WEIGHT LOSS FOR BUSY PHYSICIANS

with Katrina Ubell, MD

Katrina Ubell: Hello my lady doctors and everyone else. Because I know I have a lot of listeners out there who are not doctors, but are just really interested in this work and interested in applying it. Maybe you work in healthcare, maybe you don't. Welcome. You're welcome no matter what. I love having you here. Thank you so much. If you're new to the podcast, maybe you just heard about it, please go ahead and subscribe. For those of you who've been enjoying this these last couple of weeks, I would love it if you would leave me a rating and review, especially if this is something that is helpful to you. Because that's going to help the podcast get noticed on iTunes and what happens when it gets noticed on iTunes is that it's easier for other people who could be helped, who would be interested by this podcast and it helps them to find them. Please go ahead and do that. Also, please tell your friends. If you have friends or colleagues who you think might be interested in this podcast, please share it with them so that they can start listening too.

Today, I want to jump right in. Last week, I had talked to you guys about the hunger scale and about food journaling. I'd love to hear from you guys how that's going. I'd love to just get some insight into what you guys think about that. Has it been easy for you? Has it been something that's been a little bit more challenging to remember? What insights are you getting into how you're eating, what you're eating? What are the patterns that are going on for you that are creating the result of being overweight, or having just tons of food chatter, negotiating constantly about what food to eat and what not to eat, what plan to follow, things like that. I would love it if you guys would go to the show notes page either for this podcast or last podcast, and type in some comments. Let me know what you guys are thinking, what's going on for you guys. Those show notes are available to you at katrinaubellmd.com/7 for this podcast and katrinaubellmd.com/6 for last week's podcast.

I touched very, very ever-so-lightly and briefly last time on insulin and how that's important. Today, I want to get into it a little bit more with you guys. At the end of the podcast, I'm going to recommend a book that is super comprehensive, that has all the data for this, that I'm going to teach you about that has just all the research that supports this. If you are interested in learning more about this or you're someone who really wants to read these studies, I highly recommend

that you check that book out and then access the studies that are cited there. At the end of the podcast, I'll give you the name of that and the author. Because some of us really just don't want to take the time and to read all that, we would just want someone to synthesize it for us. That's what I'm going to do for you today here. Some of us really are more interested in really, really understanding the nuts and bolts of it. That will be available to you as well, if that's the kind of person that you are and what you like to do.

I want to just jump right into that three meal a day recommendation that I gave you guys. Some of you might be thinking like, "What? That's so crazy to just eat three meals a day." When you really think about it, we didn't start snacking just like as a society. As humans, we didn't snack that much until the 80s. That's really when the snack foods started taking off. When you look at the research behind this and just the history of it, one of the main reasons we started snacking so much is because of the food manufacturers advertising snack foods. Creating snack foods, producing snack foods, and then advertising to us that we needed snacks.

One of my earliest recollections of that is watching TV when I was a kid and seeing this one commercial that was for Snickers, so for Snickers candy bars. It was this young woman, college student who is in the dorms, and showed her really studying and going from the library into her dorms, to her dorm room and studying there for a while. Then the idea was like, "Oh, when you need a break, Snickers is what you need." It showed her eating the Snickers and then getting back to work and studying again. I remember just thinking like, "Oh, I guess that's something that you do." I was a kid. I was probably less than 10. "I guess this is what you do when you're studying hard and you need some more energy. You eat something."

Then it's okay to actually eat a candy bar. You can eat a candy bar when you're studying. You're doing something good, right? You're trying to do well in school so then you can eat a candy bar. It's so interesting how those commercials just completely help us to develop our belief systems about what we do. I wasn't probably regularly eating candy bars in college and in med school and stuff when I was studying, but I was definitely eating fat-free pretzels. Probably the worst thing I could've been eating. Just thinking like, "Oh, okay. Yeah, if you're tired, if you're bored, you need to focus more, just snack a little bit."

Back to the food manufacturers, what they realized was we probably can't get people to eat more food at their three meals a day. If we can't get them to eat more food, then how about we create other eating opportunities? We'll create special foods for those opportunities. We'll advertise them and then people who buy our foods are going to think like, "Oh yeah, I'll eat a snack." We are now at a point where people are just eating constantly, snacking constantly. I won't get too much in to it here. It's a personal pet peeve, but especially for our children, everywhere they go, they are offered food or they are asked to bring a snack.

I didn't eat snacks in school growing up in elementary school. Well, maybe in kindergarten. After

that, we didn't do it at all. My oldest is in 5th grade and it's still expected that he brings his snack. We are those who are like, "Yeah, you're actually not hungry, you eat a good breakfast, so you can just have some free time during snack time. You're not eating." My son is completely fine with that, because he's not hungry. Everybody else is eating and what they're eating is generally simple carbs. It's going to be some bar, it's going to be dried fruit. These are the healthy snacks, right? This isn't even the things that are really just super sugary. It's not like a fruit leather is going to give you lasting energy. It's just something that's going to shoot your blood sugar up, shoot your insulin levels up. Then you're on to the next thing. I'm going to go into why that is not good for us.

Anyway, snacking is not a good thing. Some of you may not snack at all. I know I generally didn't snack that much back when I was in practice, because I just didn't have time. When I was in clinic, I was working. I didn't have time for anything, and I never really wanted to go and wash my hands up, and get the hand sanitizer off to stick something in my mouth. I really didn't want to do that, so I wasn't snacking a lot. You know where I will tell you, I didn't think I was snacking, but I was actually snacking was in the mornings and I'll explain why.

For many years, in order to not have to feel that annoying hunger around 10:30, 11 in the morning in clinic and just being able to make it till lunch time before being hungry, what I would do is I would have some breakfast but I would also make myself or I'd get from a coffee shop, I'd get a chai, chai tea latte. I would sip on that all morning long. I would think like, "Oh, it's just got a little bit of sugar, just little honey. That's not bad." Then just having sips in between patients really, really helped me to stay not really full but not hungry. That was really helpful for me.

Now I know that that's probably one of the worst things I could have been doing, because I might as well have just put in an IV and had a steady drip of glucose into my bloodstream, because that's what I was doing for myself. It was completely unnecessary and it was definitely contributing to my weight issues. I thought since it was fat-free it was fine. No big deal. Just a little bit of sugar. It's fat-free so it should be good, and it was actually terrible.

I'm going to explain to you why that was. You might be thinking, "I'm in the OR all day most days. I am not snacking and that's totally great," but I want you to think about other places that you're eating a little something. Like are you having a little something in the car when you're driving around between clinics or hospitals? Are you grabbing a handful of nuts after clinic and then going home and eating dinner? Are you eating dinner and then snacking at night? Just having a little bit of this, a little bit of that, and then a bowl of ice cream, and then a beer or something like that. Are you adding in some extra food outside of mealtime in that way?

Let's just get into what I wanted to talk with you guys about today. We talked last time that insulin is a storage hormone. You guys know that. When we're snacking a lot or we're eating

frequently, our pancreas is being stimulated and insulin levels go up. That means that we're basically always in storage mode. Insulin is a storage hormone. If insulin levels are elevated, then we are going to be storing. We're going to be storing it in ourselves to be used right away for energy, for our bodies to function, or that energy might end up going into the liver to be stored.

Then if the liver is full, then it goes into our fat to be stored. Then the excess that we've eaten goes into our fat to be stored. Then the only time that we're really accessing that fat and maybe even our liver storage is when we're sleeping. Most of us are not even sleeping enough. It's not like that's 10, 12 hours where we're not eating, because we're snacking at night and then getting up and right away eating again. Over the course of time, we just gain weight and gain weight.

I'm going to explain to you this concept that I had no idea about until less than a year ago. I just did not know that the latest research was showing this. The latest research shows that we have a weight set point in our brains. You guys may know this. Some of you may know this and this might be old news for you. I think for a lot of you, this is going to be new. Just like we have a temperature set point in our brains that keeps us for the most part at 98.6, we have a weight set point as well. Your weight set point is very likely what you weigh right now. That explains so much.

When you have a weight set point say of 200-pounds. This is the best example, right. You know when you get the stomach flu and then you lose 4 or 5-pounds, because you just aren't able to eat. Some of it might be dehydration, but sometimes it really is like, "No, you're hydrated. You just have lost all that weight." You think, "Oh gosh, I hope that's real weight! I lost 4 or 5-pounds of fat with this illness." Then within a week or so, your weight is pretty much back to where it was. You're back at 200-pounds.

The reason for that is not because you're eating excess food. The reason for that is because your weight set point is still at 200-pounds. If you went down to 195 while you were sick, as soon as you're able to tolerate food again and you're eating again, even if you're eating on plan like the way you want to be eating, your body will go into major conservation mode to decrease your metabolism, because it's thinking, "Oh my gosh, we have to get our weight back up to 200-pounds."

Similar to when you get too cold. If your body temperature is at 97-degrees, you will shiver to get yourself back up again. This is just innately how our bodies function. Then before you know it, you're right back up to your weight before you got sick again. We wonder, "Why does that happen? It doesn't make sense." If you're thinking that a pound of fat is 3600 calories, then it doesn't make sense. The reason it doesn't make sense is because that whole calorie hypothesis is bunk. It just is not how our bodies function. We can't sum up our human bodily processes and function in a simple math equation. It just doesn't work that way.

Another example though is think about a naturally thin person. Somebody who weighs a 130-pounds and is really pretty consistent at 130-pounds. Then they go on vacation and they splurge a little bit, they indulge a little bit, and they gain 5- pounds on vacation. Then they come back and within two weeks, the 5-pounds is off without them even really doing anything. They go back to their normal eating and the 5-pounds comes off. It just comes right off. Why is that? Is it that they're really just lucky, they're just genetically blessed?

It's really not that. Really what it is, is that their body weight set point is at a 130- pounds. Then they become 135-pounds and the body says, "Oh hey, we've got excess on board. Let's rev that metabolism up and let's burn off those 5-pounds, because they're excessive. We don't need them." That's similar to when you have a fever. If your temperature goes up to a 102 and then you take some Tylenol or ibuprofen and your temperature set point decreases, now you're too hot and you start sweating, and you're throwing all the covers off, and you just need to take a tepid shower like you're just so hot, because the body is like, "We've got to get this heat off of us. We're too hot."

It's the same thing with the weight, "Hey, we've got to get these 5-pounds off. It's too much. I'm supposed to be at a 130-pounds." If you are consistently overweight, then your weight set point is too elevated. That is basically the problem. We need to get that weight set point down. When you do a low fat, calorie restricted diet for weight loss, you will lose maybe quickly, maybe not. It depends. Some people respond differently, but it becomes pretty uncomfortable over the course of time. Because what we're not doing in that kind of a diet is reducing the weight set point.

Say you're 200-pounds and you lose 30-pounds on say Weight Watchers. You go down to 170 and you're trying to lose. Your weight loss is slowing down, you may be starting to get a little bit frustrated. There's the mental component of it, the, "Why am I not getting the results?" Again, when we have that belief system that if we eat 3600 fewer calories than we need, then we should be losing a pound of fat. "Why isn't my body cooperating and doing that?" Then we have these expectations and our bodies don't respond. We get frustrated.

We also start feeling just really crummy. We just don't have energy. We're crabby. We're really hungry. The food that we do eat is not satisfying. We're always in a state of just feeling really unsatiated. Then as soon as we go off of that diet a little bit, we regain that weight quickly. The weight comes back on, lickety split, and then sometimes more. Then all of a sudden, we're 205-pounds or 210-pounds. That weight set point got bumped up because of eating, to accommodate for that intolerable feeling that we had.

Really ultimately, when we are wanting to lose weight, we need to reduce that weight set point. In order to reduce the weight set point, we need to reduce our insulin levels. In order to reduce our insulin levels, we need to eat less often. It's just if you're eating all day long,

your insulin levels are always elevated. It's just straight up fact, right? That's how it is. When we cut out the snacking, when we cut out all the excessive grazing and eating at night, we by default reduce our insulin levels. If you eat dinner at six or seven and then you don't eat again until six or seven in the morning, that's a 12- hour fast. That's a long time where your insulin levels are lower and your body needs that to reduce that weight set point.

In addition to that, we need to eat fewer foods that create a significant insulin response. What are the foods that create that significant insulin response? The two main groups that do this are sugar and flour. What they have in common is that they're very concentrated and they're highly refined. Our bodies can process them and digest them very quickly, so we get a very quick increase in our blood sugar levels. Then of course the insulin levels follow with that. The insulin levels are sky high. We are storing right and left, all over the place.

What gives us the least insulin response is fat. When we eat dietary fat. Then protein gives us a modest amount. The order goes simple carbohydrates give us the strongest response than complex carbohydrates, then protein, then fat. Ultimately, when we're choosing what to eat, we want to eat more fat, a moderate amount of protein, and fewer simple carbs. I'll repeat that. We want to eat more fat, a moderate amount of protein, and fewer or no simple carbs.

I want to make it clear that what I'm not suggesting is that you eat a low carb diet necessarily. Some people say, "Oh, okay. This is the high fat, low carb thing?" No. Now, you can choose to do that if that's what you want. That's completely fine. Some people really do a lot better on a low carb diet. They lose weight better, especially people with certain endocrine-related issues. They just do much better on a low carb diet. If that is you, please go for it. If that is fantastic, go ahead.

Not everybody necessarily needs a low carb diet. Not everybody necessarily feels good physically when they're on a low carb diet. You still can eat starchy vegetables. You're eating your sweet potatoes, your white potatoes, your squashes, things like that. Then whole grains in their whole form, so not whole grain bread. If you want to eat wheat, then you're eating wheat berries, or you're eating quinoa, or you're eating brown rice, things like that. When you eat those, you make sure you have fat.

For instance, when I cook brown rice for my family, I add a bunch of olive oil and some salt. It tastes fantastic. Think about Italian people. They eat so much olive oil and they eat bread. Bread and pasta, and everything is totally a huge part of their diet. Why are they generally naturally thin? So much of it is because of the fact that they eat. They are not measuring out their olive oil by the teaspoon. They are measuring out by the glugs. Glug, glug, glug as they're pouring it out. That's why the food tastes so amazing, especially if you've ever been to Italy. The food is unreal because it has fat and that fat helps to counteract that insulin response. You get some insulin response from the starches, from the pasta, or the risotto, or whatever you're eating that's starchy like that.

The fat first of all helps you to become full and nice and satiated earlier so you don't eat so much. You're not eating pasta till the cows come home, because you're just trying to get full so that it lasts you. You're then by default eating less of the starch and that fat is helping to keep your insulin levels lower and helping you to stay fuller, longer, and you have just such a nice comfortable feeling in your stomach when you eat that way.

Like I said, some people really do better when they restrict those starches. Even the vegetable starches and others don't. I personally do a lot better when I have some starches. I don't eat potatoes or sweet potatoes every single day, but I eat them multiple times a week. There's lots of ways that you can play around with that. When I work with my clients, I offer that to them, especially when we start hitting plateaus. It's a great way of mixing things up, getting out of homeostasis. You know what a plateau is, is homeostasis. We just need to change it up and get the body rethinking and back on its toes again, so it starts releasing some more fat.

When you're only eating three times a day, it's so easy to food journal, right? Because only three times a day, we even need to put anything in. It's just so much easier to hold yourself to that commitment, because you're not constantly going like, "Oh my gosh, I ate a little piece of hard candy. Now, I've got to put that in. I grabbed the peanut butter-filled pretzels and had a handful of those. Got to put that in. I had a couple of chips. Got to put that in." You're doing yourself a favor for so many reasons when you're only eating three times a day.

The thing is when you eat three times a day, meals that have plenty of fat and then they taste so good, you've never had as good of a salad and as filling, and sating of a salad as a salad with a bunch of great veggies and then some good protein on there, and then some great fat. You have avocado and then you have maybe hard boiled eggs or something and then some full-fat ranch dressing without sugar in it. Which by the way the best place to look for the sugar-free dressings that are high fat are in the produce department, that refrigerated area where they have those refrigerated dressings. Check those out. A lot of the shelf stable dressings have some sugar added to them. A lot of the packets do too like the Hidden Valley ranch and stuff like that if you're making it yourself.

A full-fat ranch or a full-fat blue cheese dressing, your salad is amazing. It tastes so good and you finish eating it and you are full, right? You're actually like, "That was amazing. That tasted so good." It's not that salad of like, "That's it? That's all I get?" It's like, raise your hand if you've eaten a salad like that. I certainly have. You're looking forward to your salad. You're knowing that your salad is going to taste amazing. You're giving your body high-quality ingredients that are helping you to feel the way you need to feel so you can get the results that you want.

I do want to just point out that if you start doing this, okay so you start eating three meals a day, you're journaling, you're doing the hunger scale, and you're eating more fat, and getting off the flour and sugar, and you don't start losing weight right away, nothing has gone wrong. It's so easy. I see this in my clients all the time. The first week, we don't lose any weight and it's like

they're all ready to give up like, "This isn't working." So often I have people say, "If I don't see immediate results, then this just isn't going to work." I just love that.

If this isn't super easy then I'm going to have a tantrum, and I'm just going to quit, and go home with my toys and stay fat. It's like, "Who are you really hurting? You're only hurting yourself, right?" Patience. If you have been overweight for any length of time, you are very likely insulin resistant. If you're insulin resistant, then you're very likely not going to start losing weight right away when you do this. Because you need to get your body more insulin sensitive to reduce your overall insulin levels, to get the results of getting that weight set point down, and losing weight, releasing that fat.

Sometimes, we go a month or even longer before the actual weight starts to drop. I just want to encourage you that nothing has gone wrong, this is how it's supposed to go. Your body is adapting. It's relearning how to function so that you are not a sugar burner as we call it, somebody who is ... Your body is just asking for simple carbs every time you're hungry You get that like, "Oh my God, I'm going to faint. I can't tolerate this hunger. I need to eat immediately," thing. That's what happens when you eat that flour and sugar.

Once you get off of flour and sugar and you're what's called, "Fat-adapted," that means that your body is super-efficient at tapping into your body fat stores, to basically perform gluconeogenesis and give you energy. It's like, "What's the point in having these fat stores if you're going to feel like garbage, right?" Like, "Why does my body make me feel like crap when I need to eat if I have all this fat that it could be eating?" It's just like paradox. It doesn't make any sense.

The reason why it does make sense is because the body is just trying to be efficient. It's like, "Hey, if I just make you feel like garbage when I need some more energy," and then you right away are funneling the sugar and the simple carbs right in, then I don't have to work hard. It's a lot harder to actually produce glucose out of your body fat. You don't have to synthesize all the stuff. It's so much easier, so I'll just do this, because when I do this, it works and you feed me.

There's going to be a period of time where your body is just like, "Holy moly. What is happening here? What is the deal?" I would just encourage you that when you are going off of flour and sugar, you might feel pretty crummy for a couple of days. I want to make sure you're eating enough fat when you're doing that. You need to eat fat, plenty of fat. That can be avocado. That can be full-fat salad dressings. That can be full-fat dairy. That can be cooking your food in lots of coconut oil, or olive oil, or melted butter. Like you saute vegetables, they taste amazing when they have a bunch of, you saute them in a bunch of oil.

That's going to make you feel a lot fuller. You're going to be getting the energy that you need. You're supplying your body with tons of energy via fat. Then your body is able to convert, go from that sugar burner to that fat adapted metabolism. This is just getting going on it. This is the

first couple of months of what I have people do on my one-on-one coaching program. I just want to share this with you guys so that you can get going on it too and see how you're doing.

If you have any questions about this, then please put them in the show notes. Like I said, katrinaubellmd.com/7. Then I did promise you that I was going to tell you what that book is that has all the research behind this. The name of the book is called, "The Obesity Code." It's by Jason Fung. He is a nephrologist out of Toronto, who was just working with so many Type 2 diabetic patients and just wondering why they were giving more and more insulin and these people could not lose weight. They were getting fatter and fatter. He started down this long rabbit hole of figuring out why what we're doing isn't working and how blaming the patient is not the answer.

What we needed to do was rethink this whole process of how our bodies function best and how our bodies release fat the best. I highly recommend checking into that book. I'll have a link to that book in the show notes as well if you want to hit that up. You can click on that and find that book as well on Amazon. Okay you guys. Yeah, I think that was the majority of what I wanted to cover with you guys today. I think this is really good stuff. It's completely seriously changed my life. I hope you can see how you can apply this to any eating. Either vegan people do this, vegetarian, all the way up to people who are doing paleo and all that kind of stuff.

Oh, I didn't mention other high-fat things you can eat are higher fat cuts of meat if you're a meat eater. You can definitely do that as well. Eat the chicken thighs instead of the chicken breast, that thing, or the higher fat ground beef instead of the lean turkey or the super lean ground beef. Things like that are what you're going to be looking for. Okay you guys, excellent. You guys have a wonderful week. So excited that I got to share that with you guys. I will talk to you again next week. All right. Take care. Bye-bye.