

Dr. Ron Ehrlich: Hello and welcome to Unstress. My name is Dr. Ron Ehrlich. My guest today is [Dr. Gary Fettke](#), he's an orthopaedic surgeon who has both a personal, he contracted cancer 17 years ago, and a professional interest in nutrition as he's also seen first-hand from his patients, the ravages of diabetes. Now whether you're talking about the [food pyramid](#), which was first launched on the Western world in 1992 and then morphed into the [MyPlate](#) in the 2000's. In Australia now, we have the [Australian Healthy Eating guidelines](#). The advice has been pretty standard. Grains and carbs form the base of the pyramid, of the plan and low-fat is still the key, particularly demonizing saturated fats from animals and of course, the demon of all demons, cholesterol, which [we've done programs on already](#).

Well, Gary's advice is different. Low carb and healthy fats, and he has an interesting insight in how this mess we're in today of preventable diseases came about. What he refers to as “medical evangelism”. Now, given the epidemic of those preventable chronic degenerative diseases, given that carbohydrates breakdown quickly to sugars, which cause spikes in insulin, and given the key role that insulin plays in so many of those preventable diseases, this is a subject that affects us all. I hope you enjoy the conversation I had with Dr. Gary Fettke.

Welcome to the show, Gary.

Dr. Gary Fettke: Good morning, Ron.

Dr. Ron Ehrlich: Gary, you have a talk, which is called [The Role of Nutrition in Everything](#) and that's something that's very appealing to me. But you've got a story, personally and professionally that's a pretty powerful one and I was wondering if you'd mind sharing some of that with our listeners.

Dr. Gary Fettke: I can try and simplify it then.

Dr. Ron Ehrlich: Let's not go back to childbirth. I'll take the-

Dr. Gary Fettke: We'll move onto childhood. I was a fat kid.

Dr. Ron Ehrlich: Okay.

Dr. Gary Fettke: I think I was on multiple fad diets that my mother put me on, probably as young as I can remember. I wasn't obese as per almost the standard Australian child now, but certainly by looking at old class photos, I was definitely the fat child in the classroom, in the swimming school photos and that sort of thing. The good thing about it is now days I'm actually normal weight now, so I'm actually in a minority group.

Dr. Ron Ehrlich: You've moved the goal post.

Dr. Gary Fettke: Yeah, well if you're overweight a bit or obese, you're in 2/3 of the population and normal weight people are now minority groups, which allows you to

speak out more because you're allowed to as a minority. So, I mean I was struggling with my weight for a long time. I did an enormous amount of sport, and I did what most people did, which is to exercise to lose weight and control your weight, which is very much the [Life. Be In It](#) campaign, which is 40 years this year.

Dr. Ron Ehrlich: Calories in, calories out.

Dr. Gary Fettke: Well, that if you were overweight, it was actually because you were lazy, and that's really a message that we've had for the last 40 years. I date it to the [Life. Be In It](#) campaign. So, I struggled with that, but I kept myself reasonably fit and reasonable weight. But I was pushing the boundaries of exercise to do that.

I subsequently had a couple of hip replacements, but before I did that, I lost 23 kilos. And about seven or eight years ago I had cancer, which changes one's life and certainly one's perspective on a few things when it comes to family and work, particularly lifestyle. One of the things about cancer, and I know [you've had your journey](#) as well through that.

I don't call it a battle, I call it a journey because it allows you to empower yourself and those around you because it's a learning experience and you will grow from it.

Dr. Ron Ehrlich: Yeah, definitely.

Dr. Gary Fettke: Even if you succumb to the disease, your family and those loved ones around you will change, and I see it as an experience that a lot of people go through. Not to embrace it, but you can't do much about it so you might as well try and make some decisions for the long term.

So, part of that journey for me was to see what things I could control as distinct from what things I couldn't control. Central to that turned out to be nutrition. So, I became a mature age student of that. There's a professor of biochemistry at Sydney Uni, and I think I get described as his most enthusiastic mature age student.

Dr. Ron Ehrlich: So how long ago did you become that mature age student?

Dr. Gary Fettke: I think I've been studying the other stuff since I had my tumour, but it was really only about seven years ago when I started talking about the role of sugar. We have to remind ourselves that sort of the definitive metabolism of fructose, which is half of sugar, it's half glucose, half fructose, that was really only described in November of 2010 by the fellow Luc Tappy.

It's been described a bit, but if you actually ... he put the definitive paper together. So, all of this stuff about the problems of fructose and the metabolism of fructose is actually pretty well brand new.

So, it's not in my textbooks, might be in your textbooks, it's barely in any modern textbook. Certainly, it's not in any modern nutrition textbooks, because I've gone through those as part

of my journey of challenging the system. So, this is why the perils of sugar have actually only been identified in the last few years and becoming a public awareness.

So, I started talking it about six or seven years ago from the metabolism aspect. Whereas other people in the community, holistic practitioners, but particularly the naturopaths have been talking about the perils of sugar for decades.

Dr. Ron Ehrlich: Well its interest has obviously been hammering the point for the last 50 or 60 years. But, there's much more to it.

Dr. Gary Fettke: The Dental Association put together an enormous work in the 1960's, and presented that to the government. But were hammered by the Australian Workers' Union, particularly defending the jobs of Queensland sugar industry workers.

I've read some of the papers that were put out by the Dentists' Association, and it was extraordinary good work, but it completely got hammered by politics and financial interest, and that's been the ongoing battle.

Dr. Ron Ehrlich: The thing that's intrigued me, and I've had [my own journey with cancer](#) in recent years as well, is when they check to see whether the cancer has spread, they do what's called a PET scan, and they inject radioactive glucose into the bloodstream, if I'm right, I think this is right, and because they know cancer cells preferentially take up that glucose. Is that what a PET scan is Gary?

Dr. Gary Fettke: PET scans can use a variety of different markers, of which the most common one is glucose or an uptake of it. I mean that's one of my cancer talks that had a lot of viewings around the world. I summarized that, and the PET scan as you say is a preferential uptake of glucose, and it's really looking at cancer as a metabolic disease, rather than as a genetic or chromosomal one.

Clearly, they're intertwined, but for the last 80 years, we've travelled the genetic chromosomal pathway, because that's what we looked down the microscope and saw. There was a fellow by the name of Arthur Wahlberg who was describing this altered metabolism back in the 1920s. He won a Nobel Prize, not for that, but work related to it.

That work has almost been buried apart from a couple of researches, which continued it on in the '70's and '80's. It's getting a resurgence at the moment because looking at cancer as a metabolic problem opens a whole lot of other options. I don't for one second say that you can just by stopping eating sugar that you'll reverse cancer or you'll cure cancer.

Dr. Ron Ehrlich: No.

Dr. Gary Fettke: But to look at nutrition as part of an adjunctive therapy in relationship to the role of the traditional methods of surgery chemo and radio therapy.

Dr. Ron Ehrlich: Yeah.

Dr. Gary Fettke: For me, it's given me a tool that I think has played a role in my cancer management, and I don't think it's primarily related to the sugar. People think if I reduce my sugar, then it will improve my cancer outcome.

It's actually more complex than that as most things are. I think it's more related to the amount of glucose, which is half of sugar. But more importantly, it's the amount of insulin that your body produces in response to it.

So, if you have glucose or essentially carbohydrate is just glucose or fructose or chains of it linked together. If you have a significant amount of glucose in your diet with carbohydrate, then when you eat it, then your body will produce insulin to push that into the tissues. Now insulin is critical to do that, and one of the effects is it kicks out blood glucose nice and stable.

The problem with insulin, side effect, they said it's a stimulant of cancer, it's a growth factor. So, I think the central role of looking at nutrition in cancer management is not just about reducing sugar, but it's about reducing the amount of insulin that the body produces.

So, for me, I'm on a very low carbohydrate. I was insulin resistant, when my white was up, I had hypertension. And what I eat now, I've a very, very small amount of insulin produced by my pancreas. So, I'm not stimulating, or I'm reducing the amount of stimulation that I can to any tumour that I might have within my body.

That's the thing which you as an individual can take some control over.

Dr. Ron Ehrlich: Now Gary, we're jumping a little bit ahead here, because I do wanna talk a lot more about this low carb approach to it, but going back to you as a surgeon, and I mean we've skipped a few years from the fat kid who's done a lot of, and then had the hip replacement and all that, you as a surgeon has been at the Coalface.

For example, I mean we're talking about insulin. People immediately would be thinking about diabetes, and we hear it's an epidemic, but it kind of rolls off the tongue very easily, but it's very, very serious, and you're at the Coalface. When it gets serious, what do you do about it as a surgeon?

Dr. Gary Fettke: First of all, the majority of our patients needing joint replacements are overweight and obese now. About a third of patients within the hospital system, sick patients, have got diabetes. If you got diabetes, that effectively means that your tissues are exposed to elevated amounts of glucose.

I've got a piece of toast in my office, which I use to explain it to patients. It's called ... when you get a piece of toast, a piece of bread you put it in the toaster, it's called the maillard reaction, it goes brown, it goes a bit drier. That's a cooking term, M-A-I-L-L-A-R-D for anybody wants to look it up. And its diabetes explained in one simple experiment.

Because what happens with a bit of bread, put it in the toaster, it heats it up and the glucose undisclosed, it's like glycosylation with protein and goes brown and sort of a caramelization process, and it gets a bit drier.

So that's toast, that's the maillard reaction. So, in diabetes, when your blood glucose goes up, about two thirds of that elevated blood glucose goes into the tissue, and it combines with the protein in the tissue, and under the influence of body heat, the maillard reaction occurs. So, every time you have a blood glucose spike, you are toasting your brain, your eyes, your kidneys, your tissues, your vessels, the whole works.

I explained that ... described that to the endocrinologist from time to time and diabetic experts and they go, oh my god, I never thought of it like that. I go ... I won't go into expletives, so why don't you explain that to every single person with diabetes.

So, when I explain that to people with diabetes, they go crikey, I don't want my blood glucose to go up. A lot of the drugs we give to patients actually push glucose into the tissues, which is dumb as. So, what I'm talking about is if you ... diabetes is an inability for your body to metabolize the carbohydrate glucose load that you present it with.

If you've got a kid with a nut allergy, you don't give them peanuts and then give them an adrenaline as a chaser. So why do we give people with diabetes who can't metabolize carbohydrate properly. Why do we give them carbohydrate, then tell them to have medication to reduce it?

Dr. Ron Ehrlich: Now there's two things there that I think is worth mentioning to our listeners at this point, and that is that carbohydrates break down very quickly to glucose or sugars, you know glucose. Secondly, there's no more than about four or eight grams of glucose meant to be circulating around the body at any one time. That's about one or two teaspoons of glucose. Is that right Gary, is that the ...

Dr. Gary Fettke: I was gonna say it's actually only about four grams ...

Dr. Ron Ehrlich: Four grams.

Dr. Gary Fettke: Four grams, which is one teaspoon of glucose equivalence, that's a normal blood glucose. So, if putting that in perspective, one slice of bread, there's about five teaspoons of glucose, and potato four or five, bowl of rice, you know smallest bowl of rice or pasta is about up to 16 to 20. So, your body can only metabolize one of those, teaspoons, and the rest has got to be moved into the tissue under the influence of insulin.

So, if you can reduce the amount of glucose that you're presenting your body with, a. You're not gonna need as much insulin, and b. Your blood glucose is just not going to jump up. Then there's this complete and utter myth that the brain needs 130 grams of glucose per day that you need to eat.

The small amount that the brains requires, and it's far less than 130 grams, can be produced by a thing called gluconeogenesis, which is where the liver metabolizes as glucose. The brain

can actually function very nicely on a background of ketones, which can come from healthy fat eating. I'm not into high fat eating, the amount that our bodies need to survive can be done on low carbohydrate, healthy fats and a reasonable amount of protein, not high protein.

The amount of myths that are sitting there in the nutrition world are just astounding and causing harm.

Dr. Ron Ehrlich: This actually is ... you've been embroiled in a little bit of [controversy among your medical fraternity](#), and I kind of, when I read about it, it's a sobering story for anybody who's genuinely interested in their health or for that matter the health of their patients, what was that about?

Dr. Gary Fettke: I'll clarify it right from the start. There's never been a single case of patient harm. I've never had a patient complaint. I've never had a doctor complaint about what I'm recommending or talking about.

I get reported almost annually, anonymously by dietitians who are associated with the Dietitians Association of Australia to the medical board, and it's an interesting process. The science of what I've been talking about has been debated, I've actually submitted a PhD on all of this through the medical boards. I've come to say that what I still believe to be an extraordinary result saying, even if it's trying to be best practice, I'm not allowed to continue to talk about it.

So obviously talking to you I'm going against that...

Dr. Ron Ehrlich: No one's listening Gary, don't worry.

Dr. Gary Fettke: I suspect that might be wrong Ron.

Dr. Ron Ehrlich: I think so.

Dr. Gary Fettke: But, I've tried to clarify through the medical boards as to what I can and cannot speak about. Where I can and cannot speak about it, a lot of my lectures are given overseas. I've gone back to giving public talks here in Australia.

The medical board cannot actually answer my questions about that, it's currently coming up for final review with the National Ombudsman at the moment. Obviously, I'm challenging it because I can't respect their decision, and particularly as I've pointed out to them, and that's been part of a senate inquiry that the materials submitted to them has been biased and vexatious.

Their expert witness that APHRA employed has had long and strong associations with the processed food industry, and particularly Sanitarium here in Australia. I don't mind saying that because I put it on the public record. Materials submitted has come from vested interest associated with the Dietitians Association of Australia who has major corporate influences particularly from the sugar and processed food industry.

Dr. Ron Ehrlich: Well this is ... we could pause here for a commercial break for the Australian Dietitians Association, which if you look back on the history, they've been proudly been sponsored by the Grains and Legumes Council, the Dairy Foundation, Unilever, producers of such great products as Ben and Jerry's ice cream. These are all former or if not current sponsors of the Australian Dietitians Association. That was an unpaid ad there Gary.

But you do also make, you use this term medical evangelism, and there are some common myths, and it's a subject that's kind of fascinated me over the last 20 years, and it's a story that is very easy to miss, but once you hear it very difficult to ignore. Can you explain to our listeners what those terms might mean?

Dr. Gary Fettke: I've always come at this is the biochemistry and the science of and metabolism of sugars and carbohydrate and polyunsaturated oils. Whereas most of the literature you read are association studies, I ate that in 1984 and now I've got cancer of my prostate. It's just stuff that is very wishy washy and very hard to pin down, and therefore also open to manipulation.

So, my wife has been looking at myself here in Australia arguing the science until I'm blue in the face, so it's a fellow by the name of [Professor Tim Noakes](#) in South Africa who had a very open legal case, and Tim's been in the same situation of arguing the science and to be fair, when we debate the science we've clearly lost that debate.

So, she's been wondering why on earth we've been fighting and been going literally blue in the face on science. So, what one of her receptions' done is actually to go back and say okay, where have these guidelines originated from. We've worked together very hard on this for the last few years.

Effectively the food guidelines of the world are now cereal based anti-meat, anti-fat and particularly anti-dairy, and moving towards vegetarian and veganism. If you look very closely at the guidelines, that's what that talk was in the US the central role of nutrition and everything is to say that these are the food guidelines of the world. They're cereal based anti-meat, anti-fat, and that's exactly the opposite of what I'm talking about.

So, the food industry, arguably even the pharmaceutical industry, is set up to support these food guidelines. So, if we look at the origins of the food guidelines of the world, that's where it becomes interesting. In October 1917, the American Dietetic Association was formed, and they subsequently wrote the textbooks for the first 40 to 50 years and in fact one person by the name of Elena Cooper did that.

Every single Dietetic Association in the Western world have followed suit and took on the American model. So, if we look at the American model, which started out and has continued to be cereal based anti- meat and pro- vegetarian. So, it may or may not surprise your listeners, but the origins actually were started by the American cereal industry, particularly Kellogg's.

So that's why whole grains and grains have become this central myth and in effect including the term fibre, has all been born by the cereal industry's primary introduction of it. The cereal

industry started around that 1900 period, plus or minus ten years. They were effectually started by the Seventh Day Adventist group, very strong medical evangelistic ties in promoting this cereal as a bland food, and to try and actually stop the inappropriate thoughts of violence, and masturbation.

I know that all sounds really ... and I can't make this stuff up. Anyway, Elena Cooper was a Seventh Day Adventist, she actually worked for Kellogg's, and she was a vegetarian as well. She started writing the textbooks that the American Dietetics' Association and the American Defence Forces, and effectively the world followed suit. So, the whole concepts of our current world food guidelines are based on the temperance movements origins in the 1860's and on the thoughts, visions and hallucinations of a young woman by the name of Ellen G. White.

Now all of this stuff is actually available. The Seventh Day Adventist Church is quite proud of their origins. You can get hold of their textbooks, I've gotten hold of some of those texts, the original ones from the 1920's and 1910's. As we go through the last 100 years, I use the term generational education. So, if you're told something by your teachers, you'll believe it. The teachers were told the same thing, and over a period of decades, a thing becomes a complete and utter belief.

But it's actually not based on any science. It's based on that we should eat from the Garden of Eden, and it's been a fascinating journey. I'm covering it, only two weeks ago, there was a group of ex-Seventh Day Adventists who wrote about a ten-page blog post about myself and that talk. Effectively saying look, this is amazing. We haven't actually seen someone from outside the Seventh Day Adventist Church, so astute actually understand how far this process has gone.

Dr. Ron Ehrlich: And hence the medical evangelism.

Dr. Gary Fettke: Yeah, medical evangelism, like the right arm of the Seventh Day Adventist Church is medical evangelism. Your listeners might be surprised to know that Seventh Day Adventist Church is the second biggest educator in the world after the Catholic church. They operate about 8,000 educational institutions from primary schools, right through the universities. They are very, very prominent in relief work and in missionary work.

Dr. Ron Ehrlich: Do they enjoy good health?

Dr. Gary Fettke: If you read the Seventh Day Adventist studies, they say they do. But we've actually, when you go through those, they've actually still got fairly high rates of obesity, and the cancer rates are probably about the same.

We've found other religious groups, which have got the same or greater longevity. One thing about the Adventists, we do ... I'm not disrespectful of them as a people or a church, we're not, it's more the fact it's the propaganda they've actually been pushing, and I've been able to be very influential in the world of nutritional advice.

It promotes these temperance ideals back from the mid-19th century, which is avoid smoking, clean living, be good to people and have a great sense of community. They're anti-smoking, from those aspects that's actually they're good ideals. But the whole promotion of being cereal based and anti-meat, does not protect you from obesity, diabetes and cancer.

Dr. Ron Ehrlich: And another flow on from that cereal focus was of course the rise of vegetable oils. Or was it? Is that where the seed oils ... I mean they emerged in the early 1900's.

Dr. Gary Fettke: No, it was sort of ... there were a few factors there, but I wouldn't sort of tie it directly with the cereals. You can however, tie them back up with the soy industry, what we call hashtag fake meat concept of getting protein in is tied up with the soy industry.

Now the Seventh Day Adventist picked up, or a fellow by the name of Charlie Miller, brought the concept of soy back from China. He was a missionary who did work over there, he was a doctor. He brought the concept of soy being a healthy product back to the US. He made observations on the fermented soy's, he did it in a very traditional method, which is not just the standard soy that is produced now on a mass effect.

But he brought that back to the US, he commercialized it and the whole soy industry, soy being soy milk, was then introduced to the US, the world, and they then took that product back to China. So, if we look at the soy industry, which is massive, that will include the soy oils as well. That all comes back to one group, who actually bought into the US commercialized it, and then vertically integrated that into their health message.

The process seed oils, has sort of been coming along for the ride there. We won't drift down that path today, that's another side issue we have. They were commercialized and partly related to the war, you know the First and Second World Wars.

Dr. Ron Ehrlich: Now you've described, you describe yourself as a vegetarian who supplements his diet with, and I wanted you to share this because I love this description that you give of yourself.

Dr. Gary Fettke: If you're a vegetarian, it's socially acceptable. If I was a doctor promoting vegetarianism it's okay, and the Dietetic Association's actually promote vegetarians. You get into trouble if you say avoid sugar because it's a food, but if you say avoid meat, then you don't get into trouble.

So, the Dietetic Associations of the world have been promoting vegetarianism for a hundred years. So, I think I came to realize that if I'm a vegetarian I'm okay.

Dr. Ron Ehrlich: But wait there's more, there's more, don't turn off yet folks.

Dr. Gary Fettke: As a vegetarian, I just need to supplement my food with a few other things, so I'm kind of carno-ovo-lacto-pesco-pollo vegetarian.

Dr. Ron Ehrlich: Yeah, let's just go through those one at a time kind of.

Dr. Gary Fettke: So, I can't actually survive from a health aspect just as a pure vegetarian, so I need to supplement with carna, I need to supplement with meat. I'm an ovo, so I need to supplement with eggs, I need to supplement lacto, so I need my dairy. I also am a pesco vegetarian, so I need to supplement with fish and I'm a pollo vegetarian, so all of a sudden I find that I gain great supplementation with chicken.

So, we put that to music, which I'm not gonna do to you because Linda's far better at it, but am a kind of carno-ovo-lacto-pesco-pollo vegetarian.

Dr. Ron Ehrlich: Wow, when I heard that for the first time, I thought yeah, I could go with that form of vegetarianism.

Dr. Gary Fettke: So, effectively I'm a vegetarian. I think we're all vegetarians, I just prefer to supplement with this other stuff called real food.

Dr. Ron Ehrlich: Yeah, and I think we'd all agree that a diet based on lots and lots of vegetables and different colours are a really important part, but you've kind of earlier on we talked about low carb, and low carb is a term ... and low carb is healthy fats, not necessarily high fats. So, what is low carb to you, what do you think? I mean if one was putting a figure on it, and I encourage people to weigh and measure their food for a week or two, just to get a handle on what it is they're actually eating.

What is low carb for you?

Dr. Gary Fettke: Well I get accused of eating sometimes as the laid back low carber. People give me that exact question, and I say well I don't know, and I actually don't care. That sounds a bit blasé because I actually wanted to make it easy, so I personally, if I was to measure it and I haven't done for some years, probably 20 to 50 grams' max per day.

But what I've done is, when I eat food, which my definition of eating food is to eat stuff that is fresh, local and seasonal, not particularly in your environment. But if you've got a choice between having the bread as a sandwich, I use a cabbage leaf or I use a lettuce leaf and I'll put the same stuff on it. My breakfast is an omelette of last night's leftovers with an egg and a bit of cheese wrapped up in a cabbage leaf.

So, I've got all that ... I'm eating nutrient dense food, rather than energy dense food. A lot of the troubles we have in society, I think are because we're eating energy dense food, which is nutrient poor. I use the pizza story there. Like a pizza comes out and it's got a truckload of energy in it, and it's got all sorts of colours on it, some of which are artificial. At the end of it, you've actually eaten a whole lot of energy, but not a lot of nutrients.

So, your brain says actually I need more vitamins and minerals, so I'd better go and eat another pizza. So, as a society, we tend to actually be eating more of poor food choices rather than smart food choices. To borrow a term from [Caryn Zinn](#), who's a Dietician in New Zealand, probably one of the first Dieticians in the world to what I call come out about this.



Our life is very much empty pantry full fridge, so there's very little stock in a packet that's on our shelves apart from seeds and granola mix and some nuts and the rest is in the fridge.

Dr. Ron Ehrlich: You know I love that, I love that energy dense, nutrient poor. That's what most people are out there eating. The focus being on nutrient dense, now I was gonna ask you what your three, four or five tips for our listeners were, but I think that was a beauty.

Can I ask you this though, and just finishing up, and I ask this of a lot of my guests. What do you think the biggest challenge is to people in our modern world on their health journey?

Dr. Gary Fettke: Just sift through the propaganda.

Dr. Ron Ehrlich: Just sift through, okay.

Dr. Gary Fettke: We're challenging virtually everything because every time I open up a concept and even the fibre one, which is you'll find out most things are just a house of cards. Only yesterday the Australian Government have adopted a concept that we need to increase the amount of fibre intake.

But when you look at the press release, and then you look at the articles, the information supplied to the government has solely come from a Kellogg's sponsored research project. The researcher that they used, she's a dietician that she does work pretty much solely for the food industry and whether it's the sugar industry or Nestle or Kellogg's, and the papers presented have not been put in peer review journals. The article she quotes have actually come from the food industry, and yet the Government's gone along and adopted this as a press release.

That's a tragedy because we hoped that our Government is going to be a bit smarter than that. If the Government is swallowing propaganda that's actually just come straight out of the material from the cereal and grain industry, this is a tragedy. I know many intelligent people who struggle to get through all the information, and it takes an enormous amount of work to actually sift through the propaganda. But, you've talked about it before, the most important person who's responsible for your health is yourself.

Dr. Ron Ehrlich: That is the overriding message of this podcast and this program, so Gary thank you so much for joining us today, it's been terrific. We're gonna have links to your website and a lot of those talks that you've given, which are terrific, they're available on YouTube, and we're gonna have links to them on our website as well.

So, thank you so much for joining us today.

Dr. Gary Fettke: Pleasure Ron.

Dr. Ron Ehrlich: Gary's message is an important one and in case you missed it, he mentioned the role of insulin in metabolizing cancer cells and driving them along.

Is it a coincidence that we have an epidemic in diabetes, obesity, dementia, now dementia's now being referred to as a form of type 3 diabetes, where the brain cells are insulin resistant and degenerate and die.

Now carbs, sugar, insulin, they are all connected. As a general rule, the lower your insulin levels are, the better your health, that's across the board. I mean every single disease is implicated. Now consider this, one in two men, one in three women will get cancer by 65, and childhood cancers are on the rise. I think that's pretty important.

Now, another interesting thing to consider is that the standard advice given by the health authorities. Now for example, the Australian Diabetes Council, when it was celebrating its 75th anniversary a few years ago, published their ten-step plan for living with diabetes. The keyword here is with diabetes, it's also worth remembering that 85% of diabetes, is preventable type 2 diabetes, sorry I'm getting excited here.

The cure to that, I think almost everyone knows it, its proper nutrition and movement. Step one from the Council in their ten-step plan was to eat carbohydrates with every meal and avoid fats. Now if you followed that advice, you will in fact live your life with diabetes.

Now it's been hammered into us that we need carbs to provide glucose for food for energy to drive our cells. Well let me tell you, the body is pretty smart, and as Gary mentioned, it can get all its energy it needs from healthy fats and healthy proteins. Now to understand by far, think about your body as you're constantly feeding the fire that drives our bodies. If you wanna be standing around all day feeding your body kindling, and that is the three to five meals per day model, or would you rather just throw a log on the fire and get on with your day.

Not feeling constantly hungry, and most importantly, keeping your insulin levels low. I also loved Gary's description of himself as a vegetarian, this is something I can really relate to, who supplements his diet with meat, eggs, dairy and poultry and fish, keeping carbs low. Now he mentioned the 20 to 50 grams per day, and I'd encourage you to spend a week or two measuring your food.

You don't have to do it all your life, you just need to get a sense of what you are actually consuming. I'll have [a link to a carb counter](#) on the side to help you with that. It's also worth noting that carbohydrates are not an essential nutrient, unlike proteins, fats and trace minerals, which are. But the current guidelines or recommended daily intake for carbohydrates is 310 grams per day. Now that is quite a difference to the 20 to 50 grams that Gary is suggesting in the low carb healthy fat approach.

Now having been diagnosed with cancer myself a few years ago, this really struck a chord with me what he was saying about pushing insulin, pushing cancer along. I have always aimed for 70 grams of carb a day, which I actually think is surprisingly sustainable and doable. Anyway, for me, it's a timely reminder to keep the carbs low, but you've also gotta include healthy fats in that. That's really important. Don't try to have an each way bet here, and go low carb and low fat and think you're keeping everybody happy, you're not, you'll be hungry.



Start benchmarking yourself, give this a go for a few months, you might be surprised at just how well you can feel. So, until next week, this is Dr. Ron Ehrlich, be well.

You can watch more videos and listen to more talks by Gary Fettke [here](#).

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