

Women's Health With Dr Nitu Bajekal

Cast List

Steven Bruce

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Nitu Bajekal

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S: We're going to be talking about women's health, we're going to be talking about nutrition, we'll be talking about lifestyle medicine, and of course we'll be handling any questions you care to throw at us during the course of the program. Now, my guest is Dr. Nitu Bajekal. Nitu is a consultant gynecologist, she's a consultant obstetrician, and she is now the only gynecologist who is board certified as a lifestyle medical practitioner as well, about which we will hear a lot more in a minute I'm sure.

She's back by popular request because she went down so well in our previous broadcast that I can't say how much of a pleasure it is to have you with me. So, thank you so much for giving...

N: Thank you. It is a pleasure for me as well.

S: I said you go back by popular request. I've already had questions in for you from various... how important the subject is, how popular the subject is... I've got one which is completely off the wall for you to start with though because as a consultant obstetrician, your role really ends as soon as you've got more patients than you started with. Doesn't it?

N: Yes.

S: There's something in the news recently about post-traumatic stress disorder amongst new mothers. Is that the same thing we used to call postnatal depression or is it something new and different?

N: I think it's probably new and different in the sense that we probably didn't understand all the different issues that young mothers can face. Postnatal blues, or postnatal depression, or postnatal psychosis are very clear mental health issues that women can face. But also just going through the difficulties of labor where there's a caesarian, and you wanted to have a water birth.

Whether you wanted to have a particular type of birth plan, and it didn't go right. All these can leave you feeling quite traumatized especially nowadays women tend to be drivers of their own careers and feel that they're in control. And suddenly, they're in a situation where they've lost control. They're looking at doctors, midwives, health care assistants suddenly deciding for them what's going to happen.

N: I think part of that is to do with the PTSD where the loss of control and then what goes on to happen and their expectations leads on to these sort of situations. I think the postpartum blues as we call them, and depression, and psychosis, I think don't really ... I mean they may form a part of PTSD, but I don't think they are all of them. They don't tell the whole story.

S: Is it something we should be looking out for as osteo plus chiropractors in?

N: I think you should be looking out for PTSD. There's something called secondary PTSD as well. There are a lot of these things that I think all health professionals should be aware of it, both in themselves as well as in their patients.

I think when you want to treat somebody holistically, it is important to look at all aspects rather than just fixing their pelvis or me fixing their heavy periods. It may be that there is something else and there are many layers to medical management, isn't it? And we often forget that in western medicine.

S: And again, this may not be your specific area of expertise. But what should we be looking out for? Is it gonna be obvious if someone has got secondary stress disorder, or post-traumatic stress disorder, or postnatal depression?

N: I don't think it's obvious. If it was obvious then people ... I think women and men, often men especially, I think hesitate to talk about issues that they feel they won't be taken seriously. So, it often manifests as physical problems. So, if you think that when you are manipulating a patient that this seems to be more than just the organic, there's something else going on.

I think if you have the time probing maybe bringing the patient back for a second appointment because often, they don't have time and they're put on antidepressants or medications. And that's not really actually addressing the

real cause and addressing the cause is really key if you want to heal somebody.

S: Absolutely, yeah. I don't know if you know him. We've got a doctor coming in in about five or six weeks' time, Nigel Hume who goes under the superichao, the tablet avoiding doctor. He's great to listen to about the effects of the drugs and what they do as a...

N: Yeah, absolutely. All drugs will come with something else attached to it. And as a result, people forget that and then you have a medication or a tablet to treat the tablet side effects, and then a tablet to treat those side effects, and before you know it, you're rattling with pills.

S: So, think of that as a bit of a trailer there because I think it's the 23rd of January, is an additional broadcast to our normal series because Nigel couldn't join us last time. But that's the tablet avoiding doctor. We're going to be talking particularly about fatigue on that occasion, but anything to do with overmedication polypharmacy, and other GP related issues because he's a GP himself.

Anyway, could we start with lifestyle medicine because it's certified by American universities. You're going to hit me I expect, it has more than a whiff up in the name of hippie medicine about it, but it's not. It's been launched at the BMJ. It is recognized and accepted...

N: So, lifestyle medicine is exactly what we were just talking about. If you think about it, 80% of what doctors see GPs, gynecologist, any specialist, osteopaths is related to lifestyle diseases. So, lifestyle diseases could be anything from the commonest causes of death, which are heart disease and stroke. A number one and number three.

Cancer is number 2, and then you have arthritis and pneumonia and infections and lung cancer, all kinds of way it is drop down lists of various chronic lifestyle diseases; diabetes, hypertension.

S: Just to mention just for a second. At what stage do you regard it as a lifestyle problem? Because obviously, we're going to die of something at some point. So, at what point do we take it there's a problem?

N: Okay. So yes, we have to die of something at some point, but if you look at the blue zones, do you know about the blue zones?

S: No.

N: So, the blue zones are five areas in the world that have birth certificates and death certificates and are actually properly recorded because otherwise, you'll have lots of anecdotes about lots of people living very long. But the

blue zones are five areas in the world. The Okinawa is in Japan, the Sardinian is in Italy, the Nicoya Peninsula in Costa Rica.

The Ikaria in Greece, and the seven Day Adventists from Loma Linda. These are the five blue zones where people live into the late 90s, 100, 110, and they actually die in their sleep, they don't die of any of the lifestyle diseases; diabetes hypertension, heart disease and cancer.

S: The light just goes off.

N: They sit in their chair or they go to sleep and they die. And we can look at them and they're from very good longevity studies which Walter Longo's been doing a lot of work on cellular biology as well as looking at the Blue Zones. And Dan Buettner who used to work for the National Geographic who's the author of The Blue Zones book which is a highly recommended book I would recommend it.

S: It's called the Blue Zone.

N: The Blue Zones. And so, we know that when you look at the people who live in the Blue Zones, they have some very common features in all the five. Very disparate cultures, different parts of the world, but they all have the same thing. And what do they all tend to do? They tend to follow a 95 to 98% whole food, plant based diet which tends to be say for example the Okinawan, 70% of it is starches.

It's basically rice and beans, potato and beans, pasta and beans. So, it's a whole food plant based way of eating which I will come to in detail. The all tend to be part of a community, they all tend to be physically active, they don't go to the gym but they do what's called natural movement. So, they tend to have lower levels of stress as well.

So these people seem to be combining all the aspects of lifestyle medicine, and lifestyle medicine is the use of very scientific, is the use of evidence based medicine to treat and manage and even reverse lifestyle diseases. So, people would often think, "Once I have diabetes, that's it for life. Once I have hypertension, that's it for life.

If I have heart disease, that's it for life." No it isn't, you can actually not just prevent it, you can also treat it if you have it, but you can in many cases reverse it. Which means that a blocked artery can unlock itself, a diabetic can become non-diabetic, and this is very different.

S: Does that apply to both types of diabetes or both primary actually diabetes?

N: So, type one diabetes tends to be auto immune in nature, and we think that there are many insults early on in life that can cause type one diabetes where basically your pancreas fail in producing the insulin, and it's a different level.

So, if it's a complete failure, it's full blown type one diabetes. Sometimes people can have a type one and a half diabetes with over time the pancreas fail.

With the commonest, the biggest bulk of diabetes is type 2 diabetes. What we call adult onset diabetes, but it's now occurring in children as well. And this is because the body's producing insulin, but the tissues don't recognize it. Is known as insulin resistant. So, basically you have to reduce the amount of fat in your diet.

You have to reduce the amount of fat that is clogging your cells because insulin is the key that has to open the lock. And when it has to open the lock, it has to work freely and fat tends to prevent it. So, blood sugar levels rise, and people often think, "Oh, if I don't eat sugary foods, my diabetes will be cured." No, you've got to actually work on a low fat diet.

That's how you get rid of diabetes. But if we're going to talk about that, we'll talk about it a little later.

S: Yeah. Well, I quite like talking about diabetes.

N: Could I just mention the principles of lifestyle medicine because I think it's important for your audience.

S: Yeah. You've got to give us a definition of lifestyle medicine.

N: So, the definition of lifestyle medicine essentially is the use of evidence-based, therapeutic approaches that will reverse or prevent or treat lifestyle diseases which are as I said heart disease, cancer, stroke, diabetes, hypertension, arthritis, Alzheimer's, Parkinson's, auto immune conditions, lots of women's health problems, endometriosis, polycystic ovarian syndrome.

S: I'm surprised you include dementia in there.

N: Yes, Alzheimer's is a big part of lifestyle medicine. And the key principles of lifestyle medicine and the consensus statement from the American College of lifestyle medicine in September 28th, is to say that the college recommends that personally, the health professionals, as well as the advice you give to your patients is that it's a predominantly whole food plant based way of eating, that's the first.

The second is stress reduction, third is adequate sleep, the fourth is exercise and avoiding risky substances which is smoking, alcohol, drugs and things. And so, you use this along with other non-drug modalities, and drugs sometimes if you need them to actually make the person better. Either as I said managing them, preventing it, treating it, reversing it.

That's what lifestyle medicine, using evidence based medicine. It's not integrative medicine, it's not functional medicine, is just using all the evidence that is available through randomized trials, through longevity studies, through cohort studies to apply to your patients for lifestyle conditions.

S: How widespread is acceptance of this in the conventional medical community?

N: So, it is very poor which you can see the reason as I said I'm one of the first specialists in the country. The reason is that we are not taught anything to do with nutrition, we're not taught anything to do with exercise, we're not taught any of these in medical school. We're taught by pharmaceutical industries.

So as a result, you come out thinking that if somebody has raised cholesterol, give them a statin, don't tell them to lower their cholesterol feeding foods. So, when you get about three or four hours of nutrition education, and that is usually by nutritionists and dieticians who are taught by doctors who haven't themselves gone through nutrition training.

What do you expect will happen? You will think that nutrition is different. What did Hippocrates say 2000 years ago? He said let food be thy medicine. Food can be either the safest form of medicine, or the slowest way to poison yourself.

S: Our evidence has probably moved on a bit since Hippocrates days naturally.

N: Yes. So, we have a lot of evidence but nothing has changed from the information that he gave us then. So, we knew that because when you look at heart disease, we know that the mummies in the pyramid had heart disease. You eat like a king, you'll die like a king.

S: Yes. So tempting but I'll try not to do that. You said that you're one of the few consultants in the country, specialists in the country here... Your husband is another one isn't he?

N: Yes.

S: He was an orthopedic spinal surgery-

N: He is a convert. He was a typical orthopedic surgeon. He won't mind sharing his story, me sharing his story definitely. And when you get him on, he'll tell you his story again. But he was a typical orthopedic surgeon. But he stopped eating meat when I stopped. I became vegetarian 25 years ago, he stopped eating meat. But he thought eggs and fish were good for him so he continued to eat them.

In spite of me providing him with quite a lot of evidence, he felt that that wasn't really appropriate, that my information wasn't correct enough. So, he continued to eat and try all kinds of various diets because he was becoming diabetic, and he was finding that it was difficult for him to shed weight and was having other sort of auto immune conditions like in plainness and things like that, which had been there for quite a long time.

So much so that he had tried everything from the recent 800 calorie diet that the government is recommending for diabetics, which you can lose weight with anything. With chemotherapy, with cocaine, and by not eating. But that's not a good way of-

S: You would say that was a recommendation.

N: So, basically what is important to understand is that, so, he tried all kinds of diets; the Palio diet, everything. And I had gone on call one day and then he watched a movie called Folks over Knives which is on Netflix features a lot of the lifestyle medicine physicians and with all the evidence in it, and I came home and he said, "I'm joining you, I'm becoming plant based."

I said, "25 years I've been telling you, what happened suddenly?" He said, "I've seen this movie," and I said really?

S: A celebrity told him.

N: A movie and that's it. And he went headlong into it and of course, 2 years down the line, diabetes gone, 28 kilos lighter, lichen planus gone. For him, the proof was in the pudding. He could not believe how much of energy he had. So, he's now using it in his patients because he's a spinal surgeon, he does advocate a lot for a lot of his patients with diabetes, with diabetic neuropathy and things.

It's quite dramatic how quickly you can actually reduce your medication within weeks and see changes within two or three weeks whether you have high blood pressure, diabetes and things. It almost sounds too good to be true.

S: Yes. Indeed. 25 years on you're a vegan, aren't you?

N: I went into it from the ethical side of things. I had no idea that I was had crashed into the healthier diet on the planet. So for me, I went in just because my daughter was turning vegan and I thought, "Not possible. She eats sausages for breakfast, lunch and dinner. How is she gonna be vegan?" And sure enough, she was because ...

And then she explained things to me and it made perfect sense. So, I joined her. What I did not bargain for is how good I felt. And what I realized every year on year and I'm 57 now and I feel about 20, and literally, I feel I'm

reversing in age. And for me, that was a very big thing. But I just thought that was me, and my husband kept saying, "It's your genes."

But I knew that genetics plays only a five to 10% role in any, what I say, genetics loads the gun, lifestyle pulls the trigger. So, he would keep saying it was my genes that's why I was so energetic and so hyper and things. And I just knew it wasn't, but I didn't know what it was. About 10, 12 years ago, I started researching into why I was feeling so good and what the science was.

And that's how I fell into nutrition and educated myself. Because, I realized as a surgeon, I make a difference too. I see about 4000 patients a year but, seeing the pandemic out there, the polycystic ovarian syndrome, the endometriosis, the endometrial cancer.

I operate on these patients, take the uterus out, and they go back and then they're back again in a few years with a recurrence and breast cancer. So, I just felt I needed to understand a bit more and sure enough, all the evidence was already there just buried because the industry's so powerful that for every study that the Harvard School of Public Health produces, the nurses study, which looks at 96,000 nurses, and they followed them, and they did nothing with them, they just observe them.

And they notice that every two hours that a nurse sits, male, female, they have a 25% increase risk of obesity. Every three equivalent ounces or measures of dairy that they have, double their risk of dying from a hip fracture, from osteoporosis. They just sit and watch this information. When you have eggs, what happens to them? What's the risk of diabetes?

What happens if you eat a steak? So, things like that. These are just observation, they just watch these longitudinal studies. But every time a paper like that is produced, like the Lancet this week just talked about how much meat should we be eating. The answer is probably none for individual health and for the planet's health.

There will be very soon another 10 papers, I can promise you, by the meat industry which will tell you how good meat is for you when the evidence is really overwhelming. It's a class one carcinogen and people need to sit up and take notice about it. But the public don't know about it, the health professionals don't know about it. Mostly doctors read the Daily Mail.

S: Indeed. But it's very hard isn't it? It's hard to make sense of these studies when first of all, newspapers will take either side of that argument, and they'll just trump it in and say, "New study says chocolate saves life..."

N: Battle is back.

S: All these things. But even so, when you look at the studies, the study that says that you shouldn't eat any meat at all might have been written for or by the vegans side, in which case we have to...

N: That's why you should always follow the science. One of the things which I mentioned last time was Dr. Michael Greger who only does that. His only job is to look at studies that haven't been funded by the egg industry, or the oil industry, or the dairy industry, or the meat industry, or the sugar, or salt, or the junk food industry, or the kiwi fruit industry.

So, it needs to be independent studies. So for example, the editorial from Lancet is an independent ... this is the evidence that has come out is like David Attenborough telling us what is on. So, you can have climate change deniers, good luck to them because it's only going to make our world harder for the world that we're going to leave to the children.

But it's important to know that you have to follow the money, you have to follow the science. If you don't follow the money in a study, you are almost going to certainly go away thinking-

S: How do they get around with ... there are supposed in a decent study to declare their interest...

N: They do.

S: But do they lie about it or-

N: No.

S: Or is it-

N: I don't think anybody lies about it. I think it's all there for you to see, but people don't see because most doctors are not taught how to critically appraise scientific papers.

S: They probably don't have the time to read them either. They just read the summary.

N: They don't read them. They read the summary and a lot of doctors with get their nutrition information from newspapers and magazines like a lot of the public do. So, that then lies the problem. So, if I'm going to go home and have steak for dinner, I'm not going to tell you, you're my patient sitting in front of me, "Don't eat steak."

What happened with the tobacco industry? There were 7000 studies not one, not two, not 10, and they should have known that tobacco caused cancer. 7000 study, the surgeon general then comes out and says, "Smoking causes

cancer." Until then, doctors were telling patients you should smoke the slimline cigarettes because that's better for your throat.

Okay. Because, A, the doctors either were doing the studies that were wrong, or the ordinary doctor didn't know better.

S: And as you say, a lot of doctors smoked...

N: And a lot of doctors smoke. How do you tell somebody not to smoke when you yourself are lighting up as soon as they go? So, how do you tell somebody to go on a whole food plant based diet in between jumping on a cheese and ham sandwich? Not going to happen.

S: Can I turn to a few questions-

N: Of course.

S: ... before they get too important. There's hundreds of things. This is one that's passed in by Mark. Thanks Mark, you got this in very early which is useful. A 25 year old female Polanski's teacher, nonsmoker, a very fit vegetarian, not pregnant or diabetic, not overweight presented at his chiropractic clinic with a chronic cough that started six months ago.

Cough much worse at night, the cough has no effect on her fitness as a keen outdoor skier and mountain biking. She's had chest X-rays and lots of different medical investigations. Last seen by a consultant or respiratory medicine who was diagnosed gastroesophageal reflux disorder. But her only symptom is the cough. There's no heartburn, acid reflux or anything like that.

She's been prescribed metoclopramide which has stopped the cough. But he's interested in your opinion as to why she might have got that condition in the first place. She's fit and she's a vegan.

N: Is she a vegan?

S: A vegetarian. Sorry.

N: So, obvious this is not obstetrics or gynecology. But if she's got a cough and all investigations have been done that she doesn't have tuberculosis, she doesn't have mycoplasma or any of the airborne conditions that may be, and that's all been ruled out and she's got gastroesophageal reflux which can cause a cough, I would certainly be looking at her diet.

Okay. And when somebody is vegetarian as we know, lacto-vegetarians actually have a higher risk of breast cancer for example than an ordinary person. Why? Because they tend to substitute their fish and egg and meat with dairy. And daily we know has insulin growth factor and growth hormone, and a lot of antibodies that can actually stimulate.

And you will often find asthma or mucus producing cough that may be there. So certainly if everything else has drawn a blank, she can take them at the provider but I would be telling her to go for at least three weeks without any dairy products and to see whether that will improve it. That would be my recommendation, but of course, I would want to know that she doesn't have anything else that she's picked up when she's gone skiing or.

S: It does look as though she's been through a bevy of...

N: But certainly, I would be saying she needs to be looking at eating foods that are not inflammatory because, when you eat inflammatory food that tends to be oils, junk foods, processed foods, all foods without fiber basically, and animal foods, they tend to be inflammatory. They tend to trigger something called the NF kappa beta pathway.

And when they do that in the cell, depends on the luck of draw. You might get asthma, you might get eczema, you might be handed with breast cancer, you might be handled with Alzheimer's. It doesn't matter. It's the same inflammatory pathway. So, you want to eat foods that are non-inflammatory. For certainly something like her, that's what I would be recommending.

S: And for most perspective, is a reference text that he could recommend to her?

N: Yes. I've got a whole series of a list of the sources that I can put up at the end.

S: We'll put those up on the website afterwards so...

N: Yes, absolutely. So, certainly to start off with the Harvard School of Public, Health Walter Willett, How Not to Die, Dr. Michael Greger, Neal Barnard's just general physical health. There are many. Michael Clapper. Nutritionfacts.org is probably one of the best ones that his patient will benefit from. It's an online resource.

Dr. Michael Greger has been blogging since 2007 every single day. I don't know what he does the rest of his time, but that would be certainly, he can put in gastroesophageal reflux in this and he will get answers of all the studies done.

S: Okay. I sympathize with you all lacto-vegetarian because I think I'm a milk addict.

N: Well, you had a baby cow.

S: No.

N: So you have to question and it's not hard to understand why you are addicted because remember, for example, when I nursed my children, it's

jolly hard work for the baby. Yes, they have to actually be on the nipple and work hard at it unlike being fed with a bottle. So, what happens is that if they don't have a reason to go back, they're not going to want to suck some more milk.

So, we know that breast milk contains not just insulin growth factor and growth hormone in small amounts-

S: Did I not make it clear, it's bottled milk though.

N: I know. But cow's milk is best milk for a baby cough. So, it has morphine like alkaloids that make the baby cough go back for more and more, and the same morphine like alkaloid that make us as humans ... so people will often tell me, "Mrs. Bajikal, I can go plant based, not a problem. But don't ask me to give up cheese." And so, there's a very good book called the cheese trap by Dr. Neal Barnard, very good, worth reading, every single page is a page turner.

S: My wife's feeling more and more smug as you talk because she's a vegetarian, doesn't have any dairy stuff, and she'll be thinking, "Great, I've got him now."

N: No, it has to come. With my husband 20 years down the line, I think one has to work it out for themselves. For me, the evidence spoke loudly, that's why I've gone whole food plant based. I was a junk food vegan, and you can eat junk food even as a vegan.

But you read the evidence about the importance of eating close to the ground, eating whole foods that are non-inflammatory, I don't want to be taking medicine medications, I don't want to be seeing doctors. I don't want to see my colleagues.

S: This is I imagine for you and for every other practitioner doing, this is a long game, isn't it? Because, very few people are going to be convinced overnight to change their diet from meat and milk to-

N: You would be very surprised.

S: Really?

N: You would be very surprised. I get day after day endorsements about how I have now so many women where they have not had periods for two years, six months, three years. They've come to see me, they go on the whole food plant based diet, within three months, they're having their periods.

I have women with ... I've just had a thing, "Dear Dr. Bajikal. Having gone on to a mostly plant based diet, I can tell you now that I'm pregnant." This is information for when people realize how good they feel on, whether they're

diabetic or hypertensive or overweight or have got a history of heart disease, it doesn't matter.

N: When they start feeling the joy of living and enjoying the food that they actually can eat huge amounts, eat their body weight in starches and whole grains which women always have been told, "Don't eat it you put on weight," when actually all long living societies are the skinniest and running around having eaten mounds of rice and mounds of potatoes. They suddenly realize, "Wow, this is ..." they're not scared of dying. They now have the joy of living.

S: Isn't cancer more prevalent in China than it is in other countries where-

N: No. In fact the China study looked at 320 villages with over ... there are some flaws in the study, but for that time, it was very good. So, what Professor Colin Campbell did along with Cornell University and with Oxford and China. Chin was involved with Professor Colin Campbell, and they looked at rural Chinese. And when they looked at them, they found that they have something like 1 in 100,000 risk of dying of prostate cancer and breast cancer.

When they moved to Hong Kong, it's known as a rich woman's disease where because of the introduction of animal products, the risk of breast cancer now becomes 1 in 100. Now when we move to India, UK, US, Europe, the risk of breast and prostate cancer is 1 in 8. So, we know that the risk, yes, but now the risk of diabetes and cancer is increasing in China because of the export of animal products from UK and US to China. And that's why the Chinese government is now taking a lot of measures to try and prevent that.

S: Right, let's have a look at some other questions on here.

N: Yeah.

S: Oh this is a good one.

N: Was Mark happy with the answer or do you want some-

S: I haven't heard back from Mark, Mark if you have got something you want to follow up with then please tell us. This question, I'm not sure I hadn't read this before.

N: No, no, that's fine.

S: And I don't know who sent this one in. I'm not sure how relevant this is to tonight's broadcast but in this PC world of not assuming gender I was wondering if I could have some thoughts on how to approach a patient without offending them and having any complaints et cetera, that you may have, that's clearly one gender but identifying as another.

N: Correct.

S: And he says, you need to ask some questions related to their physiological self even though they're not informing you of their gender at birth and refusing to be forthcoming with the information, i.e. back pain, possible endometriosis, but the client is gender identifying as a male. That's a long winded question.

N: That's a, no, no, that's a fabulous question. I have to say I just was in this position last week when I was on call. I think first of all, you've got to be very sensitive. And sometimes if you're just on your own or with another person it's possible when you are in a hospital scenario what can happen is a lot of people come in, and somebody's referring to them as him, somebody's saying her, because you know it's different and I think you have to first of all ask them, how do you want to be identified, and then say that I do need to ask some questions that relate to organs that, you know, are not necessarily how you identify yourself with.

And that's what I did, and I found that I had to ask questions because there was a discussion about an ovarian cyst where the surgery would be needed, but you have to do it very sensitively, but you have to do it. You just have to ask the question saying, without using the word female or male, you have to use the word reproductive organs or, you know, which could be testes or ovaries. It could be anything, but you just need to use words initially, and get the confidence of the person.

I would first of all get the confidence of the person involved, and that will need time. So it might be that the first 15 minutes is just establishing how they feel, why they've come to see you, what's actually happening, and then start, you know, unwrapping the layers. Because you need that information, it could be endometriosis. You might be identifying yourself as a male but if you have endometriosis that needs to be tackled and treated. Does that sound like what-

S: Well I hope so, I hope that's answered the question.

N: Yes, because I was exactly in this position last week.

S: Right, okay let's see what else we've got. Had you any views on foods or food groups that should be avoided by breastfeeding mothers with a sensitive digestive system?

N: Oh well, we're back to his same thing? Foods to be avoided, foods to be eaten in plenty unless you've got an allergy to them should be any amount of fruits, any amount of vegetables, any amount of whole grains, any amount of beans, any amount of herbs and spices, some nuts and seeds, some plant milks, avoid always the junk foods, the processed foods, animal foods as far as possible. Fruit juices if they're shop bought. So breastfeeding-

- S: How much of that gets through to the baby? Does all of it get through?
- N: Quite, yes, quite a lot I think, and that is why there are suggestions to show that if you feed a baby under the age of one dairy milk, then there's a higher incidence of type one diabetes in susceptible infants. So we know that exclusively breastfed babies and then weened onto solids is very different from babies who are exposed to these immune producing substances in another species milk.
- S: So basically your answer to the question is to come back to what you originally said is going back to your plant based diet-
- N: The sad thing is, it doesn't sell books, and it doesn't make for, because it's one diet that really fits all. It's the same diet as I said, whether you want to try and avoid Alzheimer or prostate cancer or breast cancer or you want to bring up your child, or you want to breastfeed, or you want to save the planet or you want to do animal welfare, or you want to reduce your plastic waste. It is the same, same thing. It is a whole food way of eating plants, that's what it is.
- S; As long as you can convince the supermarkets to stop wrapping their vegetables in plastic I suppose.
- N: Well you can make a statement and what I tend to do is if I am going to buy something in plastic I tend to take my stuff out and leave the plastic there.
- S: Yeah, they'll get the message eventually.
- N: They get the message.
- S: Any tips for morning sickness?
- N: My great tip, which I think, because I personally suffered from morning sickness, and I have, see a lot of patients with morning sickness, is to grate some ginger okay, into lemon juice, and actually put it on your tongue and suck on it pretty much all day long, because morning sickness is not always in the morning. Most career women tend to have morning sickness in the evening, when they have some time to just situation down.
- So ginger is known medically, there has been trials as well, but people often recommend having ginger biscuits. Well that's not a health food, so I would say ginger tea. So grating fresh ginger and pouring hot water and then sipping it is often helpful. Ginger-
- S: And so much better than ginger tea tea bags as well.
- N: Yes.

- S: So much stronger right?
- N: Tea bags tend to have a lot of plastic as well, inside them, so tea bags, so wherever possible, if you can go back to the good old fashioned way of making tea, so having one of those tea strainers which I tend to use, and I just put a teaspoon of my tea, pour hot water, go and do something for a couple of minutes, come back and you get the most perfect tea.
- S: Well we use a cafetiere, so you stick it in a cafetiere and fill it with water and you get tea all day.
- N: Yeah, you can do that.
- S: Get's stronger by the hour.
- N: I'm a lazy cook, and I cook a lot. But I'm a lazy cook, similarly whether it's with tea or tea bags, I can't be bothered so, to do a lot of things. But I will not use plastic bags, you know tea bags. But yes, ginger tea bags if you're traveling, yes, herbal teas can help. But ginger generally tends to be something that I think can be a very natural way of ...
- The other little trick I tell women is that you don't mix your liquid with your solid. So when you wake up, the first thing you do, instead of having a cup of tea, which can be quite acidic, you tend to have something like a dry rusk. You know, so something dry first, and then don't mix your liquids with your solids and often women find that that helps.
- S; When you say don't mix, I mean what sort of separation are you allowing between the two?
- N: So you know, give it about half an hour, so that you know, you keep something down, then you have, because often people will find that when they drink things like tea and coffee, because they're so used to drinking it they don't realize, and then they feel sick, they feel sicker all day. So then trying something like ginger tea, might be actually quite helpful. Those would be my tips.
- S: And you said it worked for you, I mean ... you recommend it to other women, does it work for them as well?
- N: I think it does, well but the thing is that the problem with not being a GP is that you don't see the full followup every time. On the private sector I do, but I don't do private obstetrics. So in gynecology that's how I know, the women with polycystic ovarian syndrome or endometriosis or menopause are actually doing brilliantly on the whole food diet, and because I get to see them, I get to hear from them, they write back to me. But in obstetrics, often they will see different health professionals, and so I hope it works with them.

- S: Well actually, I mean I don't know who asked that question, thank you for the question but, it's a great opportunity for us isn't it? Because we're not GP's, but we tend to see patients in a similar sort of capacity, so maybe we get the chance to follow up on suggestions like that one by doctor Bajekal. Is it fine to take the odd glass of wine when pregnant? There's been a lot in the news about it, is this all hype?
- N: No it's not hype. I like my glass of wine, but there is not safe limit of alcohol whether you're pregnant or not.
- S: Does it matter though? I mean a lot of things, I remember when my wife was pregnant years and years ago, she was told you can do pretty much anything you were doing before you got pregnant, but don't start doing something different.
- N: That's for high intensity interval exercises, I don't think it's for health.
- S: Alright. They hadn't invented that when my children were born.
- N: So I think for alcohol there is no safe limit. If you drink alcohol you're drinking it because that's what you want to do and you know, you might get away with it, and you might not. The first three to four months are really crucial when the formation is happening. So fetal alcohol syndrome is of course something where women drink too much, but how much is too much for a particular person, one doesn't know. So the odd glass of wine, you know, as a medic I wouldn't recommend it. Whether what somebody does in their private-
- S: I guess we're all looking for excuses to carry on drinking wine, aren't we?
- N: Yes. Alcohol is a class one carcinogen just as smoking is, just as bacon is, just as the HPV virus is. We know that alcohol equals cancer. You need to drink 16 bottles of red wine to get the control to protect yourself, 16 bottles in a day.
- S: You said this last time, yes.
- N: That's going to kill you, so when you drink alcohol you drink it for soul food. Having said that, the blue zones, there's one blue zone where they make their own wine, and there's something in it in the local property and you might want to go off to Sardinia and get it, but it won't have the same property once it comes there, they seem to drink, enjoy a glass of wine with friends quite often, and a little glass of wine.
- S: We're had Dr. Malcolm Kendrick on this show a couple of times, and we're going to get him back again, because he writes a lot about cardiovascular disease, I don't know if you follow his blogs and so on. And he writes ... he admits that a lot of what he says is theory, but he says it's probably of a sounder basis than a lot of the other theories about cardiovascular disease.

And one thing he emphasizes that you mentioned earlier on is stress, and people enjoying a glass of wine or beer with their family and not stressing on getting back to work in half an hour or whatever, probably reduces those stress levels and must have an effect.

N: Yes, so that's what I'm saying. If that is what you need, remember the modern world is quite strange. You need caffeine to get you going and alcohol to relax you, so it's a very strange thing, instead of doing yoga interesting morning to get you going, and mindfulness-

S: I can't think of anything worse than doing yoga in the morning.

N: Well you know, that's what actually works. Now whether we want to do it or not, is a different matter, but we do know that walking meditation works, walking your dogs works, mindfulness doesn't have to be sitting and chanting om, it could be mindfulness while you're doing something. It could be anything, whether you're brushing your teeth, even if it's two minutes, you're actually brushing and you're focusing on that, you're focusing, you're being in the present.

So we know that those both things work. If alcohol allows you to relax with friends and family, I think that's where it actually works rather than the physical properties of alcohol, I think they're being oversold again, follow the signs, follow the money, it could be an alcohol industry funded paper, 100%.

S: Possibly. Other than the one about chocolate, which was a deliberate attempt to mislead the press, wasn't it? You remember there was a paper about how the benefits of chocolate, and it had been deliberately written to show how the press would be mislead by any old paper written with no basis in science whatsoever.

N: Oh that way, yes, but you know that's always, it's like randomized trial with jumping out of a parachute, out with the parachute or not.

S: But it goes to emphasize that you can't believe what you read in the daily mail.

N: No you can't.

S: How about, and again I don't know who asked this question either, what specifically should we look out for when treating a teenager with painful but not heavy periods, once we sorted out the muscular skeletal problems and gut with the correction of diet, but the periods are still painful?

N: Yes. So the pain from periods is caused by prostaglandins. Prostaglandins are chemicals that are released by the uterus. What happens is in different women, young or older, tend to cause different symptoms, so some women will have pain because of prostaglandins. It's releases, pain releasing ...

hormones. The second thing that can happen is heaviness, the others can have nausea, some can have vomiting, some can have diarrhea, so you can have all these symptoms on the young girl, or you can have just pain.

They almost always relate to prostaglandins. So what you want to do is you want to wash the prostaglandins away, so one of the advice that you would give is exercise, exercise before, to the lead up to the period, has been shown to reduce the pain in periods. Exercise during periods, except perhaps handstands, we don't have trial regarding that. But other than handstands, all kinds of exercise tends to help to make the pain less. And the theory is that it washes the prostaglandins away by opening the blood vessels.

The second thing one would recommend is things like acupressure. Acupressure's always known to help. But anything, a hot water bottle. How, why does it work? Again dilating the blood vessels. Prostaglandins get washed away. And then there's a very, very good place for using non steroidal anti-inflammatory drugs, so paracetamol will not help with painful periods.

However, NSAIDs, which is neurofen, ibuprofen, they will help why? Because they're anti-prostaglandins. So they work against the prostaglandins. But if you wait for the pain to occur, and then take a tablet it's a bit late. So you got to take it as soon as the first spot of blood occurs, or you know your period is gonna start the next day, you take your medications three times a day after meals so that you don't get acidity. And just take it for a day, that's all you need, and you do the exercise, and the hot water bottle.

S: When you say exercise, what do you mean?

N: Any sort of exercise that will increase, make you sweat a bit. So whether it's cycling for ten seconds and then slowing down, whether it's walking very quickly, running up the escalator and then walking.

S: Every day?

N: Every day. But the lead up to the period, studies have shown that the lead up to the period, if a girl exercises, then it tends to help with the prostaglandins being not so high levels. Same things with the hot water bottles and then in the group that, both these things, and diet, again eating a lot of greens. Greens help because they contain nitric oxide, they basically dilate the blood vessels.

So again, same theory, washing away... that's why greens are so good for heart disease, is by dilating the blood vessels. So by doing that, if it doesn't work then I suggest the neurofen and the ibuprofen and of course the pill, which is fabulous for girls so that you know, taking the pill for four years halves your risk of ovarian cancer and endometrial cancer. So there's a place for girls as well to take that.

S: Someone's taking us back to what you said about meat here, and I meant to ask this myself. They said, is all meat a class one carcinogen? And actually my question was, how do we define a class one carcinogen, what does that mean?

N: So a class one carcinogen is ... defined by the international cancer research committee as foods or ... chemicals that are known to cause cancer. So the HPV virus for example that we test for when we do cervical cancer screening, we know that there are certain numbers in the human papilloma virus that in some patients, susceptible patients will go on to become cancer. So not all patients who eat meat, bacon or processed meat will develop cancer. But we know that if you have the susceptibility to it than bowel cancer is directly linked to eating certain types of meat.

But the important thing to understand about animal protein, they contain choline, eggs contain choline, they'll come from eating meat, and leucine. These are amino acids that are released by, are there in these animal proteins, which basically triggers something called Trimethylamine. So TMA. When it goes to the liver, it causes TMAO and that is what causes the inflammation and the damage to the endothelial cells of blood vessels. So the inflammatory pathway I told you about, the NF-kappa pathway the same system is all triggered, and that's why the gut bacteria is so important.

So the gut bacteria in somebody who is on an animal protein diet compared to a plant based diet is completely different and that's why when you hear people when they're starting to go plant based and start eating beans, they say, oh I can't eat beans I feel really bloated, I feel really gassy. That is a real reason, because they're still combining the animal protein with the beans and so they have this sort of combination that doesn't really work.

So that's why such patients have to bring in the beans slowly and phase out the animal protein. So some people will feel that they feel very weak when they suddenly stop eating meat, and that's because their body has sort of got used to certain aspects of it, which are overall not health promoting.

S: Yeah, interesting what you say there because, again going back to Malcolm Kendrick, there is a lot of evidence according to him that endothelial damage is what leads to cardiovascular disease, rather than, we hear stuff about cholesterol which we can digress into-

N: Of course. Oh no, no, cholesterol and things are not, cholesterol is, the problem with cholesterol is that it is only there in animal foods. It's not there in anything else. However certain things like trans fats, which are there in say coconut oil and things, can also increase your cholesterol ... on the side. But cholesterol on its own is not the main problem. It is the saturated fats, it's the trans fats that are really the problems that cause the inflammation, that cause the problems.

So it's when you understand the whole science behind it, understand what actually causes diabetes, what causes Endophilia damage, because often you'll find the first sign of endophilia or heart disease is actually not being able to perform in the bedroom. So when that is the first sign of microvascular endophilia damage and occlusion of the blood vessels. So I will urge all your viewers to look out for a movie called the Game Changers. It's coming out in February 2019. Definitely worth seeing, definitely there's a segment there that is absolutely will make everybody situation up and take notes of this, and run out and get broccoli and their spinach and their edamame very quickly.

S: The Game Changers, you heard it here first. We'll look out for it.

N: James Cameron, you know? James Cameron, the producer who did ... Avatar and the Titanic.

S: Okay, well we will definitely look out for that.

N: He's a life long, he's been whole food plant based vegan for many, many years.

S: What have we got here, somebody who doesn't identify themselves says hi there, can you please ask if it's true that there are certain, there is a certain amino acid of nutrient which vegans can't get from diet?

N: No. There are no amino acids except, the only supplement that a vegan needs is B12, nothing else. Everything else, all amino acids, all ... protein, macro nutrients is not an issue at all for anybody on a plant based diet. So there has never been a protein deficiency, not one case of protein deficiency has ever been recorded. The only way you can be protein deficient, is if you're calorie deficient. That means is somebody has an eating disorder, so anorexia, bulimia, orthorexia, or a famine, where they're not getting enough calories in.

So if you don't get enough calories in, you may not get your protein in. Otherwise, all the protein that you want can be just, if you just ate nothing else, if you just ate white rice, because white rice was a diet for reversing kidney failure. White rice has too much protein in it. So you can imagine that on a plant based diet, there is absolutely nothing that you would lack, in fact you would thrive on it. The one supplement that all, whether you're an omnivore or a carnivore or a herbivore, it doesn't matter, B12 is really important. Why? Because B12 is made by the bacteria in the soil, and not because everything has got pesticides or chlorinated, and you know, the cows are fed the soy products, which every minute there's a football field of rainforest being cleared to produce soy, so that you know, we can eat our steak. They have to be fortified with B12. B12 2500 micrograms once a week, every person should be taking.

- S: What happens if we don't?
- N: If you don't, you can get periferic neuropathy, you can get, it's not negotiable. It's not negotiable, you have too many medical conditions which can lead from the lack of vitamin B12. If you're about the age of 65, you need to take 1000 micrograms per week. With regard to other supplements, I would urge a word of caution. Supplements like iron, manganese, copper, you must be very careful because they are linked with Alzheimer's. Also you have to make sure that you are not recommending calcium for your patients, especially post-menopausal women. It goes straight into the arteries and increase cardiac events there for women. So we know that-
- S: How strong is the association with these?
- N: Pretty strong. But there's very good paper, I don't know ... I think if you look up, I can't remember if it was... I can't remember the actual source. But calcium is not something that we would recommend. You can get all your calcium from all your plant based sources. I have actually a lot of slides and things. But there is not dirt of, you can get every single amino acid, every single macro nutrient. What we can't get is fiber from animal foods and processed foods and oils. So fiber is what wraps all the macronutrients in your bowel and promotes the gut healthy bacteria. N that's what you need to prevent all medical condition.
- S: Nitu, you referred a second ago to her slides, we got a load of slides on the computer in front of us which we're not showing at the moment. They'll all be available on the website after we finish the discussion, so you'll be able to look back through those, you'll be able to see the references, you'll be able to see the arguments that she's developing. So don't worry that we're not showing those slides just at the moment.
- N: If you do use my slides just give me some credit.
- S: Of course, yeah. So would a whole food plant based diet be suitable for someone suffering from inflammatory bowel disease who also has a problem digesting high cellulose leafy foods? MJD, MJD? Someone better remind me who MJD is but that's who asked the question. MJD thank you very much for the question.
- N: Yes, definitely. Inflammatory bowel disease is one of the specific areas where you would find a huge, huge, huge improvement. But as I said, if somebody has been eating a predominantly high protein diet which we know has impact on life expectancy, on how you perform in the bedroom, and cancer risks. So we know that protein, there are actually lab studies, longitudinal studies, and the trial and error study, which showed what animal protein does, but if you have got inflammatory bowel disease and have been eating food that are not really the ideal diet, then if you're going to move to a whole food plant based

diet, you're better of introducing them slowly and phasing out rather than just going home today and say oh wow, I have now seen the light, and I'm going to- That's fine for people who have no medical condition, they can make the switch, and within three weeks.

Three weeks is all you need, after three weeks, I can guarantee you I don't know of anybody who actually goes back. It is that powerful. It's how they feel, energy levels, what people don't realize as they get older is oh I have pain here, I have a pain there, I have back ache here. And actually when those pains go, they just are amazed what they thought was normal. Oh you know, arthritis is a part of getting older, oh diabetes is a part of getting older. It isn't there's absolutely no reason to get any of those medical conditions, you know? Because there is, all the cellular studies that are being done show, shows that especially things like metonin, which is very high in animal foods, is one of the, like sugar, both of those, they turn on the tall pathways and the AG pathways and things.

So we know there is a lot a lot of evidence, you know? The only reason you would want to continue to eat animal foods is because of your taste buds. There is no medical reason.

S: What's your opinion about lectins found in some seeds, grains, skins, and leafs of plants? I'm reading The Plant Paradox and it's mentioned specifically causing inflammatory reactions and that can lead to weight gain and serious health conditions.

N: I find that very hard to believe. If you look at all the long-living societies, beans have been a staple for pretty much every society that has been slim. That has been diabetes free, inflammatory bowel disease free and healthy. So lectins are there, and it's a protective mechanism, but in my own practice, and just looking around historically and what's happening, I don't think it has much leg to stand on. And I wouldn't, I would need to be convinced of ... in a, individually somebody feels that they are better off, that's fine. But cutting out a group like beans from your diet when we know all long-living societies have thrived on lentils beans, peas and pulses as their main, main source of fiber and protein, I think is a real disservice to-

S: Who wrote The Plant Paradox? Is there a bias-

N: Steven Gundry.

S: Is there a bias there of any sort?

N: I haven't looked in, but I think there are plenty of people who will have the science and the money there. But I don't know in detail. It's something that just doesn't stand up to any scientific-

- S: And of course all the things that you said have stood the test of many scientific studies.
- N: For me, I'm only, yes, I'm only interested in evidence. As I said, when I came into, I was a vegan, I was not bothered about health. I came in from the ethical side of things. And so the whole food plant, you don't have to be a vegan to be a whole food plant based diet follower, because being vegan is more of a, a somewhat social justice, and it's about not wearing leather or silk and all the things that one does as a vegan. But a whole food plant based diet is a vegan diet, but it is to do with whole foods. As I said, you can be a junk food vegan.
- So it's got nothing, nothing that, everything that I saw in science convinced me to go into a whole food plant based way of eating, I like evidence.
- S: Good. And so does the audience here. Before I move on to the other questions, I've got one for you as well, because one of the problems that I think some of us may have, is that when an osteopath or perhaps a chiropractor says to a patient, you should go onto a vegetarian, vegan, whole food plant based diet.
- N: Don't recommend vegetarian because they will actually do themselves more harm.
- S: Right. But when we give advice like that, people are more inclined to think of you being hippies talking pop science
- N: Yeah, you point them to the science.
- S; Then if a consultant obstetrician says the same thing?
- N: I just gave a talk to the medical students and they had the same question, you know we had junior doctors, how are we going to convince our consultants who are eating-
- S: Even harder to convince than a normal patient.
- N: Yes, exactly. So I think it's important to remember that all you're doing is you're nudging your patient, you're making them explore the options, tools to go away and read. Nobody's asking anybody to make any changes straight away. If somebody comes and tells me, doctor Bajekal can I eat meat on Thanksgiving? Of course, you want to eat fish once a month? Yes. The problem arises when you're having porridge in the morning with skim milk, because that's got the fat taken out, so the protein is wide exposed. Then you have a salad for lunch with tuna or mozzarella, and the evening you'll have salmon or chicken with stir fried vegetables. You're hitting your body with animal protein, not once, not twice, three times a day.

No society has ever lived eating like that. Nobody. If you watch the tigers and the lions, I don't know if you've been watching dynasties or dynasties David Attenborough, you will find that nine out of ten, nine point nine out of ten hunts are failures. So when the paleo people tell you that oh I eat lots of meat and that's- no. They ran after a hog for ten days, all, the whole village, and then they would track that hog down and then they all get a small piece. They were hunter gatherers. Who was doing all the work? The gatherers. Who are the gatherers? The women. What did they eat? Roots and berries. That's what majority of people ate.

But the paleo man would kill the hog, get very excited, drag the hog in the cave and everybody would say that's what they ate all the time. No they didn't. So it's just important to understand that if the blue zones are eating meat for Thanksgiving or Hanukkah or whatever, that's a different matter. It's a celebratory occasion. But 70% of the Okinawans eat purple potatoes, okay? The Chinese eat rice. The Italians eat pasta. That's what people eat, starches, whole grains, and beans. So to cut beans out doesn't make sense.

If you want to eat animal foods, once in a few months, completely different. You want to drink alcohol occasionally, completely different. You want to drink every day and find an excuse? Of course, everybody like to hear good things about their bad habits. Who doesn't want to hear butter is back, who doesn't want to hear, coconut oil, I'm a south Indian, I love coconuts. I love coconut oil but eat the coconut, don't- whole foods. Eat the olives, not the olive oil. Eat the grapes, not the grape juice. Eat the soybeans rather than the soy milk. You want to try and eat the whole food. It's very simple. It doesn't sell books.

S: Okay. Firstly here we've got Kevin. The first person who's given us their name other than Mark and MJD. Whoever that was ... Firstly-

N: MJD sounds really good.

S: Yeah. Great CPD. Mark actually sends in a comment here. Mark said, "Thank you very much for the information." He was the first question you answered.

N: You're welcome.

S: And he agrees that diet may play a big part in his condition. His platies patient he has to say is 95 percent vegan, so-

N: Very good.

S: There we go. A bit of background. Anyway, Kevin says, "Great CPD tonight." Thank you very much.

N: Thank you.

S: "Could you recommend however, a good book to help the transition into a plant-based diet? Secondly, is there any difference between plant-based and vegan diets?"

N: So, the resources will be available. The books I would recommend are, How Not to Die. It's a bit of heavy reading, but it's worth reading. Dr Michael Greger. [Nutritionfacts.org](https://nutritionfacts.org), which is an online resource. The other books would be books like, Reversing Diabetes, by Dr Neal Barnard; John McDougall's books, which are very, very good again; Professor Colin Campbell's books, The China Study, but just the Harvard School of Public Health ... You actually ... Go onto the American College of Lifestyle Medicine and there will be lots, and lots of seminal papers out there, but I have a whole set of ... So, some people like to read books, others want online resources, and some want to watch movies. So, if you're going to watch movies then, Forks Over Knives, What the Health, and Cowspiracy, are great resources.

S: What was the last one?

N: Cowspiracy.

S: Right.

N: So-

S: Cowspiracy.

N: Yes.

S: Yeah.

N: Like, conspiracy. So, you can tell your patients. I give them a printed resource, but I also give them a diet plan, a lifestyle plan, so sleep is important. So, lifestyle medicine is not just about nutrition. It forms 80%, but if you came to see me and your diet was whole food, plant-based, but you're still not sleeping well. I would look into what stress is there? What can we do about the stress? Is it worth worrying about things that you can't actually change? That's where mindfulness comes in. That's where meditation comes in. And people think, as I said, meditation is sitting with your eyes closed. No, it isn't. Just walking your dogs without your phone, without Instagram pinging is ... We're on Instagram by the way.

Essentially you want to look at all aspects. Women and men who sleep less than seven hours and more than nine hours have a problem. Seven to nine hours because that's when your telomeres lengthen. That's why a whole food, plant-based diet is very good for memory simply because in three months ... Dean Ornish ... The other very good resources to read, if it's heart disease, it's Caldwell Esselstyn, and Dean Ornish for reversing heart disease. He's got the four point program, the Ornish program. Bill Clinton was one of

his biggest devotees. He had a stent and then it failed. Then he had a bypass. It failed. He had a stent and finally he went crawling to Dean Ornish, who sorted him out.

So, essentially, you have all these books and resources that people can read. But what I tend to look at is not just the nutrition. You've got to look at sleep, exercise, natural movement, all kinds of things. All these things play a big role.

But a difference between a vegan diet and whole food, plant-based diet? Well, you can eat diet coke and crisps for morning. That's a vegan breakfast. Okay? You could have white bread with vegan cheese and white lettuce, and that's a vegan diet. Terrible. You could have ... Dinner could be ...

S: But it could be vegan and bad.

N: It could be vegan and bad. And that is becoming more of an issue now because people are much more aware of what the damage we're doing to the environment and so there are a lot of choices with vegan food, and so unhealthy vegan food is coming in, and we will see people having issues.

So, what I'm advocating is not ... It just happens to be a vegan diet, but it's a whole food, plant-based diet.

S: It's the whole food.

N: It's whole foods. Olives, not the olive oil. Coconuts, not the coconut oil. Soy beans rather than the soy milk. You know? Grapes rather than the grape juice. And you can eat any amount. The more fruit one eats, the lower the risk of diabetes and there are very good studies to show that. So, even eating up to 20 fruits a day will lower your risk of diabetes.

S: I think you said something last time, that the sugar in fruit is absorbed in a different way completely to-

N: And it's got fiber.

S: Yeah.

N: The whole ... Everything boils to whether something has fiber. We evolved eating a 150 g of fiber. Most people get about 20 g of fiber in a standard British diet. And the more fruit a diabetic eats lowers the risk of complications for two reasons. One, is fruit has blood sugar stabilizing mechanisms, but also every time you eat a fruit you're not eating a donut or a piece of chicken. Both of those can make your diabetes worse, not by increasing your sugar levels alone, but by increasing the amount of fat because fat is actually what is the underlying problem for diabetes.

- S: Okay. You mentioned some films a little while ago. Somebody asked, which was the film your husband watched that changed his mind-
- N: Forks Over Knives.
- S: Forks Over Knives, okay.
- N: So, normally you use a knife to cut your meat, but here you use a fork to get your green leaves and pasta, and rice, and whatever.
- S: Okay. So, Forks Over Knives.
- N: Forks Over Knives, is the movie to watch. The others can be a little bit where they make you think about the environment and animal welfare, and that's not everybody's cup of tea. But, Forks Over Knives, is just to do with the science the whole food, plant-based way of eating.
- S: And here's an idea for you as a practitioner, this is the sort of thing you could blog about, isn't it? You can put links to this for your patients and start sowing the seeds of a healthier diet, if that's what you choose to do. And it's good, evidence based stuff that we can share with our patient base.
- N: I don't know about the weekend ... In my presentation there are a lot of studies that I've also put in. So, they can look up the studies. But, what I want to explain is also, people say, "Oh my god! You're asking me to go vegan!" Or, "I can't do all of this!" Nobody's asking you to do all of it. Five percent is better than zero percent. 20% is better than five. 100% is better than 50%. So, the more you lean into a whole food, plant-based way of eating, the more you reap the benefits. If you have a medical condition, there is an urgency. If you have a heart disease, if you have problems in the bedroom, if you have diabetes, if you have hypertension, if you have cancer ... I go on this wholistic cruise, which is really interesting, 10 days or two weeks of every year, and you have about 2000 guests on the cruise, and about 1800 of them are recovering, and who have recovered from some lifestyle disease or cancer.
- And so, you need to find a community to work with, but not everybody can go 100%. But what you need to do is work towards it. There should be no guilt. You know how a lot of us, especially women, they'll say, "Oh, I really shouldn't eat this chocolate cake. Oh, I shouldn't do this." No. You just say, "I choose not to." It's a very different power game. When you offer me some chicken wings and you say, "Me too. I can't ... You can't eat it because you're vegan." No, I can eat it. I don't have any religious issues. I don't have any health problems. I can eat the chicken wing. I am just choosing not to. It's a very different power game when you say, "I don't want to." From, "I can't."
- S: Yeah.

N: That's all. You just have to remember that. Every time you make a choice of eating a bowl of ... Every time you eat a piece of salmon or chicken you are missing the chance of eating a big bowl of beans. So, if it means that you take your salmon and make it half the size, you've won a little bit. And then make it a quarter, and then you make it smaller, and you make it smaller. Why? Because all the big fish are the top-feeding chains. So if you're going to eat fish, eat the smaller fish. People often eat fish for omega-3's. Omega-3's, surprise, surprise, are not made by the fish. They're made by seaweed, so eat the seaweed. Okay? But if you're going to eat fish, eat the little fish. Maybe the white bait?

S: Yeah.

N: Okay? The smaller fish tend to be less polluted, less bio-accumulation. So, you know, when people say, "What about the pesticides on vegetables?" Think of the tons, and tons, and tons of vegetables, or grain, that the cows have to eat. So, the bio-accumulation ... The salmon has to eat the smaller fish, who eat the smaller fish, who eat the smaller fish, who eat the smaller fish, who eat the smaller fish. That's why the mercury, the PCB's, the plastic, all that accumulates.

It's just understanding the science. Once you understand the science, it's like, "Why did I not think about this before? Why does nobody even talk about this?" They talk about 46% of the carbon dioxide emissions are caused by animal agriculture, and they're talking about cows, the least of the problem. We talk about not drinking from plastic straws. 45% percent of the plastic in the seas is from fishing nets.

S: Really?

N: Yes. And the by-catch. 3 trillion fish are caught but in that are dolphins, and mink whales, and all kinds of tortoises, and turtles, sea turtles, and all kinds of things. People are not aware of this. You see? Once you're aware, then you start thinking, "Is there a different way that can help my health?" Because people want their health, but they also want to leave a world for their children.

S: Indeed. I want to digress a little bit from what we've been talking about now because I want you to tell me about your recent trip to Edinburgh with your husband. Because I'm interested to hear what you went through when you went up there. And there's a point to this.

N: As in-

S: When you took your exam ...

N: Yes. So, I, as a gynecologist, as a surgeon, a lot of my friends were cardiologists, and breast surgeons, and people often look at you and think,

"Are you really qualified to talk about heart disease and diabetes, and things?" And I heard that there was a board certified course that I could do, which I did. And my husband decided to join me, having jumped into a whole food, plant-based way of eating, and seeing the benefits himself. And I went to the exam in Edinburgh thinking that this was going to be a little bit of a British exam, which tends to be quite soft and nice.

S: Which is horrible to hear, isn't it?

N: It isn't horrible to hear. We are nice people. But the Americans are brutal. They are brutal generally. So, what happened was, I went in having done my modules, and my face-to-face training, and my essay, and all that, and we had to have this four hour meeting, a four hour MCQ, which we sat down to do. And I couldn't recognize a single question.

S: MCQ?

N: Multiple choice questions ... And the multiple choice questions was a four hour exam. So, if you were an osteopath and want to do the exam, or any health professional can do the exam, you would have a slightly different type of exam. Maybe slightly shorter as well. I think it's about three hours. For doctors, it was four hours and I looked at the questions, and I thought, "I don't know half of what this means. This is really tough." And then I started putting down all the ones I didn't know on the side. And then the list got so long, I thought, "I'm just going to try, and attempt the questions." I kept trying to look at my husband, and they jumbled up all the questions, so you couldn't actually confer with ... You had a computer. You were answering questions, but my question number one would be my husband's question number 10, maybe. So, we couldn't say, "What is the answer for this one?"

So, I kept trying to look at him, saying, "Let's go. This is like, I don't want to fail. I've never failed an exam." He didn't look at me. He sat the exam. Finished it. We got out and he said, "Oh, let's go for Edinburgh festival. Let's go have a beer. Let's enjoy the music." And I said, "Are you crazy? I've just failed an exam. I want to go and cry somewhere." He says, "why would we fail? We should definitely pass. We've done really well in our previous exams." So, I said, "Okay." I was miserable for the next few hours. So much so that my husband said, "Let's check-in early." We were the only people to check-in four hours before our domestic flight.

So, we were sitting there with a glass of wine and he said, "You know, you're so miserable." I said, "This is so important for me. I thought I knew everything about lifestyle medicine and to find that I didn't know much at all." And he said, "Okay. Let's try and remember all the 300 questions."

So, we started remembering and we're checking it and things. And it turned out that he'd actually got 30% worse than I had. And we went home, and he

said, "Oh my god! I thought I'd done really well. Now you've made me think I haven't done well."

S: There were two points to this question, and the two points are, if you want to subject yourself to a three hour, 300 question-

N: You should. It's a wonderful experience.

S; Exam, then, you've now learned how to do it. But the great thing is, that it's an exam open to all health care professionals. So, you too ... I'm very intimidated because consultant surgeons are generally very bright people, and if you find a tough exam then-

N: No, but I think, looking back, I was ... You know, women tend to be perfectionists, generally. I am, certainly. And I think I was being harsh. And I think my daughters explained to me that this is the typical psychological response of women. Even when they've done well, they will undersell themselves and men will tend to sell themselves higher, which is what my husband did, only to discover that he had actually not done as well as he thought he had.

S: Well, we need to get through to some more questions here because-

N: I'm happy to answer any questions on women's health as well. Yeah?

S; Well, yes. And last time we talked-

N: I happen to be a gynecologist as well.

S: Let me see if I can find some of theses.

N; No, no, no. It's fine. Whatever the public wants.

S: Here we go, Claire Arnold has asked us, "Could we have your opinion please on premenstrual dysmorphic disorder?"

N: So that's actually-

S: About which I confess, I know absolutely nothing.

N: So, basically, the quality of life for that woman is non-existent. So much so, that ... And it's very clear. So when you, as a psychiatrist, or a counselor, they take the history of PMDD, then it's very clear that the symptoms tend to be just before the period and often dramatically improve just as the period finishes, or just as the period starts. So, you can have all kinds of thoughts and mood disturbances during that time, but the bottom line is that it's hormonal related, not ... Almost always, women will only improve once they've had their ovaries removed.

- S: Really?
- N: It is quite a serious condition. It needs a lot of multidisciplinary team approach. I've had quite a few patients. We do-
- S: How is it recognized? How-
- N: So, women will be ... They often don't get recognized. They struggle for years. They're often, sometimes in their 20's, in their 30's and nobody's willing to give them such a drastic operation, so we then suggest an injection called, GnRH, which is gonadotropin-releasing hormone, which basically makes your body think you're menopausal. If that gives them that benefit, they can either take that ... So, say they're in their mid-thirties, we'll try, and give them that injection until they're 40. Until they're at an age where the removal of their ovaries, or the removal of their uterus with their ovaries is more acceptable. Rather than compared to an earlier age.
- But giving these injections can thin your bones and cause osteoporosis, so you've got to do add-backs. It's very complex, but PMDD is a difficult, difficult condition. It's a real condition, which often doctors don't recognize. Often they don't understand and so the woman has to often go through hell, and see many, many health professionals before she's taken seriously. "Oh, it's just a bit of pre-menstrual symptoms." No, it isn't. It's a very different psychiatric, psychological disorder that needs attention.
- S: Claire, I hope that's answered the question. It may not have given you the effect, the answers that you wanted, but-
- N: What was her specific-
- S: Well, she said, "Could you ..." Your opinion on it-
- N: Yes. So, my opinion is, it's a real condition and it's not easy to manage, and it needs more than one health professional to be involved. Definitely. And more than one gynecologist.
- S: Okay. This one is a case. A patient complaining of right-side abdominal ileac pain with referred right-femoral intermittently ... Some sacro coxis pain. Occasional anal-rectal pain. Ultrasound scan was a fibroid posteriorized uterus ovarian cyst. So, I'm reading this as it's written down here. So, what would these symptoms add up to, and what advice would you give? Change to a plant-based diet. Cyst shown to have resolved at 12 week follow up scan, but the fibroid is unchanged, or slightly larger.
- N: Yeah. So-
- S: Did that all make sense?

N: Yes, it makes sense. Fibroids are smooth muscle tumors, or lumps of muscle, which ... Actually, green tea has been shown, there's a randomized trial to show that it does make a difference to the size of the fibroid in a positive way, reducing the size. But, fibroids in the wrong place can impact on nerves and can cause pressure symptoms. So, again, it would involve, and this is a woman I might suggest that she has this GnRH injection, which also works in fibroids, where it shrinks the fibroid enough to see whether that relieves the pressure. And then that person would be suitable then to consider maybe fibroid embolization, which is where we cut off the blood supply to the fibroid, or have the fibroid removed. It also depends upon what her fertility status is. What is happening. But, yes. Ovarian cysts-

S: I presume there are risks involved in this.

N: There are risks involved, but quality of life is also important. So, that is what lifestyle medicine is about, is using lifestyle medicine when it's appropriate. Using surgical advances when it is appropriate, and that is important to know. But in this sort of patient, you have to look at the entire history to decide whether this will benefit her, or not.

Ovarian cysts on their own, unless they're really big, they don't cause much pressure symptoms. But fibroids, they don't have to be that big, but if it's sort of lodged in the wrong place it can ... Women, some women are very intuitive with their body and they actually know. And so you'll wonder why some women can be there with big fibroids and they go to the osteopath for the first time, and the osteopath picks it up, while others will have something so small and they're already on it. And that's to do with self-awareness, I think.

S: Okay. I think you've answered ... You answered this question in our last discussion when we were-

N: Did I?

S: I'm not sure if it was a year ago, or so. Do you have any suggestions for natural alternatives to HRT, or is a vegan diet sufficient?

N: I think it starts from the head down when you're managing menopausal symptoms. My website has quite a lot of information, but I think it's our attitude in society to how you approach the peri-menopause and menopause, which is very important. So, in societies where for example, in Africa, or India and things, often menopause is considered quite a relief. In olden days in India, women would often be made to sit outside the house because they were considered unclean, so, you know? They would often relieve once their period stopped because it meant that they could be part of the normal household, and they didn't have to have this restricted feeding, restricted sleeping outside with the cows, or whatever. Same thing in many African societies, suddenly the woman now becomes wise, and she's

considered a respected member. So, it's something to look forward to. The same thing in Vietnam, when I was lecturing in Vietnam. They don't actually have a word for hot flashes because of the amount of soy they eat, and the miso they eat, so they don't actually have a word for hot flashes.

So, first of all, is the attitude. The society in the Western world tends to be very fearful of getting older.

S: Aren't women generally, they're more fearful of osteoporosis and other things, which are generally associated with menopause?

N: Yes. But osteoporosis is very much a Western disease. It's linked mainly to dairy, but to all animal foods, to smoking, to being obese. Obesity, actually, reduces your risk of osteoporosis in some ways because of the weight, it's weight bearing, but it increases it in some other ways. So, steroids can increase the risk of osteoporosis. Being immobile for long periods of time, but animal foods and smoking can actually thin your bones very significantly. In fact, osteoporosis is not ... And sarcopenia is the other problem ... Osteoporosis is just that the repair is not happening quick enough, that's why all these medications that people are given actually does not really do the job. You're much better off doing your weight resistance because you need to build your muscle and build your bone strength. Because falls are one of the biggest reasons for hip fractures and as a result, prolonged hospitalization and death.

So just getting back to being worried about osteoporosis, I don't think it is. I think the Western woman is worried about that, that is the start of looking older, feeling older, not being worthwhile in society. So, when you're considered to be not useful to society, you think of yourself as less. So, I think it starts with that and then of course, all the natural methods include things like, exercise, a whole food, plant-based way of eating, but focusing mainly on lignans and diet sense, and things like that. Phytoestrogens ... So, phytoestrogens are there in berries, all beans, soy beans especially, but all beans, kidney beans, every bean. And you can't overdose on them. So, people say, "Oh, if I have breast cancer, I shouldn't eat soy." No. Eat soy. Eat soy to prevent breast cancer. Eat soy during breast cancer, there's no reason to avoid soy.

But always eat the whole food, rather than ... The soy milk is just to put in your porridge, or put in your tea. It's not really to be drunk in gallons. You're always better off eating the natural phytoestrogens. So the natural medicine includes that. I have some patients who say they use magnetic bands and things. I don't know that research behind it, but some patients swear by it.

I would strongly advise against bio-identical hormones. There's a lot of women who would have researched about it. Bio-identical hormones are supposed to be tailored to individuals. It can't really be and if you're going to

take HRT, then you're better off taking to standard HRT that is dose specific and recommended by the royal colleges. HRT otherwise, should not be messed about by taking ...

People often take supplements. We know that people who take supplements, vitamins or otherwise, tend to shorten their lifespan by three to four years. So, even with supplements, taking what are supposed to be natural supplements, the fact that they're in a pill, they're already processed. So when you take a tumeric pill because turmeric is good for you. You take a curcumin pill because curcumin is the active ingredient that the pharmaceutical industry has taken out and put it into a pill, and is selling it to you. They have forgotten that there are a 1000 ingredients, maybe 10,000 ingredients in tumeric root that are dancing with curcumin, which makes it how wonderful, anti-cancer, anti-arthritis that it is. So, taking a pill straight away is not natural.

S: Okay. We have time for a few more questions because it's already four minutes before we're due to stop.

N: Oh, really?

S: What's the best B12 supplement for a vegan?

N: So, you can get fortified foods, which are your cereals, or orange juice, or soy milk, and things, which will have some B12 in it. But otherwise, it's just best to get from Holland & Barrett, or ... Am I allowed to say names?

S: Yeah, of course. You can say whatever you like.

N: Holland & Barrett, or online vegan B12, 2000-1200 mcg once a week. I take B12, but I don't take anything else.

S: Right. And you gave us some doses. In fact, there was a question about doses-

N: 1000 mcg/day if you're over 65, 2500 mcg/week, or-

S: The question that Tom asks is, "What's the dose for children under 10?"

N: That can be a little bit more difficult. I would probably refer to Neal Barnard's and Dr Gemma Newman. Dr Gemma Newman is a very good GP in the UK, and she has just done a whole series on raising a child vegan. So in that I think they will have talked about the doses of vitamin B12. I'm not entirely sure. I do have it in my ... I run a WhatsApp group and I remember answering that question, but it's not something that-

S: Hasn't stuck.

N: Hasn't stuck. A smaller dose. That much I know.

S: Someone's asked, "Do vegans need B12 injections?" I guess that you've just answered-

N: No.

S: That question haven't you, really?

N: No. Unless you have a gut problem, that means short gut syndrome, somebody's removed half your gut for whatever reason and then you've gone plant-based, then you may not be able to absorb B12. That's a different situation.

S: Okay. And this is an interesting question because we are very constrained by what we're allowed to say we do in our professions. Particularly when it comes to various types of treatment that chiropractors and osteopaths offer, but here's one. Again, anonymous, "Is there a legal limitation on which profession can advise patients on what to eat?"

N: No.

S: "Do you have to be a registered dietitian to be recommending beans, or anything like that?"

N: Not at all. No-

S: I guess there's always been ... We know there's evidence behind it.

N: There is evidence. You have the American College of Lifestyle Medicine. You have the Harvard School of Public Health, all of which who are independent of the US Agriculture Association, now even. The problem with the dietary guidelines of American guidelines tends to be ... They'll say, avoid saturated fats. Now, a saturated fat is not going to come and tap me on my shoulder and say, "Don't eat me." But saturated fats are there only in animal foods, so the problem is, that as a health professional you can advise, but first you have to follow it yourself. If you don't believe in it, how can you talk about it?

S: Yup. I'm not going to ask anymore questions. There are lots here. Could I send some to you after this and-

N: You can always send them to me.

S: Thank you. Will you answer them ,is the question, I suppose?

N: I will always. I'm a work- ... I love my work. See, my work doesn't feel like work-

S: No, I can imagine. And it's clear that it doesn't feel like it. I'd like to make a couple of observations on here because we've got somebody who wants to thank you for your inspirational talk.

N: Oh, thank you.

S: He or she has found Dr Gregory's recipe book to be a great resource for transitioning and so on.

N: Lovely.

S: And somebody else has offered the very helpful comment that beans and lentils give them constipation. So-

N: Oh, that's a first one.

S: So, maybe one of the supplementary questions will be, what do we do about the constipation, rather than giving up the beans and lentils?

N: Yes. Don't give up the beans and lentils. That will make you do the biggest dump ever.

S: Me too. Thank you. It's been a real treat talking to you, as always. And I'm sure we'll get you back again. And hopefully, we'll get your husband in as well, sometime.

N: Yes. Absolutely. Absolutely.

S: As I really enjoy these conversations.