

Dr. Ken Berry And Ivor Cummins Podcast #7

- Ivor: [00:00:00](#) And we're on and some of you out there may have been told maybe some little white lies by your doctor. Maybe not intentionally, but today we're going to talk to a man of truth, a doctor who always says it as it is. Welcome Dr Ken Berry.
- Dr. Ken Berry: [00:00:18](#) Hey, ivor good to see you again brother.
- Ivor: [00:00:20](#) Yeah, great stuff. We met at a few conferences now around the world so far
- Dr. Ken Berry: [00:00:25](#) we have,
- Ivor: [00:00:26](#) Yup. All was good conversations. So that little reference at the start, that was to your book, "Lies My doctor Told Me" so maybe we could start off with a few little white lies that slip out from time to time.
- Dr. Ken Berry: [00:00:41](#) Sure. I just had someone email me today and say, I just read your book "Lies My doctor Told Me" and I've found quite a few typos and I was wondering if you'd like for me to proofread it and send you a list. And I said, I said thank you. But no, they're actually victory belt publishing has picked it up and they're going to be issuing a typos-corrected second edition with five extra chapters, full color, all the bells and whistles and then it won't be just available on Amazon and kindle full of typos. It'll be available in all bookstores around the world hopefully with zero typos. And so uh, that's I, I was, I tried not to be snarky as I answered that email with a thank you. But no, there's a second edition coming out and it should be available for preorder late February is what victory belt is estimating and so I'm really excited about that and so it's going to have five extra lies in the new version. And the reason that I know that most doctors are well meaning and Earnest is because I used to be one of these doctors that told the very lies that are in my book. That's where I got many of them from is I repeated this stuff parrot-like because I was taught this in medical school and in residency training and I had no idea that it was either based on no research or that there was actual credible research showing it to be completely false. And so for the first few years of my practice, I repeated many of these lies myself. And so I, I make it a habit most every podcast and video that I do. I apologize, to anyone I may have harmed by my ignorance early in my medical career. And so let's talk about a few of the lies. Probably the biggest lie in the book that doctors tell patients is that you need lots of servings of whole grains every day because of all the vitamins and minerals and nutrition and fiber that that gives you. The human body basically can't function and will die if you don't eat, you know, six to 11 servings of whole grain foods

every single day. And so I devote a whole chapter to that line, my book and why that's basically bunkum and uh, but that's, that's probably one that surprises more people than any other chapter. Maybe the, maybe the sun chapter. That's pretty surprising to some people, but I love the wheat chapter because it's just, it's taken as Gospel in the US and probably a lot of the UK that whole wheat is, is, is a gift from God when it comes to your nutrition. I mean, you, you're a fool if you don't eat whole grain every day.

Ivor: [00:03:17](#)

Yeah, you're, you're absolutely right. That is one of the most prevalent myths out there and I guess because we all have a nutrient, insufficient diet or most people in the western world now. The fact that they fortify grain products with various vitamins and minerals kind of kind of gives it some benefit, if you will. But the best description I heard for whole grains and grains in general was from Dr. William Davis of wheat belly. And he said, if I recall correctly, he said it's essentially a starvation food that humans over the millennia, if they were short on calories and they needed energy, you know, it was there, it was a staple. But if humans had access to real foods like meat, fish and eggs and you know, Avocados and all myriad foods than the wheat would not be required. Yeah,

Dr. Ken Berry: [00:04:12](#)

that's exactly correct. And so if you're an emperor and you have thousands of peasants or thousands of soldiers that you need to feed as cheaply as possible, then weeks very attracted to you as the, as the emperor, of course the emperor is going to be eating fresh vegetables and fresh meat. Uh, but the soldiers, they'll do just fine. They'll, they'll have a nice short career in the military where they'll fight hard and die young and they won't ever realize that they were basically on our starvation guide just to keep them from starving to death and to keep their bellies full. They were fed wheat and that's kind of been the case in multiple empires through the ages. Rice, wheat, corn, oats were used to feed the masses because it's too expensive to feed them real food.

Ivor: [00:04:56](#)

And if you are someone like the traditional Chinese, you can get quite a bit of energy from the rice if that's just the way it is. And you don't have highly nutrient dense foods, but if you add in enough meat and fish and other nutrient dense foods, you know it's a reasonable compromise. If you're working hard, you're out in the sun, healthy environment, you're getting quite a bit of energy from low nutrition grains, but you've also got high nutrient dense foods as well. You know, it's a workable solution if that's what you have, but it's not a ideal or optimized solution.

Dr. Ken Berry: [00:05:30](#) Yeah, as long as your goal is not optimized hill in a very long health span and lifespan, then grains they served the purpose very well. But if your goal is to have a body that's optimized and not inflamed and to have a very long health span, grains are probably not going to help you attain those goals.

Ivor: [00:05:52](#) No, there are a lot better foods you can put in their place to say the least. So that's a pretty big lie. And I think, you know, recently there's been the EAT-lancet report has come out and basically pushing grains and vegetable oils and we'll got to vegetable oils in a minute. In fact, to that point, our vegetable oils and seed oils, the heart healthy kind of components we're told, is that one of the lies?

Dr. Ken Berry: [00:06:19](#) Well, I don't believe they are. And I think that's absolutely a lie that many doctors tell their patients is that you should eat lots of, mono and polyunsaturated fats. You should make the majority of your oils, canola, soy, corn, sunflower, and doctors fully believe, and they go to bed at night with a contented, a happy heart, knowing that they've done their patients a good deed by recommending these oils. And when you start to look at the inflammatory nature of these oils add the Omega six to Omega three ratio of these oils, you quickly realise that they are only a tiny bit better than hydrogenated shortening that you know as soon to be completely illegal in the United States. Of course, if, you're ever doing something illegal in the federal government, if we were doing something illegal and dangerous, the federal government would tell us to stop that immediately or put us in prison. But if you're a big corporation with enough lobbyists, then they'll give you three to five years to phase out that dangerous illegal thing you're doing. And that's what we've done here in the US is the federal government has basically given big food three years to phase out the, the, the very dangerous hydrogenated shortening out of all the baked goods and stuff. And so they've admitted it's dangerous, but big food has three years to get it out of the food supply.

Ivor: [00:07:42](#) Yeah. And actually just from recollection, I think it was possibly the Netherlands or some of the Nordic countries in Europe were the first to ban trans fats. And these are basically industrially hydrogenated, basically solidified vegetable oils, which were discovered to be highly toxic. Uh, but you're right in America, they kind of gave him quite a bit of time. And in fact, I think it was many years after the first country banned them before the FDA began to ban them. And then they gave a lead-in time. But they are the hydrogenated trans fats from vegetable oils, which everyone now accepts after 30, 40 years of supplying them with, basically assuming there were fine, uh, everyone accepts

they're bad, but the vegetable oils they come from are inherently inflammatory and they are industrial lubricants, I call them or fuels. Yeah. So those in themselves, it makes no sense to have nutrient poor industrial refined oils as part of your diet in place of real nutritious ancestral foods. It was crazy. Right.

Dr. Ken Berry: [00:08:52](#)

Totally agree. And I mean, I just wonder if the bean counters in the federal government and the big food just sit back and counted, you know, if we phased this out over three years, I wonder, I mean, how many people are going to die because of that? And they come up with a number and I said, Yup, that's acceptable. We accept that. And so that way they didn't have to be, the federal government didn't have to come down to onerously on big food and big food didn't have to lose too many billions of dollars. So everybody wins except for the little guy at home who doesn't know any better. He's still using his Crisco.

Ivor: [00:09:28](#)

Crisco and, That's a hundred years now. I think roughly since Crisco decided to use these lamp oils as a foodstuff. That's it. That's it.

Dr. Ken Berry: [00:09:48](#)

Well, there's a chapter about dairy and so we're taught in the US for sure and probably other parts of the world that drinking milk, it does a body good. You know, you want your milk moustache shining and, and of course if you're going to drink milk, you want to drink skim milk or 1% or half percent. And so when you start actually looking at the research and the history behind this, I posted on my Twitter the other day, an old article where a farmer's Almanac that they used to use corn and skim milk to fatten hogs for market. That's, that's literally the Diet that they used to put fat on pigs as quickly as humanly possible because back then they didn't have steroids. And so now it would be corn and skim milk and steroids. That's how you would fatten up the pig, and probably some antibiotics as well. But back then all they had was corn and skim milk. And that was the Diet you fed your pigs in the feedlot to fatten them up for market. And so I was taught growing up and even in medical school, it's skim milk. That's great. You know, skim milk and cereal is a home run breakfast that's going to give you all the nutrition you need to start your day. Right? And so when you, when you stop and think but why do mammals make milk for their babies. And it is literally so that their babies can gain weight and grow as quickly as possible. That's what milks for. And so then you look at the fact that only human beings drink milk as an adult. No other animal on the planet does that unless we as humans forced them to. And so that's your second clue because you know, Ivor nature always finds a way.

Dr. Ken Berry: [00:11:31](#) And so if milk, we're truly this nutritious food for adult animals, there would be some bird or some ferret or some opossum somewhere through the millennia that would have adapted and they'd be sneaking up and they'd be sucking the teat of the cow in the barn getting that excellent nutrition. And I think it's very telling that there's no, no such fair. There's no such animal in the world that ever drinks the milk of another species as an adult. They just don't do that. And so that makes me think that, uh, probably it's not a great source of nutrition for a grown mammal. And I started telling people in my practice years ago, if you want to gain weight as quickly as possible, drink lots of milk because that's what milk is made for. And then probably drinking the milk of another species is going to cause inflammation and cause you to gain even more weight, both in fat and in retain fluid. And so I go into a little bit of detail about drinking milk and how it's just ridiculous. And this comes from a reformed milk baby. When I was playing football, which here in America is American football, not soccer. I would drink a gallon of milk a day during the spring training when we were really working out hard and lifting hard and because I thought that was the way that was the way to perfect health and big muscles and strong bones and now looking back, I can see how foolish that was, but no one around me do any any better and my doctor. Okay. Debt. And so that's what I did. But it obviously didn't help me at all.

Ivor: [00:13:01](#) Wow. a Sweet gallon.

Dr. Ken Berry: [00:13:03](#) Yeah, every day. But it was 2% because my grandmother wouldn't buy me whole meal because that, that's, that's bad for you.

Ivor: [00:13:10](#) Yeah. That was a great tragedy and I do remember the, some of those papers, with fattening pigs with skim milk and grains, that was the recipe. And pigs are one of the closest animals to humans for experiments. In fact, in laboratory experiments they would love to use pigs because they're so close to us, but they're a bit too expensive and yet how do you fatten them? Skim milk and grains and also the vegetable oils. Just to tie that in, I was chatting to Tucker Goodrich the other day, mostly about vegetable oils and seed oils and he was saying a similar story that decades ago, they knew that the bran oils, you couldn't feed too many Omega six brown oils to the pigs because it could make them metabolically problematic and it was, they actually de-fatted the bran to get the excessive oils out of it and not feed the pigs too much. And yet now the latest guidelines still say take the seed fats, the Omega six and eat lots

of them up to 15% of energy in your diet, an enormous amount. So a lot of lies out there for sure.

Dr. Ken Berry:

[00:14:19](#)

I think with the land set. And then I think Canada just came out with their new dietary guidelines and both of these entities are completely in love with seed oils or vegetable oils. And everyone listening, I'm sure knows that vegetable oil is a misnomer. There are no vegetables in vegetable oils. These are seed oils that are extracted in a, in a factory process using chemicals, high heat, high pressure detergents, antioxidants, all kinds of different processes. You can go on Youtube and watch about how canola oil is made out of the rape seed. And it's a, it's a pretty gross process actually. But in the end it, you know, what's, what comes out after it's been deodorized and chemically treated multiple times is an oil that's, I mean, if you just taste it, you're like, well, I guess that's healthy. I don't know. They said it was, you know, uh, the Canadian dietary guidelines say that, I should eat lots of seed oils. So I guess they're good for me. And that's one of the many ways, that humans have been misleading their own selves over the last 50 or 60 years.

Ivor:

[00:15:26](#)

Yeah, for sure. And we probably won't go down too deep in the vegetable oils though. I did talk about it for a couple of hours the other day in the last podcast with tucker. And it's a fascinating subject and the sheer volume of mechanistic studies in animals and a load more science showing how this is a crazy idea is largely ignored. You know, it's largely ignored because they are an economic staple and the belief that polyunsaturated oils will be better than other fats is so entrenched. But yeah, you know, another topic I was going to bring up, uh, besides the lies of which there are many is blood tests. So a lot of people around the world who have an interest in their own health are kind of fixated on blood tests, and what do the blood tests mean? What blood test do I need? The doctors, The medical system revolves around blood tests and medicating based on them. So maybe get your idea on some of the best blood tests and then we maybe finish up that topic with ones that might not be so useful as people think.

Dr. Ken Berry:

[00:16:33](#)

Sure. So I've been practicing medicine in Tennessee, in the US for going on 20 years now. And I've always been kind of a maverick, tried checking out this new lab test, that new lab test. I wonder what this will help me with. And I can remember when the NMR Lipid profile came out, I wore that thing out for a few years thinking that I was really gleaning a lot more information than with just the old standard lipid panel and now kind of have a mixed opinion about that. Uh, but if, if you want to really get to the bottom of your metabolic hill, there's, there's really a

few, just a very few tests really that you need to check and monitor. And most of these tests are not checked by the standard US position or, or advanced practice practitioner at all. And so I'll give you an example of what can happen and so I just turned 50 as you may know. And so I go to the doctor for my annual checkup, right? And he's like, okay, we're going to check some bloods or some lab work. We're going to check a complete blood count. We're going to check a basic metabolic panel. We're going to check a lipid panel, of course, gotta have that. We're going to check in your analysis. And I'm 50 now, so I would get a PSA in the US and they want to talk to me about a colonoscopy if I wanted to do that or if I wanted to do a faecal occult blood test as a screening test for colon cancer. And so let's talk about each of those. So we'll complete blood count that's going to see if I have leukaemia, if I have anaemia, if I have some, you know, some weird blood, **dyscrasia**. So it's a, it's a useful test, but really for just an average screening, it doesn't really give you much information unless you detect an anaemia, then you can investigate that further. And so next is the basic metabolic panel, which checks your kidneys in some detail and your electrolytes and it checks a blood sugar. And now these tests would be done fasting. And so if my blood sugar was 98 on this fasting test, the doc would say, okay, great. Everything looks great. I'll see you next year. Now. Um, I know you know this, but a lot of people don't realize you can have severe type two diabetes and have a normal fasting blood sugar or fasting glucose. And so he, he's blind without checking. And a hemoglobin A1c, he has no idea whether I have type two diabetes or pre-diabetes. He doesn't know. Now if I've got type one, I'm probably not going to have a normal fasting blood sugar. But if I'm like the majority of Americans, because out of all the diabetics in the US about 90% are type two. If I haven't eaten all night and for a few hours this morning I'll have a pretty normal blood sugar, right? But I could have severe type two diabetes and he's blind to that. And so if I have any kidney damage, the basic metabolic panel, we'll pick that up. But what if I have fatty liver? What if I have severe fatty liver? The basic metabolic panel doesn't check your liver in any way. And so he again will be completely blind to a very obvious marker of metabolic disease just by checking kind of the standard bloods that we check here in the US and so if my blood sugar, if I'm a severe type two diabetic, but my blood sugar is less than 180, then I won't spill any urine. I mean any, any glucose into my urine. Cause that's about the cutoff, about 180 190 here in the US and so again, he sees the urine, it all looks good. Okay, looks good. I'll see you next year. And he just missed my type two diabetes in the urine as well. He checks the lipid panel and he sees a high total cholesterol and he flips out about that and he

completely ignores the triglycerides and the HDL, which could actually give some meaningful information about my metabolic health. Right. And then, um, he'll check the, the other stuff just, that's age appropriate for me. But you can see just very quickly a doctor just checking the, the standard annual labs could miss multiple very severe markers of metabolic disease. And, and think he's done a good job. Send you home for another year to be complacent and happy in your disease. And then he rest well that night considering that he's done a well done job. Does that make sense?

Ivor: [00:20:51](#) Yeah, for sure. and the metabolic diseases that are being missed are the most prevalent diseases that cause the most problems in the world. So it's not just missing, you know, rare diseases or relatively rare. They're missing the elephant in the room

Dr. Ken Berry: [00:21:06](#) thats exactly right. and So basically the, the diabetic diabetes epidemic and the fatty liver epidemic have snuck up on us in the US because we're, we're not even checking for it. And so of course, if you don't check for it, you're not going to find it. And so only in the very latest stages when there starts to be Bill-Reuben in the urine and they're like, oh, that's concerning. Like we better check a liver panel. Then they discovered the fatty liver after it's gone on for so many years or so many decades that you now have cirrhosis of the liver. You have, you have nonalcoholic steatohepatitis at this point. And you've already done permanent damage to your liver or they'll catch the, the, the kidney damage when your creatinine level elevates and Oh, you've got, you know, you've got stage one or stage two chronic kidney disease. It could have been caught 10 years earlier if they'd been looking appropriately. And then after when they see the fatty liver finally, then they check in **A1C**, oh, it's like, oh my God, your A1C's 10 you have severe type two diabetes. We better get you on three pills and an injection for that. And by this time your body's already so damaged. You're, you're circling the graveyard at that point.

Ivor: [00:22:19](#) Yeah. And of course your arteries. You know, the biggest killer in the world, cardiovascular disease, your arteries have taken an absolutely punishing decade or two and you never even knew you had a problem.

Dr. Ken Berry: [00:22:31](#) You thought you were healthy for the last 15 years. Your doctor has said, good job, Mr. Barry, you're doing a great job. I'll see you next year. And another egregious thing that happens, ivor is that many times the fasting blood glucose will be a few points High. Y, you know, it will be a 102, 105 and, and the doc will say, well, your blood sugar's a little high, cut back on saturated fat

and eat more whole grains. And then we'll check it again next year, malpractice, right? That you can't even call it anything except malpractice, but it happens every single day in the US because many doctors here evidently don't know the power of a hemoglobin, a one C or a c peptide or a fasting insulin to actually look, for these metabolic diseases that are killing us all very quickly.

Ivor:

[00:23:18](#)

And interestingly, the **HBA1C** measure of kind of longterm blood glucose levels is much better, but even that can fail, particularly in Athletic people. So I work on behalf of Irish heart disease awareness and we're getting out, awareness around the world on heart disease and calcification scan to catch the people who are hugely diseased but missed by all the measures you are talking about. And actually the founder of David Bobbitt actually had a normal A1C of 5.3 and he was hugely diabetic with multiple blocked arteries from that diabetes. Now in fairness, the HBA1C is pretty gold, way better than fasting glucose, but it's interesting that even that can miss a huge diabetic, especially if they're very active. Whereas the insulin you mentioned or post meal glucose measurements, now they're, they're pretty hot, right?

Dr. Ken Berry:

[00:24:16](#)

Yeah, and they give a lot more information and I have a great success using the c peptide level, which is basically a little molecule that when insulin's manufactured in the Beta cells in the pancreas, it's made as pre pro insulin and it has c peptide attached to two insulin molecules and when they all break apart, the insulin as you know, constantly fluctuates in the bloodstream depending on whether you've eaten or not. Whereas the c peptide stays pretty constant all day long and so I don't have to try to get a hundred people in my clinic, At 8:00 AM so I can check fasting bloods on everybody. I can check a c peptide in an A1C pretty much anytime of the day. And you're, you're right. By even both of those, we'll miss a very few people who have metabolic disease, but the majority of my practice is just middle America, right. Kind of salt of the earth everyday man. And I'm going to catch about 99% of hyper insulinemia and, and early prediabetes with those two tests. And so that's what I typically use on a day to day in my practice.

Ivor:

[00:25:28](#)

Yeah. And you know, what can, that's an important point. I guess HBA1C may still be fallible, it, uh, better than Glucose, but if you add in c peptide, which is a great version of measuring insulin, uh, loading, then you're streaking way ahead. I mean, it would be lovely if people could get a pro insulin measurement, but, but that's more a laboratory measurement or experimental. But c peptide is cheap and quick and as you say, it

has a longer half-life than insulin that's more stable and it's a, it's a great measure people should be using.

Dr. Ken Berry:

[00:26:00](#)

Yep. And I've had people who will evisit with me on the evisit app or they'll talk to me on a Facebook live and say I went and asked my doctor for a c-peptide and a fasting insulin and an A1C and he said that I didn't need that. And he literally refused to order the tests and, and the personal side, I even pulled up my check book and said, look doc, I'll pay you. I don't care. I don't want to bill insurance for it. And the doctor absolutely refused to check the key labs that would discover this person's metabolic disease. And so they would wind up going to some online laboratory and getting it done themselves and find out that they're pre diabetic and very insulin resistant. And of course at that point the doctor gets fired for being an idiot, which he is. If he says things like that and they find a new doctor or they, you know, they start following the William Davis model and just being in their own doctor because the doctor just about killed him

Ivor:

[00:26:57](#)

and you know what? That guy that doctor in question is actually a really smart guy. But I think some of us become idiots because we live in a fishbowl where we've been educated and indoctrinated and uh, even really smart people who are technically good people can end up being effectively an idiot.

Dr. Ken Berry:

[00:27:17](#)

Absolutely. Anybody, anybody in a professional capacity, whether it's a doctor or an engineer or anybody like that, you know examples of people you work with of someone who's just a veritable genius but yet at the same time can just be completely ignorant at the same time. And then if you blend that ignorance with a hardness or, or cockiness, that's a very dangerous mix. And the average doctor in the US is kind of proud of himself, that he, you know, he's a doctor and, and he also is very ignorant in many of the, the ways that you would diagnose and tease out metabolic disease. And that's a very dangerous combination. And what you wind up with when you have that combination is an epidemic of prediabetes type two diabetes and fatty liver and kidney failure, which we are currently experiencing in the United States.

Ivor:

[00:28:09](#)

You sure are, Ken and the latest, uh, centers of disease control figures. I often quote this one, I got sent a paper and around 64% of over 45s by glucose measurements are now prediabetic or diabetic, which is diabetic. They're all diabetic.

Dr. Ken Berry: [00:28:27](#) It is now normal in the United States. If you're older, if you're over 40, it's now normal to be a diabetic. It's abnormal if you're not a diabetic in the United States if you're older than 40. Yup.

Ivor: [00:28:40](#) So we have ended up in a situation now in the Western world particularly US, but everyone else is catching up that the majority of your adult population share one pathological disease state, the majority. And most doctors would, would never agree with that statement until you showed them the data and they kind of scratched their head and went, how did I not know this?

Dr. Ken Berry: [00:29:07](#) Right, exactly right. And I can tell you, Ivor early in my medical career, I did not know this. And I was, I was that very doctor that would check a BMP and a CBC and a lipid panel in the urine. And I would tell you, you're great, Mister Cummins, I'll see you in a year. I was, I was that guy for the first few years. And if it hadn't been for my iconoclastic side and my maverick side that said, you know, I think there's more to it than this. This doesn't make any sense because these, I mean, you know, some of my patients are morbidly obese and look miserable. Their skin looks terrible and I would think there's gotta be something else. I need to be checking on these people. But at the time I didn't know what to check. And so only just by continued reading, trial and error, looking, studying, researching, listening to podcasts and yes, watching youtube videos, I would say, oh c-peptide. Let me read about that and see what that, what that does. I'm going to try, I'm gonna check that on a few people and see if that helps me out. And so now my standard annual lab work contains probably five times as many laboratory tests as the average doctor would do. And I've gotten some kickback from insurance companies in the state medical board because I order so much testing. But you know, my job is first to do no harm. And if I send you home with type two diabetes that's undiagnosed, I'm pretty sure that's doing harm.

Ivor: [00:30:30](#) Yeah, for sure. Well, I mean type two diabetes is kind of a previous heart attack equivalent. The risk is so high for heart disease, the biggest killer with type two diabetes, it's nearly equivalent to, you've had a heart attack before you're a high-risk patient and yet it's undiagnosed overwhelmingly. But that probably brings me onto the next thing I was gonna ask. So you can measure the blood tests and I sometimes joke, depending on the person who's interpreting them, they can be kind of like the tea leaves or the chicken guts, you're guessing at disease. But what about, and I have my own opinion on this, you are probably aware of what about actually finding out the person in front of you. If there's ambiguous tests or their middle risk,

which is a gray area, actually finding out how much heart disease or atherosclerosis they have.

Dr. Ken Berry:

[00:31:21](#)

I'm right there behind you Ivor, I'd been checking more and more coronary artery calcium scores and I've actually had patients coming to me saying, Hey, will you check my CAC? And I'm like, AH, hell yeah, I'll check your CAC. And so, uh, there are actually some imaging centres in the United States where you don't even need a doctor's order to get a CAC score. You can just go into the imaging centre and they'll do it for 100 bucks or \$120 but yeah, any patient who asks definitely gets one from me. And if there's any muddiness in the water of their diagnosis, then they're going to get a CAC. I'm playing around with the CIMT's and to see how that correlates with CAC scoring a carotid Doppler. And I've been using a lot of these imaging modalities for years, but because a lot of people don't know this about me, but I was a radio logic technologist before I went to medical school. And so I was very intimately aware of imaging and what it can show you way before I was a doctor. And so I've always been very quick to pull the trigger for some kind of imaging study unless there was going to be too much radiation involved and that would be more risk than benefit. But the CAC score gives very little in the way of radiation exposure and the potential diagnostic information you gleaned from it is immense. And you can find out basically you know, a plus or minus. Do you have coronary artery disease or not? I can know that in five minutes with a CAC score and I'm using those more and more in my practice.

Ivor:

[00:32:58](#)

Excellent jazz. So IHDA who I work for and myself personally are on a mission to get that knowledge out there to the ordinary people who really would take action if they knew, and could see on a scan they have massive disease. But uh, we'll, we'll continue battling. But that's great to hear. So for someone who has disease then, you know, those diet and lifestyle and Eat Lancet has come out with probably the opposite advice we might give. But in summary, what are the primary dietary and lifestyle things you do, if you've got a high CAC score and you realize, wow, I've got big disease, I need to stop it progressing, I need to take some, some steps now and stop the progression of this disease. Because it can be done. What are the primary list of things you'd do?

Dr. Ken Berry:

[00:33:49](#)

So with the paradigm that this disease is being caused by chronically high blood glucose levels, chronically high serum insulin levels, and chronically high levels of inflammation. That's my current paradigm of what's leading to all this, this heart attack and stroke in the US and in the world. So I'm gonna, I'm

gonna do everything I can to return those levels back to as low normal as I possibly can. And so for my patients, the first three steps are to stop all sugars of any kind, even organic, locally grown honey and Agave nectar to stop all grains, including quinoa, spelt and Amaranth. But of course rice, oats, wheat and corn. And then to stop all vegetable oils of any kind, whether you cook with them or add them to your food, or whether they're added in the processed food that you get from the grocery or from a restaurant. And for most people, just those three steps will take them a great distance back towards the, the health status that they're looking for.

Ivor: [00:34:53](#) Yeah, I would agree Ken, you know as I, I've gone through the myriad of different causes and root cause diagrams and all the things you can do. But if you eliminated refined carb, Sugar and Veggie oils and the processed foods that those things are stuffed into alone. Yeah. Some people may need to do more. They may have heavy metal contamination, they may have ApoE4 gene and are highly sensitive to certain things. but for the vast majority, if they just did all that and stuck to that, they'd be massively ahead of their compatriots who are heading for a heart attack.

Dr. Ken Berry: [00:35:30](#) Exactly. And as I said earlier, I'm taking care of the middle-class working man, man on the street. And so for that guy, those three huge dietary interventions, although he might not appreciate them or may not appreciate these changes initially because most of them have carbohydrate addiction, sugar addiction, and, they've just grown up on these foods so that it really feels foreign not to have those foods as part of every meal. But once they get used to that and they start to see the, laboratory and the imaging numbers go back towards normal, most of them are on board for life. They're like, well, you know, and the common comment is, well hell I wish someone had told me this 20 years ago and I agree and say, yeah, me too. But they didn't. And so all we can do is start from today and go towards tomorrow.

Ivor: [00:36:26](#) Yeah, very much so. And it is an absolute tragedy that people have been misinformed for so many decades leading us to where we are today. But that's just the way it is. So we just got to counter it. What about exceptions to, you know, low carb. I would see as a generally best average diet for the modern population because when two thirds are essentially diabetic, it's absurd to have a high carb diet and someone who's carbohydrate intolerant and we know from Virta and from all the trials Volek and Phinney, we know that low carb, healthy fats diet has huge immediate benefits for people with diabetic

physiology and can even put it into remission. Call a reversal whatever lose weight feel great. But are there any exceptions to a low carb diet with high animal saturated fat and protein? And what I'm thinking of is something I'm looking into more lately, the ApoE4 genotype where there appears to be some data that ApoE4type genotype and anyone can get the test from 23 and me, you can find out there around 17% of the population that are the oldest genome and they appear to be very sensitive to modern foods, and problematic things in the environment so they get much higher Alzheimer's and more heart disease. There appears to be some data that those specific people, if they've eaten the wrong foods, like your foods, the vegetable oils, the sugars, refined carb, and they've become diabetic, they can, it appears to be a little sensitive to excess saturated fat and protein. It can push up their insulin, small dense LDL. So we need more data. But you know, what do you think for those people, there are alternative low carb diets maybe to play it safe if you're the most effected guy.

Dr. Ken Berry:

[00:38:22](#)

Yeah. And so there are a very few inborn errors of metabolism that won't do well on a ketogenic or a low carb, high healthy fat diet and not tell if people were always wanting to know well who, who are the people who can't eat keto? And so, I was going to make a youtube video about it, but the more I looked into it, it's the percentage of people who are physiologically basically barred from eating Keto are so small and these people have, they've visited geneticists when they were a child, they've been to the pediatric endocrinologist their on a special diet from, from day one, early, very early in their childhood. And these people know for sure they can't eat keto, they don't need a youtube video from me right on my channel. And so I haven't even made the video because it wouldn't help very many people at all because everyone who can't eat keto, they already know I have this or that inborn error of fatty acid metabolism. I can eat that fat or I'll have trouble. And they already know that, who they are. And so I wouldn't help anyone by making that video. But I think that the Ketogenic Diet, as I define it, and I think there's, I think the ketogenic diet is a spectrum diet. And I keep trying to think of a better way to describe it, but I think there are some people depending on your genetics, who do very well on a very veg heavy, not much fatty meat, ketogenic diet. I think they do very well with that. Other people do great with a half and half. Some people do better with the uh, a fatty meat, heavy kenogenic diet with just a little veg. And then I think there is a subset of the population that does best on a fatty meat only diet or a carnivore diet. And, uh, there are a few pretty visible people in the, in the public forum talking about this now and, and I think that the carnivorous diet is not for

everyone, but I don't think it's going to hurt anyone to try it for a month or two. If you've tried multiple different diets and even different styles of a ketogenic diet, I don't think it's gonna. I don't think there's a shred of research out there or even any common sense that says trying this for a month or two is going to harm you in any permanent way. And so the ApoE and there's, there's different little snip errors in the DNA that that you think, well maybe they should eat more of this or less of that. But I think for the vast majority of human beings on the planet earth today eating some form of a ketogenic or a low carb, high healthy fat diet is the proper human diet. And I think that the, the diabetes and prediabetes and insulin resistance epidemics that we're seeing are evidence that human beings were never meant to eat this many carbohydrates in a day. I think that's, that's what that shows. If you just back up and look at this with the eyes of a common sense farmer or a common sense veterinarian, if you're feeding your cows a certain diet and they're all getting diabetes, that's probably the wrong diet. You probably shouldn't feed them that diet anymore. And the average farmer and the average vet would pick up on it like that. But it seems that it's very hard for the average doctor or Dietitian to pick up on that for some reason. I don't know why it's so hard for them to switch their paradigm in that direction, but I think that's what the evidence is showing us is that human beings were never ever meant to eat this many carbohydrates in a day. And I think eat lancet said, if you followed that, you'd be getting somewhere between 275 and 375 grams of carbohydrates every single day. And so all that's going to do is drive the diabetes epidemic. to even higher numbers.

Ivor:

[00:42:12](#)

I would agree. That's kind of crazy. Uh, advice. There's no question about that. And you know, I saw recently they're developing a new glucose meter for, for cows, for cattle because they're having a diabetes problem. That's right. That's what needs to be measured a little different than the human glucose meter. So they're developing meters rats in New York are getting diabetes. So cats, diabetes, I know a veterinarian friend and he said, cat diabetes is everywhere and he tells them, you got to give the cat meat and protein, but I guess my point broadly is, and Tucker, made it the other day too, all of the animals. Basically different species, if you feed them a human type diet of high carb and fat, mixed and vegetable oils, certainly they'll all get obese and diabetic. There are laboratory diets that are specifically sold to make animals fat and diabetic like humans, so you can test out human drugs. Those laboratory diets all have commonality. They have refined carbs, sucrose, sugar, they've got lard and they've got plenty of Omega six vegetable oil, so basically the laboratory diet to make animals

fat and diabetic to test human drugs is essentially the high veg oil and refined carb diet that everyone's eating it right?

Dr. Ken Berry:

[00:43:41](#)

Let's call that diet what it is. That is the latest fad diet that we've only been eating for the last 50 60 70 years. Never in the existence of human beings on this planet. Did we eat all these grains and ingest all the vegetable oils and eat all this sugar. We've never done this before in our history as a species. And so that's why I think if you were able to go back in time, 10 or 20,000 years, you would find essentially no type two diabetes in any human being because they would never even, they wouldn't be able to eat this diet. But even if they could, I think they would, they're common sense back then. They quickly realize, man, I feel like crap when I eat this. I'm going to stop eating this. And so yeah, but I want people to understand the diet that we considered normal now is a fad diet that was basically fostered on the US population back in the fifties and sixties based on some bogus research. And then the rest of the countries of the world kind of picked it up because the US led the way, at least back then. I don't know if we still will after this fiasco is over, but, and so basically we just thought, hey, we're just going to try this because uh, you know, a couple of scientists think this is the way humans should eat. There was never any randomized control trials done on this diet. This diet is completely untried and unproven scientifically, but for the last 60 years it has been the Diet. And so if someone's 20 or 30 or 40 years old, this seems like the Diet that humans have always eaten because you've eaten it for your entire life. But the reality of the matter is is that even a hundred years ago, no human ate the amount of seed oils and processed grains and sugars that we eat today and consider it to be completely normal

Ivor:

[00:45:27](#)

yep and seed oils, processed carb sugars, they are by definition of the Diet that is used to make any animal fat and diabetic. So it's absurd. There is a kind of a, a little one that came up a while back, I think it was Denise Minger mentioned that if you eat a kind of a fat and sugar and fat and refined carb diet 50:50 that's kind of a worst case nearly. If you go low carb, we see huge benefits, but if you go really high carb and really low fat, there's a kind of a precarious sweet spot there that people can be successful with. Now, I wouldn't go there. That's kind of like riding a razor's edge and it's a starvey non-nutritive nutritionally rich non unappetizing diet. So why would you go to that unstable part of the equation? You'd go to low carb, healthy fats, but it is true that populations, especially if they've got a lot of other factors in their favor, environmental factors, they're eating unrefined carbs and are eating very low fat, but nutrition

and fish and some meat they can get by. I don't think it's good for a person who was previously a diabetic who's machine is screwed, but for some populations they can do it. What do you think about that option for people if they really want to do it?

Dr. Ken Berry:

[00:46:51](#)

Well, I think that diet is much preferable to starting to them, right? That's, that's exactly what I think about that diet. And I think the people who were forced to eat that diet, uh, are, would, would much prefer not to eat that diet, but they have no choice. It's either that or starvation. And so yeah, if you calorie restrict someone that severely and, and all they have is unprocessed carbs, a little bit of fat and protein, yeah, they're going to be so emaciated and so **cachectic**. They're not going to be able to develop metabolic disease but also going to be hungry and irritable and miserable and weak and not, not happy. And so most of my patients and most of the people that I consult with, they want to be happy and they will not be vigorous and they want to be strong and they want to be mentally clear and alert. And I think for the majority of people who I come into contact with, a low carb, high healthy fat diet gives them all those things. With extra bonuses.

Ivor:

[00:47:58](#)

Well that's my personal choice for sure. And the people were talking about earlier anyway, who may have sustained metabolic damage and have sensitivities to excessive meat and fat and protein there's a very simple answer. It's just more efficient avocado. And you still stay with a low carb, healthy fat. You Watch your blood metrics and you know, you just, you just have other options, but they're only slight tweaks. You certainly don't go to low fat, high carb. Uh, in my mind that's crazy. What about the whole exercise thing? So there are varying views on that. A: how Important is exercise for weight loss? And B: if you're going to do exercise, what's the ideal kind of regime for a busy person who knows they're not going to work out an hour, or two a day, it's just ain't gonna happen.

Dr. Ken Berry:

[00:48:46](#)

Right. And so that's actually one of the chapters in lies my doctor told me is that exercise is a great method of weight loss. And early in my medical career, I used to tell people, look dude, this is simple. All you got to do is burn more than you eat. That's it. It's simple. It's calories in, calories out. And so I would say that every day to 20 or 30 people and then over the next three years I watched those 20 or 30 people get fatter and metabolically sicker and so, and then I tell the story in the book when I started to gain weight, I'm mid thirties I implemented that on my own self. And so doctors always think their patients are being non-compliant. Like, oh I know secretly you're laying in bed, eating bacon all day. That's why you're not losing

weight. But so when when I started getting obese and prediabetic and I was almost 297 pounds at one point and my A1C was 5.9 or 6.1 it was getting on up there, prediabetic. And so I implemented this thing, I'm going to burn more than I eat, I'm going to eat lots of low carb, whole grains, I'm going to stop all saturated fats. And then I just gained weight even faster. And so it was really, that was really my wakeup call is my personal health when I was about to become a diabetic by following my own ignorant advice. And so, I think multiple huge research studies have shown without doubt that exercise is a terrible strategy for weight loss. Okay. And so trying to burn more calories than you take in is an exercise in futility. It, it's basically a form of torture. No one can do that long term. It is completely unsustainable. And so people want to talk about Keto ohh that's not sustainable. What's not sustainable is starving yourself for the rest of your life and working out like a slave for the rest of your life. That's not sustainable because I don't think I've ever had a single patient do it for more than three months before they said forget that I'm not doing that. I'll just be fat. Forget it. And so that's, that's point number one is that exercise is not the answer for weight loss. And so if you're obese or overweight exercising, I'm not saying exercises is bad, but it, it is not the answer. That's not where you need to spend the bulk of your money and time and effort, that's not going to help you with the weight loss. Now with that being said, now let's shift just overall health and longevity. Exercise is great for those things, I believe. And so I think exercise is very, very good and it's been shown in multiple studies to be preventative against dementia, against, uh, early bone fracture or against sarcopenia. I mean, all these things that basically lead to that inevitable whirlpool, of the moth circling the flame. If you're not exercising, you're going to get there quicker and that's not a place you want to be. And so, yeah, exercise is very important. If you want to have a long health span and a long lifespan, but don't use it for weight loss, use it for health. You're going to, you're going to fix your diet for the weight loss and then you're gonna use the exercise to keep your bone density strong, to keep your muscle mass up, to keep your brain healthy, to keep your mood happy. And so I'm like you, Ivor I'm pretty darn busy and I don't have time to go to the gym for an hour a day and I'm never going to do that. And up until I was 50 I didn't work out at all and people would accuse me, Oh, you work out, what do you do?

Dr. Ken Berry:

[00:52:14](#)

And I'm like, um, I see a lot of patients at the clinic and then I go work on my farm. That's what I do. And for about 10 years, from 40 to 50 that's exactly what I did. I never worked out. I use my Diet to control my weight, but then I was also very active on my farm, but I didn't work out. But I started at 50 because I had

heard for the last time, oh, you can't put on any way any muscle if you're eating Keto. There's just no way. There's not enough carbs to build muscle. And so I'm going to use my 50th year around the sun or my 51st technically to prove that wrong. And so I've started working out and what I'm doing is a three day a week, very high intensity interval training where I lift very heavy weights for a few reps. I do that just with a few key exercises and my workout is maybe 30 minutes long maybe. And so I do that three days a week. And so far no, I just walked through the living room here, and Nisha said, has that sweatshirt always been so tight on you? And I said I don't, I don't think so. It used to be tighter down low, but now it's getting tight up top and, and that's the, I tell my patients just a common sense metric. If this is the button that's about to pop and put out someone's eye, that's a good side. But if it said buttoned down by your navel, it's about to pop and put out an eye. That's a bad side. And so I've kind of been shifting from being bigger in the middle to being bigger at the top just with this very quick three day a week workout and, I think high intensity interval training for the vast majority of people who are busy. That's the way that's, I think that's what our ancestors did 50,000 years ago. I think the majority of their day, they laid around and walked. They might walk several miles a day, but they would only run fast if something was about to eat them or if they were trying to eat something else. I think they would lift heavy stuff and climb trees if that were necessary. But otherwise they, they, they didn't work. They didn't never, never 50,000 years ago did one caveman say to the other caveman hey you want to go run 17 miles. I don't think that, I don't think that ever happened back then. Right, because you'd be kicked out of the tribe for being crazy.

- Ivor: [00:54:30](#) yea loony man, but certainly you're getting beefed up there. And I thought it was just cause you're a doctor so you have to carry around all those bags of money!
- Dr. Ken Berry: [00:54:36](#) Yeah, no, it's all those books that all the doctors read all the time. That's what I, that's where the muscle comes from.
- Ivor: [00:54:42](#) Well I agree. The high intensity training, weight-based training, bodyweight exercises, fantastic for building muscle. Um, what I did recently, actually last year I was very busy. It was quite stressful. A lot going on. I put on a few pounds. I mean it's a reality, you know, you indulge in really good food. Even if you're not eating total crap, we will naturally put on a bit of weight. If we're eating quite a bit of good food, even it's not just carb. Ah, but this year I've decided right, I'm going to trim down a bit. I felt like it and I'm doing just three mile runs a couple of times a

week, bit of aerobic, feels great sleep better. And uh, I'm going to pick up as well on the weights. Just heavy barbells, upper body. And I'll probably just do that for a while. And the commitment per week is maybe a total of 90 minutes. It's very little. Um, and the other thing is as well, if you really want to trim down in pretty speedily and healthily, you can just go really low carb Keto. And even if you're more comfortable with ordinary, low carb, go low carb Keto for four, six weeks, lose a bunch of pounds and also do more intermittent fasting. Put it together with a bit of weight bearing training and you won't know yourself and even my wife's happy for once.

Dr. Ken Berry:

[00:56:18](#)

Exactly. And I think that blending intermittent fasting or time restricted eating with Keto, that's the ultimate tool for just getting back closer to your ideal health parameters. I've never, and I've recommended a lot of diets over my practice and I've never ever seen anything as powerful as when somebody fasts for 16 or 18 hours a day and then eats keto in the remaining six or eight hours of that day. And then, and so every time I work out Ivor, I'm also, um, I hear a lot of experts in the field say, you, you have to carb load before you work out or you will not be able to build any muscle. And so I'm making it a point for this year that I'm, I'm going to be fasting every time I work out and so on. I always eat after I work out so that I'm, I'm working out with at least an 18 if not a 22 hour fast. That's when I work out. And so I seem to be putting on a little muscle, we'll see how it goes over this year. I'm going to, I'm going to post pictures, update pictures once a month for the next 12 months on my Facebook page. And so everybody can just go and there's the pictures. And so if I'm getting fat and, and floppy people will be able to see that I'm not going to hide any of this. And also post my, every six months I get a huge panel of blood work and I've posted on my Facebook page every six months as well so that people can see in black and white. Oh look, Dr Berry's total cholesterol is 350 and he doesn't care about that. But it's because his triglycerides are beautiful is HDL was beautiful. his A1C is beautiful and his c peptides Beautiful. So he feels like he's metabolically protected from that heart attack in that stroke. That my is trying to scare me about because my total cholesterol is 201.

Ivor:

[00:57:55](#)

Yeah. And you know, to the total cholesterol, there are people with high cholesterol that it indicates a challenge and there are people who are high classroom where there may be no challenge. Uh, but an interesting thing is just now that you've reminded me, if you go into the world's top five risk algorithms on the web, like Astro charm or Misa or you know, the pooled cohort equation are framing him, you can

Dr. Ken Berry: [00:58:20](#) whats not there, what information do they not ask for?

Ivor: [00:58:26](#) They don't ask for LDL But,

Dr. Ken Berry: [00:58:28](#) right?

Ivor: [00:58:29](#) You can put in a 300 total and an 80 HDL or 75 and by definition that person has a huge LDL even though they don't know. You put that in the calculator and you put in 120/75 blood pressure and you put in the other family history, diabetes, and you come out as low risk as a 55 year old man Low low risk. But you know the data you put in in total and HDL by definition meant you must have an LDL of around 190 so even the world's risk calculators show that you don't necessarily have a problem with a high cholesterol. Once your ratios are good and your blood pressure's good and everything else, that's really important information.

Dr. Ken Berry: [00:59:12](#) Yeah, absolutely, and I know that the key thing that I want people to understand is that regardless of your age, you are still an athlete. And what I mean by that is is for the people listening, if you're 40 or 50 or 60 or 70 or 80 or 90 you can still build muscle. You can still make your bone density stronger in a meaningful way and taking most of the medications for osteoporosis, they do make your bone density higher, but it's not a meaningful bone density. It's a very disordered architecture of the bone matrix and those people are still at high risk for a fracture. The way you make your bone density higher in a meaningful way is resistance exercise. And if you're 90 years old and you're listening to this and you can't even get up out of a chair right now without using both legs and both hands, you are still an athlete and you can still make your bone density higher and you can still put on muscle. And I counsel people on this every day. You don't have to be 20 years old and jacked up. You can start out lifting a can of corn in each hand because you definitely wouldn't eat that. So you might as well use it as weights, right? But you can start from there. And before you know it, you've doubled the amount of muscle that you have in your core and on your thighs and your butt because one of the, one of the biggest markers of, of all cause mortality, that makes your risk of sky high is sarcopenia or basically a loss of, of a lot of muscle. When you get to a certain point where you, you don't have enough muscle, one big injury, a car wreck, you fall and break a hip. Any of these things happen. Yeah. If you don't have that muscle mass in that bone density, you're toast. You're done. And so many times in my medical career, I'd have an older patient who I love to death who would fall and break a hip and that that's the literal beginning of the end.

Within six months or a year, they're gone. And so that people have to understand, you're not done. If you're 50 60 70 80 you're not over. You're not finished. You're not a has been. You can absolutely get up out of that chair and start increasing your bone density, starting increasing your cardiac output start increasing your muscle mass. You can start doing that today and you and you still have all the machinery, you have all bio chemistry, you have all the physiology for that to happen. Just eat the right diet and be more active and you'll start putting on muscle regardless of your age or your medical conditions.

- Ivor: [01:01:49](#) Yeah, absolutely. That's a great point Ken, and you know the other thing is relative to how you were, if you do start eating right and you do the exercise and the weight bearing exercise without injuring yourself, obviously someone who is very soft starts slowly, but if you combined together synergistically, multiple different things that we've talked about, even if you're 80 you're going to feel the benefits to your wellbeing or your mental health. Everything. I remember I used to do triathlons and one of them down the far south of Ireland, the tip of Ireland, Valencia island, they had a tee shirt and it said, don't stop. You only fail if you stop.
- Dr. Ken Berry: [01:02:26](#) That's it. That's it.
- Ivor: [01:02:27](#) That's it. If people got older and they feel there's nothing can be done that's accepting your fate and then you'll just going to decline, but you can get off your ass.
- Dr. Ken Berry: [01:02:37](#) Totally agree. And I was actually having a little slap fight with somebody on Twitter the other day. Who said, why would you even recommend the ketogenic diet to somebody in their eighties or nineties what good is it going to do? And, and so my reply was, well, if that was your grandfather and you didn't want to miss him because he was either in the nursing home or dead. And if your grandfather actually wanted to play with his grandchildren and great grandchildren, that's why it's important. And so, you know, a lot of people who are in their twenties thirties and forties think that if you're in your sixties seventies or eighties you're done. You know, there's no hope for you. There's no point. Just eat the milkshakes and the lemon Merengue Pie. Who Cares? Anyway, but I can tell you at 50 I very much care and at 60 I'm still going to care. And it's 70 and 80 and 90 and when I'm 110 and you and I are creeping around on the 85th annual low carb cruise together, I'm going to care. I'm going to care what I look like. I'm going to care what I feel like I'm going to care about kicking a soccer ball with my great, great grandchildren. Yeah. I have plans to do all that. And in

order to do that, I've got to optimize all these things that we've talked about tonight. And I've got to minimize all of the slow poisons that are the standard American diet. Also, the slow poisons that are the Canadian dietary guidelines, also the slow poisons, that is eat lancet.

- Ivor: [01:04:01](#) Yeah. and you know, you're absolutely right. You only get one shot at this. You want to have a machine that's kept in great condition for as long as possible and get as much use out of it. Uh, no question about it. Too many people give up. And in their defense, I suppose with all the bad advice they've been given, you can understand why they give up because the pills don't work. They'd probably just make things worse. And the dietary advice is, only going to put them into the ground sooner, but hopefully more and more people will hear proper advice like this and we can pull our way out of this population health disaster.
- Dr. Ken Berry: [01:04:36](#) Well, hopefully with social media, people like you and i, and our many friends in this space are able to reach thousands upon thousands of people who can then when they've turned their health around, share it with their friends and neighbors as well. And that's, that's a huge part of this, what we're talking about right here. Ivor, never, there's never going to be a press conference that all the networks interrupt our normal standard broadcasting to bring you this special news report. The CDC and the American Diabetes Association have a joint announcement that you should eat keto. That's never gonna happen, right? And so if people are to have any hope of some meaningful health span where they feel great, look great and act great, we're going to have to share this with our friends and our neighbors and the guy down the street and the guy we work with because otherwise they'll never hear this message.
- Ivor: [01:05:29](#) Yeah, for sure. That's for that we toil. I don't know if I mangled that quote, but something like that. You just made me think. I'm going to give a shout out to Conn Quinn, who's my friend's father and he is that person. He's 92 I think now and he worked full time as a builder until he was 83 and he still drives to his farm, does market gardening, does jobs around the house at 93 he'll still go out for a few pints.
- Dr. Ken Berry: [01:05:59](#) I love it. I love it. One of my patients, let tell you this quick little story, he's been eating keto for several years and he came in about a month or two ago and he was a followup from the emergency department and he had, Recked his alter rain vehicle, which is, we call them four wheeler here and he had broken four of his ribs and had a flail chest and he had to spend

a few days in the hospital. And so he was coming to me for a hospital follow up and I was like, dude, what the hell were you doing? Why? I mean, how did you wreck your ATV? And he said, well, I was showing off for my girlfriend and I was going to jump this pile of rocks. And this guy, he's 87 years old. And so he was showing off for his girlfriend and wrecked his four wheeler and broke his ribs. And so that's the kind of life that we can expect to have if we take care of this one machine we're given. You can be that guy that's still showing off for his sweetheart when he's in his late eighties. And you can be the guy like Ivors friend who's working on his farm when he's in his ninety's. That can absolutely happen if you remove the slow poisons and put back in real food.

- Ivor: [01:07:05](#) Yeah. And you know, I will have to say as well, that guy I mentioned, he never swallowed any of the bullshit, never ate margarines. He always ate chicken meat fish, some vegetables. He never listened to any of that stuff we were told. And that actually is one of the reasons a lot of people are still okay. The people who ignored it and believed their grandmother, which is ironic, all this science in the 20th century and you are better off if you actually ignored their so called findings but. Yeah.
- Dr. Ken Berry: [01:07:38](#) thats because it was a fad diet, that's why it was a fad that started in the 50s based on no, no real meaningful scientific research. It's been a fad and some people even think it's been, uh, it has been, uh, a trial, a trial, a scientific trial. Just to see what would happen if you fed humans this disastrous diet. And now we have our findings. So let's go back to eating the old way.
- Ivor: [01:08:00](#) Yeah, exactly. They had their experiment and well, how did that workout. Yeah. Here, you know, there's another topic springs to mind. Now, something I didn't get into too much in my research, Eh, but I noticed on your youtube you had several videos lately on it, the whole problem at Hashimoto's and thyroid and it comes up a lot on your cholesterol values and ratios can be thrown out of whack with thyroid problems. So maybe just give a bit of a summary of America's thyroid problem.
- Dr. Ken Berry: [01:08:30](#) Yeah. And so first of all, you make an excellent point that I'll just tell you how a doctor can be very smart, but yet not doing a damn thing about anything. About two years into my practice, I was, I was going to get a cholesterol machine that would check a complete lipid panel in my office. And so I was looking up all the codes that would pay for a lipid panels cause I didn't want to be ordering if I wasn't going to get reimbursed. And one of

them was Hypothyroidism. And I can remember very vividly thinking back in in 2003 why, why would that pay for a lipid panel? And I literally was a board certified, thoroughly trained US physician and had no idea how hypothyroidism could affect lipid panel levels. And so I looked that up thankfully and I was like, Oh okay, I didn't realize that.

Dr. Ken Berry:

[01:09:20](#)

And so yeah, your thyroid can have very major effects on your lipid panel values. And there's a, there is a veritable epidemic, at least in the US of Hashimoto's thyroiditis and Hypothyroidism and I think it's caused fully by the, the disastrous slow poison diets that we're fed our entire life. It may have something to do with the plastics and the microplastics in the environment that we're exposed to. No one really knows what makes the human immune system attack part of the thyroid system. No one really knows why, but we just know it didn't use to happen. And now it's happening on a more and more frequent basis. So it has to be something in our environment, most likely something we're ingesting. But yeah, if your thyroid is not optimized, your cholesterol numbers are definitely going to be wacky. And uh, I've got several videos about both cholesterol and thyroid because they're such important topics for people to understand because the average doctor doesn't understand that

Ivor:

[01:10:30](#)

so thyroid certainly your few videos there summarize it great. And uh, it's something people should really be watching. But then the auto immune diseases, I mean the kind of all these kind of celiac disease and bowel problems and auto immunity is a huge thing in this century and I think we are seeing with low carb and Keto diets and intermittent and fasting and removal of grains and removal of vegetable oils, we can alleviate a lot of these conditions to a great or lesser extent. Now it doesn't prove causality, but mitigation and alleviation can go a long way to making people's lives far, far better.

Dr. Ken Berry:

[01:11:03](#)

Absolutely. And I've had hundreds of patients at the very clinic who's auto immune disease that used to ravage their body, ravage their life. Where I've had people with psoriasis that was so severe, they wouldn't even go to the store because they, they, they felt like the elephant man, they look, you know, their, their psoriasis had taken over all of their skin and so, and they were on a, you know, a biological injectable methotrexate, daily steroids and still the psoriasis was winning. And then when they remove step one, two and three, like we talked about and started eating real food again, the Eczema or, the psoriasis very often goes back to the little sentinel patch down on their leg or on their butt or on their back somewhere. And it's very manageable. It's not a big deal at all. They'll always have that

predisposition for it to flare up. If they go off reservation but as long as they keep the poison out of their diet and keep the real food in their diet, autoimmune disease, diseases just seem to kind of go into remission is as if the immune system becomes intelligent Again because many doctors will describe an autoimmune disease as oh your immune system is overactive or too strong and so we're going to have to give it these medicines to beat it down. That's a completely inaccurate and inappropriate paradigm to explain this to patients. What we should really be saying is your immune system is currently stupid. It's attacking a part of you that it should absolutely know not to attack but I mean your immune system, you want a strong immune system. You don't want to beat it down so that you're at risk of every little infection that passes by but you want your immune system to also be intelligent and to be able to recognize you versus non you. And it seems like the ketogenic way of eating, whether it's mostly veg, or mostly fatty meat, calms down their immune system and it can kind of take a breath symbolically speaking and go, okay, wait a minute, why am I attacking this thyroid that looks like that's part of me. Maybe I should leave that alone.

Ivor:

[01:13:05](#)

Yeah, that's a good analogy to describe it are. Basically our immune system is like a hive of bees and people for the last 50 years have been poking sticks without even knowing all the time. So we can't really blame it either it worked great for Millennia until we came along with our modern stuff. Um, so probably curl in now and go towards wrapping it up. One thing else that occurs to me is professor Richard Fineman said to me in New York a couple of years ago in an interview, he told this little anecdote and he said, one of the problems with low carb is, is alleviates our fixes. So many modern ailments that if you, went through them all and claimed them, even in certain circumstances people would say you're a liar because it can't be that good. And he said, the irony is that when they developed a certain famous anti dandruff shampoo, his brother was senior in a, in a big corporation where they developed this famous Anti dandruff shampoo and they discovered within two days you would see very noticeable results on your shoulders. But the marketing department said, no, no, no, you can't claim two days. we'll say five days and even though it was true. They said, if you claim that people won't believe you, and he said, that's like the low carb diet, not for everyone, but for irritable bowel, for Grd, for auto immune and and many other issues for obesity. There's so many modern conditions that will respond in general, extremely well to a low carb diet that if you start claiming them all, they'll call you a quack.

Dr. Ken Berry:

[01:14:46](#)

Yeah. It sounds like you're peddling snake oil. It sounds like its a panacea. and, but when you actually recognize it for what it is, which is the proper human diet, it Kinda is a panacea because if I were poisoning a thousand people in your neighborhood with mercury, right, and they were all getting sick and, and their teeth were falling out and they just were in the hospital all the time. And then if I, if I stopped the mercury poisoning, every single one of them would get magically better. And so then I would say, well look, I, I cured all these people by stopping their mercury exposure. That's not a panacea. That's just removing the poison. And I think that's what basically there's nothing magic about Keto. It's just the proper ancestral human diet. What we're doing is removing the slow poisons that are the standard American diet and the Canadian dietary guidelines and eat lancet. When you remove all those slow poisons, the human body heals and goes back to its normal condition, which is healthy, vigorous, vibrant, mentally clear, mentally alert, mentally as sharp and, and not sick all the damn time. That's our normal state is to be healthy and vigorous. Our normal state is not to have three to five prescription medications and not be able to get out of the chair without using both feet and both hands.

Ivor:

[01:16:04](#)

So in summary then really quickly wrapping it all up. Blood measurements, C peptide, insulin, post meal glucose, maybe a glucometer, you know and cholesterol ratios, triglycerides and HDL and all these are good blood measures. And then anyone middle aged who's middle risk, if you're a high risk in your bloods, in fairness, you've already got a problem and atherosclerosis is probably on the way. But if you're a middle risk calcification scan five minutes very low radiation, \$150 and you find out where you are and you get a baseline measurement to go take action. If it's high and you can check back in a few years, the actions worked. Um, thyroid something big to watch for I think any other things people should watch for outside of the core that we've discussed.

Dr. Ken Berry:

[01:16:54](#)

Basically all of it comes from the Diet. And so keeping a close eye for signs of metabolic disease, keeping a close eye on the skin and keeping a close eye on your, your activity level, your sleep, your mood, if any of those are off. Then you need to have a good full laboratory panel of blood work checked because that's not natural for human beings to be depressed or to be tired all the time, or to not be able to sleep. That's not natural. If you had a dog who couldn't sleep good or who was morbidly obese or who, that's not normal for dogs, you never see a fat coyote or a fat box in the wild. It just doesn't happen. Human beings are still living in the wild. This is our wild, right? If you're

opposing us and giving us too many carbohydrates, we're going to get fat and sick. If you remove that slow poison, we're going to get better and some of us will get better than others, but we're all going to get better to at least some degree. And so one of the things I would say is if anybody is prediabetic or diabetic, you absolutely need a CGM or a continuous glucose monitor. There's no tool that you're going to have that can quickly fair it out, bad dietary advice. Then a CGM, because when you go to the dietitian and I said, oh, you should have oatmeal for breakfast and a glass of orange juice, right? and A bowl of fruit, and then you can watch on your smart phone as your blood sugar goes sky high, you'll know that Dietitian doesn't know what they're talking about when it comes to the care and feeding of human beings. So if you have any kind of pre-diabetes or diabetes, you need a continuous glucose monitor. You'll never be given false dietary advice that you follow more than once ever again, because you can have immediate feedback to see what your body does with that meal that you were told was healthy for human beings to eat.

- Ivor: [01:18:48](#) Yeah, and that old CGM, continuous glucose monitor that can let you personally catch all those liars. Right?
- Dr. Ken Berry: [01:18:55](#) That's exactly right. That's a great lie detector when it comes to human diet diet.
- Ivor: [01:19:00](#) Yeah. Excellent. We're going to see a lot more of those and maybe insulin measures or handheld insulin. Maybe the next decade will be another fantastic thing. So I'm going to wrap it up there. We both got to get back to work and um, yeah, it's been great. Talking to one of the, one of the few doctors who always tells us the truth? You know,
- Dr. Ken Berry: [01:19:23](#) currently no, it now, tomorrow I may change my story, but that's the truth is I know it at this moment in time.
- Ivor: [01:19:28](#) Well, I haven't caught you out with a lie yet, so be mindful. I'm watching. I've watched. Thanks a lot. Okay, great stuff.
- Dr. Ken Berry: [01:19:39](#) My pleasure. See you next time.
- Ivor: [01:19:41](#) Bye now. Good luck. Have a good one.