

EPISODE 279

How to Make Disease Disappear – With Dr. Rangan Chatterjee

Shawn Stevenson: Welcome to *The Model Health Show*. This is fitness and nutrition expert, Shawn Stevenson, and I'm so grateful for you tuning in with me today.

Listen, I've got a question for you. Just using basic human logic, with all of our advancements in conventional medicine, technology, screening, medicine, shouldn't the rates of chronic illness be going down? They should be going down just logically speaking.

But in fact, not only are they not going down, but those rates have been skyrocketing the past few decades. For example, between 1990 and 2013, rates of type 2 diabetes in the United States have shot up by 71%.

Alright? We're seeing significantly higher rates of heart disease, cancer, depression. In fact, 2011, The Center for Disease Control and Prevention reported that the rate of anti-depressant use in the United States has risen by 400% in a recent twenty-year span.

Also autoimmune diseases and many other chronic illnesses have been rising steadily in the past few decades.

Now the numbers have been going up, not down, as you would again assume logically, and many experts would be lost to explain why this is.

However there's also a parallel experience happening simultaneously where hundreds of thousands of patients are recovering from these diseases, and many of them are being fully cleared of their illnesses.

Now all of it's documented, but our society at large is still largely unaware of it. But today we're talking with one of the physicians who are leading that charge, and I'm telling you this is going to be absolutely life-changing and provide a lot of insights, tips, strategies, and this can potentially save lives, and that's why I'm so excited about this episode today.

Now myself personally, listen, I've been on the road. I'm finally back in my home studio, very grateful to be here, it's warm, and fuzzy, and comfy in my studio, alright?

Been on the road. First of all was gone for about two weeks, but eight days, seven nights on a cruise, alright? Phenomenal life cruise with Eric Thomas, motivational speaker- number one motivational speaker in the world, and the team, and we just had like an amazing time.

We were jumping around to various islands, we went to The Bahamas, St. Thomas, St. Maarten; absolutely incredible story and just an adventure. The best food of the trip, by the way, was in St. Maarten.

Hold up, let me actually- I want to tell you a story real quick. Getting to these different islands, and getting off the ship, you've got like a time you need to get back to the boat, or you're going to get left, right?

And so we had it all planned out pretty nicely. We actually decided to go to a resort because they had a really nice beach in St. Maarten. And so we went through the city, there was a little bit of damage from hurricanes, and just being able to see the city and the culture, amazing restaurant we went to.

And so we had about ninety minutes to get back to the ship, and it was just ten minutes, fifteen minutes away, so we're like all good.

We go to the front desk, get a taxi. Taxi takes awhile to get there, alright? We're already like, "Oh wow." So now we've got seventy-five minutes. And so we get into the taxi, he opens the door, and let me tell you- it's a van, let me tell you, it smelled like fart. Like old fart.

Like he's been on a high protein diet. Like I know what that smells like, alright? I've got a teenage son drinking protein shakes, okay? He was just letting them loose.

And we get into the car, and I'm just like- we're all looking around like, "Do you guys smell that?" But we don't have a choice, right? We've got to get back to the ship, so we are immersed in this funk, right?

So my man gets in the car, he starts to take off, and I crack the window and he immediately rolls it up. I'm just like- and I rolled it back down again of course.

So we drive a good maybe thirty yards, and then he crashes into a plant. Alright? A big, huge potted plant. We're just like, "Are you serious?"

He gets out of the car, he goes around, looks at the damage, and he gets back in the car, and we drive off again. Alright?

So now we go around this little turn, I think we're okay, we're good now. Everybody is all good, it's just a small little minor thing. He just randomly stops, and gets out of the car, and he goes looking around for somebody or something at this bar that's just on the side of the road.

And I'm just like, "Should we bail out?" I don't know what to do right now this time. And so he finally gets back in the car, and now he gets on the phone.

My man is on the phone, laughing it up, having the time of his life. I'm looking at the clock like, "This is not good. We might have a little bit of trouble," and we get into traffic, and it's a two-lane road to get back.

And so I'm like, "Hey man, listen, is there another way to get back?" And he's like, "No, this is it. Or you take a water ferry, and that's going to take you another forty-five minutes."

And so I was like, "You know, we're on a cruise ship, we've got to get back. Alright? We've got to get back."

And he- like his senses came on, right? His taxi Spidey sense turned on and he realized like, "I've got to get these Americans back to that ship. That's my life's purpose."

And he became like Jason Bourne in this cab. And so he's driving, he's cutting corners, he's getting us there. We get past- there was like a little accident ahead, we get past and we come up to this street that was closed off, there was this big barrier like you see when a train is crossing.

He gets out the cab, lifts the barrier up, and we drive through. He gets out, closes the barrier, we go down this street that was closed off where there was shopping going on.

Anyways, we drive past, we see people from our ship that are still out shopping, and we're good. Alright? We get there plenty of time. He went from the worst guy ever to Jason Bourne. I saw that manifest, and that was just one part of the story, alright? One part of the adventure in St. Maarten.

Absolutely again, beautiful place, beautiful people, amazing food, questionable cab service. Alright?

So guys then I went from there, Fitness Business Summit, which I'll talk more about that coming up soon. Absolutely incredible, some of the top fitness experts in the country were at that event and it was just an amazing time.

And just very glad, again, to be back home, sleeping in my own bed, hanging out with my friends and family, back in the studio with my team, and we've got an incredible show for you guys coming up.

And so really quickly, one of the reasons I know my man had the cab stinking up, I know he's not using Organifi. He's not clean on the inside.

Guys, make sure that you're utilizing Organifi. That was a lifesaver for me, being on that ship, and not being able to really control my food intake all that much as compared to normal, to really make sure I'm getting my nutritional bases covered, right?

So micronutrients specifically are like little keys that unlock processes in your body. Like the magnesium rich foods, anything that's really deeply green is a good indication it's rich in magnesium.

This superfood- it's a cold-processed blend of superfoods, and they have these little go-packs. I just brought a bunch of those with me and was able to tear it open, pour it into water, and I was good to go, right?

Magnesium is responsible for over 325 biochemical processes that we know about. Right? That we know about. What that means is when you're deficient in it, that's 325 things your body can't do or can't do properly. You've really got to get that.

That one deficiency can totally mess up your system, alright? And guess what? It's the number one mineral deficiency in our country. Alright?

And so that's one of the main reasons that I love Organifi; it's a rich source of bioavailable magnesium with the spirulina, the chlorella, right?

And spirulina, this is 71% protein by weight. Phycocyanin, vitamin A, right? Beta carotene. Alright? Just so incredible dense in nutrition, all these micronutrients and macronutrients.

And again it's something easy, portable. I highly recommend every single human is on a green superfood blend today. So pop over, check them out, it's www.Organifi.com/model. That's www.Organifi.com/model and you get 20% off, alright? 20% off any of their Organifi products; the green juice, the red juice, they've got the new gold. You've got to check out the gold with turmeric.

Alright? Check them out, www.Organifi.com/model and now let's get to the iTunes review of the week.

iTunes Review: Another five-star review titled, 'Six-Star Podcast,' by PDiva1234.

'This podcast is unparalleled in the value and delivery of its content. I graduated college with a degree in nutrition and exercise science and Shawn delivers such important knowledge that many people are unaware of it in a way that it makes it easy to digest for his listeners.

I appreciate that he keeps it real where things can get confusing and always brings a positive message to each and every episode. He is so inspiring and I look forward to his nuggets of knowledge every day. Eva.'

Shawn Stevenson: Oh my goodness, thank you so much for leaving me that review. I appreciate it immensely. That's so powerful, and thank you for that acknowledgement, and everybody thank you for popping over to iTunes and leaving the reviews for the show. Please keep them coming.

If you've been waiting like, 'I've been meaning to leave the review,' go and do it. Push pause, I promise I'll be here when you get back. I'd appreciate it so much.

And on that note, let's get to our special guest and our topic of the day.

Our guest today is Dr. Rangan Chatterjee, and he's a practicing general practitioner, and a pioneer in the emerging field of progressive medicine who's changing the way we look at illness.

He is renowned for finding the root cause of people's problems by taking a 360-degree approach to health, which was highlighted in the groundbreaking BBC One television show, *Doctor in the House*.

He regularly lectures on an array of health topics at conferences and events all around the world, and now he's here on *The Model Health Show*, and I'd like to welcome Dr. Rangan Chatterjee. How are you doing today, man?

Dr. Rangan Chatterjee: Shawn, I'm so excited to be on your podcast. Thank you very much for inviting me and I cannot wait to get started.

Shawn Stevenson: Oh man, it's totally my pleasure, and it was great synchronicity with us getting connected. And listen, Rangan is just like a legend right now in his country in the UK, and so really helping to get this message over in America. I'm very, very excited to help and assist that.

I checked out a little bit of the show, *Doctor in the House*. It's so good, so I want to talk about that in a little bit, but first I want to start with your superhero origin story, man. What got you interested in health and wellness in the first place?

Dr. Rangan Chatterjee: Yeah Shawn, this is a long story, let me try and shorten it for you. So you know, I'm a practicing medical doctor here in the UK, right? And I've been seeing patients now for nearly seventeen years, right?

Now I started off- you know, you finish from medical school, you think you're going to have all the knowledge you need to get your patients better.

And what started to happen for me is year on year, bit by bit, I was becoming a little bit disillusioned, a little bit frustrated. Now I started off being a specialist. I trained, did my exams in internal medicine to be a specialist for the rest of my career, right?

But I got frustrated. I was thinking, "I don't want to spend my whole career just seeing kidneys." I always just felt the whole body is connected, I want to see everything.

So I took probably the rather unusual step of moving from being a specialist to train to be a general practitioner, right? And that was great, I enjoyed it because I was seeing everything, all different kinds of illnesses and problems, but year on year I kind of figured, "I'm not actually getting that many people better. I'm handing out a lot of prescriptions, I'm giving out a lot of drugs."

I felt like I was managing people rather than really getting them better. And so it's sort of in hindsight now that I can look back and figure out what was going on, but it was a big turning point for me.

And that was maybe seven years ago now, and I'd just become a parent, and I had a little boy, and it was the first child for me. My wife and I, we went on holiday to France for just past Christmas, we went there for a week, and I still remember it really well.

He basically stopped moving. His arms went back, he went rigid, and my wife called out to me. And you know, I rushed over, and in that moment I wasn't a medical doctor, I was a worried dad.

And I turned him over, I thought he'd been- he had a slight cold, I thought, 'Is he choking on some mucus?' I turn him over, I tried to clear his airway, nothing happened, and I froze and my wife actually said, "Hey come on, we've got to go, we've got to get to a hospital right now."

So we rushed in the car, I nearly killed us all because we were in a ski resort, it had just snowed, and I went down the hill, the car skidded and I was just in a panic to get my boy to the hospital.

We got there, and you could see from the doctors that they were worried because- I don't know how much you guys know, but basically when you're a baby and you have a convulsion, that's not uncommon if you've got a fever. It's what we call a febrile convulsion, but he had no fever, so you could see that that medical staff were really, really worried.

So what they did, they tried to put a tube in his neck, they gave him some Diazepam to stop his convulsion, and my wife and I were just in complete confusion, right?

We're a very health-conscious family, she had breastfed for six months, we didn't know what was going on. Then we were in a small hospital so he had to be transferred in ambulance down the mountain to a bigger hospital.

I couldn't go in the ambulance with him, so my wife went with him, I was in a car, I just sort of followed behind, and the amazing thing is a few hours later the doctors- I mean before this, the doctors didn't know what was going on.

They did two lumbar punctures on him. This is my little boy, right? They did two lumbar punctures in his spine, still couldn't figure out what was going on, and then a few hours later the doctor comes and says, "Dr. Chatterjee, we've got some news. Your boy has got a very low level of calcium in his blood."

Now just to explain that, the normal calcium level at that hospital is between 2.2 and 2.6. His calcium level was at 0.97. So it wasn't just low, it was barely compatible with functioning, and that's why he had a convulsion. But it was only a few hours later, we figured out the reason he had such a low calcium level was because he didn't have enough vitamin D in his body.

Now I could tell you more about this, but the reality is, is that a fully preventable vitamin deficiency meant that my son nearly died. And as somebody who's got an immunology degree from university, trained as a specialist, trained as a generalist, how could that happen to my own son?

Yes I was worried, but I was a bit- if I'm honest, I felt guilty. I thought, 'How did that happen? How did I allow that to happen?'

And really that set me off on a path. My determination was, 'I'm going to figure out how to get him back to full health as if this has never happened.' Right? I thought, 'I'm going to do that. I don't know how, but I'm going to figure it out.'

Because the hospital saved his life, right? And this actually is the wider issue, modern medicine is very good at acute problems, right? The acute problem was his calcium was low, right? He needed more calcium so he had an intravenous infusion of calcium, right?

But there was no advice then as to, "Well look, if your son has been low in vitamin D for the last six months, and potentially even longer, and that's a critical nutrient for the development of your bones, for your immune system," nobody said, "What do you do about that?" Right?

They just said, "Okay we fixed the problem, here you go. Great." And that's great, and I'm always thankful to that hospital for what they did, but I had to figure out how to get him back, get rid of all the other issues that he was having, get rid of his eczema, all these other problems, which once you understand what vitamin D does, you understand the implications of that.

And the more I learned- because I became obsessed, right? I'd be going Googling things, I'd be looking at research papers, and the more I learned, the more I was

figuring out that I'm a doctor, there's so much information out here that makes sense to me, yet I don't know about this, and I could be using this to help my patients.

So basically, what did I do? I got my son better, right? And he is thriving, and he's a happy seven-year-old, he's active, he's doing well at school, and he doesn't have eczema anymore, and all kinds of things are going great.

So I got him better, then I started applying the same principles with me and my family, and I started feeling better, so then I started applying these same principles to my patients, and I have never enjoyed my career more than I do today because I'm no longer suppressing symptoms.

In most cases I manage to get to the root cause of problems and help in partnership with the patient come up with a plan that they're on board with, that I'm on board with, and together we start that process of creating really good health for them. And I love it, man. I love my job.

Shawn Stevenson: Oh man, that's an incredible story, and I read some of it in your new book. And by the way, everybody can go out and pre-order this book like ASAP. It's called, 'How to Make Disease Disappear.'

I have an advanced copy, it's coming soon, you're going to want to have this book. And I was reading the story, and it was like heart-wrenching. Especially if you have a kid, it's just like a whole new level of emotion that takes place.

Like I didn't really feel like I was labeled as an emotional guy until my kids came around, and I started like- I'm watching like *Lion King*, and I'm like- my throat feels like I have a planet stuck in my throat, you know? It just turns on this thing, and so I was just like- it was such a dramatic story, and so powerful, you know?

So I want to ask you, what do you think was the causative agent behind that? You know, he got so deficient in vitamin D, was there lack of sunlight? Were there some particular foods that weren't getting included? Or what do you think?

Dr. Rangan Chatterjee: Yeah, I mean the funny thing is- it's not really funny actually, but the kind of rather bizarre thing when you look back is two or three weeks before that, right? So this is before we went on holiday, this is like maybe the tenth or eleventh of December, right?

I was in a different- I was in a practice where I was seeing a lot of vitamin D issues, okay? I was reading a lot of things about it, and what we're meant to do as doctors, as medical doctors, we're not meant to treat our family, okay?

It's kind of- we've got something called the General Medical Council in the UK so we're not really meant to make decisions on our family. It's considered poor medical practice, we should give that over to an independent practitioner.

Now I remember phoning my wife from work and saying, "Hey babe, I think our son should be on vitamin D supplements. Let me send you this protocol," right? So I emailed it to her and said, "Print it out, go and see the doctor, and show it to him." And she did, right?

But the doctor - and I've replayed this over and over in my head - said to her, "Well-" and she knew, the doctor that I was an MD.

Said, "Look you could have just made this up, you could have just printed this out on a Word document. This is a load of rubbish, you don't need anything." As long as you're having a good diet, that's all- your baby will get what it needs from your breast milk."

Now vitamin D - and I appreciate, you probably know this, Shawn, and many of your listeners probably know this - but just for those who don't, vitamin D is a critical nutrient, right?

We get a majority of it from the sunlight. Sunlight on our skin helps to make vitamin D for us, right? But here's the thing, if you've got darker skin, you need more sunlight to make the same level of vitamin D. Right?

So you know, I've got dark skin, my wife's got dark skin, right? But we go outside a lot, we're outside, we're doing things, we don't cover up or anything, so you wouldn't have thought necessarily that that would be an issue, but the reality is that we should have been supplementing from birth, and I did not know that.

Right? And I feel- I did feel incredibly guilty, I'm letting go of that guilt now because I've realized that actually holding onto that guilt is not going to make me the best dad that I can be for him, and I've realized that actually I need to process that guilt.

It's not fair to put that onto him because he didn't ask for it, right? But hey man, you're a dad, we're learning all the time, right?

Shawn Stevenson: Absolutely. You know, and there's many parents listening right now that have almost messed their kids up several times over as well, you know? And this is just like with you and your background, and your ability to take this and turn it into something so positive, I mean it's really powerful. You know?

And there's a statement out there that everything happens for a reason. You know, that's even a questionable statement in many ways, but it's our choice what we do with it. You know? In making something valuable, or insightful, or something that turns into something that's really helpful for other people, and I think that's what you've done.

So I'm very grateful and I'm very happy.

Dr. Rangan Chatterjee: The thing is, you say everything happens for a reason, and I agree. We can challenge that statement in all kinds of different ways, but I do feel that actually my son actually has now taught me so much and through the work that I'm doing now on BBC television, and through the media, and through my books and things, I'm able now to help thousands, tens of thousands, hundreds of thousands of people in large part because of what happened to him.

So I am turning that to be a good thing, so I have to, man. I have to do that. I feel that this is like a mission for me now. It doesn't feel like work, it feels like I want to spread the word as far and as wide as possible because certainly with the vitamin D story, I don't want any other parent to go through that.

And in answer to your question, why did that happen, there's a whole host of reasons it could have happened, you know? One thing a lot of people don't realize is that breast milk, if you are exclusively breastfeeding your child, you don't actually give your child that much vitamin D through breast milk. Okay?

So I am- for people who can, I'm absolutely very pro-breastfeeding when the mothers can, and it's something that they can do, but even then you need to actually supplement your child with vitamin D supplements. It's very, very important.

And interesting enough, in Europe, in France, in Switzerland, I think in Germany, they have it as a rule that actually- or not a rule, a guidance.

When their children are born, if you're bottle-fed, you only need half the amount of vitamin D supplements as if you're breastfed because we know bottle milk is fortified with vitamin D. So ironically had we given him bottle milk, he may have been fine.

And you know, do you know what I mean?

Shawn Stevenson: Yeah, absolutely.

Dr. Rangan Chatterjee: So I think there's a few subtleties that we need to- we just need to raise awareness that particularly if you've got dark skin, it's an even more important issue to deal with.

Shawn Stevenson: Yeah, yeah and you just said it, you know? But it's really, if we look at this- specifically I want to talk about this really quickly, is the icing on the cake with this subject.

If your skin is darker, you actually need more sun exposure. And you guys live in the UK, right?

Dr. Rangan Chatterjee: Exactly.

Shawn Stevenson: And so you were living kind of where your heritage came from in India, then chances are you'd be getting more adequate sun exposure just on a daily basis. Just being in the UK as you go up north, it's going to be more difficult.

And so I've got a specific story. My wife, she's from Kenya, right? And then they moved here to St. Louis, Missouri, and now the past couple summers, whenever she goes into the sun initially, she breaks out. Like she breaks out in a rash, it's just the craziest thing.

Like she never experienced her whole life, and she's been doing all these healthy things, but she's kind of like allergic to the sun because she hasn't been getting enough of it.

And she'll be the first one to tell you, like she doesn't want to go outside much if it's too cold, or too hot, and so her creature comfort is put in this position.

But now this last year, you know, we just came back from this cruise, and she was pretty fine, you know? She had like a little tiny little spot, but we've done a lot to get her better, and one of those things was supplementing with vitamin D, but the big thing is getting more sun exposure, and your body is converting the cholesterol in your body into vitamin D.

Dr. Rangan Chatterjee: Yeah absolutely, man. Absolutely.

The amount of people I see, whites, adults who've just suffered with all kinds of problems, a bit of bone pain or just generally not feeling so good, or these kinds of aches and pains all over, it is amazing how many times they are deficient in vitamin D, and then when they replace it, these symptoms often either fully get better or they improve dramatically.

And there was a really cool study from last year, I think just a few months ago, and it showed that in a group of people who were vitamin D deficient, and couldn't sleep well, when they replaced their vitamin D to optimal levels, their sleep improved as well.

So you know, this is the whole point of what I stand for, which is the body is interconnected, right? You do one thing, you change everything.

And I think we've become so reductionist in medicine, we're looking at one single pathway, what does that do, how by altering that will we affect this pathway?

And I get it, and it works for acute disease, but in my experience it just doesn't work very well for the majority of chronic diseases.

Shawn Stevenson: Yeah, I want to ask you why this is, because this is something—well like I started the show talking about how chronic illnesses are just progressively elevating.

So you would think it'd be common knowledge to address the root cause of symptoms instead of simply masking them with pharmacology, but it's not currently the case in conventional medicine. Personally I want to know why do you think that is?

Dr. Rangan Chatterjee: Yeah, this is a very, very good question, and it's something that I've thought about a lot over the last few years because some of this, when you get it, it's common sense, right? And you think, 'Why are we practicing across the world— in Western medicine, in modern medicine, why are we practicing in such a reductionist manner?'

And I think one of the reasons is, is that you know, when modern medicine came about, we were seeing a lot of acute disease, right? Even if we rewind back forty, fifty years ago, I think the bulk of what was coming in to see doctors was acute disease, a lot of infection.

So for example, you know, like pneumonia, right? Pneumonia is a severe lung infection, it's the overgrowth of the bug, right? In your lung. So the doctor identifies the bug, gives you a treatment to fix that bug, to get rid of it, and you know what? Your pneumonia goes away, and that's the problem done. Or so we thought anyway, right?

But now the health landscape of the United Kingdom, the health landscape of the United States has dramatically changed whereas now what's coming through my door as a medical doctor day in, day out, there's a little bit of acute disease but the vast majority is chronic disease, and chronic disease doesn't just have one cause.

Chronic disease is multi-factorial. So the model of care where we look for the single problem, we fix that problem and the disease goes away, that does not work for the majority of chronic diseases.

Take type 2 diabetes, right? The thing that everyone's talking about, and you spoke at the start of the show how much that has increased in the United States. It's just incredible. I think you said a 71% increase in twenty years? Thirty years or something? Yeah, just incredible.

Let's be really clear about this. Type 2 diabetes is a condition that is driven by our environment, okay? It's a lifestyle and environment driven condition.

In the UK in 2012, we know that it's costing the UK economy twenty billion pounds, or \$30 billion a year, and that's six years ago, right? Those figures will be way higher in the US. Way higher, right?

And here's the- and the other thing with type 2 diabetes, is that even those people who are inclined to think about the lifestyle, talk about it as a diet driven illness, and I actually would reframe that and say, "Look it's an environment driven illness."

And the reason I say that is it ain't just diet. Diet is important, but it's one piece of the puzzle, you know? Your diet plays a role, your physical activity patterns play a role, your sleep quality plays a role, your stress levels play a role, right? Your exposure to sunlight and vitamin D plays a role.

And I want people to start thinking about thresholds, right? And this is this concept that I've put out in the book, this is one- I've just created a new course in the UK. The very first, what we call, prescribing lifestyle medicine course that's been accredited by the Royal College of GPs. That's our main body, right?

And I and a colleague, we delivered that to 200 doctors in the UK in January, right? We had GPs, we had specialists, oncologists, rheumatologists, all attending and they loved it, and they've all recommended it to their colleagues because this is about saying, "Hey what you guys learned in medical school is great, but the times have changed, so we need a bigger toolbox."

It's not about saying what we learned was rubbish, a lot of what we learned was very, very good and very, very applicable for acute disease, but as the landscape of the country changes, our toolbox needs to change as well. We can't still use the same tools that worked in 1960 in 2018.

And that's really where I'm coming from, and it's not about just doing one thing. Right? If you think about this as a threshold, and I love this concept, and I talk to all my patients about this, right?

Imagine you're born in optimal health right down here, okay? And we've got a threshold up here. We can deal with multiple insults, and our body can cure, and we think we're okay, and we keep building up the insults.

Okay, poor diet. Let's say you were bullied at school. Let's say you're physically inactive. You're hugely stressed at college, and then you have a relationship breakup, right? And that tips you over.

When you tip over that threshold, that's when you get sick, that's when the symptoms show up, and we think, 'Oh it was that last thing that tipped me over, that's the reason why.'

Shawn Stevenson: Right.

Dr. Rangan Chatterjee: No, no that's the trigger, right? But just as if you're juggling two balls, three balls, four balls, five balls, right? Someone throws in that sixth ball, and everything falls down.

You've got to rebuild from scratch and that's why my approach is about small changes in four key areas. I think that's what leads to the big sustainable changes for people in all manner of conditions.

Shawn Stevenson: And so that's what you refer to in the book as the 'Threshold Effect.'

Dr. Rangan Chatterjee: Yeah.

Shawn Stevenson: I thought it was very articulate in how you kind of laid that out. And some people out there, they're not even juggling balls, they're juggling chainsaws already, you know? And somebody throws in a machete into the mix.

And you know, it's just really looking at that, and you talk about it's not being great in one area, right? So- because we've seen this many times, I know you've seen this as well, where somebody's like- they have a great diet, right?

They're eating organic food, they're eating plenty of healthy vegetables, and protein, and healthy fat, but yet they are stricken with an illness, right? And maybe they're struggling- they just like hate their job, or they're not getting enough movement in, or their sleep is terrible.

Like something is strong in one area, but we've got all these gaps, and so what you talk about is having balance within them. You'd rather see two or three things right in each category to create more balance.

Dr. Rangan Chatterjee: Absolutely, and you know what? I didn't- five or six years ago, this was not my approach, but you know what do I do as a medical doctor? I listen to my patients, I learn from my patients. They teach me, because if you listen and you open your ears when the patient is in, they will tell you what is working and what is not working.

And I'll tell you an example that a lot of people find quite surprising, but I think it really illustrates it. So a lot of people in the wellness world are talking a lot about- for people with type 2 diabetes, about reducing their- certainly their intake of refined and processed carbohydrates, okay?

And I think that's a pretty reasonable thing for people to do, but it's not the only thing.

And so I saw a patient a few years ago, maybe three years ago now. He'd seen some of my blogs, he'd seen my TV show, and he was trying to follow the advice, right?

When he came in to see me, he had type 2 diabetes, I think he was 52 years old. Type 2 diabetes, and he walks in to see me and says, "Doc, I'm confused. I cannot get my blood sugar under control. I keep restricting the carbs, but it's not getting any better."

Now this guy was a busy executive, right? He was working hard, he was working late, he was working weekends, he was traveling a lot. He had zero off time and he was getting stressed out by the fact that his - to him - his perfect diet wasn't dropping his blood sugar.

Now I could either go, "Oh he's not doing his diet well enough, he's lying to me," or I could listen and go, "Okay, so what's going on here?"

So then I draw out this little chart. I go, "Well these are the possible things that can cause type 2 diabetes," and I always start with the core four, what I call these Four Pillars, you know? Relaxation, food, movement, and sleep.

And when I start putting relaxation there and sleep there, people get really dark. "Is that important?" I'm like, "Yeah, these things are important."

So we go around and I say, "Well look, your diet is frankly brilliant. I would struggle to make significant changes to your diet that are going to translate to better blood sugar control." He goes, "Well what's going on then?"

I said, "Well look, you're not sleeping that much, and you're stress levels are through the roof." He goes, "What's that got to do with it?"

I said, "Look, when you're stressed chronically, you raise levels of a hormone called cortisol. That's our main stress response hormone." Now cortisol is a fantastic hormone in the short-term, right? In the short-term, it helps us be the best version of ourselves.

We've got a deadline, you're in the gym, you're competing with someone; that cortisol is going to get everything firing so you can compete, right? But then what should happen? Everything should go back down to normal, but it doesn't.

So if your cortisol is raised, what happens? It raises your blood sugar, right? It liberates sugar into your blood stream, and of course when it's raised for a long period of time, it causes something called insulin resistance.

Now insulin resistance is ultimately what drives type 2 diabetes in the vast majority of cases. Shawn, do you listeners know what insulin resistance is, you think?

Shawn Stevenson: It's okay to go over it again.

Dr. Rangan Chatterjee: Yeah, I never want to patch nice people, but I don't want to assume knowledge either.

So very, very simply speaking, right? Let's think about it like this. Okay let's say you have some sugar with breakfast. Let's say you have a sugary breakfast cereal, right?

What should happen is your blood sugar will go up, but your body if it's insulin sensitive will just release a little bit of insulin to bring that blood sugar back down to normal.

The problem is if you've been abusing the system for a period of time for whatever reason, and your body becomes resistant to that hormone insulin, the same bowl of sugar- or the same bowl of cereal, although cereal mostly is sugar for the most of it these days, that same bowl of cereal, you need and more insulin to be released to have the same effect because your body is now becoming resistant to that insulin.

I draw the analogy with alcohol. For people who drink alcohol, the very, very first time you have a glass of wine, or you have a sip of beer, what happens? You have two or three sips, you start to feel a little bit tipsy, a little bit drunk, right?

But as you drink more and more, let's say through college or whatever, suddenly now you need two or three glasses of wine, or two or three beers to get you to that same stage. When you drink for longer, you need more and more, right?

That's the same thing. Your body develops intolerance, right? That's the same thing that happens with insulin. So if your insulin resistant, generally many people will get type 2 diabetes.

Diet is one cause of insulin resistance, not having lean muscle mass is another cause of insulin resistance. Low vitamin D levels are associated and may be causative of insulin resistance. One night's sleep deprivation in some people can make you as insulin resistant as someone on a high sugar diet for six months. Just think about that for a minute.

I've just said- we call it a dietary illness. Yes, diet is one component, right? And a very, very important component, but it ain't everything.

If you are chronically sleep deprived, you're making your body insulin resistant, which could be driving type 2 diabetes. If you're chronically stressed, you're going to be doing the same thing.

So with this guy, we go back to my patients, I said, "Do you know what? We need to tucker your stress level, and you can actually chill out on the carbs a little bit. Alright?"

So here's the thing; I helped him understand how to manage his stress, and I increased his carbohydrate intake, right? It was still- it wasn't much, but he was stressing himself out so much by hardly having any, and we got his blood sugar out of the type 2 diabetic range.

So basically we reversed his type 2 diabetes by increasing his carbs but decreasing his stress.

Shawn Stevenson: Wow, powerful.

Dr. Rangan Chatterjee: Yeah but here's the point. I think on an intuitive level, we get it, right? If there's five things that could be causing something, and you've optimized one of those things, and you're not getting better-

Well if you're a mechanic or you're a plumber, you go, "Okay that's not the problem, it must be another problem."

And that's why I say, "Guys, your diet is great. Maybe it's time for us to look at the pillars you don't want to look at." And that's the thing, right? We all go to our favorites, we've all got our own personal bias.

I've got my personal bias, but the reality is I've realized that actually if you look at these four pillars together and do small things in each one, I think you get a much better result, but a result that is still going to be there in two weeks and four weeks, but it's still going to be there in six months, in twelve months because we can all go on the two week crash diet and feel better, right?

We can all do that, right? We can go on that ten-day detox diet, and feel better. That's great, and that may work for some people, but I'm interested, how can I get somebody better and get them to stay better for the rest of their lives?

And that's what drives me, and that's why I think this approach- since the book came out in the UK, I mean it's just taken off there. I just cannot believe how it's taken off, but I think people are resonating because I'm saying take the pressure off, guys.

You don't have to be perfect. You don't need the perfect diet, or the perfect workout routine, but you want to be good enough in each area.

Shawn Stevenson: Right. Man, that's so powerful. And I hope everybody really gets this, that he just disclosed how despite your diet, just having chronic elevations in your stress can literally make your blood sugar rise, which is going to inherently cause insulin to come on.

And so this is a process, gluconeogenesis, right? Creation of glucose in your body from stress. Like I hope everybody gets that.

What I want to talk about as well, is in regards to cortisol, let's talk about a cortisol steal, right? I don't think a lot of people know about that. Let's talk about that.

Dr. Rangan Chatterjee: So the cortisol steal basically is this process that happens in the body when we're stressed, right? So let's just back up a second.

LDL cholesterol is the starting point from which cortisol is made. Now LDL cholesterol, you've just got to remember that for a second, cholesterol is the building block for the hormones, cortisol, and what we call the sex steroid hormones; estrogen, progesterone, testosterone.

These things all come from cholesterol, so you know, if we're aggressively lowering people's cholesterol, for some people there's an impact on their ability to make critical hormones in their body.

But the cortisol steal is basically saying that you've got LDL cholesterol, right? Then it goes to something called pregnenolone, but then it's like a fork in the road. Pregnenolone can go two ways.

It can either go down to make cortisol, or it can go to the side to make things like estrogen and testosterone. Now why is that important?

If you are not stressed, and your body is working in good balance, your body knows how much to send down the road to cortisol, and how much to send down the road to estrogen and testosterone. Right?

But when you are stressed and when you're chronically stressed, our body is very clever, it diverts our resources so when you're at that fork in the road, instead of things going nicely down to each one, everything starts going towards cortisol.

So you make more and more cortisol at the expense of other hormones like estrogen and testosterone. These are critical hormones, right?

So the cortisol steal is basically this concept that if we are chronically stressed, we mess up our whole symphony of hormones that normally work in beautiful balance because your body will prioritize what it feels it needs to prioritize, and this is a huge problem.

Shawn Stevenson: Man, I'm seeing a consistency here that I want to point everybody- our attention to in regards to cholesterol. Right? We're talking about with our interaction with sunlight, cholesterol getting converted to vitamin D, with cholesterol being converted into our sex hormones, and also our much-needed stress hormones, and yet this is something that we've been attacking for many years, thinking that this is the root problem of heart disease, for example, yet this is something important for our development and our health.

So I just want to point everybody's attention to that. We've talked about it several times on the show, but cholesterol is an important nutrient, alright? So just keep that in mind.

Now I want to also take a little bit of time and talk about the relationship between stress and inflammation, right?

Again, we can probably deduce that inflammation is going to be- and by the way, so currently right now we're looking at over 90% of physician visits being related to some kind of stress related illness, and inflammation being a big component of that.

And this is like CDC saying this stuff, right? Yet we tend to again think about diet, we tend to think about lack of movement, but stress is a component with inflammation and you talked about it in the book, so let's go ahead and cover that.

How can stress possibly be affecting inflammation in our body and also our mood?

Dr. Rangan Chatterjee: Yeah well look, the important thing to understand is that stress affects pretty much every system in our body. People talk about something like leaky gut, you may have heard about on the show before, I'm sure.

Stress causes leaky gut, you know? Stress impacts your muscular output or muscular strength. Stress impacts absolutely everything. Stress impacts your brain.

So we know that too much cortisol actually is damaging for your hippocampus. Your hippocampus is the memory center of your brain, so if we're chronically stressed, what's that going to be doing to our memories and our risk of having memory problems as we get older?

So the thing is, you've got to be careful. When I talk about this, we can start scaring people because everyone is stressed these days, right?

So you know, stress is a huge problem and I think what's hard about it is that it's sitting there in the background and we kind of know we're stressed, but because we don't go and measure it and we don't see it on a blood test, it's easy to ignore.

But there was a really, really great study- you mentioned inflammation. So one of the ways that stress causes havoc on the body is it raises inflammation, okay?

Stress has an impact on our immune system, and our immune system then makes what we call inflammatory cytokines. Cytokines are messengers from your immune system that get sent around the body to actually pass on these messages, right?

Now what's important is that when stress drives up that inflammation, that inflammation could cause a whole host of different problems.

Yes, it can cause problems with blood sugar as we've just said, but it can also cause problems with something like depression.

So there was a study, right? In 2016- there's been many studies, but this study was absolutely fantastic. It was done in King's College London, and these researchers basically showed that people with depression, those who had high markers of inflammation in their blood, they did not respond to anti-depressants.

It was almost with 100% certainty. So they had these groups, and if you had depression, and they did some sensory tests, and you had high markers of inflammation, anti-depressants didn't work.

Let's think about that for a minute. Anti-depressants are designed to raise the level of a neurotransmitter like serotonin in your brain. But what if the problem is not in your brain? What if the problem is in your body?

So this was really showing us that maybe, and I think it's much more than maybe, but this study was hypothesizing maybe in some cases of depression, the problem ain't up here in your brain, the problem is in inflammation in your body, and that really mimics what I see in my clinical practice.

I see chronic unresolved inflammation drives lots of mental health problems, and this study was fantastic. And I was invited onto BBC World News to talk about this, and it got such an incredible response because this is brand new information for a lot of people.

A lot of people in the health world, or the functional medicine world, or lifestyle medicine world have known this for several years, right? But for the mainstream media, this was a very, very important study, certainly on this side of the Atlantic. It was a huge study out here.

But what's remarkable for me is what did they ask me on the show, on the BBC news show, which I can send you the link to actually, but what they asked me was, "Does this mean that we can have anti-inflammatories to treat it?"

I said, "Hey guys, look what you've got to understand is that there's many different things that cause inflammation, but the bulk of it is lifestyle." Right?

So this four-pillar approach that I talk about - food, movement, sleep, relaxation - but also vitamin D, also psychosocial stress, and not just the stress we put on ourselves. If we're living in a stressful environment, these things all cause inflammation. Your social connection, these things cause inflammation.

So what was great about this study was it showed us that this biological process of inflammation that we have the power to turn off with the choices that we make might

be driving depression and a whole host of other problems, including mental health problems.

Shawn Stevenson: Wow, that's- it's so interesting also that- and that's just incredibly valuable for us to get. But it's so interesting that the people on the show would ask, "Should we just take an anti-inflammatory?" It's like we're missing the point.

It's still this very allopathic approach that we have psychologically, and that's why your book is important, to just help people to start thinking differently, you know?

A lot of people in this community are already on that path, but the vast majority of people, we're looking for a pill, for a solution that this pill is going to fix me.

And by the way, I want to talk about another kind of stress that a lot of people are overlooking that's contributing to health problems.

As Dr. Chatterjee has been talking about, we can't just look to one isolated area when we're talking about our overall health, and there's a big stressor for our digestive system and our elimination that can cause problems throughout our entire body.

And so a big issue today is proper elimination, and this is because not getting in a proper position to eliminate waste with the puborectalis muscle not being fully relaxed, it can put you in a position where you're straining and adding additional forces to your digestive tract, specifically causing improper elimination, constipation, diverticulosis, prolapse like literally pushing organs out of places because of the stress of not getting in a proper position to poop, to eliminate waste, and a big stress of that can be on our body.

And also when we talk about constipation and how that's tied to cancer for example, according to research at the American College of Gastroenterology, patients with chronic constipation are at a significantly greater risk of developing colorectal cancer. Alright?

This is not a joke. Like so many people are struggling, not just with diet, but also just the position we're putting our bodies in.

And as Dr. Chatterjee is also talking about in the book, and how important it is for movement, and being able to even get our bodies in natural human positions is incredibly important.

But to do that, I'm not saying for you to go out and poop in the woods. Alright? I'm not saying for you to be a bear human, alright? I'm saying we need to get a Squatty Potty, alright?

Something that fits to your already existing toilet that you can put your feet onto, and it's cute, it sits there, it doesn't look outwardly weird like five, six, seven years ago when I found out about how important it is to be in the right anatomical position, I had a cooler, alright?

I had a cooler for beverages in my bathroom. People would come to the bathroom like, "What? Are you guys offering sodas and beer?" They didn't really get it, right? And so now we have the Squatty Potty, and I literally buy this for so many of my friends.

I have the travel version, alright? The Porta-Squatty that I brought along with me on the road, and I always, always recommend people get this.

So check them out ASAP. If you're not doing this, you are really, really making a big mistake. I usually don't come out and just blatantly say things like that, because there's lots of options, there's many paths to the goal, but getting yourself in the proper position for elimination is something that is intrinsically human, and I need you to really pay attention to that.

So go to www.SquattyPotty.com/model and you get 15% off your entire purchase of any of the Squatty Potties, and any of the other cool things that they have. So it's www.SquattyPotty.com/model and you're going to get hooked up. It's the best price.

They were on *Shark Tank*, we're talking about like this is a huge company now, right? They're just killing it because this is helping a lot of people, alright?

And they reached out, and I was like, "I need an exclusive thing for my audience. I need a discount." Best price you're going to find anywhere, alright? Better than anywhere that you go, alright? So check them out, www.SquattyPotty.com/model.

And so now I want to ask you about some of the tips. Like we've been talking about how important it is for modulating stress, and we get that, and also that stress is also important. Stress can be valuable and help us, but we're in a state of chronic stress today.

So I want to talk about one of your pillars which is relax, alright? So one of those tips is 'me time,' alright? Me time. So let's talk about that, and how important it is, and also you've got three rules that you have for it. So let's talk about that.

Dr. Rangan Chatterjee: Yeah so Shawn, Me Time is how I start the book actually, and just on a bigger note, the reason I started with relaxation which is the whole stress piece rather than food and rather than movement, is that I don't think we value this enough in society, and I wanted to start the book with it to show people I prioritize this very, very highly. Okay?

Now Me Time every day is just this whole concept, but basically in 2018, most of us are super busy, right? We wake up, many of us are straight on our phones, we've got emails, we've got tweets, we've got Facebook messages, Instagram messages, just noise coming into our brain, and for many of us that continues all day, even when we're lying in bed at night, that noise is still coming in throughout the work week, but even at the weekend.

Many of us have got like elderly parents we're looking after, we've got people we need to help, we've got kids we need to get to school. This is a very, very busy time in the world, right? And so I think we need strategies with how to deal with that because as we've already mentioned, cortisol, if you are go, go, go all the time, you have no off time, you are in a state of chronic stress.

And so this is kind of what I'm getting at with Me Time. Me Time is a simple way that you can just stop, right? It's only fifteen minutes a day, that's all I'm asking for people, and if fifteen minutes is too much, start with five minutes.

I am not prescriptive in this book, right? This book is about you personalizing these suggestions, not prescriptions, these suggestions into your life. What do you feel comfortable with? What do you want to do? But I make a recommendation of fifteen minutes of Me Time a day.

But what is that Me Time? Well I think it's something you've got to do for you, and you alone, okay? It's something that you enjoy, and it's something that does not involve your smartphone.

I think that's the thing that people find the hardest, but I think there's a real value to actually just having that bit of quiet time, that peace. You know, it can be anything. You can just sit in a coffee shop drinking your coffee, drinking your favorite drink, and just watching the world go by or reading a magazine.

But I think the problem with technology for me- and I'm not anti-technology, man. We're recording this podcast using technology, right? Technology is fantastic, but we've got to start using tech in a way that it helps us rather than enslaves us, and I think just a simple way of having that off button every single day where possible has profound benefits.

And there are so many case studies in this book, but one I'm just going to briefly summarize for you, I had this middle-aged lady with Crohn's disease. Crohn's disease is an inflammatory bowel disease.

She was under a specialist, she didn't like the medication, it wasn't helping her. I'd been seeing her for a little while, I changed her diet, I put her on some supplements. You know, we got a bit of improvement but she plateaued and she still wasn't doing great.

I'd not seen her for about six months and she comes in, and she's really frustrated. And we go through it, and I can see there's a huge problem there, you know?

She's needing to go to the toilet a lot, her life is pretty unpleasant because of her symptoms, but she was like your classic- again not stereotypical but this is the sort of woman I see a lot in my practice. Very, very caring, very nurturing, she was a very fantastic wife, everything she did was for her kids, but she had no time for herself all week.

And I basically said to her at the end of this long consultation, "Look I want you to do two things. I want you to have fifteen minutes of Me Time every day, and let's figure out what you can do in that, and I want you to find something that you love doing. Right? Something you want to do selfishly for you, and do it once a week."

So she goes away, she decides to have a fifteen minute walk every day without her phone, but she just goes, and just loses herself for fifteen minutes, and she joined a Salsa class, something she wanted to do for years.

That is all she did for four weeks, and she came back to see me, and her symptoms had gone down by over 50%. Now let's think about that for a minute.

She has a problem with her gut, it's a gut problem, I didn't change anything directly with the gut. I didn't change her diet, nothing, I just- for her, what she needed to do- and it's not the same for everyone, right?

This is the key here. Some people might listen to this and go, "I changed my diet and my Crohn's disease improved." I get it, right?

But the reason I love this four-pillar approach is you can really dial it in, it's simple enough that I can use it as a doctor with my patients and go, "Actually your food is really good, your movement's not bad, but you know what? Your relaxation, there's nothing going on there. Let's deal with that now."

And on a wider picture, I would love this four-pillar health framework that I detail in the book, for us all to use as a self-assessment tool.

Like if I asked you, Shawn, now out of those four pillars, do you intuitively think you know which pillar you need the most work in? Because most of us do, I reckon.

Shawn Stevenson: Oh yeah, definitely.

Dr. Rangan Chatterjee: For me, it's the relax pillar.

Shawn Stevenson: Yeah, me too.

Dr. Rangan Chatterjee: Yeah, so I think for you and for me, we will get more benefit in our health from prioritizing a few things in the relax pillar, rather than trying to get an extra workout in, or get more vitamin nutrients in our diet, because I know for me, I'm pretty good in those areas already, and I suspect you are as well.

Shawn Stevenson: Yeah.

Dr. Rangan Chatterjee: And so this is what I love about the simplicity of this framework. I think there's a deceptive simplicity there. This is the framework that I used on my primetime series *Doctor in the House* with every patient, and I managed to help people reverse type 2 diabetes, fibromyalgia pains, anxiety and panic attacks down by 70% in six weeks. Not reversed, but certainly improved substantially.

You know, insomnia, irritable bowel syndrome, even menopausal symptoms gone from fifteen out of seventeen on the British Menopause Society questionnaire down to two out of seventeen in under six weeks, and I didn't use hormones, I just used the approach that I outline in the book because it's not rocket science, right?

It is so simple, and just let me tell you something Shawn, that I really want to get across because there are so many health books out now, and there are some fantastic health books out there that I've bought over the years, right? They're fantastic. But I don't think I've seen a book- I'm just really passionate about this.

I don't want to just say I'd give equal priority to these four pillars. I'm going to give you exactly 25% of the book to each one, and I'm going to give you five suggestions in each, and you do not have to do all twenty. Nobody's going to manage to do all twenty, right?

And if you don't like some of them, don't do them. I want people to pick two or three in each pillar that they think is going to work for them, and start there. Right?

If you don't like one of them, don't do it, and that's why I think people are resonating with this, because I'm not saying, "You've got to eat like this. You've got to eat like this. You've got to sleep like this."

I'm like no, "Give these things a try, and see how you feel."

Shawn Stevenson: Yeah, and I love that. I'm all about options, right? Because there's no one tool for everybody.

And you know, for me personally since you brought up the stress component, you know the last few weeks traveling, and also even prior to that, just preparing for all of the events that I was about to do.

I got away, because I have some pretty good practices, the Me Time thing. And you know, like going for a daily walk, playing pool, like I'll just break away from my office

and go play pool. I've got a pool table like just feet from my desk, right? And then I just stopped doing it.

Like especially being on the road, and just giving so much to everybody else. Every question, people stopping me here and there, and just engaging with people and really pouring out from my cup and not really refilling it by doing these small things.

I've got to mention this, man. One of your rules here in the book for the Me Time is also to not have any guilt associated with it, and I think that's so important because especially if we love people, we're about giving, we're about service, it could be very difficult to say, "Hey I'm doing this for me."

Right? And so that little time that I take for myself is actually just energizing me, and charging me up, and filling my own cup so that I'm better able to serve everybody else.

Dr. Rangan Chatterjee: Absolutely.

Shawn Stevenson: And so call to action for both of us to make sure we're doing that.

Dr. Rangan Chatterjee: Yeah, so I'm going to commit to you right here, right now because we're doing this podcast, that I'm going to commit to you that I'm going to actually try- no, not try. I am going to for the next seven to fourteen days, I'm going to make sure that I have that fifteen minutes of Me Time each day, and I'm also going to commit to going on a meditation app for five minutes a day.

Because now that I've said it to you, that is an accountability piece to me to actually do that, because that's what I'm struggling with at the moment. So thanks for that, man. Thank you.

Shawn Stevenson: Oh, you're welcome. We've got a virtual handshake happening right now, alright? Man, this is so good.

You know, there are so many things I want to ask you about. Listen, actually we've got to talk about this really quickly. We've got to talk about the smartphones, alright?

You've got another piece in here- and there's four pillars, guys. We're just covering one right now. The Screen Free Sabbath. So let's talk about how could our smartphones be related to depression. Specifically let's talk about the story of Devin, the sixteen-year-old kid in the book.

Dr. Rangan Chatterjee: I mean Devin, I still remember this case. It was a Monday afternoon surgery, it's what we call them here in general practice, I don't know if you call it there- I don't know what you guys call them, but we call them surgeries, afternoon surgeries.

And I had about three patients- three or four patients outside, I was running late. This is in what we call conventional NHS- so National Health Service practice, ten-minute consultations with our patients, right?

And I call him in, and he comes in with his mother, this sixteen-year-old young boy, well young man really, and I've got this letter from the ER, and basically at the weekend he tried to kill himself, and he ended up at the ER.

And the ER checked him out, and he tried to harm himself, right? Okay? And the ER checked him out, and they reckon he was safe to discharge, but they sent me a letter saying, "Can you prescribe him an anti-depressant?"

So just picture, I'm in my busy surgery, I've got people waiting outside, and the easiest thing in the world for me is just to write him a prescription and give it to him, okay? It takes a few minutes, he goes on, takes the treatment I was told, I can get on with my day.

But it just did not intuitively feel right to me. I thought, "I can't just- this guy seems like he's from a pretty well-balanced family. I can't detect anything that's going on here."

I didn't feel comfortable just medicating him for this problem. Okay, and I was quite junior as a general practitioner at the time, but on an intuitive level, I couldn't do it.

So I said- I started spending time talking to him, trying to figure out what was going on, and I couldn't quite get there. And I said, "Hey guys, can you come back tomorrow at the end of my morning surgery, and I can spend a bit longer with you?" They said, "Yeah, okay no problem."

So they came back, I sat a bit longer with them, and I got the impression that this sixteen-year-old boy's usage of social media could be negatively impacting his mental health.

So I said to him, I said, "Look, I think this is playing a role. Again, I'm not saying the cause, I'm saying this is playing a role. Would you be interested in me helping you to reduce that over the next few days?"

And he goes, "Do you think it's going to help, doc?" I said, "Well look, I don't know, okay? But I'm getting that impression, so I'd like to help you try if you want."

And we came up with a deal where one hour in the morning and one hour before bed he would not go on his tech, he would not go on his smartphone.

Now of course I also what we call safety netted him. He was safe for that to be done, he wasn't at immediate risk of harm in case there's any MDs listening who think that that was an unsafe thing to do. I did all the checks that we need to do. Right?

Anyway he comes back a week later, I said, "How are you feeling?" He said, "Well I'm still not great, but I'm feeling a little bit better, I'm sleeping better, my mood is less up and down throughout the day, I feel generally a lot better about myself."

Now he still wasn't great, okay? But he was a little bit better. So I said, "Devin, okay well can we progress this a little bit further? You know? Do you think it's going to help?"

Now he goes- you've got to remember, he has buy-in now because he's already experienced a little benefit. He's got buy-in.

So we move it up over the next few weeks to two hours in the morning and two hours in the evening, and bit by bit he keeps coming back and he said, "Yeah actually I feel a lot better."

Again I'm not trying to proclaim that this is a miracle here, he still wasn't great, but he was better. He was getting better. Okay?

Right about that time, I was reading a bit of research about diet and mental health. So the next time he came in I said, "Hey Devin, what are you eating actually?"

And he said, "Well you know," it was a classic teenager's Western junk food diet. A lot of processed food, a lot of crap, a lot of high sugar foods that were going to send his sugar up and down throughout the day.

And I drew him out a little graph and I said, "Hey Devin look, what's happening is that when you're eating this in the morning, your sugar is going up, then a couple of hours later your sugar is dropping very rapidly. Now to your body, that is a stress on an evolutionary level. That is a danger to your body. So when that happens, you release cortisol and other stress response hormones."

He's like, "Really?" I'm like, "Yeah, that's exactly what's happening." Because he could see on that picture, he got it, right? And then I said, "Well are you interested in me helping you understand how you can choose some foods that keep it more flat?"

He goes, "Yeah, I'd love to." So again, I taught him about protein, and healthy fats, things like nuts that he could snack on throughout the day, and avocados, and olives, and things like that.

And again, a lot of people say, "Oh a sixteen-year-old is not going to listen to you, he's not going to change," and that's when at lectures sometimes they say, "Oh patients don't do what we tell them to do." It's just simply not true, right?

Everyone wants to be as good as they possibly can. Nobody comes into my practice wanting to be unhealthy. I find that if I can communicate effectively and tap into them

and explain it to them in a language that they understand, they want to make these changes.

So what happens, this guy starts to change his diet bit by bit, and suddenly I don't see him much. He doesn't come back much, right? I hadn't seen him for nearly six months, and then I come into my surgery, I have a letter waiting for me, and it's from his mother.

And I open the letter and it says, "Dr. Chatterjee, thank you so much. Devin is like a different boy. He's interacting with his friends, he's happy at school, he's playing with his friends at the weekend. Thank you so much, you've changed his life."

Now I've got to tell you, Shawn. I didn't know what I was doing at the time, right? I didn't know that that was going to work. I didn't know that he didn't need other therapy. And I had referred him actually for some psychological counseling but there's a nine month wait for that over here.

Nine months you have to wait, so I figure I'm going to do something in the meantime, and that taught me a very, very valuable lesson. Just to be very clear, I am not saying that medications never have any use. But what I am saying is that we are over-medicalizing people for a lot of problems that could be fixed or certainly improved with small consistent changes to our lifestyle, and we should not assume that patients don't want to do what we say.

We need to challenge ourselves to communicate in a language that means something to them, and that they do make these changes.

So that's a sixteen-year-old boy. He could have been labeled with depression, right? He could have been medicalized, put on a tablet, a prescription, and he could still be on that five years later right now. Right?

But this is a boy who instead has followed a different trajectory, and that makes me really happy because that's why I became a doctor. And it ain't just mental health. I am seeing this over and over again when these small changes to our lifestyle, Shawn- if you just simply want to feel better than you currently do.

If someone listening doesn't have a complaint, right? Like a disease, but they actually feel, "I just want to feel better," right? These approaches are going to help you.

If you want to prevent getting sick in the future, the same approaches are going to help you. And if you have a disease or really severe condition, this approach that I outline will certainly improve things for you, and hopefully they might start reversing.

So this is a universal approach that works for everyone. It works for vegetarians, it works for meat eaters, it works for people who have got different cultural beliefs, and

I did that on purpose because I didn't want to write a book that excludes parts of the population.

I want to bring people together. I don't like all the fighting on social media about, "No you're wrong, this is the diet." "No you're wrong, this is the diet."

I get it, right? I understand that people are passionate about this, but I want to bring people together and go, "You know what? The bulk of what we're all saying is the same, right? Let's focus on the 80% that we agree on, right? Let's get everyone doing that 80% and then we don't need to fight about the 20%. Let people personalize it for them."

So I don't know, that's just kind of the approach that I take.

Shawn Stevenson: Yeah. Yeah, you know right there, you just laid it out. That's your model. That's your model that you're setting with how you're living your life, and how you're teaching.

And this has been incredibly valuable and insightful and fascinating, and I'm so- and I mentioned this to you before we even started. I'm very grateful that you're in this space doing the work that you're doing because I truly believe that you are part of this huge paradigm shift. Like you're a big part of it, and I'm just really excited for you, and this new project, and I can't wait to see what you do next.

Dr. Rangan Chatterjee: Oh Shawn, thank you for reaching out, thank you for giving me the opportunity to come on your fantastic podcast. It's a huge amount of gratitude from me back to you. Thank you.

Shawn Stevenson: Awesome, awesome. So can you let everybody know where they can find your book, right? Give us the pre-order. You've got some bonuses, so just let us know the URL to find that, and also let everybody know where they can connect with you on social.

Dr. Rangan Chatterjee: Yeah, so the book comes out in the US on May 1, and the URL is www.HowToMakeDiseaseDisappear.com. I'm on three social channels. Instagram and Facebook is @DrChatterjee, and on Twitter it's @DrChatterjeeUK. So please, hit me up on there.

Shawn Stevenson: Perfect. My man, thank you so much for sharing your gift. I appreciate you.

Dr. Rangan Chatterjee: Thanks man, I'll see you soon.

Shawn Stevenson: Everybody, thank you so much for tuning into the show today. I hope you got a lot of value out of this, and we're going to link up everything in the

show notes, so make sure to check out the new book. Be one of the first, and the bonuses he told me about, awesome. Like real tangible stuff, alright?

I don't like the free twenty PDFs that have nothing to do with the topic that you're interested in. Like you'll be getting a book for reversing heart disease, and you get a PDF about how to change a tire. Right? Like it just- that kind of stuff, we're not about that.

And also he's about giving value, alright? Dr. Chatterjee is all about value, and he is definitely somebody who's walking his talk as well.

And by the way, I want to mention this to you. In the book, when he talks about smartphone addiction, you might have been like, "How did Devin get better by backing off the social media?"

Check this statistic out, and this is in the book. A 2014 study, 2000 people in the UK painted a disturbing portrait of the average user. We check our phones 221 times a day starting at around 7:31 AM. We'll look at Facebook, read the news, check the weather before even getting out of bed.

And how many people do this? Somebody is hearing me right now. You're like, "That's me. That's me." By the time we go to sleep, we'll have spent three hours and sixteen minutes on our device, right? That's the average.

An even more alarming statistic from the US estimates that the average user touches their phone 2,617 times per day. Alright? You can't keep your hands off of it.

So this is seriously a big concern, and something that we need to pay attention to, you know? We're not actually asking you to turn your whole lifestyle upside down, it's just becoming more aware, right?

One little tip that he gives in the book, and that I've talked about several times, is just turn off some of your notifications. Right?

You don't have to have Facebook, Instagram, Twitter, email, text, everything coming to your phone and you're just replying like the Pavlov experiment, right? We've got Pavlov's dog, right? You're just an animal just salivating at the mouth every time you get a chime on your phone, and your attention gets pulled.

And we know, we talked about this with Cal Newport, there's an attention residue. So whatever it is you're supposed to be focusing on, it takes you time to get back in it whether it's work, whether it's your attention with your kids, your significant other, there's attention residue.

So stop letting this stuff steal your attention. We can still use it, I think it's great, I think Instagram is amazing, but we have to put it in the proper perspective and use it on your time instead of it using you. Alright?

So many great valuable lessons here, and again the book is called 'How to Make Disease Disappear,' and the title is because these illnesses are in large part, they're an illusion. Right?

These are a manifestation of symptoms that we categorize, right? Somebody has this particular set of symptoms, so we give them this label, like he talked about with Devin.

He's got these things going on, so you get labeled as somebody who has depression, and you buy into that label, you get the associated drugs, and you go on the rest of your life without a solution.

And he's talking about like that not being a part of our lives, and I think it's really, really powerful and really important, but at the end of the day, communication is key, as he talked about as well, and how we're articulating getting this information ourselves, and also how we're sharing this with the people that we care about.

And I'm very much a proponent and very passionate about getting this information to you in a way that makes sense, and that you care about, and that it hits your heart as well so that we can get this trickle-down effect and not only transform our own lives but transform the lives of the people that we care about.

Alright so listen, we've got some incredible shows coming up, incredible guests, oh be ready, it's going to get even better. We're going to keep taking it to another level, so stay tuned.

Take care, have an amazing day, and I'll talk with you soon.

And for more after the show, make sure to head over to www.TheModelHealthShow.com. That's where you can find all of the show notes, you can find transcriptions, videos for each episode, and if you've got a comment you can leave me a comment there as well.

And please make sure to head over to iTunes and leave us a rating to let everybody know that the show is awesome, and I appreciate that so much.

And take care, I promise to keep giving you more powerful, empowering, great content to help you transform your life. Thanks for tuning in.