



Episode 295: Health Foods That Are Actually Making Us Sick With Dr. Gundry of the Plant Paradox

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Katie: Hello, and welcome to the "Wellness Mama Podcast." I'm Katie from [wellnessmama.com](https://wellnessmama.com), and I am here today with one of the most requested podcast guests ever. Dr. Steven Gundry MD is a renowned heart surgeon, four-time "New York Times" bestselling author and physician-scientist. He's considered the leading expert in the world on a lectin-free diet as the key to reversing disease and boosting longevity, and he explains the science and the protocol in his book, "The Plant Paradox."

He also wrote a book called "The Longevity Paradox: How to Die Young in a Ripe Old Age" where he talks about how to get younger as you age, and he certainly seems to be an example of that. He also has written several cookbooks, including "The Plant Paradox Family Cookbook," which comes out right about the time you are listening to this and is available everywhere books are sold. This is one of my favorite interviews I've done. It's fascinating.

We go into a lot of different topics, including autoimmune disease and how to reverse it, how to keep your family healthy, even things like we go deep on APOE-4 genes and a whole lot of fascinating science. And Dr. Gundry practices medicine still seven days a week with his waitlist only clinics and helps thousands of people a

year to get healthier. And, stay tuned to also hear how some of his clinical studies that he's working on, they have a 95% reversal rate for autoimmune disease. So, like I said, one of my favorite episodes that I have done, and I hope that you will enjoy it as much as I did.

Katie: Dr. Gundry, welcome, and thanks for being here.

Dr. Gundry: Thanks for having me, "Wellness Mama."

Katie: I am so excited to have you. In fact, you are one of my most requested guests ever, and I'm so excited to finally get to chat with you on air. And I mentioned in your bio you are well-known for your book, "The Plant Paradox," and I think that's a perfect place to start because I read it and really enjoyed it, and I know it caused a stir to say the least. And you talk about lectins being a problem. So to start broad, can you give us an overview of what lectins are?

Dr. Gundry: Lectins are a plant protein that's a sticky protein, and they're designed by plants as a defense mechanism against being eaten. These, believe it or not, plants don't want to be eaten, and they don't want their seeds or babies eaten. So one of the ways they fight against being eaten is to produce these lectins, which like to bind to specific sugar molecules in us or any of their predators. And those sugar molecules line the wall of our gut. They line the lining of our blood vessels. They line in our joints. They line the spaces between nerves.

And when lectins hit these places, they are a major cause of leaky gut. They can break down the gut wall barrier. They're a major cause of arthritis, they're a major cause of heart disease, and they're a major cause, in my research, of autoimmune diseases. And so anything that a lectin can do to make its predator, us, feel bad, not do well. A smart predator says, "Every time I eat these particular plants or their seeds, I don't do very well, and I think I'll go eat something else." That's the defense mechanism that plants use.

Katie: That makes sense. So what would be examples of foods that contain lectins and some of the different types of lectins that are in these foods?

Dr. Gundry: Most grains have lectins primarily in the hull, sometimes in the germ of the grains. So we're talking about, for instance, gluten happens to be a lectin, but there are other mischievous lectins in wheat in the hull called wheat germ agglutinin, which is probably even worse than gluten present in all grains except sorghum and millet. Sorghum and millet don't have a hull and have been tested as lectin-free. They're present in all beans. Beans and legumes have some of the highest lectin content of any food, and that includes peanuts.

Peanuts are a legume, they're not a nut at all, and that includes cashews. Cashews are part of the nightshade, Oh, sorry. Not the nightshade family, poison ivy family. And anyone who thinks that cashews are good for them might chew on poison ivy and find out how bad that really is. I mentioned nightshades. The nightshade family includes potatoes, eggplant, tomatoes, peppers, and even goji berries. And then there are also lectins in new world's squash families, things like zucchini, things like summer squashes, things like cucumbers actually all have lectins, primarily in the peels and the seeds. So that's a good overview.

Katie: Got it. So, that sounds like a lot of foods. I know people who are not familiar with this may be thinking, like, "That's half of what I eat." What would be on the converse, what would be some examples of foods that do not contain lectins?

Dr. Gundry: Well, you know, interestingly enough, all of those foods that I mentioned, no human being ever consumed any of those foods until about 10,000 years ago when agriculture started. We did not eat wheat. It didn't exist. Rice began being cultivated 8,000 years ago. Things like the nightshade family, most of us come from Europe, Africa, or Asia, and all of these nightshade families are American plants, and so none of our ancestors ate any of these until 500 years ago. And beginning to be introduced to something in 500 years is like speed dating and evolution, and I think we haven't been able to catch up with adapting to these modern foods.

So an answer to your question. We have been eating leaves and tubers for probably millions and millions of years. There is evidence that early man primarily got a lot of its food supply by tubers, including, fun fact, those little tiger nuts, which are actually not nuts at all but little underground tubers. There's some pretty cool archaeological evidence that we consumed quite a bit of tiger nuts in the past. But yams, for instance, are another thing and all the leafy green vegetables. Great apes like chimpanzees and gorillas eat mostly leaves, and we started as one of the great eight families.

Katie: That is really fascinating. So to clarify one point on this because you just mentioned a lot of vegetables and even tubers that are sources of starch, I think that there was some misconception with "The Plant Paradox." People thought it was essentially a carnivore diet or that you were saying to avoid all plants, and that's certainly not the case at all. But can you just clarify that a little bit?

Dr. Gundry: Yeah. This is not a carnivore diet. It's the antithesis of the carnivore diet. I'm actually very plant-friendly. In fact, there's a vegetarian and vegan version of every one of my recipes in every one of my books. And I'm secretly trying to make people pretty close to vegan as possible. My wife and I eat pretty much vegan during the week. Then on the weekends, we add usually wild shellfish or wild fish into our repertoire. Now, the reason I think people think that this is a carnivore diet, the carnivore diet folks have jumped on the lectin bandwagon because, quite frankly, all plants have lectins in them.

And my point in "The Plant Paradox" is that there are some plants that we have eaten for literally millions of years and our bacteria, our microbiome, has evolved to handle those particular lectins and eat them and also

teach our immune system that, "Yeah, this plant has a lectin, but, hey, you don't have to get all upset about it because you've seen this lectin for a million years and don't get your shorts in a wad. And I think that's the difference. The carnivore diet folks say, "Okay, well every plant is bad, and so we auto-eliminate all plants."

That's, I think, taken to an extreme. I will say this about the carnivore diet. In a way, it is the ultimate elimination diet. And I do have patients with severe IBS or leaky gut that even raw vegetables, particularly raw cruciferous vegetables, are really mischievous introducing them initially into the program. And I write in all the books, and some people don't read closely enough. But if you do have IBS, or a leaky gut, or diarrhea, then raw vegetables are way down the list that you should add to your diet. And if you want those vegetables, you need to cook them to an inch of their life and make them kind of mushy, particularly a pressure cooker really helps.

Katie: Let's talk about that a little bit more. I'm a huge fan of pressure cookers and Instant Pots, and I have actually several of them. But how do pressure cookers help with lectins?

Dr. Gundry: So there is good evidence that all lectins can be destroyed with the application of high heat and high pressure simultaneously. The exception to that is gluten. Gluten does not appear to be broken down by high heat and high pressure. Interestingly, I was a professor and chairman at Loma Linda University for much of my career, and the Adventists are vegetarians. And, the primary protein source in the Adventist diet is texturized vegetable protein, TVP as it's known. And this is actually defatted soy meal that is extruded under high heat and high pressure. And I think maybe unbeknownst to them, this deactivate the rather nasty lectins in soy.

So some people characterize me as anti-bean, and that's actually not the case. I think beans have some great soluble fibers that if you deactivate the lectins by pressure cooking them, they're a really great source of food. And so, as you know, I'm a big fan of the Instant Pot. In fact, on November 19th, I'm introducing ""The Plant Paradox Family Cookbook," which has mostly Instant Pot recipes for busy families. And you've got six kids, so you are one busy wellness mama. And so, an instapot is just a great option for delectinizing foods and getting a great meal on the table very quickly.

Katie: I definitely agree. I'm a huge fan of it. I'll make sure to share your new cookbook when it comes out and also to grab a copy. But just to make sure I understand, so if people are using an instapot or pressure cooker correctly, does that make things like beans, and nightshades, and squash safe to consume?

Dr. Gundry: Yes, absolutely. And I go through that in every one of our books, that the key is using a pressure cooker, like an Instant Pot and following the package directions. The other thing I think that's important for people to know who maybe are still afraid of the pressure cookers, the Instant Pot or other modern pressure cookers are not their grandmother's pressure cooker. My mother exploded one when I was growing up. These are incredibly safe, useful devices. I think the other great thing is, and I have no relationship with this company.

There's a company called Eden, E-D-E-N, that not only soaks all their beans and legumes and lentils but also pressure cooks them. And they're really one of the few companies that has a non-BPA lined can. And just to give you an example. I ran home from filming, in San Francisco, a public television special Wednesday night, and I opened a can of Eden Garbanzo beans, threw in a bunch of chopped onions and a half head of radicchio with some Italian herbs, and stirred it all around, and that was dinner. And so you can report that Dr. Gundry admitted to eating pressure cooked Garbanzo beans. Oh my gosh. News flash.

Katie: I have it on the record now. We have a record of this. What about grains? So you mentioned sorghum and millet do not have lectins. Does that make them okay as is to consume?

Dr. Gundry: Yeah, I think they're really a great underutilized grain. Both sorghum and millet, you can make into oatmeal which has the texture, which has the flavor. I'm a sucker for sorghum popcorn. Sorghum popcorn looks like miniature popcorn. It smells like popcorn. It tastes like popcorn, only it's really tiny. And I think it's another underutilized grain. Now, one of the things that I talk about in all my books, these should be used not as the mainstay of anyone's diet. I think they are additions to a diet. They still have a lot of starch that breaks down into simple sugar.

And one of the things I've seen through the years in dealing with my patients is that a lot of people see my list of friendly foods page and look at the resistance starches and say, "Oh, I can have unlimited amounts of sorghum, or Yuca, or millet." And I've tested this on myself, and I'll have a bunch of sorghum popcorn and then check my blood levels of triglycerides. And sure enough, if I'm munching, even a couple cups of sorghum popcorn as a snack, within a week, my triglycerides are elevated. And as people have heard me talk, that's really bad longterm for heart health.

Katie: That makes sense. Let's go a little deeper on that because I think that there's also a misconception that you are just, by default, low carb or that you recommend a low carb or keto-type diet because a lot of these foods that contain lectins are also high carb, but you are a heart surgeon as well as a research scientist. So give us the low down on that. What do you personally consume carb-wise, and what do you recommend for your patients?

Dr. Gundry: Well, so I'm actually, as you probably know or as people know, I have a ketogenic version of my diet that I use for anyone who is insulin-resistant, or prediabetic, or diabetic, who has issues with cancer. I treat a lot of patients with cancer with my version of the ketogenic diet. But my version of the ketogenic diet is plant-based in that I want people to consume about 80% of their calories as primarily olive oil and/or avocados. And that's where the vast majority of their calories should come from. I literally want people to consume about a liter of olive oil per week. And as strange as that may seem, that's 10 to 12 tablespoons of olive oil per week.

My wife and I go through about a liter and a half of olive oil every week. And David Palmiter, a good friend, he and his wife, each have about a liter of olive oil per week. And you can look at any of us, and we're certainly not overweight. In fact, there's a beautiful study out of Spain forcing people to use a liter of olive oil per week for five years at the age of 65, and they actually lost weight during that time period. And they had improved brain health and memory, and they actually reduced their incidents of coronary heart disease by 30%.

So back to your original question, I believe that most of the food that we should be to get olive oil into our mouth. In other words, the purpose of eating broccoli is to get olive oil into your mouth. The purpose of having a salad is to get olive oil into your mouth. In fact, when I pop sorghum popcorn, I pour olive oil over it. And in fact, in my previous cookbook, I recommended that people, instead of butter on their approved waffles pour olive oil on it. And people go, "Wait a minute, olive oil on waffles?" Well, it's a fat, and it's a good fat, so why not use the waffle to deliver a good fat like olive oil? Everything goes better with olive oil.

Katie: I'm a huge fan of olive oil as well. I'm glad that you are such a supporter. So another thing I'd love to go a little bit deeper on. So I first really started learning about lectins starting with gluten but then all of the others when I was in, like, the really bad part of having Hashimoto's. And so, I was trying to figure what was wrong with me, and I eventually figured out it was Hashimoto's. And for a long time, I had to be very restrictive with my diet. And I'm much less so now. But let's go deep for a little while on the lectin autoimmune disease connection. Can you start by explaining what's going on in the body that there's that link?

Dr. Gundry: Yeah, I think the first person to talk about this was Loren Cordain from Colorado State University, who, I think, is the true father of the paleo diet. And Cordain postulated that one of the things plants do is molecular mimicry. And the best way to explain this is lectins are proteins, and our immune system is set up with literally barcode scanners that read the barcode on all proteins that enter us. And the immune system is educated as to which proteins are friendly, that they've got a valid passport, or which proteins are on the no-fly list. And when, give you an example of a splinter, is under your skin, it gets all red, and that's your white blood cells attacking that foreign protein.

So lining the wall of our gut is about 65%, 70% of all the white cells in our body line our gut wall. So if a foreign protein, you know, like a lectin, makes its way across the border, our immune system scans the barcode on that protein and says, "Aah, that's a bad protein. And number one, we should mobilize the troops and kill this guy, but we should also memorize what this barcode looks like so that if we ever see something that looks like this barcode again in our body, we will attack it." Now, I think plants are a lot smarter than people give them credit for, so plants have made these proteins resemble other proteins in our body.

For instance, they resemble the proteins in the thyroid gland. They resemble proteins in joints. They resemble proteins in nerves. They resemble proteins in skin. And, they even resemble proteins in the brain. So that when your immune system is activated by a leaky gut, then your immune system or I call them your fighter jets are going through your body and they go past your thyroid or Kelly Clarkson's thyroid and says, "Oh, my gosh, you poor person. There are lectins in your thyroid, and we're going to shoot to kill. Now, they don't quite

look like the electrons we're looking for, but they're pretty close. And so we'll shoot first and ask questions later." So that's molecular mimicry.

Last year, I published a paper of 102 people with biomarker-proven autoimmune diseases like Hashimoto's, like Crohn's, like rheumatoid arthritis, like lupus who were put on the Plant Paradox program. And in six months' time, 95 out of 102 patients were biomarker negative for those autoimmune diseases. So that's a 94% success rate in six months. Not bad if I do say so. So we've seen people like yourself, like Kelly Clarkson, become completely autoimmune negative within a fairly short time period. In fact, just recently, I mentioned on another podcast, in my practice, for a new patient, usually my PA will see the patient first, and then I see the patient the next visit.

And I saw a woman in her mid-50s who had Hashimoto's thyroiditis, and she had been on the program for three months. When I saw her, first thing she did was introduce herself. She said, "Well, I'm here because I have, you know, Hashimoto's thyroiditis." And I said, "Well, no you don't." And she said, "Well, of course, I do. That's why I'm here." And I said, "Well, you don't have it anymore." And she said, "Well, how could that be?" So I held up her new lab work and sure enough, her anti-thyroglobulin antibody or anti-thyroid peroxidation antibodies were previously positive, but now they were negative. And that was in only three months. So, obviously, she was delighted and so was I, but that's what we've come to expect.

Katie: That's an incredible success rate, and I love that it turns the idea on its head. There's an understanding that autoimmune diseases are not reversible, and I've heard that, you know, from a lot of doctors saying, "Once you have it, you always have it." And so I'd love a little bit more just to clarify, these people are not just in remission, but they don't even have the biomarkers at all for autoimmune disease at that point.

Dr. Gundry: Correct. The biomarkers are negative. They're zero. And, you know, that includes rheumatoid factor, that includes anti-CCP3, that includes anti-nuclear antibody, that includes anti-DS double-stranded DNA, that includes Sjogren's syndrome. We've seen reversal in so far every autoimmune disease. So, we've tackled...including MS. We've recently... Let me give you another example. There's some beautiful new tests looking at attack on brain myelin that's measurable with tests. We've got anti-cerebellar antibodies.

Recently saw a gentleman, young man in his mid-30s, very successful businessman, young wife, who had brain fog, for lack of a better word. And he came to us, had autoimmune markers for lupus, but also had two markers of his brain being under attack, one of them a de-myelination antibody. And we put him on the program, and he travels a lot. And I saw him back after two months. He said those two months were the most difficult that he's ever had in his life. He hated me. But his wife, to keep him on track, actually made all his meals and packed them for him while he was traveling because, you know, he's a 35-year-old guy who's got markers for MS, and his brain doesn't work.

So he said, you know, after six weeks, he said, "I really began to start liking you, so let's see what we got." And sure enough, his marker for lupus antinuclear antibody was gone. But I think most encouraging was that both

of his brain autoimmune markers were now turned off. And that just gives you the power that people have to take control of what...many doctors are telling them, "Well, you got MS, and you're just gonna have to live with it." And, you know, Terry Wahls perfectly proved that this is something people do not have to live with. This is something that's reversible, and these are fixable problems as long as we repair the gut barrier.

And, I think, my research over the last 20 years has stood the test of time that Hippocrates was right, that all disease begins in the gut. And I've added to that, that all disease can end in the gut if we stop a leaky gut from occurring. And if lectins are one of the major causes of leaky gut, and I and others believe they are, then getting lectins out of the diet is a first step.

Katie: I love Dr. Wahls. Her work is so encouraging as well. And I'm guessing there's a lot of people listening who are going, "Oh, my gosh, is this actually possible? I have X, Y, Z autoimmune disease. Where do I start?" And I know that, obviously, they need to get "The Plant Paradox," and we'll talk about your new book in a couple of minutes as well. But can you, kind of, give us just a broad overview, both as a doctor and as a researcher, what you think an optimal diet for most people sort of, like, a specific issue looks like? Like, where should we begin with the good?

Dr. Gundry: Well, like, principle number one of "The Plant Paradox" is what I tell you not to eat is far more important than what I tell you to eat. And I can't emphasize that enough. It's the foods that you remove from your diet. And if you want to call it an elimination diet, that's fine with me. But there's certain foods that are making people sick. And getting these foods out of their diet, the ones I've just talked about, the ones that we were not designed to eat and that we were not exposed to until 10,000 years ago is the perfect place to start.

And I jokingly say I want people to party like it's 9,999 years ago and eat that way because these modern foods didn't exist in the human diet. And that was actually my research as an undergraduate at Yale University. I had a special major in human evolutionary biology, finding the foods and the environment that transformed a great ape into a modern human. And that's actually was the basis of my original program.

Katie: That's amazing. And also, you do talk a lot about the microbiome, and I know that removing lectins is a big part of that. Most of the people listening have kids, and that's been a big area of research for me as well, as, how do we give our kids the best start in life by fostering a good microbiome early on? And I'd love to hear your research and your take on that. As parents, what can we be doing from the very beginning with our kids to make sure that they have the best start in life when it comes to this?

Dr. Gundry: Well, that's why I wrote "The Plant Paradox Family Cookbook" because, number one, I was a professor of pediatrics at Loma Linda, was a children's heart surgeon, and a lot of my practice now involves children with the juvenile rheumatoid arthritis, ulcerative colitis, Crohn's disease. I see a lot of children with asthma and eczema that have had no results elsewhere. And having children follow this program is obviously challenging because of peer pressure. But what we found was that if children were encouraged to follow this program, their Crohn's disease went away, their rheumatoid arthritis went away.

And if they slipped, even if they cheated one time, had a cupcake at a school party, that they would flair immediately. And one of my patients early on said, "You know, feeling good, never tasted so good." And I think that's a really important point. So how do we do this with our kids? Now I have two young grandchildren. And bless my daughter and her husband's heart, they have fed their kids with the Plant Paradox since day one, and they're both thriving three and five-year-olds now. One just started kindergarten. And they cook in the kitchen.

I think that's one of the most important things you can do, is involve your kids and making things very early. I give step-by-step advice to mothers who wanna get pregnant on the steps you need to do. Once you're pregnant, what you should do. I can't emphasize enough the importance of high dose fish oil, particularly DHA for building your baby's brain. There's a new study out that shows mothers who supplement with vitamin D have smarter kids who do better athletically than mothers who do not supplement with vitamin D during pregnancy. I think this is incredibly important information, and we give the all the suggestions in doing that.

In addition, please, please, please keep cows milk out of your child's diet. Your baby is not a baby cow, and cow's milk is designed to make baby cows grow rapidly so they do not get eaten by predators. We, as you, as a mother knows, are a very slow-growing species, and we do not want to have insulin-like growth factor, IGF1, which is high in cows milk given to our kids because it will actually make our kids grow faster and fatter. And that's the last thing we actually want. Kids who grow rapidly have a much higher incidence of childhood cancers and cancers in their teenagers than kids who grow slowly and normally. So those are a few of the helpful ones. We can go on and on, but it's all in "The Plant Paradox Family Cookbook."

Katie: Yeah, definitely. Again, echo the recommendation for your books.

This episode is brought to you by Fabletics. They make cute and high quality athletic wear available to everyone and they've been my go-to place to shop for workout gear for years. I find myself constantly switching up my workout routine, from lifting weights and swimming, to currently training for a 5K with my kids. I always find cute gear that fits my activity. Here's how it works... After taking a super quick, 60 second style quiz, you'll receive a personalized showroom of pieces specifically catered towards your own unique style. Right now, you can get 2 leggings for only \$24 (\$99 value) as a VIP at [fabletics.com/wellnessmama](https://fabletics.com/wellnessmama). This includes my favorite - the high waisted powerhold leggings that is flattering - even in all the places I have a little loose skin from past pregnancies. A tip - Make sure you enter your email address at the end of the quiz, as you'll receive *exclusive* monthly discounts and the inside scoop about new collections that haven't been released yet. Again, check out [fabletics.com/wellnessmama](https://fabletics.com/wellnessmama) and grab the deal while you can and check out my favorite powerhold leggings while they're still in stock as styles change monthly.

This episode is brought to you by Kion and their Kion clean energy bar. Finding good snacks is tough and finding snacks that are healthy, contain important nutrients and that kids love can be an uphill battle. Many of the so-called healthy snacks contain sugar or processed ingredients or lack nutrients so they leave you hungry

soon after. That's why I love the Kion clean energy bar. My kids love it for the taste, I love that it is all natural, made from real food ingredients and provides stable, long lasting energy. Unlike many snacks, Kion bars contain zero refined sugar or highly processed ingredients. These real food bars are naturally gluten, dairy and soy free and packed with electrolytes, vitamins and minerals. They don't melt in heat or freeze in cold, making them ideal to pack in lunches or to send along with active kids as a snack. In fact, you'll often find one (or 4) of these bars in the baskets of my kids bikes or their backpacks as they build forts outside. You can get 15% off of the Kion Clean Energy Bar by going to [getkion.com/wellnessmama](http://getkion.com/wellnessmama) and using code MAMA15 at checkout.

Katie: And you mentioned in kids that they were even able to see reversal of autoimmune symptoms and certainly in adults. There's studies on this as well, but then it took complete adherence and no cheating. And so, I'm curious how you respond because I get these, too, people who say, "This is way too extreme. Everything in moderation. It should be fine. Like, you don't have to completely avoid it." I'm just curious how you answer those types of questions.

Dr. Gundry: Well, in the paper that I published at the American Heart Association in Lifestyle and Epidemiology meeting on the patients with autoimmune disease, seven of the patients subsequently, once they were in remission or cured, had no biomarker evidence of disease, started liberalizing their diet. And all of those seven people relapsed. The good news is once they went back on the program, they cured themselves again. They went back into remission. And that's what we see. I lectured at Harvard two years ago at the neurosciences meeting.

And after giving this evidence, one of the professors said, "Well, that's ridiculous. You know, everything in moderation. What do you say to that?" And I said, "Well, that's fine. You know, if you want moderate heart disease, if you want moderate arthritis, if you want moderate dementia, and if you want moderate autoimmune disease, then please do that. But who in the world would actually want that? It's preventable. These problems do not exist in societies that eat like us." And I mean, believe it or not, when, you know, when I was in medical school, autoimmune disease and childhood cancer were aberrations.

They were oddities. And now, every commercial we see on TV is for, oh, you know, a happy person smiling with our autoimmune disease because of an immunosuppressant drug. And people forget that I was a transplant immunologist. I'm world famous in Xenotransplantation and how to fool the immune system to accepting a pig heart as normal. And what I've taken with my knowledge of autoimmunity and immunity is bringing that into, "Okay, we know what the immune system is looking for, let's calm it down. This is fixable."

Katie: And that makes so much sense. And a couple more questions, I don't know, that will probably come up and that are probably common questions for you. You talk about how you eat seafood on the weekend, and there's also that conception in the natural health world that things like shrimp and crab aren't good for you because they're bottom feeders with their filters. And so I'm curious your take on that.

Dr. Gundry: This is one of my favorite questions. I have a very good friend who's a professor at the University of Texas in Galveston, which is one of the shrimp capitals of the world, and he delights in telling anyone who will listen that a shrimp is not a bottom feeder. They're free swimmers, and they are a quad with trawlers nets, and so they are absolutely not bottom feeders. I used to live in Baltimore, Maryland, and I can assure you that crabs are not bottom feeders either. They actually are free swimmers.

And, in fact, there's a Pulitzer prize-winning book that I recommend to anyone about the Waterman of the Chesapeake Bay called "Beautiful Swimmers," which is about crabs. And so, that's one of the great misnomers of all time. Incidentally, muscles may be one of the greatest health foods known to mankind. They are regenerative creatures. They actually filter about six gallons of water every day. They do not accumulate toxins, and they clean the ocean, and they actually do not use up any energy. So, they're really one of the best foods that you can eat.

Katie: That's great to know. And what about fruit? I know that's a common food for kids. You didn't mention it as being a source of lectins, so I'm curious your take on fruit.

Dr. Gundry: So two things on fruit. We forget at our peril that a few short years ago, fruit was only available seasonally during seasons that primarily were summer and early fall, and not the rest of the year. Unless you lived in the panhandle of Florida, you didn't have fruit during the winter. In fact, there's volumes of research that show that great apes only eat fruit during the summer, and they eat fruit to gain weight for the rest of the year. In fact, fruit consumption, fructose, is one of the best ways to gain weight that there is. Let me give you a recent example.

I recently appeared on the "Kelly Clarkson Show" because she cured her Hashimoto's by following my book. All she did was read my book. She never met me. She didn't have a consultation with me, and lo and behold, you know, she lost 30 pounds, and her Hashimoto's was gone by...well, it's up to 40 pounds now just by following my book. So I was talking with her producer a few weeks beforehand on, you know, what we're gonna do on the show. So I showed up in the green room backstage, and the producer walked in, and he said, "I took your advice. I gave fruit the boot. I gave up fruit, and I've lost five pounds in two weeks. And that's the only thing I changed. I gave up fruit." He said, "How did you know?" And I said, "Well, because we use fruit to gain weight." Fruit is not a health food for children, and particularly fruit juice. There's a recent study in the "British Medical Journal" showing that fruit juice consumption is a leading cause of cancer. And we have to understand that cancer cells vastly prefer fructose, fruit sugar, over glucose. And so, you know, give fruit the boot.

Now, berries are great. Pomegranate seeds are great. Persimmons are in season right now. Those are some of the safest fruits you can eat. But this should be a treat. We should treat fruit as what it is, and that's dessert. It is not a healthy snack. You're much better off giving your kids a handful of walnuts, or pistachios, or macadamia nuts as a healthy snack rather than a healthy piece of fruit. And to elaborate on that, most fruit in this country is brought over incredibly long distances from Argentina, and Chile, and even Mexico, and it's picked unripe and then ripened with ethylene oxide.

An unripe fruit actually has lectins in it. I am old enough to remember eating green apples as a kid and suffering what we called the Green Apple two-step, which was pretty impressive diarrhea. And that's because the lectins in green apples were designed to not make you eat that fruit until the seeds actually had a peel on them that you couldn't digest, and then the plant actually wanted you to eat its fruit. That's how it works.

Katie: That's really fascinating. So, as an action step, you're saying things like local, seasonal berries when they're in season as a treat, that's totally great. It's just eating all fruits year-round like we live on a tropical island confuses our body basically.

Dr. Gundry: Yeah, exactly. Exactly. And it's really one of really the major causes I see of weight gain in this country, of insulin resistance in this country, and heart disease, quite frankly. Actually, it raises triglycerides. Triglycerides are the first form of fat that we make from sugars. And also, by the way, fructose is a toxin, and it's such a toxin that we carry it immediately to our liver where it's detoxified into triglycerides, which is a fat, and uric acid. And uric acid causes high blood pressure, and it also causes kidney stones and gout. So we always have to go back to realize that fructose is not our friend. Fructose, oh, by the way, is a mitochondrial poison. So why anyone would want their kids consuming a mitochondrial poison is beyond my comprehension.

Katie: That's a great explanation. And as some really important people in my life get a little older, my parents, and also as I get older myself, you also are well-known for your book, "The Longevity Paradox." So to switch gears a little bit, explain to us what "The Longevity Paradox" is.

Dr. Gundry: Well, we all want to get old. And live a long time, but we don't wanna get old. And that's actually "The Longevity Paradox." We look kinda into the future and getting old, we don't wanna die, but getting old doesn't look very good. It means hip and knee replacement. It means stents or open-heart surgery. It means maybe not remembering your loved ones' names or ending up in a skilled nursing facility or assisted living, and none of that looks particularly good. What we really wanna do, the subtitle of the book is we wanna die young at a ripe, old age.

And that's what we want, and it's actually achievable. And the purpose of "The Longevity Paradox" is to give people the hope and the evidence that it's never too late to make changes in your life that will change your life around. And the examples that I see in my practice, and I see patients seven days a week because I learn from my patients. I learn what happens when I ask them to do certain things. I learn from their blood work what works, what doesn't. And you know, I can't resist not seeing patients every week, every day because every day I get to learn something new from one of my patients. And, you know, what a tremendous gift my patients are to me. So "The Longevity Paradox" is how to get young, no matter how old you are.

Katie: I love that. And I'm curious, are there any supplements or go-to things that you take or that you think are essential for both getting rid of autoimmune disease, living longer, a lot of these things that you've talked about?

Dr. Gundry: Well, as you know, I formed my own supplement line, Gundry MD, three years ago now. All the supplements that I manufacture are based on my research in tens of thousands of patients, looking at their blood work and their response to certain ingredients. So I'm obviously biased that there are some really good things that people should take. Now, I'm a nut. And I list every one of the supplements that I currently take at the end of "The Longevity Paradox," and there are a rather impressive list. I take about 120 different supplements in the morning and about 80 at night. And I'll tell you when I'm 150, how that worked out. In fact, our saying in our clinic is "150 is the new 100."

So having said that, I think there are certain supplements that really every human being should take for maximal health, and that is vitamin D3. The current recommendations are being raised. Most labs now, a vitamin D level of 120 is now considered normal, not elevated. I have run my vitamin D level greater than 120 for the last 17 years to prove that I'm not dead. And so far so good. I've yet to see vitamin D toxicity. It may exist, but I certainly not seen it in my patients. So I'm aggressive at pushing vitamin D on my patients, at least 5,000 international units a day. Most people with autoimmune disease should start with 10,000 international units of D3.

The second thing that I think is critical for most people is to get enough fish oil, and I don't care if it's algae-based DHA, but to get enough fish oil to have 1,000 milligrams of DHA per day. And look on the back of whatever omega-3 or fish oil you're buying and look for the amount of DHA per capsule and then just choose accordingly. I take care of a great number of people with the APOE-4 gene, which is, unfortunately, nicknamed the Alzheimer's gene. And about 30% of Americans carry the Alzheimer's gene. And in those people, I supplement with krill oil in addition to their fish oil.

Not as a substitution because there's a phospholipid in krill oil that will carry DHA into these people's brains, which otherwise might not get there. It's a small technical point. But since Dale Bredesen who wrote the end of Alzheimer's and I have become friends, we're both very adamant about getting people with the APOE-4 gene, not only on fish oil but also on krill oil. And so, those are the essential things. The third thing that anyone can do for longevity is to practice time-restricted feeding. Now, whether we call that intermittent fasting, whether time-restricted feeding, which means limit the eating time during the day to a small number of hours, start with 10 hours, work your way down to even four to six hours, that's probably one of the best ways to prolong good health of any trick that anyone has ever discovered.

And I profile a gentleman from the 1500s, Luigi. Carnero, who wrote a book on how to live to 100. He actually died at 102 in the 1500s. And he wrote a book on how to do this. And he actually practiced calorie restriction, and he gives the complete guide of how to do it. And one of the things that I always remember him, he said that most people think that 65 is pretty much the end of life, and there's not much worth living for. And he

says, "I stand to correct everyone that 90 and 100 is the best years of your life, and here's how to do it." And that's what I want for everybody.

Katie: I love that. And I'll make sure there's links to all of your books in the show notes, and I'll also post them on social media. But I'd love that you address the APOE4 because that's something that runs in my family and something I've done quite a bit of research on as well. It's good to know that there are things people can do to really mitigate that. Another clarifying point, I just wanted to make sure we touch on.

When I made this dietary switch myself when I was just learning about autoimmune disease, there was definitely an adjustment period where I didn't feel very good. And you mentioned one of your patients didn't like you those first few weeks. So, can you talk about, is there an adjustment period with this when your body's still kind of like trying to figure out what's going on, when it's not as fun, and when do the beneficial results kind of start to work?

Dr. Gundry: Yeah, I actually tell any of my new patients that "You're gonna hate me for two weeks and then you're going to love me." And it's worked out to be pretty true. Most of us are addicted to the morphine-like compounds in grains and in dairy, and it's like being withdrawn from a drug. One of the reasons we love wheat products, and rye, and barley, and oats is because of these morphine-like compounds that they are morphed into. And one of the reasons we like cow's milk and cheeses is a beta-casomorphine, which goes right to our brains, particularly women's brains, and goes happy, happy, happy, happy.

And interestingly enough, since you mentioned the APOE-4 gene, remarkably, saturated animal fats like cheeses are really detrimental to people with the APOE-4 gene, and vast majority of people with the APOE-4 gene love cheese. And it's one of the hardest things to get away from them, and it's because of these morphine-like compounds. And I really do think that most of us are, you know, addicted to this and it's withdrawal. And once you withdraw, that's when things start kicking in.

The second thing that happens, the vast majority of Americans are insulin-resistant. They have high fasting insulin levels. And I tell anyone who will listen in all the residents that come through my clinic and family practice that the best test if they're gonna spend their patient's hard-earned money on a laboratory test, the best test to get is a fasting insulin level. And that's gonna tell you more about your patient's fate than just about any tests you can get. Most people are insulin-resistance, and insulin resistance, not only feeds cancer but also makes your brain die rather rapidly.

We now know there's a condition called type 3 diabetes of the brain and your brain becomes insulin-resistant. And so, when people go on a program like my own, they're not able to actually get to the fat cells and make ketones, you mentioned the ketogenic diet earlier, and so they really crash and burn because they don't have what we call metabolic flexibility. They can't change on a dime from burning sugar as a fuel to burning fat as a fuel. And I talk about those and how to get around it in all my books. And it's a big factor in making this transition easy for people.

Katie: Amazing. And again, I know I've said it a couple of times, but I definitely recommend all of your books. I've gifted them to my parents. I tell a lot of people I love. And I'll make sure they're linked in the show notes, but, of course, they're available anywhere books are sold. And speaking of books, I'd love to ask, mainly selfishly for my own ideas, if there are any book or books besides your own that have really impacted your life that you'd recommend?

Dr. Gundry: Well, actually, in my grade school library when I was 10 years old, I found a book called "All About You." And it actually changed my life at 10 years old. And after reading that book, I decided to become a doctor. And one of the things you're...you know, you're a mother, and you probably already know the importance of reading to your kids, number one, and getting your kids to read.

I think just reading opens up so many doors. Early in my lectin research, I was most impacted by Michael Pollan's really first book, which was called "The Botany of Desire," about how plants are intelligent thinking creatures that manipulate animals for their benefit. And it just, you know, was tantalizing how smart plants are, and I think it really set the stage for me to give plants the credit they are due.

Katie: I love that. And reading is a huge, huge part of my life. Even in the busiest of times, I'm sure I get in time, like at least 30 minutes to read each day. I think it's such an important thing for all of us. That and community, which I also personally think is huge for health and longevity and like having strong relationships and really nurturing those are kind of my two non-negotiable when it comes to life.

Dr. Gundry: Well, you're absolutely right. In "The Longevity Paradox," one of the real factors in all of the blue zones, those people with extreme longevity. And interestingly enough, I'm the only nutritionist who's ever actually lived most of his life in a blue zone in Loma Linda University, so I hope I know what I'm talking about. Blue zones have this intense social network, and it's this social network that is really critical to longevity.

And so you're right. One of the things you've got to have is a social network, however you wanna constitute that social network, whether it's, you know, whether it's based on religion, whether it's based on community service, whether it's based on, "Let's play bridge together at your house once a week", you know, "mothers against drinking alone on a Friday night." I'm just making that up.

Katie: I love that. I know you talked about it, and I've seen the stats as well about how having those solid relationships and making them a priority, it actually statistically is more important than things like even quitting smoking or exercise. Like, it's absolutely vital to our health. And so I love that you talked about that.

Dr. Gundry: Yeah. Yeah. We are very definitely social creatures. And the other thing I can't stress enough is having a pet, particularly a dog or a cat, in every study that's ever been done, not only promotes longevity but

is a great social connection. Making you to walk your dog twice a day is a great way to meet other people, and having a pet improves your microbiome and your children's microbiome. And, in fact, mothers should realize that children who have pets introduced early in their life have far less allergies and far less eczema than children who don't have a pet, exactly the opposite of what many mothers are taught.

Katie: I love that. I'm gonna use that to help talk my husband into another dog, and I think that's the perfect point to wrap up, have strong relationships, have a pet that you love, and eat a clean diet, and get some sunshine for vitamin D. I think we covered so much in this episode. I hope that maybe one day you'll come back for round two, but I'm so grateful for your time and for all that you shared today.

Dr. Gundry: I'd love to come back, and thank you for all the great work you're doing. And we're gonna have you on my podcast, and we'll talk about all the stuff that you're up to, and I'll really look forward to it.

Katie: Thank you. I can't wait. And thanks to all of you for listening and sharing one of your most valuable resources, your time, with both of us today. We're so grateful that you did, and I hope that you will join me again on the next episode of the "Wellness Mama' Podcast."

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