Why Do We Demonize Fruit? A Doctor & Dietitian Debunk Nutrition Myths Transcript

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Episode Intro and Guest Introduction

Fat diets, supplements, and too much water? This information is everywhere on the online and social media space and that's why I'm thrilled to be kicking off a two-part GI and Nutrition series with our first non-physician guest, registered dietitian and exercise physiologist, April Ball.

We're going to talk about everything from why everyone thinks they need an electrolyte powder to the real reason those fat diets fail and how to spot a health scan before it puts your life at risk.

What's the difference between a nutritionist and a dietitian? Are supplements worth your money? All that and more on this episode of the Jaffer Cast. So grab your favorite newly naturally flavored candy and get ready to get mad.

Hello, everyone, and welcome to this episode of the Jaffercast. I am your host, Dr. Mark Papadakis. Nobody particularly special, just another freaking ER doctor.

So for this Episode, we're going to be continuing actually starting our series on GI, nutrition, wellness, things of that sort. It's been in the news a lot lately, And we actually have our dietitian, April Ball, coming out to join the show.

Our first non-physician person coming on, it's gonna be great. So, if you like the content, please be sure to like and subscribe. You can find me on Apple Podcasts, Spotify, YouTube, all those fancy sites.

And of course, any information, comments, suggestions, or if we want to be on the show, email me at jeffordcast at gmail.com. So let's bring her in here.

Hello, April. Welcome. I'm here with April Ball. How you doing? Good. Thanks for having me. Absolutely. Am excited. So you are a registered dietitian and exercise physiologist.

Now you told me you did your undergraduate and two master's degrees at San Diego State University. What are your two masters? And one is obviously in dietition and then the other one's exercise physiology.

Can you talk about a little bit about like the difference between the two of them? How are they related? What made you go into them. So the nutrition master's degree was kind of just an extension of my already nutrition education and the master in exercise physiology.

My main love is force nutrition. I really wanted to round out or gain the trifecta, if you will, of dietician, exercise physiology type of scenario to be able to help elite level athletes later on before dabbling a little in clinical.

You're in private practice in a clinical-based treatment medicine right now, correct?

April Ballu2019s Background and Practice

Right now I'm in long-term care. Right, I work in the long term care facility. All right. Go in to see my patients, but I have a hybrid type schedule and I also have very small private practices.

that I am slowly building towards the direction of being able to take insurance. Awesome. Yeah, I saw it. So she has a website. It's BoldPlateNutrition.com.

I checked it out. Good stuff. And you can also find her on social media as well. She's already posting a lot of different tips, exercise trips, nutrition tips.

and she's also debunking. This is actually how I got into you is because you were debonking a lots of stuff that was coming out back in the late spring, early summertime with some of the Make America Healthy Again stuff out there.

Very good information. Now, you also mentioned to me that you did a manuscript with the military, a Manuscript Project. What was that about? So I did.

I looked at hydration and its effects on performance in military recruits. So that was something. We did some data collection throughout a time period looking at urine specific gravity in relation to dehydration percentage.

and how that related to the results of the combat fitness test and the other physical fitness tests that the bootcamp participants were in the middle of or participating in.

What was your results with that? Did you find a direct correlation? I found some surprising results. Now, we kind of found that, okay, typically we know that dehydration leads to decrease in performance.

But what was interesting was, as people became more dehydrated, some people were found to not have a decrease in performance, which was interesting. So as a person who is obsessed with endurance training and fueling, I have pretty heavily gone down that rabbit hole.

And a lot of the common misconceptions of, you know, 2% dehydration loss are actually not true across the board with all populations. Now we talked about dehydrated in a previous episode I had a nephrologist on and he mentioned that the best thing you can do is for rehydration purposes, drink some water and eat a salty snack.

That was his advice. Does that still hold true? Obviously, if you're in the middle of the jungle in military, you can't exactly break out the saltines here, but what's your general recommendation for somebody who is dehydrated?

It really just depends. I mean, in a clinical setting, I would need to look at labs. Outside the clinical settings, that's different. In the clinic setting I'd work with the MD and kind of suggest habit changes or let's look how much you're drinking, how many food-related fluids that you are consuming.

Hydration, Dehydration, and Electrolyte Myths

But it's really hard. It's difficult to say, just have a salty snack. There's an explosion in the nutrition supplement world with electrolytes. This is one of my honestly little slight pet peeves.

The fact that everyone now believes that water only hydrates you if it's accompanied with an electrolyte supplement, which is absolutely not true. So I think understanding the difference between hydration and rehydration and the scenarios surrounding both of those situations, it is not so cut and dry.

It's really hard just to say, you know, like it sounds like like I could totally see a nephrologist saying that you know because have you seen all the skits where they always have their salt oh yeah they love the salt man that's it they're Morton's salt they carry around like the uh the back clip you now yep yeah when in doubt just sprinkle salt on it I mean my from my angle and the fact that I've gone down this rabbit hole pretty extensively, it really just depends.

And oftentimes adding more salt is not necessarily the answer. Well, especially because our diet is already chock full of salt. I have an episode coming up after yours where I speak with a GI doctor and we discuss processed foods.

We're going to get into processed food in a minute here. But you know, the American diet especially is heavily salt-laden. Chances are you probably don't need more Salt in your diet.

You probably need a little bit less, but we're also not drinking enough water to begin with. Yeah, and I think it's interesting because, you know, I'm Gen X.

So I come from, the time where we didn't carry water bottles. Nobody carried water. There was no water bottle at school. You know what I mean? So it was odd that like, we're still human, but yet all of a sudden we need all this hydration.

In the endurance sports, this is a misconception as well. And patients that I see in long-term care, who watch the internet or read on the Internet or whatever.

It's a very confusing situation because do I mean, are we under hydrated? Possibly. I think some people are over hydrated, especially in the gym setting when they walk around with a gallon.

Yes, I've seen those. They bring those huge, these huge containers. And honestly I seen medical students and residents do it too, because they try to, their condition now that, oh, yeah, drink, like I drink and I won't have time.

So they bring in these like gallon containers with like, cause I love the ones that had like the times on them, you know, six hours, eight hours eight, hours later.

I mean, also feel like they're doing more harm than good at this point. Cause obviously too much water can really be bad. You know hyponatremia exists.

Yes, and very common in the setting that I work in, in clinical space, but also, you know, I spend a lot of time educating people on the fact that like, we don't really have data to back up one solid guideline, like take your body weight and divide in half and that's the ounces.

We really don t have a solid guidelines for that or for salt replacement when it comes to dehydration. There's a you know, Australian researchers who are looking into these types of things and doing some research on this topic, but we really, really don't have much more than a general guideline.

I feel like the space is taken up with your wellness influencers as a result. You know there's a vacuum that's created and they see this opportunity to push products that are obviously untested, unproven, and really they're probably no better than the placebo effect at best.

What about the exercise world? I mean, it's not a world I'm personally familiar with. You have much more experience than I do. Is it common that you're going to see these, you know, anywhere from high-performance athletes to your average Joe going into the gym with these supplements thinking they're doing something good?

Are they harming themselves? What's going on with that? So I think the general message, and these companies like Element, LMNT or however you say it, These companies are very good at marketing to the general public, like you need this.

Oh, you sweat. You go to The Gym, and you NEED this, so I see a lot of people who are, y'know, taking a packet of the element, which is a thousand milligrams of sodium, Which absolutely blows my mind.

Not accounting for their diet, not accounting this and then thinking, well, I break a sweat in The gym, therefore I NEed this! And I also need it afterwards to replace the sodium that I've lost, even though The truth is, you're not a candidate for electrolyte replacement.

If you are running ultramarathons, if you out, it depends on humidity, body size, so many things. What's your sweat rate loss? You know, it's so, It's frustrating for me because especially like trying to get into further down into endurance because everybody, you know even at like a half marathon, they're slamming salt tabs and yeah.

I've seen them. Yeah. It just way, I'm like, wait, stop. And the counter counter to this from a lot of like the more right wing wellness group type situation is well, doctors don't know enough about salt and we need more.

We need more than you think we do, and we shouldn't be concerned about salt. And I'm like, ready to tear my hair out. You know, like I say, what? Uh-huh.

And it's funny because you just came back by saying we don't have enough research into this field to really make accurate recommendations. So it is not that, in a way, there's a kernel truth there, right?

It's, okay, you're right, we do not have any enough information, but it isn't because we are ignoring it. It is because, as we need research, and often times, decades ago, the methods to test some of these weren't available to us.

Like, how do you measure sweat output? How do measure these things? The technology wasn't there. So for them to say, well, they don't know, so therefore, here, buy our supplement, I'm with you.

It's frustrating. And it's frustrated when patients come to me in the ER, the baseline of, oh, dehydrated, i need IV fluids. No, you don' And this is what I talked about earlier with nephrologists, you need some oral rehydration and maybe a little bit like, here's a saltine for you, but you don't need IV fluids coursing through your vein.

You don' need a liter of this stuff here. And that's the best case scenario. The worst case is they'll come to me and they will be taking all these supplements, these salt taps, whatever, and all of a sudden I'm doing blood work and I am like, hey, you're creatinine, your kidney function is getting worse.

How is that possible? Well, what are you taking? And they say, well, I don't take any medications. And then they bring out to these bags of supplements that either they just went to GNC and got or their fitness friend, influencer recommended.

It's like we got to parse through this here. You got stop. This is a lot. Yeah, it's a lot. And it like, this is one of my biggest frustrations. I've also been a person who's considered doing a PhD on this topic.

That's like how interested I am on the full topic and I thought, okay, why isn't there research on that? And then it comes down to the fact that we cannot, you know, Every scenario is going to be different and we can't replicate every single scenario to give a guideline for every scenario through a situation that's constantly changing.

Everybody lives in a different part. Everyone's metabolic rate is different. It's impossible. You have climate, you have diet, have genetics, just daily habit, daily routine.

You'll have career. All of these can lead to a very different individual that even though, okay, some people living, like you are currently obviously in the California area, San Diego area.

Hotter weather, a little bit less humid by the coast, versus somebody where, you know, I'm in Pennsylvania, East Coast over here, little more humid, less hot.

We're doing the same work, we're sweating more or less, were conditioned more, or more less. And even then, genetics plays into a factor. I don't know somebody's genetic history well enough to say, this person is going to be more prone to getting a heart attack and a 90 degree weather versus someone else who is gonna be completely fine.

Exactly. What is your typical patient and the outpatient practice that you see coming to you? Is it somebody who does go to the gym, they have questions, like what's your population like?

Weight Loss, Calories, and GLP-1s

suffered from obesity for long periods of time throughout their life, are now on GLPs, just looking to get healthy and struggling with incorporating exercise or exercising very little due to pain.

I have people who are very athletic. So basically your population is like a lot of different people, exercise levels and all that. What common complaints do you see?

Are you seeing all of them coming to you with a similar issue where it's, I can't lose weight or I'm not gaining mass? Most people come to me, if you remove all the fluff, most people I think come me for weight loss.

I really try hard in the beginning of our meetings and our established care of unpacking that, whether or not this is an appropriate goal for you based on current conditions, lifestyle factors, just all of the things that are possible.

Understanding that weight loss is very difficult, it takes a lot out of you. as far as effort and time and also is this the right goal for you at this time?

Are you somebody who needs to be focused on weight loss because you have training goals too? You know like a lot of times I have to explain and kind of talk people down off the ledge of right now may not be a great time for at the training level that you're operating in a calorie deficit because we're going to have some issues because of that.

It's interesting that, you bring up calories and there's a lot of stigma online about calories in, calories out, does it work? Does it not? And I see a lots more people pushing back on the idea that no, it is calories.

Is a combination of calories, but it's also your dietary choices. You know, I can eat 2000 calories of doughnuts. you know, and do 3000 calories of work but I may not see any weight changes but that's because I'm eating pure sugar, like pure processed sugar here too.

You know is it still in your exercise world, is still calories in calories out or is there some more nuance to this? So when it comes down to it, I mean when we look at like we've had these experiments or studies like if you take for example the guy who ate nothing but McDonald's in a calorie deficit for X amount of days and lost weight And some of his blood markers changed for the better.

Some of them did not. However, when it comes to weight loss, yes. Weight loss can't happen unless you're in a calorie deficit. And yes, it is calories in, calories out.

But there are many things that influence that. Let's say somebody who is obese or struggles with food noise, dysregulated appetite signals, satiety signals.

It's going to be a lot harder for them to beat in a calorie deficit and their own body is fighting against them. To do that calorie, deficit, which makes it a lots harder.

It was like, they're always hungry. Some people can be on a Calorie Deficit and be just fine. And we have to just tweak a few things. Maybe we do some higher fiber or learn how to book eat or things like that.

But there's a lotta people who can't get away with that and I think the common misconception, especially online is, you know, that's really insensitive of you to say it's calories in calories out when I'm struggling with a thyroid disorder or I struggling, you know, and they will fight you tooth and nail in the comment section as I am sure you do.

Never read the comments section. Don't never read comments. I think that is how you found me, right? On threads, fighting with people. Yeah, I went to Instagram and I kind of like, so this is creepy, but I slid into her DMs.

And here we are, But we talked about the GLP-1s earlier in the show and Ozembic, and it's the same mentality of, okay, I have a patient now who is struggling to lose weight, who's struggling, let's say, struggling get to the calorie deficit, either because their dietary choices, that's one, but also because your activity level is hampered by their physical weight.

So now it becomes a situation of all right, the doctor is now going to put them on a GLP-1, they're going put the on Ozembic to try and get them to a point where they can now become more active, regulate their appetite and now make healthier food choices.

And then hopefully now the GLp- 1 washes away and we're left with a healthier lifestyle to continue what we've already started. Yes, and I have clients just like this who have a lot of pain with exercise and needed to lose, you know, have multi, a large quantity of body mass to loose.

in pain, have a very difficult time exercising because of the pain. So it's like this catch-22. You know, and a lot of times, even recently in a client session, they asked, like, am I going to have to be on this GLP forever?

And, you know… It's tough. That's a tough question to answer, because ultimately you don't know. And it goes back to, we don t know your body physiology perfectly.

We don your genetics. It s very possible that you're going to be on some baseline level of a GLP-1 to regulate that appetite or, well, no, ultimately, if you just need to make drastic lifestyle changes, that could be it.

You know, we're good. But I've also seen a number of people who they come off of an ozembic and they gain their weight right back for various reasons, either because they are also diabetic and the diabetes is playing a role into this or could they really didn't make meaningful change to their lifestyle.

And This segues into a topic that came up recently over the past couple of months, which is what defines a healthy lifestyle and what define healthy dietary choices.

And we've seen the NIH, FDA and all them target artificial dyes, artificial colors and things of that, and now coming out and saying, Hey, guess what?

This is now healthy. You know, we're going to natural dyes and this is healthy." And it's like, and I often say this to my patients, I'm like just because that fruit snack is no longer having artificial dye, a Pop-Tart is still a pop-tart.

It is what it is. And so people I think are getting fooled into thinking that because this little additive or that little additives is no longer in here, I'm now eating healthier.

The reality is, you're not. It's still an ultra processed meal that is going to cause insulin resistance, dysregulated appetite, things like that. Absolutely.

Here we go. Bring it, let's go! I know you have opinions of this one, so let us talk about the food pyramid, my plate, and all of them. food pyramid which was gone in what 2005 but we're still harping on that because yeah yeah it's been a few decades nobody ever followed it nobody never followed and most people still don't follow my plea like most People don t eat any fucking vegetables you know or now that we've demonized fruit oh now we re gonna like I can t even tell you how many patients I get consults for because Why is there fruit on my tray?

I'm diabetic. I should not be eating fruit. Fruit has too much sugar. It, I want to scream. My biggest issue is obviously nuances lost in the social media sphere, right?

So try and now explain nuance to say, listen, glucose and fructose are similar, not the same. And yes, frucose does break down a certain way, but look at what you're getting with that fruit, there's vitamins, minerals, fiber, things that you are not getting from eating a pop tart.

you know, and it's difficult to break through that in any meaningful way. I don't know how you find success. This is probably one of my top frustrations in all areas of dietetics.

You know I did, I've done some work with some tactical special forces athletes and The common misconceptions in that group, let me tell you, that was tough.

I spoke to a room full of men, very testosterone laden, Joe Rogan fanboy. Fine gentlemen, yep. Gentlemen who had their own views on nutrition. And when I said that, you know, there's so many things.

When I say that there was a time and a place to have a pop tart and it's excellent around workouts and that didn't go well. People slammed their hands on the table and got up and left.

And that did not go wrong. You're a fraud. This is ridiculous. I'm not listening to you. Uh-huh. Yeah. That book, The Death of Expertise, I think that's part of it.

Yes. The internet is way too available, and people believe that I did my research that is actually research. But I do think people have lost the capability of nuance, like you said, the nuance of, okay, cool, we've removed you know, red dye 40 out of this, but you're still eating pop tarts.

When can we crank back and look at the overall picture? Right. I want to feel better about eating my junk food. That's what I wanted to do right now. And that's the mentality, I think.

It's like, okay, i'm eating healthier, But it comes down to, do I wanna make meaningful changes? And I've known people who have done fat diets, fat exercises, the P50s, The Weight Watchers and all them, many with varying levels of success, who have recognized that, you know, this is a gateway into a healthier lifestyle and maintain that versus people who they don't want to commit to a specific diet like a Weight Watchers because it requires them to do meaningful changes and they fail and then they wonder why they failed and it's like, a, whole circular issue here.

I think that most people fail on a lot of these diets because they can be too restrictive.

Processed Foods, Diet Culture, and Fad Diets

The overall goal is to choose a diet, whatever it is, like I don t like keto, I think it's absolutely ridiculous, but if it is something you can stick to consistently and you actually follow properly without high saturated fats, you know, without all these things, then you're still able to have fun, enjoy your life, and not spend time in a disordered way of thinking when it comes to food.

I'm all for it, most people can't. These diets are not sustainable. That's why when I teach people how to eat, I explain that yes, this 10% of your diet You want to pop tart?

Cool. Have it. Knock yourself out, you know, like because this is what's sustainable. Human beings are not meant to restrict, restrict restrict forever.

And now we're getting into, and as a person who I feel like dieticians, all of us have gone through some type of, pattern of disordered eating. I myself went through a phase when my kids were little, I wrote a plant-based food blog.

I was 100% orthorexic, like I'm afraid of non-organic and I would drive to a different store to make sure, you know, and it had nothing to do with diet and health.

It had something to more of like, I felt out of control in some areas of my life. And therefore, controlling my food, this parallels to so many people also who are trying to, there's a portion on the wellness side that are just lost.

They're just Death of Expertise, Stunning Kruger, all of the above. But there's a lot of people too who I think are trying to grab onto something and focus on something maybe because they need something in their life.

Overall, moderation, what works for you, also based on your genetics, lifestyle factors, income, and all those things is what is going to be best. And most likely, it's not going to be a fad diet.

Right. And you touch on something too, which is, is an element of control. So when your life, like, I stress eat, okay? I'm at work, i'm snacking, stress eating is junk.

I really acknowledge that. and I think people don't realize how much of their eating habits could be based around stress and anxiety and things that are you know, in or out of their control.

So now they look to food as a source of comfort. And it happens whether we think it, happens, and we talk about like alcohol. I mean, how many people are alcoholics or start that way because, you now, things in life are not going too well.

and now suddenly we have alcohol as the crutch. It's the same with food, it's same drugs, same everything. The

human body will overindulge itself to compensate for feelings of anxiety, lack of control, depression, everything, And we talked about mental health, being a big thing nowadays.

And there's just a lack of resources for all these things. It's frustrating. Like you're setting up your own private practice. You're going through insurance, obviously.

Your in long-term care. you see various aspects of the healthcare field and how it can oftentimes fail patients in many ways. and trying to break into that is also tough because nobody wants to pay for these services either.

You know, insurance doesn't want to pay. People realize how expensive it is. They're like, oh, I don't wanna pay that. Where do I go from here? So we're going to go to social media now.

That's where they're gonna go. There are now gonna turn to Social Media because it's free, it easy, accessible, and it also easy. It's telling them, do this thing.

Take this pill, take this supplement and all your problems will vanish. Nope. And it not regulated? Not regulated. clownery of a clown car of the administration we have right now with RFKs.

Doctors need more education in nutrition. I don't know. It's almost like an entire profession. So I remember in residency, we're going through the ICU and rounds on our patients, right?

Who were involved in rounds? It was obviously the attending, it was the resident, the nurse, and guess who was there sitting in a corner to talk about their thing?

The dietitian. it was somebody who was looking into the patient's nutrition saying, yeah, this patient has sepsis, okay. She's not telling me how to treat seposis.

And then she's saying this person needs a higher protein count. So we're going to order this type of TPN, increase their protein camp because they're burning through this stuff like crazy.

It's true. In medical school, I didn't get a lot of nutrition education, but I still had access to someone, a dietician who can give me that information.

I'm learning saying okay, tell me about the calorie deficit in fever and sepesis. What are we treating here? How are doing this? And she gave me information about that.

That's the sharing of information that happens outside of a medical school classroom lecture that is being lost in RFK Jr.'s mind and this administration and the whole wellness sector.

People want to tell and demonize, say, hey, doctors don't know enough about this. But I do. No, you don't. Okay? And you're harming people because of that.

You're selling them supplements, whatever the case is, your book, plan, without the expertise behind it. And now all of a sudden, they're not listening to the doctors who are saying, hey, something's wrong here.

Your labs are screwed up. What's going on? What are you doing? Sometimes it's too late. Then they come see me. And then I'm like, what the heck are you doing here?

Now we've got to keep you in the hospital. And the other side of that, too, is like from my frustration as a dietitian who worked really hard to get here, you know, this is a master's level career, which wasn't easy.

It's really frustrating because there's a lack of professional respect for dieticians. I can't figure out, for the longest time, I thought maybe just the general public has no clue what we do.

You know I am constantly correcting people, nutritionists, anyone can call themselves a nutritionist. dietitian we

actually have to like have a license and I'm responsible for my actions and my advice by governing body and regulated I carry liability insurance that I cover myself but these wellness people don't have any of that so what happens or personal trainers who are also assumed to be experts in nutrition and i'm not saying there's not a lot that know a lot, but we're not dietitians.

And how can you practice at any level of nutrition if you don't know all the things that you do know? Even in the clinical setting, I feel the lack of professional respect.

I had an order come through for diet soda to increase appetite. Okay, we'll go with that. Sure. But it's not even true at all. They don t increase the appetite at The research is basically bunk, is what you're saying.

It's bunk. Absolute horse shit. So the next time I have a patient who comes into the ER who's not eating, who could be constipated, I must order a diet soda because I saw something online.

And then that'll summon the nutritionist in the hospital, wherever they are, to be like, what the fuck are you doing? Okay. They're going to smash their head against the wall.

Yes. Yeah. Now, what did you do? So you got this order that came across. Was there education? Were you able to speak to the provider who ordered it? Like, What happened there?

No, I just put my, you know, so dieticians can't place orders, we have to, it's placed as a recommendation. You know I have just to politely and professionally say it.

It's not clinically appropriate for this patient. Did you write an email out that was all for like curse words, delete it and then write a better like, you know, text message out?

No, I think I probably said several cursewords and just added it to the tank of this is why I'm frustrated that I did all this and now I am here and this sucks.

It's the death of expertise, as you said, and we're starting to see that now permeate levels of government. And the reason why I've been harping on this, you've harped on why this show has touched it is because these policies that are being implemented, these things that were said affect real people.

Both of us, through our degrees, our work, education, strove to get to where we are because we wanted to help people. Because we took an interest in science, we take an interesting something that affects people and we want to make people better.

We want make you feel better and to see all this coming out is effectively an insult into the oath that I took when I received my medical degree. the insult to your degrees and to what you're trying to strive for.

I wish more people realized how frustrated the entire medical community is. This spans beyond left and right, Democrat, Republican. The entire Medical community are frustrated by what's going on right now.

We're trying our damnedest to get the right information out there. And it's tough. It's hard to fight against people who are online that are making money off of misinformation because it sounds just so, so good.

Yeah, they're making off misinformation. They're selling supplements when I'm standing here saying, no, stop batting supplements out of people's hands.

Stop taking that. You don't need that, you don' need save your money. Meanwhile, like I said, we're carrying liability insurance. We are bound legally to every recommendation we Correct.

Make, yet, you know, Joe whatever over here selling the latest liver detox doesn't have any of that responsibility, is making money hand over fist, which, the argument's been, You're just jealous.

Well, I mean… A little, just a little bit.

Nutrition Misinformation, Supplements, and Professional Expertise

I have student loans I gotta pay off and this guy's making my hand-over-fist, so a bit, but a very small portion of me is jealous, mostly I'm just angry.

Yeah, I'm the same. And it's like, you know, wait a minute. Why? How come you can step into this space as a quote unquote expert right alongside of me and be seen as the Same?

But I am held to this responsibility and all this financial, financial responsibility, legal responsibility. It just make a big sense. Yes. But i'm accused of keeping you sick and I mature for big pharma.

I mean, i think it is more big bean. Yeah. Big bean, yeah, uh-huh. The big farm industry I should say. Like, how am I trying to keep you sick when I'm batting this unnecessary shit out of your hand and I am telling you to eat more fruits and vegetables and move your body more?

Like I don't get it. If you see somebody saying, I'm taking X supplement or X whatever, do more alarm bells ring off in your brain compared to others?

Or are they all just like setting off alarm bills no matter what? There's a couple different ones. So I think the main one is probably any type of detox supplement.

Liver detox, which, okay, liver detox. Let's figure this out here. What does your liver do? Okay, let's work on this here FYI, for those who don't know who are listening, your liver actually does detoxification.

So we'll just put that out into the cyberspace. Anyway, go ahead. And if you need a liver detox, you're probably in the hospital dying and this supplement is not the answer for you.

The liver you detox you needed is a transplant, let's be honest. Yeah. That's a whole different conversation. You know, the other supplementation I see that's rampant is the vitamin supplement, vitamin and minerals for no reason, just because you know, magnesium helps me sleep and it helps my cramps.

And I should just take so I see so many people and I think so. Many people overdosing on vitamin A fat soluble vitamins like these can build up in the system and cause real damage and no, it's fine.

The dollars in supplements. Yep. And that's the problem is that they'll sit there and say, well, you know, I'm not on any medications, but then bring me a bag of supplements.

So vitamins A, D, E, and K are what we call fat soluble, meaning you take them, your body stores them. You don't pee them out. Your liver doesn't detoxify.

It stays in your fat cells until it's needed. And when something like that happens, now all of a sudden you're taking more and more than your body needs, it builds up and builds, up now you are dealing with complications.

And I brought this up earlier in the year with measles, that vitamin A was touted as a measle's curative, a measles treatment, and people can get very sick and sometimes die from vitamin a overdose because of this stuff that's being hawked.

Your B vitamins get excreted in the urine. So the only thing you're really doing is literally peeing away money. That's what I like to tell patients. All that urine in there, that's your vitamins.

You're peing away those hundreds of dollars of supplements right there. Yeah. And it's interesting. In the clinical setting, I have patients who have their own supplements that they bring in or family members insist on adding supplements because of what they read on the internet.

I had hospice patients on hospices. whose families insist on olive leaf tree supplements because it reduces dementia symptoms. This is full-blown advanced dementia to the point of eating hostas, okay?

And like, I want to beat my head against the wall, you know, but it's different. That's a different scenario. I just, already educated on importance of reducing polypharmacy, whatever.

You know, but in the other space in my business, it's to a point where if someone comes to me with excessive amounts of supplements and I can kind of tell, you know mentally I've done this long enough to kind tell whether or not this person is going to be open to dropping these supplements that I will no longer continue our working relationship because I just can't, I CAN'T.

It goes to the same thing of the vaccine debate, where, you know, if you're going to go to a pediatrician, and you are going say, well, I don't want to vaccinate my children, the pediatricians are gonna say well how can we have a good working relationship if my, If you aren't gonna take my advice on a very basic preventative health care measure.

The same with you. It's like, how we can continue working relationships if we are not going take all my advices. Because it's built on trust and that says to me that you don' trust me.

Bad things happen when that happens. And when I first started my business back in 2019, and I was taking clients and taking all clients, you learn over time, okay, wait a minute, I need to filter some clients.

That's when you can't get through to certain people. Are you taking clients all over the US or are you trying to stay more local to the San Diego area?

I'm trying stay local. You know, a lot of my clients from my business, I don't have necessarily MNT or nutrition intervention type clinical advice or situations where I would have to stick to, you know I can only practice in certain states.

I do try, anybody who has any type of MNT, medical nutrition therapy needs I stick what I am legally allowed to with my license. But for general wellness or things outside of that or sports nutrition, I have people all over.

I had people from Canada, but the problem with that is the conversion rate and it's very difficult. The other thing too is when I got into this, obviously I'm a single parent, and I need to make enough money to live in Southern California, that's a lot.

And I've got to this wanting to support my kids. I'm not looking to get rich, but I also really wanted to help people who couldn't afford me. That's been kind of something that I do.

I take on a scholarship person every six months and help them for free, you know, somebody, and I always pick somebody who can't affordable this type of service and probably who needs the most help.

You know it was always kind frustrating for me because it's like, in order for to charge what I am worth in my business to have people in an MNT or a clinical space within the confines of my license.

I'm talking to an audience that can't afford me, like trying to find a happy medium in between these two. You know, it's one of my goals, but yeah. So people may listen to this show, co-workers, whatever, who are curious about, you know lifestyle changes, modification, they can get in touch with you.

I know we said aprilball at bowlplatenutrition.com is the website. Is there any other, is that the web site or that main contact point for you if people are interested?

That's my website, I do most of. Honestly, most my work is done on Instagram stories. And your handle is just at April Ball. Yeah, it's April ball bird plate nutrition.

And this is, you know, as I develop and move my business into taking insurance, this was all going to change. But as of right now, that's kind of where I am.

So I highly recommend people give her a follow. She posts a lot of great advice out there, a lots of good stories. One thing I like about you too is you will practice what you preach.

you're out there lifting weights, you are out doing exercises, putting what you know out for the rest of the world to see and say, hey, I'm not just telling you what to do, but I am doing what I tell you to, which is very nice.

So in addition to the health tidbits and debunking that occurs in the online space, highly recommend Instagram, April Ball, Ball Plate Nutrition for sure.

Yeah, thank you. You'll see the struggles I have, because when it comes down to it, I try to explain to people, let's say someone comes to me for weight loss and we talk about like, is this really feasible for this point in your life?

Like right now, I'm training for an ultra marathon and I've hit a point my life where I am, you know, maxed out. And I show, hey, i'm gonna have to crank back on this.

I went through a really stressful period a couple months ago and i stopped eating for a week because when I stress I lose my appetite. and here's what I did to correct it.

here is what i am doing to make sure that I prioritize my mental health moving forward And here's why I'm altering my goals and not sticking to such rigid black and white rules because it doesn't work because life will always change.

And you need a certain level of support and you to be able to support yourself in a lot of ways in order to achieve certain goals. You need to be able to pivot moving in a new direction.

Yeah, you need adapt. You have to figure out what you're doing and why you are doing it, first of all, and then adapt to changes. And it's good that you show your…

I always like to discuss my own failings in my career, in education, to get to where I am because so much of the online space is also taken up with success.

Success, oh, I can do it. It was easy. Follow these five steps. not how it works. And you need to show the reality of, yeah, I took a step back this week, or a couple months ago it was this.

That makes you more authentic, but also makes people realize, oh, it actually is a struggle. But the people who have these degrees, who look like this person, are struggling too.

It gives them hope to be able to improve. During grad school, I hit a rough patch where I didn't exercise for a year. Gee, you'd exercise a for year? I haven't exercised since before medical school.

Okay, so you're making me feel really good right now. It's like, hey, just because I'm a dietician doesn't mean I am still a human being. You're a Human Being.

There are so many things that can compete for the top three priorities in our life. It doesn't mean you're a failure. It's the whole reason why I do that.

Yeah, it's a spectrum. And it is always an ongoing struggle no matter what you do. Well, April, thank you very much for coming on. This was great. A lot of good information.

Thank you. We'll get you back on, talk about some other stuff, I'm sure, as things develop in the nutrition, health and wellness world, and hopefully debunk some more topics.

So people, obviously, you know, April Ball, dietitian, exercise physiologist, you follow her, ask questions, please get educated. There's a lot of information out there, bad information, but also good information.

Find the people that you are giving you good, information who are credentialed and hopefully, ideally, make changes that can better benefit your life too.

So April, thank you so much. Yes, and thank for having me. This was fun. All right, that does it for this episode of the Jaffercast. Thanks again to April Ball for coming on to discuss things like wellness powder and electrolyte supplements and fad diets and overall, a lot of misinformation.

You can find her again at ballplaynutrition.com, registered dietitian and exercise physiologist. A lot information out there. She's one of good ones. Please consider following her on Instagram, TikTok, YouTube, wherever you can your social media influencers at that actually won't screw you over.

And again, as always, this information is not medical advice. Talk to your doctor, your own dietitian, and always get medical advise you know from a trusted source that can also tailor medical therapies, diets, exercises to you physical and mental health needs.

Thanks again for joining us. We'll see you guys next time.