.

Now, as far as those weight loss drugs go that are being appropriated, I feel misappropriated and used just for casual weight loss, etc., and taken away from people for whom it is prescribed correctly for type two diabetes and or obesity.

Please understand that when someone is on, any of the peptides that are for those purpose is because they've done all these other things and for whatever reasons it didn't work.

It's a lasting measure. The side effects of those drugs, these peptides are unpleasant and when people go off of them either because they can't get the medication at all or because they can't tolerate the side effects, they usually regain two thirds or so of the way that they had lost.

That seems to be what the studies are showing or they lose that blood sugar control they finally got. These people are getting the support that they need that they were not able to get some other way.

So, again, I'm asking for some common sense and compassion. Please stop blaming people for their health problems. We don't blame people who have broken legs and say, figure out how to make your own gas.

We don't blame asthmatic, asthmatic, so they can't breathe deeply. So let's stop the blaming and shaming and all of the nastiness, the demonization that goes on, directed towards people with type two diabetes and blood sugar issues.

No one heals when they feel shame. No one heals and they feel blamed. Those drugs are buying people time and maybe saving lives, and I think they are a helpful adjunct.

And I would say they still need to do the lifestyle work, but specific targeted lifestyle work. That's been my experience. Again, similar to the diabetes where an Alzheimer's people go to their neurologists and they're told there's nothing you can do here.

Some drugs, they don't work that great, but there's really nothing you can do. Like expect a downhill, you know, a ride downhill and get your affairs in order.

We'll see you in six months to to measure the decline. And yet, like with diabetes, there's so much that you can do. And yes, these medications, maybe we want to consider them and use them with the lifestyle work.

That is what is going to be foundational. And if those drugs are a crutch for a certain amount of time or they help us get to some mother level, fantastic.

Let's put them to use as an appropriate tool. But I just I love so many of the the consistencies between the message and the overlaps between these two awful diseases that are just affecting so many people.

There's so much suffering in the world that's happening unnecessarily because of misinformation coming from very well-intended and very, you know, just misinformed doctors.

And so I'm glad that, you know, thank you so much, Dr. Yates, for taking the time to share what you've learned. And just to I think both of us are just so passionate and excited to share this stuff.

And we've seen the reduction in suffering. We've seen the hope and the exciting results that we can get if people put in the work and make the effort to make these changes.

Absolutely. It's a wonderful, wonderful thing to be a part of this journey with you. And I just hope everyone who's listening, you know, please share these materials, invite others in to get access and just take this information to heart.

It's really life changing and life saving so far. And thank you again, Doctor Yates. It's an absolute pleasure to know you and just have so much respect for you.

And again, a privilege to call you a colleague. Same here. Thank you so much.