

## **LCHF the Right Way – part 3 – Dr. Eric Westman**

What is a low-carb diet?

What are some of the most basic fundamentals of it?

I'm here with Dr. Eric Westman,

who is an expert in low-carb diets, treating people with that.

What is the fundamental ideas behind the low-carb diet?

So you've decided to do a low-carbohydrate diet.

There are lots of different approaches available,

but you want to know in the big picture

is how many grams of carbohydrate you are eating over the course of a day.

That is going to determine

how much your body is going to be burning carbohydrate,

or how much is going to be burning fat for fuel.

So in our clinic we have started 20g of carbohydrate for the whole day.

And that will ensure that your body doesn't burn much carbohydrate,

it is mainly burning fat for fuel.

So what that looks like on the plate is mainly meats and eggs, fish,

chicken and vegetables... so meats and vegetables.

The carbohydrate that you get comes from the vegetables.

So things like bread, pasta, rice, potatoes, sweet potatoes, corn

are very high in carbohydrates.

You have to have a very small amount each day to stay under 20 g of carbohydrates.

So those at first are not allowed, but some of my patients say,

"Well I used to eat the meat and the vegetable and the starch and now I just eat the meat and the vegetable."

So they haven't changed what they were eating very much.

Is just that they are not eating the starch.

What about butter?

Well, butter would be perfect.

So butter has no carbohydrate in it.

It's all fat. So it's unlimited.

So how do you teach your patients

when you get someone who doesn't know what a low-carb diet is

and you decide that could be a good idea for some health reason.

How do you teach them?

If someone has no familiarity with the diet, I take it kind of slow.

First I give a general indication

of the direction I'm heading to cut out sugars and starches,

because starches get turned into sugars,

so at our initial visit, as a physician,

I see people in a clinical setting,

I develop some relationship

with the person before I teach them.

That's important because if this is the first time they've heard it,

it may go against a lot of what they've been taught in the past.

So when I do get the chance to teach people

I just give out a list of foods that are very low in carbohydrates.

And the list is limited in the amount of the foods,  
if they have carbohydrates in them.

So the vegetables and the leafy greens have a limitation on them.

But the proteins and the fat really has no limitation on them.

So the fundamental teaching is giving out  
one sheet of paper that has a list of foods  
and then we say "If the food is not on this list, you can't have it."

So it's very black-and-white.

So if someone has no understanding of what a carbohydrate is,  
what sugars or starches--

That is not really that important.

It doesn't matter the educational level, just stick to the foods on this page.

Can people find that page online?

Yeah, so--

Okay, we can add a link to it below this video after shooting.

So you hand them this material and then what?

Well, so depending on the complexity of the medical problems that they have,  
I'll see them either one week or two weeks later,  
to see how they're doing after starting.

So basically it's you take the carbohydrates away from the diet all at one time.

And in the first few days people may crave these foods that they miss  
and so as they go through that process, I'll explain that.

It's not a reason to stop the diet

and in one or two weeks when they come back,  
we talk about any questions they might have.  
At that point they've probably run into people  
who've given them a little bit of feedback,  
that "This is unhealthy, don't do this!"  
And I make sure they understand "No, this is healthy, it's fine.  
Are you feeling better?"  
Usually by a week, the hunger is all gone.  
And the cravings for foods is all gone.  
Most people come back every two weeks or four weeks to the clinic  
for weighing in on our scale, for extra education,  
we measure the waistline  
as a measure of how the abdominal fat is going down.  
If someone has medical diseases that require medication,  
we'll adjust those medications down as they no longer need them.  
What kind of medications are you talking about  
that need to be lowered in dose, or stopped altogether?  
Well, in our clinic we see a lot of diabetes.  
We see a lot of high blood pressure, high cholesterol levels, heartburn,  
and typically people around two or three medicines, or five medicines,  
or even 10 or 12 medicines for all of these conditions.  
So the diabetes medicines have to be adjusted first.  
Then the high blood pressure medicines,  
heartburn medicines, high cholesterol medicines,  
can be taken away over time

as there is normalization in the cholesterol levels,  
in the blood as well.

Don't the cholesterol levels rise on a low-carb diet?

That's what people say.

Well, that was the prediction.

So a whole generation of doctors and healthcare people and the general public  
was trained on the prediction of what would happen with this diet.

So when the data were actually collected, the prediction didn't come true.

Now we were involved in some of those studies about 10 years ago.

You know it's almost as if Nostradamus predicted the end of the world  
and it didn't come, so we don't believe in Nostradamus anymore.

But the low-carb diet, high-fat diet causing heart disease and cholesterol  
doesn't have a date at which it expires.

So there's still a lot of misconception about that.

In fact when the studies were done for heart disease risk,  
the low-carb diet reduced cardiac risk factors  
by lowering triglyceride and by raising HDL,  
the good cholesterol in the blood.

Yeah, that's good, but it can also raise the LDL-cholesterol. Right?

Most of the time the LDL even will go down.

Occasionally the LDL will go up,

but what we observe is that the type of LDL changes  
from the small dense particles to the larger, light and fluffy particles,  
which are less atherogenic or less harmful to the body.

Yes occasionally we'll see people with total cholesterols that are extremely high compared to what the doctor might want to see, but there's really no evidence that it's harmful.

So, what do you do in those cases? You don't worry about it.

I was asked by Jimmy Moore, one of the American low-carb bloggers, to help him with the book on cholesterol.

So he interviewed many people in his podcast, brought them together in a book and it was only after helping him put this together, that I came to the conclusion that the cholesterol really doesn't matter.

Now this is very extreme for most medical trained people in the US.

Although I remember my Canadian colleagues giving me a hard time for worrying about the cholesterol so much through the years.

Because the diet, even though it's high-fat, the low-carb diet lowers the blood sugar so much, that's probably the mechanism for improving the cholesterol in general and then for not having the same risk come from higher cholesterol levels.

Because the blood glucose, blood sugar has come down so much.

Okay, other problems that people might see when starting a low-carb diet.

How about that?

The first week or so you might experience a withdrawal syndrome, or what's called a keto-adaptation program...

A period where your body is changing from glucose to ketones,

so you might experience fatigue, headache, feel weak...

That can be remedied by having bullion, or salt,  
or broth to help with those.

The manuals and books that talk about the diet will have all that in there.

After that is gone, the hunger is gone,  
people lose weight actually pretty well,  
usually 1 to 2 pounds per week,

which of course if you're trying to lose weight, it's never fast enough.

But we reassure people that that is a safe way to lose weight.

So anything else when it comes to starting the low-carb diet?

What's important to think about and what are the common mistakes and so on?

There are a lot of popular versions of the low-carb diet

and what I see is that some people mistake the products that are out there  
for being part of those diets.

So I teach an older version of the low-carb diet  
that was used in medical clinics.

And they didn't allow for any of these new products with artificial sweeteners.

So the ideal diet I would think

is one that doesn't have all those added products in it.

So often somebody comes to me,

they've already started the diet, but is not working very well...

A common problem is that they've introduced artificial sweeteners  
and products that are too high in carbohydrates.

Okay and anything else when you're starting

that's worth thinking about?

Well if I could have a magic wand and erase the notions from before--

I want people to eat fat.

So it's a common misconception that

"Well, I'm doing low-carb and I'm doing low-fat",

because they've learned low-fat for so long.

So I do a lot of correction to help people eat foods that have fat in them.

Why? Why is it important to eat fat on a low-carb diet?

Well, eating fat when you're a fat burning machine,

the low-carb diet makes eminent sense doesn't it?

If you want to lose weight, can't you just burn your own body fat?

Well to a certain degree you can.

So actually I think

a protein-based diet that is low carbohydrate can work.

You can lose weight, because you're using your own body fat.

So, you're still a fat burning machine.

And so it can work for a while, although I prefer that you eat fat,

so that you can actually rev up the enzymes and actually feel full.

And so that you eat less over the course of the day because of the fullness.

So I think low-carb, just protein, can work.

You know, that's technically a low-carb diet.

But low-carb high-fat I think has an edge,

because it will help you attain better ketosis.

So raising the amount of fat in the diet can make it easier



to get into this and not feel hungry and not feel tired.

Is that a fairer summary?

Yes, it is.

Okay, so you get some salt, extra salt or broth when you're starting  
and you make sure to eat enough fat  
and you lower your carbs enough,  
avoid products that are higher in carbs.

-And eat real food. -And eat real food.

There are quite a few things to think about.

Or you just stick to the foods on that list that I give.

Sure. Where can you find some good resources for starting out?

Well, a lot of people start with the book that I helped to write,

called "The New Atkins for a New You"

and it is the version that has net carbs

and is a little more designed for younger, healthier people.

The version I use, the low carbohydrate ketogenic diet,

is available in a manual as well from Amazon.com

We will put up links to those books.

The advanced course I think, you know, if you've done this for a while

and want to learn as much as you can about the background of it,

in two books by Steve Phinney and Jeff Volek,

"The Art and Science of Low Carbohydrate Living",

and "The Art and Science of Low Carbohydrate Performance".

Yeah, good books.

Thanks for this introduction.

We're going to do more videos with common mistakes

and how to get past them,

if you hit a plateau in weight and so on.

And if you want to take a look at more videos,

you can find them all at [DietDoctor.com](http://DietDoctor.com)

So thanks for this part and we'll keep going in another video.

You're welcome.