

VIDEO_ Sarah Hallberg (Lemon cream artichoke) - CKK (Breckenridge 2018)

Kristie Sullivan: Hi, I'm so happy to have Sarah Hallberg here with me to make one of her family's special recipes. It's not my recipe, not really her recipe, but your husband's recipe?

Dr. Sarah Hallberg: That's right. I'm very fortunate that my husband is the cook in our house. And he likes to make his own recipes, so you never know what you're going to get in the Hallberg home.

Kristie: Well, he really did a great job with this one. This is what he calls... a lemon artichoke?

Sarah: Just a side, lemon artichoke side I guess he usually calls it and makes it for our friends on a pretty regular basis and we've never had anyone not to love it.

Kristie: I can see why... I mean I have the recipe from him and I made it is a test and I was like, "Wow, this is so good!" I had to put it away because I kept picking at it. And it is so simple, I love how simple this is. This is a great thing for a family or if you are entertaining too. So you can chop artichokes and you can grate Parmesan cheese and pour heavy cream and pick the leaves off thyme.

That's really basic. The hardest thing probably, besides chopping artichokes, is the lemon. And this gives amazing flavor... so we're going to zest the lemon. And the zest is just the yellow part. You want to avoid that white part, because it's really bitter and yucky. But the zest gives a fantastic flavor. And that's it, I mean those are all of the ingredients. Oh, black pepper.

Sarah: Black pepper... and get the kids to zest the lemon. That's what we do is the kids are the "zesters" in our house. So it's one less thing for you to do.

Kristie: Do you mind being the zester today?

Sarah: I will fill in for my children.

Kristie: If you don't mind doing that, I will chop the artichokes.

Sarah: Okay, sounds good.

Kristie: And I really want to ask a lot of questions about what to do because I found you through your TED talk, you have this fantastic TED talk, it's about diabetes and medication. Do you know what I'm talking about?

Sarah: I do, yeah, so I did that TED talk a couple of years ago and it has really gone viral and I am so excited because so many people have reached out to me... Oops, I actually went a little bit too deep in this. If you get carried away with your talking or if you have your children doing it, that can happen sometimes.

But the TED talk I feel like really has helped a lot of people to understand the concept of insulin resistance. And if you go to your physician, and more physicians fortunately these days, they tell you, "For your diabetes what you really need to do is eat more fat". That shouldn't come as a big surprise. And actually the physiology of it makes perfect sense. So I'm really grateful that so many people have been able to find help and understanding of this through that video.

Kristie: I share that video a lot on social media, because people would say, "I have to eat carbs because I'm taking my medication. My doctor told me I had to eat carbs." And you say it so much better than I and you are a physician and I'm not and so I'm like, "Watch this... "this is why you have to eat carbs... to take your medicine. It's for the medication."

Sarah: It's right... I mean it's the silliest... if you stop to think about it... The problem with diabetes is people get type 2 diabetes, who are carb intolerant. And so we give them all this medication and then we tell them to eat more carbs to avoid the lows. If we just go back and instead we avoid the carbohydrates, we won't need the medications and blood sugars will stay low.

And of course if you're not on medication, you're also not going to get those low blood sugars either. I mean with so many of our patients one of the things that they love about switching to a low-carb high fat diet is that they get off the blood sugar roller coaster.

Kristie: And so one of my members told me that she actually saves \$500 a month because she no longer has to buy insulin and other medications.

Sarah: Well, I believe that completely. Insulin is really expensive. And the other thing that's great is that people can begin a low-carb high-fat diet on lots of medications and see the impact the very next time they have to go to the pharmacy, because the changes can occur so quickly.

Kristie: Well I think that's also why is so important to be monitored by a physician if you are on medications, because it can be very dangerous.

Sarah: We always tell people, "If you are taking medication, if you have a history of diabetes, this is not something you want to take on without supervision." Because we have medications that are made to lower your blood sugar, we have a lifestyle, nutrition plan that's made to lower your blood sugar and the two of these combined without supervision can lead to a dangerous zone as far as that blood sugar goes.

Kristie: Exactly. Now like I said I love that you are a physician who is using this with patients, because I've had other physicians tell me, "Yes, it works and keto is a great way to eat or low-carb high-fat, but it's not sustainable." My own former physician told me that he didn't think it was sustainable. So what do you say, you've been doing this for how many years?

Sarah: Yeah, we've been doing this for years in our clinic and our patients would disagree with you. But even better than just the patients from our clinic is that we've just published our one-year results from our very large clinical trial that was done with IU Health and also was sponsored by Virta Health. And Virta Health, we have I believe the key to prolong sustainability for folks which is around-the-clock support. So our retention in a year in our clinical trial was 83%. So don't tell me that's not sustainable.

Kristie: 83%?

Sarah: 83%. That's very high... of people continuing to engage in this. Why? Number one is they saw results very quickly. Number two is they're also given a health coach and physician supervision and they are able to interact digitally. So they can get texts with their health coach. In fact our average patient health coach communication when people begin is over two times a day.

So this is high touch to help with the first time you encounter a problem knowing that your medications are going to be properly managed and then they can track their bio markers. So they get to see those nice graphs of the blood sugars going down and ketones going up, and these are really key for that sustainability piece.

Kristie: Is that extrinsic reward.

Sarah: Absolutely.

Kristie: So many people depend just on the scale. And when you got those other markers and they often even forget that they are feeling better and especially with the diabetic patients the scale may not move for a while, there's so much healing going on in the body... And yeah, having that kind of, "Okay, I am on the right path. This is working"... it's really important.

Sarah: That's absolutely right.

Kristie: I think the other thing that's important... I'm curious how much you do with this in terms of sustainability... is food. Because often, you know, if a physician says you need to do low-carb high-fat or keto, the patient goes home and the next morning... have great intentions, right?... And they go to eat breakfast and there's bagels and toast and cereal and everything low-fat, probably fat-free cream cheese for the bagels, and sometimes I think people are just kind of lost, like, "How do I--?"

Sarah: Begin.

Kristie: Yeah, "What would I eat?"

Sarah: So I think it's so important to have a kitchen clean out day before you begin. Let's cleaned out the stuff that's not going to be helpful to me, the things that are going to sabotage me and bring in the foods that are going to be helpful that maybe are not things that they usually had. Because, you know, heavy cream was not on what I thought was my nutrition plan. Lo and behold, now it is.

Kristie: "You mean it's not going to make me fat?"

Sarah: That's right. So getting over that initial, "Oh, my goodness, I'm buying things at the grocery store that I haven't before." But again, once people bring this home and say take a recipe like this, I mean this is just as easy as any other vegetable recipe you can find. You taste this with the fat in it and again people are happy.

Kristie: Who doesn't want to eat this way?

Sarah: Exactly.

Kristie: Let me tell you what I did. Your husband's recipe said to quarter them and so I did quarter them, some are smaller than a quarter but I've just taken them and laid them out in this dish and fairly shallow and so I think the next thing is to pour the heavy cream over. And yeah, part of seeing how good the food can be and how easy... And using canned artichokes is really not a very expensive dish to me.

Sarah: No, it's not, absolutely.

Kristie: I think lemon juice or lemon zest.

Sarah: So we're going to add the lemon juice.

Kristie: And it smells good already.

Sarah: And we're going to add almost all the lemon zest. We're going to leave just a little bit out to look pretty at the end. At least that's how my husband always does it.

Kristie: I'm so OCD... I can't take a clump.

Sarah: I'll stir it.

Kristie: I'd better let her.

Sarah: And then with fresh thyme... I mean you could use thyme from a spice rack.

Kristie: A really dry thyme.

Sarah: Dry thyme would be okay. We use the fresh thyme especially if we're making this in the summer, because we just walk out our door and we pick it from there. Yeah, we grow our own. And you just, you know, a little run-down and sprinkle it in.

Kristie: And I would tell you when you eat this, that little bite of thyme...

Sarah: It's delicious.

Kristie: Fantastic. I put in there a little more thyme.

Sarah: And thyme is so easy to grow too. And actually the interesting thing is even where we are with the bitter cold we can harvest thyme pretty much year-round too.

Kristie: Really?

Sarah: Mm-hmm.

Kristie: Wow, that's fantastic, because you're in Indiana.

Sarah: We are in Indiana, yeah, so I guess it's easy to grow and it's nice again to have to just go out your back door.

Kristie: The smell of the thyme.

Sarah: Smell of the thyme, right.

Kristie: And I think thyme with lemon, that's just so smart. And then the last thing we do is just sprinkle the Parmesan?

Sarah: Sprinkle the Parmesan on the top.

Kristie: So what we're going to do is put it in the oven. The oven is on preheating at 350. And we're going to put it in the oven and it bakes for 20 to 30 minutes and we put it fairly shallow so it may not take as long but keep an eye on it. And this

Parmesan browns up and makes this wonderful crust on it and then the fat from the Parmesan and the thyme kind of mingle, they get together, talk a bit and it just is incredible.

Sarah: Is fantastic.

Kristie: And then the lemon... this could be a great summertime dish too.

Sarah: Oh, very much so. This works in at all seasons. So just a little bit, this is more for show. If you're just cooking it for your family you don't need to do this part. But for friends it looks nice.

Kristie: I'm sure and the fresh thyme looks nice too. I'm curious if he's ever made it a main dish, because I could see adding like leftover roasted chicken or something like that to it and making what I call one-pot wonder like one dish and a full meal. Has he ever tried that?

Sarah: He hasn't but, you know, this would be completely a workable recipe even, again, going back that speed is sometimes of the essence, especially for families, is buying some of the frozen already cooked, always diced chicken.

Kristie: Sure.

Sarah: Double this up, throw some in and you've got a dish for the entire family.

Kristie: And I could even see things I like to do, so if I'm cooking dinner, I'm in the kitchen already or cleaning the kitchen, I go ahead and make the meal for the next night, especially brown the meat or something, you can put this together, put it in the fridge and cover-up and then just bake it the next day and that would be even easier.

Sarah: It would, and that's the nice thing too about it, if you use this when you're entertaining is this can be made ahead and all it has to be done is throw it in the oven right before you're ready to eat.

Kristie: And you don't miss chatting with your guests. Now if you don't mind throwing that in the oven.

Sarah: Absolutely.

Kristie: So Sarah, I would really love to hear more about what you do with your patients in terms of sustainability and teaching them how to eat.

Sarah: Yeah, so as far as teaching patients how to eat I think the key thing again is kitchen clean-out first but then physiology second. Meaning that if you just tell a patient, "Now you need to eat low-carb and you really need to increase your fat", and

that's all you say, they're going to constantly looking at you weird because that's a whole paradigm shift.

And I think one of the problems with practitioners physicians, dietitians is we don't pause to explain to our patients why. It takes time to help educate people, but that is such a key piece.

Kristie: Absolutely. And I use my children as an example, but often when I explain why something is off limits or why there's a boundary, they respect it so much better, because they understand, "Is not just mom telling me no. Mom doesn't want to tell me now, but she's telling me no because there are consequences." So if that makes sense, it would work with patients too.

Sarah: It absolutely does. It's like a, "Why? Because I said so." If you don't get into explaining to people. And patients are so like sponges, they want that information too. They want to understand why it's better. And I think when you have that understanding of the physiology behind why we want to do this, when a patient is maybe somewhere out and a buffet is in front of them, it makes it a lot easier to choose the right foods when you can't in your mind go back to the understanding you have about why certain choices are going to be metabolic nightmares.

Kristie: I mean that's a part of it, so you're absolutely right. How do we capture that? We've worked as a family to create new family traditions that don't involve food but we've had to work at it, it doesn't come naturally.

Sarah: It's true. And making a lifestyle change is hard and you have to put in some effort and it's so helpful when you get, again, buying and support from the family. And, you know, to teach all children too, you know, these are the foods that we are eating and here is why we're not seeing the same things in your lunch or on your dinner table that maybe you see at school.

I know what I like to pack in my children's lunch for a treat is actually little square of 85% to 90% dark chocolate. And sometimes they come home and they laugh at the stories of when someone said, "Oh, that's chocolate, can I have a bite?" And then they're like, "Oh, my gosh, what are you doing?" And to my kids that's the chocolate that they're growing up with. That's the difference for them.

Kristie: In my group especially there are a lot of women and they're doing this on their own. And their husband refuses or children refuse and they really struggle with that. And sometimes they just keep making the good food and the families do convert, but what advice do you offer to people who are saying, "This is so hard. "I'm the only one in my family. No one understands it. What do I do?"

Sarah: Absolutely start from day one, not getting into the two dinner trap. So you can make something like this dish we just made here, you know, roasted chicken and make the meal wonderfully low-carb high fat and make a side of rice if there is really that supreme resistance. But it's one side, and that's it. There's no other flexibility. Everything else is you're going to eat what I can eat.

If you get into that two meals, that's going to come back. Yeah, it's exhausting. And then that again attacks the sustainability aspect of it, because you don't want to come home after a long day of work and know you've got not one, but two dinners to make. Don't fall into the trap.

Kristie: It's funny because I've had a different approach. My thing is like don't tell them, just start cooking the meals. Especially if you're very resistant to it. So it's not a keto meal, it's just meal, it's dinner. And my husband initially was like, "No way, I'm not doing this... good luck."

And I really think it was another one of those gimmicky things I was going to try and in a few weeks I would be over it. And two weeks into it we sat down for dinner and he said, "Okay, tell me what to eat." And I looked at him, it was the end of a long day, and said, "What do you mean? Eat what's on your plate." And he said, "No" and he lost like 10 pounds.

I made breakfast and I made dinner and whatever he wanted at lunch and drank soft drinks in between, but he lost weight just with those changes. And then he was fully on board. And the food, oh, my goodness, I remember several meals, we sat down to eat and I made a commitment to try new recipes per week because I knew I had to have new tricks up my sleeve.

Sarah: And variety is key.

Kristie: Yes, and quick. As a mom I had to have things I could get on the table, because I knew if I didn't, they would go back to those old habits. And after several meals we sat down to eat and he said, "Are you sure we can have this? Is this on our diet?" "Yes, just eat." And then obviously both of us are eating far, far less. But that was kind of how our transition term ended and so I tell some moms or wives to give them the really good food and they will be hooked on this.

Sarah: Absolutely, that's so true. People love fat and when we took it out of our diet, we really started to understand why we replaced it with sugar, because fat is so delicious and such a key component of the satisfaction that you get from a meal. If it's gone, you're out searching.

Kristie: So I want to ask you a question. One of the things that is causing a lot of consternation or conversation and sometimes it turns into fist fights, total carbs versus net carbs.

Sarah: So we only use total carbs. I am a big believer that you should count every bit of the carbs. I mean we say, "Oh, those fiber carbs don't count." They're always attached to a carb. And I think that's very easy for people to overdo it, especially with metabolic disease and not realize just how much of a blood sugar surge we can still get. So in my book it's always total carbs.

Kristie: A lot of the physicians that I followed who use this in practice will say total carbs. So that's what I do as well. But people, especially on social media, are, "What's wrong with you? Those don't count." And I try to explain there's soluble fibers, insoluble fibers, and you really don't know how it impacts you.

Sarah: You don't, that's right.

Kristie: And it may impact me differently from someone else, but you're right, I think that people with metabolic dysfunction especially have to be so very, very careful of counting all of his carbs.

Sarah: I agree.

Kristie: So Sarah says it has to be total carbohydrate.

Sarah: Total carbs, that's the rule. Never a vegetable without fat, only total carbs.

Kristie: Other dangers that we get into unfortunately are these products coming on the market bars and muffins and... "It's only 5 net carbs". But when you start looking at it, it's 22 total carbs. And I'm going, "There's no way I could eat that".

And you really want to say to people, "If you're using that, please test your blood glucose. See how it's impacting you." I think that's another danger. Maybe if we're sticking just to fresh vegetables and real foods, but I think when we start getting into processed stuff, those net carbs really can be dangerous.

Sarah: They really can, absolutely. And it's usually a bunch of other junk that's in there too then. And so I think we're really fortunate in the sense that-- People go to bars for one reason, right? They go to bars because--

Kristie: To watch TV?

Sarah: They go to the bars because they are convenient. And we're all still searching for the convenience. And grabbing that protein bar is an easy thing. But we're really

lucky right now in the sense that we're finding more and more options out there that are whole foods, but packaged ready-to-go options. So you can still get your convenience, but maintain a low-carb high fat lifestyle.

Kristie: I did a cooking class and we did a traditional breakfast. So we had someone who... and they had to go to like get the stuff out cabinets or pantry and one person prepared a bagel and one person prepared cereal and one person did a minute muffin and one person did a breakfast scramble, like scramble egg with different things.

And the cereal was actually shortest, but the bagel, getting it out, slicing it, toasting it... that took the longest. The other two low-carb options were actually quicker. People say, "I don't have time in the morning. I want to grab that bar, because it's convenient." Or protein shake or something like that. And the problem with the protein shakes is usually they are low-fat. And then the ingredients... You're not getting a good quality protein in those.

Sarah: And we better check the other for this dish.

Kristie: Yes, thank you, please check it. I can't wait to try this.

Sarah: So this is done pretty perfectly now. So it's just starting to brown we can see. I would like to sit for just a couple of minutes, it will thicken up as it cools just a bit. And then it will be ready and beautiful for either a party and entertaining with friends or just dinner for the family.

Kristie: It smells so good, I can smell the cheese, I can smell the thyme, the lemon. Everything just smells so amazing. So how many servings would you get from this?

Sarah: How many servings we would get from this? Well, this would definitely serve our family of five plus whatever friend happened to walk in through the door at the time of dinner. So I would say this would be about six servings.

Kristie: And then the math I did easily... four total carbs maybe?

Sarah: Yeah, I would say. That's probably about right.

Kristie: And you've got some great fat there so just like a fatty grilled meat and this is probably plenty of food.

Sarah: And that makes a meal. And maybe a side salad if you want to, but that would be optional, because this with a meat would be perfect.

Kristie: Oh, it smells so good. So how long do we have to let it cool?

Sarah: I think we're probably good. See, we got the bubbles to go away, so we can try now.

Kristie: These are small spoons and I'll grab a fork for you. Yeah, I love how the cream just thickens up as it sits.

Sarah: It does.

Kristie: I'm going to get those pieces of thyme.

Sarah: And artichokes are one of... I love artichokes because they are the one thing that in our house we guarantee there's three out of three children who will eat them. Sometimes with certain vegetables you get two out of three, one out of three. This is an always three out of three.

Kristie: And you can mix it ahead.

Sarah: I always love this. It's delicious.

Kristie: I have to ask. You're used to your husband making it?

Sarah: Uh-huh.

Kristie: Would he be proud?

Sarah: Yeah, he would be proud. I'm used to my husband making it and my kids doing the zesting, but I think I did a reasonable substitution.

Kristie: Yeah, I think we did okay. I hope that if you make this for your family and friends that they enjoy that too.