VIDEO - Diet Doctor Podcast with Dr Ken Berry (Episode 32)

Dr. Bret Scher: Welcome back to the Diet Doctor podcast with Dr. Bret Scher. Today I'm joined by Dr. Ken Berry. Dr. Berry is a primary care physician in Tennessee who has had his own journey into the low-carb world and now that he's here he's hard to ignore; he's a large personality with a great message and he is not shy about shouting this message about the benefits of low-carb diets because he's experienced it with himself and with his patients.

He has a website kendberrymd.com and a very popular YouTube channel where he produces a ton of videos to just give as much information to as many people because he believes so dearly and so strongly in the benefits of low-carb lifestyle and he approaches this from a very unique perspective.

He says if we're going to change the way we've been eating from an ancestral standpoint we need to have extremely strong data to support that and as he points out, that type of approach, that type of data or perspective is lacking in almost every recommendation we currently have as a mainstream nutritional guidelines or really flies in the face of common practice in medicine and nutrition and he is not shy about pointing that out.

So as any discussion with Dr. Berry this is very entertaining and energetic, with a great perspective from him so I really hope you enjoy this. Please visit us at DietDoctor.com to see the whole transcripts and of course to see all our recipes and guides and all the other wonderful information at DietDoctor.com. Enjoy this interview with Dr. Ken Berry.

Dr. Ken Berry, thank you so much for joining me on the Diet Doctor podcast.

Dr. Ken Berry: Hi, Bret, my pleasure. Good to be with you.

Bret: It's truly a pleasure to have you here. I mean you're so prolific in your information that you provide on your YouTube channel and your Facebook and I want to get into a little bit about your journey because you've been out and practiced as a primary care doctor for about 20 years now and I know the way you started is not the way you are practicing now. And I'm sure it's been a crazy eye-opening journey for you.

So tell us a little bit about that background, about the journey, and then we'll get into some of the specifics of what you're doing now.

Ken: Sure, so I graduated in 2000 from a state University medical school in Tennessee and was trained allopathically and practiced traditional allopathic medicine. If you came to me and you were morbidly obese and diabetic and in high cholesterol I would immediately start you on two medications... three actually: two for diabetes, one being a statin for your cholesterol and I would tell you to join Weight Watchers.

And I would tell you that you need to lose some weight because it's not healthy being this overweight. And it's very simple, it's simple science, you just eat less and move more. That's all you have to do. It's calories in calories out. And I fully believed that. I fully believed that the laws of thermodynamics applied to human nutrition and trying to lose fat, or adipose tissue, I thought that that applied.

And so therefore - simple science, you just had to get up off the couch, put down the Cheeto's and the bacon and you would start to lose weight and that's as simple as it got. And at that time when I first started practice I was a relatively slender, healthy, young physician and I had my own health and I just noticed through the years that people kept getting better and sicker and their A1c's kept going up and their inflammatory markers kept going up. And you know this, as a doctor you always secretly suspect your patients are noncompliant.

Bret: Right, noncompliant, they are just not listening to me.

Ken: That's the great protector of a doctor's pride and self-esteem is these people aren't listening to me. And so about 35... 32 to 35 I started to gain weight and became very inflamed and at one point at my worst most unhealthiest I was 297 pounds, A1c was 6.2, so well into pre-diabetic, working on becoming a type 2 diabetic, chronic joint pain, chronic reflux, severe reflux, dandruff, allergies, itchy skin, everything was inflamed and I felt miserable.

Bret: But you knew you were compliant with your message, right?

Ken: Exactly, and that's the thing and so the next step for me was I got to start practicing what I preach because if you know me you know that's an integral part of me is I lead by example and I walk the walk. That's what I do. I either walk the walk or go home.

And so I thought, well, I'm obviously in crap and sit on the couch too much and so I climbed up in the attic, got all my nutrition notes down, which you know, the listeners might see as this huge tomes... it literally was a paperback book about 3/8

of an inch thick and a maybe a half semester's notes, probably a quarter semester... Because it was only one day a week we had nutrition.

Bret: Which is more than most people got by the way I would say. That sounds like a lot.

Ken: So let me explain that a little more because I don't touch on this often. What we were really taught in our nutrition class was how to take over the nutrition for a very sick patient. So if you'd been in a car wreck and you were unconscious and you were in the ICU they taught us how to calculate your total calorie need, your total protein and how to how to feed you properly until you recover.

Then you could take back over yourself. Or if you were in the burn unit, you know, your calories and your fluid... you have to double and triple that for somebody with a severe burn. So really the bulk of my nutrition education was how to take over the nutrition of somebody who couldn't feed themselves. So maybe out of that half semester, maybe 10% of that, probably less, was the care and feeding of just a normal human out on the street. And I can sum it up in three statements that we were taught.

Number one - eat lots of whole grains, number two - eat no saturated fat and number three - jog. Like that is the totality of my medical school nutrition education on how to just give a normal guy with a wife and a job and a family and a dog and a recliner, this is what I should tell him to do. And that is the totality of what I was taught. And so I'm like okay I got that... three basic premises there.

I'm going to implement those immediately and so I got rid of all saturated fat, I had lots of whole grains and even spent the extra money for the stoneground, blah-blah-blah and then I started to jog every day or every other day at least. And I did this religiously for a month or two and gained another 5 or 10 pounds.

And my numbers got even worse. And it was at that point, that was my epiphany... "Oh, dude, you don't know what the hell you're talking about." That was me looking in the mirror, going, "You have no idea what you're talking about." These people have not been noncompliant. You've just been giving ignorant advice to all your patients who you thought you were helping.

Bret: So to have that awakening you needed that personal experience. So you think that's why so many other physicians haven't had that awakening because they're missing that personal experience?

Ken: Well I think they just have a thought about it, because you know, as a physician it's very easy to get into a rut and just do what you do and you know, the drug rep

comes around and they reassure you that you are practicing appropriately because you are writing enough numbers of their drug. And then you go to drug rep's sponsor dinners and there's a preeminent professor there who is going to lecture and everything you're doing in your job is what he said and so therefore you're doing a pretty good job, the state medical board hasn't come calling so obviously you're not too far outside the bounds of normal practice.

And I think doctors get false assurance from that. And then they fall back on that self-esteem protector of, well my patients are just noncompliant. And that gives you the conscious wherewithal to say, yeah, I'm doing a good job, they are just not listening. Because I know I'm doing what that professor with a long white coat... I am doing what he said. The drug rep is very attractive and you know, they seem to know they're talking about. So they're not upset with me, so I must be doing a good job.

Bret: So you realize the message was wrong, you didn't know you're talking about, but then what's the next step? Because imagine that's a state of confusion, of "What do I do now?"

Ken: Yeah, absolutely.

Bret: So what did you do next?

Ken: So I started reading outside of my little medical box. I started reading books by Lauren Cordain, The Paleo Diet, I read the Primal Blueprint by Mark Sisson, I read the Atkin's Diet Revolution and I just kept looking and read lots of books, but those were the three books that really pointed me in this direction. But I read multiple other books about vegan vegetarian, all kinds of other things and they were just more the same.

Because when you break down almost every other diet on the planet ultimately it's a calorie restriction diet that's dressed up with different window-dressing literally. You know, if you're talking about Weight Watchers, Jenny Craig, biggest loser, they're all calorie restriction, they all basically teach you to semi-starve yourself for the rest your life. And yeah if I took people and locked them in my barn and just fed them lettuce and water, they would lose weight, they would approach their ideal body weight and even surpass it and lose even more.

But they would be miserable, they would hate me... It would not be a fun life. So the very fact that the biggest diets that get the most advertisement and the most talk up in the media are long term semi-starvation diets. That's what you're telling people - starve yourself for the rest your life and you will lose weight and you will keep it off and then pretend that's sustainable, which is not, obviously.

And so I had to look for a diet that's sustainable, that was enjoyable, that people would actually do and that would move all their markers of disease and inflammation in the correct direction. And so I thought, well this high-fat or high-protein, moderate fat and low, low carb, that was everybody's message on that side of the fence was you got to cut out all the grains and sugars and carbs and stuff. And I thought okay that's exactly backwards to everything I thought I knew, but let me try that for a month because that sounds like a diet that I could actually do.

Bret: So you tried it on yourself first. And that makes sense because to try that on patients would seem crazy for most doctors from that standpoint.

Ken: Absolutely, and I would never do that. I thought, I'll try this for a month or two and see what goes on. And I'll eat lots of ribeye and bacon and butter and eggs and see what happens. And at the end of that month... I hate to sound snake oil-ish but everything was better. Every single thing without exception was better.

Bret: Was there still something in the back of your brain saying, "I'm going to kill myself doing this"?

Ken: That's exactly right. So I was reading more and more into the lipid hypothesis and you know, the cholesterol is bad... is that really true? And so then I was also checking my markers every six months and I noticed that my total cholesterol went up a little bit. So that gave me another homework assignment to start reading about, but I felt better and my A1c was better. And I've always been a bit of a contrarian just by my nature.

And so the drug rep who sells statins will focus you on how important lowering someone's LDL cholesterol is and they'll exclude all everything else, they wouldn't even talk about it. But most doctors will harken back if I remind them... You know, an elevated A1c, being a diabetic... that's probably a bigger risk factor for heart disease stroke and all the other complications, that's probably more important than LDL cholesterol.

Even if you think LDL cholesterol is real and you should treat it. Still, somebody with an A1c of 12, that's probably a bigger risk factor for morbidity and mortality than that slightly elevated LDL. And so I kind of ignored the total cholesterol and LDL increases because I felt so much better. I could actually talk to patients without constantly having to clear my throat and move my neck and swallow because of the chronic severe GERD, reflux, it was really, really bad.

And so when the Nexium drug rep would come to my office I got all those samples... the patients didn't get the Nexium, I got them all. I took two a day for years before I learned about this way of eating. So after two or three months I was like, "Dude, I

feel so much better and I've lost I don't remember how much weight." But I was well back down under the 297 that I was at my peak. And I thought, I'm going to try this with my most metabolically ill patients. With the highest BMIs... They have a BMI of 45, 50, 55. They are on the list for gastric bypass.

I'm going to say, "Why don't you try this for a month? You got nothing to lose, you're going to get your gastric bypass, your Roux-en-Y, you know, your bariatric surgery in a month or two. Why don't you try this in the interim? Because I think it's going to shrink your liver size if nothing else and the surgeon will appreciate that when he's doing your surgery, but also it might help."

And so I had a large percentage of those guys... probably 20 or 25 I talked to about this diet. And back then I was also looking at the bulletproof diet, which is basically the same thing, just a different way of talking about it. And they all came back for the monthly checkup and they were like, "Dude, I feel better and I have lost 10, 15, 20 pounds. Is this something I can do for another month?"

And I'm like, "I think you should do it for another month because I'm doing this myself." And that kind of gave them some reassurance, "Oh, this is not some crazy thing you don't know anything about. Dr. Berry is eating this way too." And so they come back for their two months checkup and they lost more weight. Their numbers were better, they felt better... I had people who were on the list for a knee transplant, a replacement to get an artificial knee.

And two or three of those guys said, "I'll call the surgeon and cancel my appointment." And I told them, if it gets worse, I'll call you and we'll do it. But it feels so much better now, I'm just going to keep doing this diet. And you know, as a Dr., anything that makes everything better, you are like, "That sounds fishy".

Bret: Right.

Ken: But I'm like these are real guys, these are patients I've known for five, six, seven years. These guys are salt of the earth, real people, they got no dog in the race, they just want to feel better and not have potentially life-threatening and definitely life altering surgery. And they enjoy the diet and they are not getting tired of this diet. They actually enjoy it, they want to do it for another month. They are asking me, pretty please, can I do this for another month?

Bret: That's got to change your perspective at work and your interaction with your patients and your enjoyment of work and seeing his whole new field open up... So on the one hand is sort of like invigorating but on the other hand it could be pretty frustrating to say why wasn't I taught this, why has this been like swept under the rug and maligned when it can be so beneficial? And it seems like you reacted a little bit to

that part of it by reading your book-- by writing your book, Lies My Doctor Told Me, which by the title is a little incendiary, is a little sort of accusatory.

Ken: Yeah, meant to be.

Bret: So I just think it's interesting how you came to this process of realizing for yourself first, then your patients and then kind of get a little angry... is that about right?

Ken: Yeah, and I'd actually been collecting these lies since I was an intern. But you know in residency you don't question, you don't argue, you just write stuff down, memorize and move on. So I can remember the very first thing that made me go, "What?" I was on my obstetrics rotation, family practice...

So we in Tennessee are actually trained. We do C-sections and, you know, vaginal births and all that and so we were on call the night before, the next morning we were discharging all the vaginal births and the chief resident said, don't forget to write vitamin D drop prescriptions for all the exclusively breast-fed babies. And I'm like, "What? Why? Why does that mean?" And he said, "Humans don't make vitamin D in their breast milk." And I'm like, "There's no way that's true."

Bret: Yet somehow we survived to be here today.

Ken: For a quarter of million years as a species we've been here, we're not extinct, we didn't all die of rickets... that's exactly what went through my head. I am like, "What?" And so I look at the attending physician over in the corner who's doing something but he's nodding like yeah, that's right. And I am like, "Okay, obviously I don't understand something, because that makes no sense.

And so later when I did have time to research that I didn't argue, I just went along, wrote the prescriptions, but later when I researched and I found that a doctor in the Carolinas had already done the study and she found that when you put breast-feeding women on 6400 IU of vitamin D3 three a day which is mimicking what we've gotten thousands of years ago being outside all day and do what we do women make plenty of vitamin D for their baby. And so looking back my chief resident who was a very smart guy, very intelligent, very well-read, my attending obviously was the attending at a teaching university for a reason, he's a smart guy.

But they both had no idea... not only they were wrong about that fact, but the underlying concept of how did we get here if that is in fact true, to me that blew me away. Like I looked up to those guys and still do, they are very intelligent when it comes to certain things. But even just that basic premise they missed the magnitude of that, like no, that's totally wrong.

Bret: It's a great example, because they are not being malicious, they are not trying to hide something, they're not trying to promote an agenda. It's just who's got time to investigate every single recommendation. Some things you have to take at face value but it takes someone like you to question those.

Ken: Exactly and so that's one of the lies in the book that I talk about in multiple chapters in Lies My Doctor Told Me came for my journey back to good health and back to just being vigorous and vibrant and happy and eager to live my life instead of groaning and complaining when I get out of bed in the morning.

Bret: Good point. So there's a number of examples you have in your book and one is whole grains, healthy whole grains. So this concept of healthy whole grains came by comparing whole grains to refined grains. No question, it's going to be better for you. But then it's got blown into this concept that everybody needs healthy whole-grains so tell us a little bit about that lie.

Ken: So every medical concept that I kind of roll over in my mind, initially I'm all about the common sense; does this make good common sense? Number two - does it make ancestral sense like the vitamin D thing. Really, how did we not become extinct from rickets? Right? We would've all have rickets if we didn't get our vitamin D drop because we were all breast-fed.

Bret: Right.

Ken: And then the third one is any meaningful research and not just drug company funded research but meaningful research with large enough numbers that are blinded and controlled so you can actually glean useful information. So I tried to take those three things: common sense, ancestry and the available research and form an opinion about this. And so that's what I try to do with each and every lie.

And so the whole-grain thing, first of all human beings have only eaten grains of any kind, in any meaningful percentage for the last 10 to 12,000 years. And so we've been on this planet as a species for at least 200,000 years. And so anything that makes you more fit to reproduce and live, that's good. So you were to think we would've discovered the grain thing 10s and 20,000s of years ago if it was that big of a deal.

And so I'm always suspicious of any new finding or discovery that flies in the face of our ancestry and just good old common sense. And immediately that flies in the face of two of them and then when you start to look at the actual any meaningful research about grains or whole grains, it's ridiculous, there's nothing there. So therefore yeah, you don't need grains at all.

Our ancestors for 99.95% of our existence on this planet maybe ate a grain every now and then by accident. They might have eaten a grass seed as they were picking up the meat off the ground but they didn't go out of their way to look for grains or to try to grow grains... that's not what they did.

Bret: You know, it's interesting, there's sort of new data, people are trying to come up with new anthropological data saying, no we did have grains earlier than we thought, but even if you accept that as true it's still a drop in the bucket in terms of the long term evolution and though then you apply it to modern-day and the people who are talking about today are not the people we were in evolutionary time who were active all day long, were in the sun all day long, who never sat, who weren't eating at all-you-can-eat buffets and junk food and processed foods so even removing all that and saying modern-day studies of whole grains...

What do you find in your patients when they eat whole grains and how they do?

Ken: Every patient without exception, their inflammation gets better and that can be inflammation in their skin or their gut or the joints or their brain, their mental activity. Inflammation and the consequences of that inflammation get better when I tell my patients to remove all grains, even stoneground organic non-GMO whole grains. They get better physically and mentally. And so then there you go there is that confirmation of not only does it not make any common sense or ancestral sense or there's no research to support it.

And so if you come to me with some new thing like oh everybody needs this now, if you're going to try to override the common sense of the situation and the ancestral appropriateness of it, you better have some damn good research. I mean some over-the-top research if you hope to cancel out the ancestral appropriateness and the common sense of the situation because that's why we do research.

Bret: So you mean not like a weak observational study with a hazard ratio of 1.1.

Ken: Exactly, you don't even come to me with that because if you're going to tell me that what we've done for the last 200,000 years is dumb you better have some over-the-top control research that proves that, or I'm not going to listen to you.

Bret: How about dairy? What do you have to say about milk and dairy?

Ken: So let me as a method of full disclosure let me tell you I grew up being a milk baby. When I was playing football in high school I used to drink a gallon of milk a day.

Bret: A gallon?

Ken: Yes, every day. And I thought that was really going to build my bones and muscles and make me a better ballplayer and so don't think I've always hated dairy. That's not who I am, I grew up on milk. You didn't leave my grandmother's house without having at least one glass of milk. You would get a spanking. That was mandatory, you had to drink your milk.

And so then the more I started to look at this and like, wait a minute, we've only been ingesting dairy products like this for about 8000 or 9000 years. I mean, you know, of course we had it before, but once a human being was weaned from the breast, they drank water their entire life. That's it, that was it for 99.99% of our time on this planet.

There you go, there is your ancestral appropriateness... We didn't do that. And then also another thing I like to bring into this is life always finds a way, we've heard that, right? And so if dairy were really that magical of a nutrition source there would be some weasel or some vermin or some rodent or some bird that would have adapted its behavior to steal the milk of mammals.

There would be some weasel that snuck in and suckled at the cow's tit in the middle of the night or something. It would have some kind of anesthetics so the cow would know... just like mosquitoes suck blood because it's very nutritious for them. There would be some other animal that did that, because we know of animals that will sneak in and steal eggs, that will actually confiscate other bird egg and put their eggs in that nest so that that bird does all the work, very, very evolutionary smart, but there is no example of any other animal stealing the milk of mammals.

It just doesn't happen and so that's weird. Also no mammal drinks the milk of another species of mammals. There is no example of that in biology. And a big part of my training was comparative anatomy and animal biology and so that didn't happen and that doesn't make sense. If it's such a great source of nutrition some animal would've found a way to steal that nutrition, because that's what animals do. We try to get stuff the easiest possible, but no animal ever did that.

So with all that in the back of my head I started looking at the research. There's none there. There is no meaningful research that trumps all those other things. And then we go back to kind of how I live my life. If you tell me this common sense thing is wrong you better have some good data to back that up, that's very hard data that can't even be argued with. And nobody has that. So I stopped drinking milk and that's one of the biggest reasons that my chronic allergies and my chronic dandruff...

And that helped the reflux as well. All those things got better when I stopped any liquid dairy at all. And so the only dairy I'll even entertain now is full fat cheese, real

cheese or butter or ghee, maybe some heavy cream every now and then, but I just don't touch liquid milk because it's made for the species that made it.

And I use to tell my patients, "If you want to gain weight as quickly as possible, then you need to drink lots of cow's milk every day, because that's why cows make their milk like they do, because the calf has to gain about 1200 pounds in a year. That's what they do. And so if you want to gain weight and when I say weight, I mean fat, drink lots of milk because that will get it for you. And a lot of people have noticed that their health improves and their weight loss quickly accelerates when they get the liquid milk out of their diet.

Bret: But it's okay with the solid dairy.

Ken: So my thinking with that is cheese is cheese because there's a microbe that's active and so the microbe ate all the sugar; that's what it was after. And in the process it actually bent the protein molecules. That's why cheese is solid, not liquid. And so you've got rid of all the sugar which I think is the main problem with milk but then for many people the proteins in milk are not species appropriate.

They are made for cows or goats or whatever and so when you bend those proteins you potentially make them much less inflammatory to your system. So all you're left with is no sugar, all the fat and then a modified protein, because the microbe bent the protein to make cheese or to make kefir or to make yogurt and I think that's why a lot of people find they can include those things in their diet and they are not nearly as inflammatory or fat provoking as just drinking milk.

Bret: Two really good examples of your thought process which I think is very helpful. And it's interesting how people would react to that thought process, because some people would say, oh that's not based in science... show me the study. But your thought process is saying show me the study to counteract the hundreds of thousands of years of evidence. So how are people reacting to this? I mean both from, you know, sort of an accusatory standpoint almost versus a science standpoint... how are physicians and--?

Ken: I get the full spectrum of reactions as you probably do as well, but if somebody's really sick, metabolically ill, very inflamed and they feel bad and they try this then they feel better. And I don't have to talk to them anymore, they are done. They are like, okay, I got it. And they do it.

And so I have a lot of kickback from this subpopulation of young healthy, lean twentysomethings who are in the trainer's sphere or the nutritionist's sphere and they've never been obese, they've never been overweight or inflamed or sick, they've been blessed with good genetics and they can eat whatever and feel great and look

great. And that worked for me, I mean when I was 22 I was this tall and weighed 185 or 190 pounds.

I had a sixpack without trying, I mean I was a very lean guy. And so if you had taken nutrition advice from me at that time I didn't know anything about what I was talking about, because whatever I did worked for me. That's who I get the most kickback from is these young healthy guys saying, no, it's all about calories, stupid... it's science. And it's like you don't know, because first of all you're a young punk who has never had to even think about his diet. You could live on Doritos and Twinkies.

Bret: And you'd still look that way.

Ken: Look great and feel great; I used to be that same guy back in my 20s.

Bret: Come and talk to me in 20 years.

Ken: Exactly right. I know, I used to live your life. I could be like, "No, you need to eat more honey buns. Look at me"... right? And they would've looked at me and went, "Boy, he looks great. Maybe I should eat honey buns." But these young guys don't know what they're talking about and so that's where I get the biggest negative kickback.

Most doctors were like, "Wait a minute, show me the science", and I flip that on them and I say, "No you show me the science. Because what I'm talking about is evolutionarily appropriate, ancestrally appropriate, it makes common sense. So for you to trump that in your medical practice and recommend something that is contrary to what we've done for 99% of our time on this planet, it sounds like it's you who should have the data, not me."

Bret: Yeah, great perspective especially when you're in the context of a study that you've just posted on social media recently that 40% of docs are overweight and 23% are obese. Now that's where your information is coming from, without the data to back up what they are doing. There has to be a broader reawakening and it's almost crazy that there hasn't been.

Ken: I totally agree and that's why sometimes I get a bit harsh on social media, because I think that fat, unhealthy miserable doctor, he need somebody to get it in his face and say hey dude, ultimately you're not just harming yourself, you are not just making your own family miserable with your miserable existence. You're actually harming people who are paying you to help them.

And in my mind that is the ultimate malpractice. Is that if you're so mentally lazy, you're not even going to think about this, you're just going to repeat what the drug rep said or you're going to repeat something you heard on CNN or Fox News last night.

That's it, you're going to read the conclusions of medical studies and that's how you're going to practice medicine? That's pretty crappy. And you know and so I try to get in that guy's face and say, "What are you doing?" I made an YouTube video, "Why are there fat doctors?" Explain that to me.

Bret: Right.

Ken: So if you had a mechanic and you went to him and his car never started--

Bret: You'd stop going to him.

Ken: You wouldn't talk to him. You'd be like, "Thanks dude, I'm going to look elsewhere." If you had a cosmetologist or, you know, a hairdresser and their hair was ratchet, you would not go to them. And so why are you going to entrust your health and your one life to a fat, unhealthy diabetic doctor? No.

Bret: Crazy perspective. It makes so much sense. But not something that we live with or think about.

Bret: Right, but we have to and it's not fair and I tell patients this. It's not your fault but it is your problem... And I had patients and we have a preeminent gastroenterologist in Nashville and he tells every patient who has a flare up of diverticulitis to avoid seeds and nuts and that's his number one piece of advice which you may know is completely meaningless advice.

He is probably actually increasing the risk of having a flare up of their diverticulitis because there was a huge study done with 43,000 participants that shows without doubt what causes diverticulitis or flare-ups at least. It's being overweight, is eating processed foods, is smoking, is alcohol, it's all those things. It has nothing to do with, oh, you ate some strawberries and a seed got trapped in your diverticuli--

Bret: Somehow that has been passed down from generation to generation.

Ken: But even preeminent board-certified gastroenterologists tell people this message. And I've talked about that myth relentlessly for at least seven years on social media and it's still out there. I've just talked to a lady who her gastroenterologist just told her husband, you got to stop the seeds and nuts because that's what's causing your diverticulitis.

Even though that is based on no research. Human beings have eaten nuts and seeds since before recorded history, but yet somehow now that's the cause of diverticulitis. But that's the kind of doctor I'm trying to reach. And I think we're having an effect. I think they're here in this and it's making them uncomfortable.

Bret: Yeah.

Ken: Which is good.

Bret: That was my next question. We are talking about a lot of sort of the negative side of things, but are you seeing the tide changing? Are you seeing that this movement is having an effect both for focusing on the quality of research and focusing on the low-carb movement that is now gaining so much steam? What do you see among your colleagues?

Ken: I think it's having an effect at all levels which is actually my goal because it's having a huge effect in the patient population because they're now awake. Like, oh, you are now telling me that what I eat actually has a meaningful effect on my health and how I feel? Oh, interesting... Let me look into this.

Nurses and mid-level providers are really coming on board with this and I have had numerous physician assistants and advanced practice nurses come to me as a patient and say I believe in what you're doing, but my supervising physician won't allow me to talk about.

And so then we discuss ninja level ways of getting this information to the patients without them getting in trouble with their supervising physician. I think currently what we're doing mainly with physicians is just making them very uncomfortable. Because, you know, physicians like to know what they're talking about. They like to know that they know. When there is no doubt about this; this is settled science, that's the term we hear a lot.

And now we're throwing up in their face, no dude, this is not settled science at all. You are practicing actually quite precarious medicine. You may be standing on a foundation of sand. You may be giving your patient bad advice. And if that makes a doctor uncomfortable, good. Because doctors jobs are to think and to read and to research and to read outside their field especially.

You don't get to just do what the drug rep who came and brought the new samples to you. That's not... uh-uh... You don't get paid and you don't get the prestige of being a doctor if that's how you're going to practice medicine, you don't deserve it.

Bret: Interesting, a doctor's job is to think and to read and I think if you asked most doctors that, they would not agree.

Ken: Exactly, their job is to follow the standard of care and to practice EBM which they think stands for evidence-based medicine, but which I propose stands for Eminence-based medicine. And so whatever the guy with the longest white coat in the

room says, that's what we are all going to do... that's asinine. I mean you are literally harming your patients if you practice that kind of EBM which I would posit as the most common kind of EBM practiced.

It's supposed to be evidence-based, like oh, we tell you this because it's based on all this research, but in reality especially when you start talking about things like Statins and the new medications for type 2 diabetes and all that kind of stuff there's no meaningful research that backs these drugs though, right?

Nobody looks at all-cause mortality if you are taking these drugs. They just look at all, oh, look, it lowered your A1c by 1/10 of a point. And they don't even compare it to the other drugs on the market. They just compare it to placebo.

Bret: Right.

Ken: So these studies are weak, weak, weak to start with and then you're going to base your entire practice on that? Come on.

Bret: Yeah, great perspective about the Eminence-based medicine. There's this a study that came out in JAMA looking at the guidelines by the American Heart Association, American college of cardiology and how many of them are truly evidence-based. There was like 10% were actually based on high-quality evidence. The majority of them are consensus statement, but somehow the consensus statement becomes evidence-based medicine.

Ken: That's exactly right, yeah. And so if you get a bunch of old doctors in a room with long white coats and let them discuss something and come up with their opinion, somehow that now that's evidence? That's research? I don't think so.

Bret: When it comes to treating metabolic disease, when it comes to treating diabetes in your 20 year career have you seen anything even remotely as effective as a low-carb diet?

Ken: Nothing ever, nothing ever. If you could patent a pill that does everything the low-carb diet does you would be a trillionaire. But there is no medication, there is nothing except... And I've started calling it the proper human diet. Because if I'm giving you a slow poison every day, you're going to be sick. I'm not going to kill you today or even tomorrow, you might not die for 25, 30 years.

But I'm poisoning you a little bit each day. You're going to have inflammation, you're going to have bad lab markers, you're not going to feel good, you're going to be irritable, you're going to get obese, too overweight or too skinny, you're just not going

to be healthy and vibrant and vigorous. And so then when I remove that slow poison from your diet and you get better everybody is surprised by that.

Really, is that shocking? And so I think what most low-carb diets do is they remove the slow poison of sugar, grains and industrial seed oils. That's the three big steps of any ancestrally appropriate diet and people get better. But it's not because you've added something magical to their diet or to their medical regimen or to their supplement regimen. That has nothing to do with this. What you've done is you just stopped poisoning that mammal and then the mammal gets healthier when you stop poisoning it.

And so I think when you feed a human being the proper human diet, they get healthier and they get happier and they get more productive and they get more successful. It's almost like you give them a superpower when you start feeding them the diet that their DNA knows what to do with.

Bret: That makes complete sense but you mentioned earlier when you hear that X, Y, and Z and everything it's better, it sounds almost like a snake oil salesman. So is there a population that doesn't thrive with this type of diet? Is there somebody that you've seen in your clinic-- that just doesn't work for some reason or that you would caution against this? What's the downside, if there is one?

Ken: I haven't found it yet. There is a very minuscule subpopulation that may not be able to eat a high-fat diet if they have some inborn errors of fatty acid metabolism they may not be able to eat this diet. And I was doing research to do a YouTube video about this population, but literally in the US it's about 750 people in the entire US who cannot eat a high-fat diet because they just can't digest that much fat. Everybody else can do it. There is no patient population who shouldn't eat this way, at least I have yet to find them.

Bret: What about, "Doc, I don't have a gallbladder. I can't eat fat"?

Ken: I've had that question hundreds of times on the Facebook lives that we do. And then so I have that question like I don't have a gallbladder, I can't do keto, right? And then I have about 80 to 150 people chime in in the comments and say, no, I don't have a gallbladder and I'm doing great. And so we have all these N = 1 experiments, all this anecdotal evidence, but you yourself know when you've got, you know, 1000 anecdotes that's probably something you should pay attention to.

And so I think if you don't have a gallbladder you can eat low-carb, I think if you have thyroid problems, you need to eat low-carb, if you have fatty liver you absolutely must eat low-carb to reverse that. Gastric bypass, yes you can eat keto/low-carb. You

could just keep asking me the questions and so that's why I've started calling it the proper human diet, because then it makes the question silly.

Hey Doc, I don't have a gallbladder... Can I eat the proper human diet? You're like, think about your question. Yes, of course you can. And so now when they say, "I have X, can I eat the proper human diet?", it becomes a silly question. Of course you should eat the proper human diet. I'm sorry that you had the misfortune of having one of your body parts taken out by a surgeon that you may or may not have needed done but you still need to eat the proper human diet because that's what we're talking about here.

Bret: Do you coach people to sort of ease into it at different levels maybe if they don't have a gallbladder or if they have kidney disease or if they have some other medical conditions as opposed to somebody who just wants to lose weight and jump into it or can everybody transition the same?

Ken: I think the transition period can be different for different people and I think for some people it probably needs to be different. If you're treating a severe alcoholic... there are some alcoholics who are young and healthy... You can just put them in rehab and cold-turkey them and it's perfectly safe to do that; you know that as a doctor.

There are other very sick alcoholics who you run the risk of seizures and electrolyte abnormality, all kinds of stuff, and so you might wean them slowly over a month or two, but both of those guys need to stop the alcohol because they are alcoholics. Same goes for eating lots of carbs and sugars and industrial seed oils.

Some people might feel terrible and you might increase the risk of having certain things if they transition too quickly. It doesn't mean they shouldn't eat the proper human diet. It just means they might need to take a month or two or three. And for some people it's a social thing. None of their family is on board with this.

And so if they did an overnight change, it would just destroy the household dynamic, so they can't do that. Other people who are young and metabolically healthy, I think they can switch to low-carb overnight. I think there's zero danger of doing that. But yeah, I think different people should come at this with different speeds just like some alcoholics need to wean slower than others.

Bret: Is a carnivore diet a proper human diet?

Ken: I think for many people it is. When I first started low-carb high-fat, you know, the ancestral, the primal, there was a big proponent in the paleo community who was carnivore and I thought, yeah, it's a little too much... I don't know about that.

And so I kind of came to low-carb and keto and then now I consider the carnivore diet which is eating only animal products, only full fat animal products... some people think it's eating only red meat but I think probably... thinking again of the common sense and the ancestry ideas, we probably ate nose to tail; we ate the liver and we used the bones.

We ate the whole animal. I think that the carnivore diet is a subset of the ketogenic diet and I have actually had people come in and say I'm not going to follow you because now you are carnivore, you're not keto anymore. And I'm like no, I think carnivore is the ultimate ketogenic diet and also the ultimate low-carb diet because it's almost zero carb. And I have been eating carnivore or carnivore-ish for months over a year now and it's actually taken me a step further in reclaiming my health.

And I actually feel better now at 50 being a carnivore than I felt at 35. And, you know, if somebody's 20, that's not going to mean anything to them. But somebody out there listening who has been 35 before and now been 50, they understand what a huge statement that is. Like I'm not on any drugs, I don't take anything, I don't take any supplements, I don't take anything and I feel better at 50 than I felt at 35... that's powerful.

Bret: That is powerful. So do you use a progression then with your patients, to say go low-carb and then if you're having trouble go keto and then if you're still having trouble go carnivore? Or you just jump the order and go straight to carnivore for anybody?

Ken: I follow a rough algorithm just like that. Most people, I'll have to say probably 80% of people do great with just a ketogenic diet whether their ketogenic diet is high-fat medium protein or high-protein medium fat. And for some people they like the high-protein better. Not many, but some. And so up for 80% of my experience that's all they need.

They feel great, they are doing great, but for some people and I'm one of them, I have to go even lower carb than 50 total grams a day or even lower than 20 total grams of carbs a day. If I get above 10 g of total carbs a day, I will start to get inflamed and I'll start to bloat.

And so I don't know if there's something even in the keto approved veg that inflames my gut which leads to inflammation elsewhere, but all I know is when I eat lots of fatty meat and butter and bacon and eggs I feel amazing, all my numbers and my labs which I get checked every six months look exquisite, my energy is off the chart...

You know, Neisha is a little bit younger than me and basically she's like, "You know, I feel like I'm the old one in this couple, "because you never shut up and you never sit

down. How's that possible?" And so for a while she was not on board with the low-carb, because she's younger and she's just more metabolically healthy.

But now-- and she has Hashimoto's. And so she kept kind of pooh-pooh in the low-carb like, that's silly, I don't know whatever. And then she got mono. And usually for her mono when she has a resurgence it's six weeks on the couch. And she just happened to think, "I'll try the stupid low-carb thing he's doing" and within a week she's already recovered from her mono and her Hashimoto's, which also gave her daily symptoms... was much, much better.

And so at that point she was a convert. And so she didn't listen to me and do what I said. She just tried it for herself and she felt so much better and now she's here with me today at this conference and she's 15 weeks pregnant and she's eating lower carb... She is eating so low-carb right now that would make any obstetrician very nervous to know that she's eating that low-carb.

But she's doing great, the baby is doing great, everybody's great, we are very healthy and very happy. And, you know, the official guidelines from the nutrition entity... I can't think of their initials right now is that the average pregnant woman should eat about 300 g carbs a day.

Bret: 300 grams!

Ken: Yeah, and that's average.

Bret: And of course it's based on rigorous academic studies.

Ken: An excellent point, let's talk about that.

Bret: With sarcasm.

Ken: And so then, you know, here's Neisha eating maybe 15, 20, 25 g a day which any nutritionist or obstetrician would make the face you just made, like, "Holy crap... This can't be good." And so if that obstetrician is listening right now, I would say, "Okay, Bubba, show me the research that you're basing your diet recommendations on. Let me see that research. And so to any registered dietitian out there what research are you basing your recommendations on?

All you're doing is you're parroting what you were taught by the professors at the nutrition school that was sponsored by Kellogg's or Post or Kraft. So you maybe should reassess that... are you actually harming patients with your research? Because I promise you, you don't have a single controlled trial that you're basing your dietary recommendations on. You should probably think about that.

Bret: Great perspective. And I love the story that your wife didn't listen to you to do the low-carb diet, she had to try it on her own right. Common dynamic I'm sure in a lot of couples. But also same thing with the doctor-patient relationship or friend relationship or family relationship. Sometimes it takes that personal experience to have that awakening because we have to go against so many decades and generations of a different paradigm.

It's not easy and that's why you with your YouTube channel with hundreds of thousands of views for every-- actually I don't want to inflate the numbers, I don't know, but I know there's thousands of views that you get and the number of people you reach with this message-- I mean this is the groundswell that we need that's happening.

Ken: We're never going to see a press conference held by the American Diabetes Association saying, all that dietary advice we've been giving you for the last many years, we were exactly wrong about that. That press conference will never be held. And so what I'm trying to do is I'm trying to reach the parents and grandparents and the children who will die or who will be maimed before the American Diabetes Association finally backtracks and says, well okay--

And you know they just issued new guidelines and they actually list low-carb as a viable option to try. It's at the very bottom of the list, that's great... but you know yourself, big changes like this take decades. And there's a joke in the academia and in medicine that before you can change a treatment paradigm all the old guys have to die. Because they are the ones who thought of what we currently practice.

And so it's my calling, it's my mission to not let there be grandparents that we lose and limbs that we lose and kidney function that we lose waiting for all the old guys to die before we can change the paradigm. I'm trying to change the paradigm not from the top down, but from the bottom up. And so I've actually had people come to me and say, you know, I took your advice... It changed my life... my husband was not onboard.

But after he saw the change in me, he's now keto. And we have changed so many people in our community that our doctor that we all go to finally had to say, "Whatever you're doing, keep doing, and I'm going to look into this keto thing myself." And so it's a very powerful statement about this way of eating, about eating the proper human diet that when you do it, the change in you is so drastic that your neighbor sees this and says, "What are you doing?"

Your husband finally stops seeing what you're doing as nagging and starts seeing it as lovingly trying to say, you should really try this. And then the doctor in this community has seen so many of his patients who failed on his nutrition advice... suddenly they

are like they've bloomed, they now have superpowers compared to what they used to be as a human so much so that he's looking into this. He's like, what the heck!

Or they go talk to their doctor and he's like, "Me and wife are doing keto, but I was afraid to talk about it. But I think it's a great thing, keep doing it." And so you and I and everybody in this community are changing the world, changing the paradigm from the ground up and I think that's just the most beautiful thing that I could ever be a part of and I am very grateful.

Bret: We are glad you're part of it so keep spreading the message and keep doing your job of taking care of people, making people healthier, happier and living better lives.

Ken: I will never stop. Thanks a lot.

Bret: Thank you, Ken.