

Ivor Cummins with Sam Feltham with Public Health Collaboration UK, talks about his personal experimentation with lower carb and higher carb. Find out more [@ihda.ie](https://ihda.ie) and [TheFatEmperor.com](https://TheFatEmperor.com)

Ivor Cummins: 00:00 Today I'm talking to Sam Feltham, who's the head of Public Health Collaboration UK or phcuk.org. Great to see you again, Sam.

Sam Feltham: 00:10 Always a pleasure, Ivor.

Ivor: 00:12 Indeed. And you know, what I thought we'd start off with because we get into the whole, let's say, struggles and endeavors to get better diets and dietary guidelines across the world. But first, I'd like to touch again on what we talked about a few years ago, your personal experimentation with lower carb and higher carb and what kind of happened for you.

Sam: 00:35 So it was, I can't believe it, it was actually like 2013. This was like six years ago now, but it's still fairly relevant, the self experiments that I did, that I essentially overate by twice the amount of food that I usually do. So about 6000 calories just under. And on this birth experiment, I was overeating by pretty much 3000 calories a day, totaling 6000 calories consumption a day. I did it for three weeks on a low carb real food diet. And over those three weeks, I gained only 1.3 kilograms, but actually lost three centimeters from my waist. But the calorie formula says that I should have gained 6.1 kilograms. So there's quite a discrepancy there. And a lot of people kind of ponder offers, you know, "You're one of these naturally lean athlete type guys" and things like that. And I say, "Okay." That in itself kind of disproves that the pure calories and calories out formula. But in order to reinforce this message, what I did is I overate by the same amount but on a low-fat "fake food" diet. So kind of, you know, cereals and sandwiches and lasagnas, and garlic bread and stuff like this, basically. All low fat, of course. And on that, despite the fact that I overate by exactly the same amount of calories, just over 47,000 calorie surplus, which the calorie formula says it should be a 6.1 kilogram weight gain, I actually gained 7.1 kilograms during those three weeks. With the blood markers and everything, my triglycerides quadrupled, my HDL went down by a third. My glucose, of course increased as well.

02:50 Yeah, obviously, there's quite a discrepancy there, even though it's the same calorie surplus. And this is after the protein thermogenic effect, the lost from fiber and exercise is exactly the same during all of these experiments. Yeah, there's a difference of 1.3 kilograms on a low carb diet, weight gain, and 7.1 kilograms on a low fat fake food diet.

03:19 And then I did a third one, just to kind of make sure that this kind of still fits in with the way that we're thinking about this.

Ivor Cummins with Sam Feltham with Public Health Collaboration UK, talks about his personal experimentation with lower carb and higher carb. Find out more [@ihda.ie](https://www.ihda.ie) and [TheFatEmperor.com](https://www.TheFatEmperor.com)

And so I did a very low fat vegan diet. Where I was eating, I think it's about 15% fat through that, which is kind of... that's the minimum intake that you should be having. Very, very high carb is about 70% carbohydrates. And this was all kind of, you know, porridge, potatoes, pineapples, bananas, stuff like that, basically. And again, over 6000 calories a day for three weeks. But this time, because of the sheer amount of fiber that I was eating. To put it in perspective, the recommended daily allowances is about 30 grams, I think they say now that you shouldn't be having apparently, but I was eating 175 grams. I was losing a lot of this food. And on that, I actually only overate by 40,000 calories. So 7000 calories less. But over that period, I should have got on 5.2 kilograms. I actually gained 4.7 kilograms, so half a kilo shy of that. But still even though it was less of a calorie surplus than the low carb diet, I still gained three times the amount of weight.

04:53 It's all over the shop in terms of the different foods that you're eating even though the calorie surplus is fairly similar. And that kind of gave me somewhat some notoriety in this space. Yeah, from there, it was kind of a case of setting up the Public Health Collaboration.

Ivor: 05:15 Yeah, and I remember that was more striking, I think we were talking with David Unwin on the Royal College of General Practitioners, and you mentioned the HDL went down on the high carb and the triglycerides went way up. So I think the ratio changed by around four or five times or something. It was a massive change in that important ratio.

Sam: 05:33 Yeah, massive. Yeah, yeah. I think kind of technically, I did have metabolic syndrome by the end of that second experiment. So that's pretty bad for a guy that's always been naturally unhealthy.

Ivor: 05:47 But again, just reminding the audience that this was a pretty gross excess of calories. So it's a special kind of test, if you will. And yet the low carb, high fat healthy diet with similar excess of calories didn't near put on the same weight and also didn't move the markers greatly.

Sam: 06:07 So, everything basically stayed the same on the low carb real food diet, and my triglycerides were the same, HDL actually increased.

06:20 The only thing that really changed for me, despite the fact kind of struggling to eat all of this food, because I was very satiated

Ivor Cummins with Sam Feltham with Public Health Collaboration UK, talks about his personal experimentation with lower carb and higher carb. Find out more [@ihda.ie](https://ihda.ie) and [TheFatEmperor.com](https://TheFatEmperor.com)

throughout that entire process of that first experiment. On the second one, I could keep on eating, like with all of our food, you know? It was crazy on the on the low fat, fake food. But the only thing that changed on the low-carb, real food was the fact that I felt like I had more energy. I still kept the exercise exactly the same throughout all of the experiments. But I felt like I had more energy.

06:56 And there was actually one point, about three quarters of the way through that first experiment with the low-carb real food diet, where I had a night where I kind of woke up sweating quite a bit. And so I felt like I was almost overheating.

07:15 Yeah, that was that was about it.

Ivor: 07:18 Yeah. Those dramatic experiments, pushing things to the limits. And I think in general, and funny, this brings us onto Public Health Collaboration, because, you know, everyone is different in their makeup. So people can suggest, yes, you're special in one way. But everyone does react differently. And even in the weight loss trials, we see some people losing 10 kilos in a year, and another person only losing one kilo. So there is variability. But you pulled together I think 62 or 63 very low-carb versus low-fat trials (RCT, Randomized Controlled Trials.) And in almost every one the low-carb beat, even if it wasn't statistically significant, always beat low fat. So that's the roll up of all the trials, yeah?

Sam: 08:08 Yeah. We've got this page on the website, which is [phcuk.org/rcts](https://phcuk.org/rcts). What we do, we've pulled all of the Randomised Controlled Trials between low-carb and low-fat for weight loss as one of the outcomes. And there are 62 in total. 53 of those are greater in weight loss for low carb, seven are greater in weight loss for low fat, and two of them are equal. But when you look at the statistically significant results of those, zero are statistically significant for low fat, but 31 of the 53 are statistically significant for low-carb. So if you were a betting man, you know where you'd put your money. Because if you look today, kind of like a sports team, there were 31 times that low carb is 1, 31 times that they've technically drawn, and then zero times has low fat ever won. So you know, you're going to bet on the fact that low carb is going to win, essentially.

Ivor: 09:19 Yeah, for sure. And that is the published literature and that's just the way it is. And I think even within those, sometimes they didn't go particularly low carb. Sometimes the low fat, there were there some trials where it was ad lib for low carb, but low

Ivor Cummins with Sam Feltham with Public Health Collaboration UK, talks about his personal experimentation with lower carb and higher carb. Find out more [@ihda.ie](https://www.ihda.ie) and [TheFatEmperor.com](https://www.TheFatEmperor.com)

fat was calorie restricted. And there are many other biases that creep into the trials, understandably, because the orthodoxy is looking for particular result. But even with biases that sneak in, they just can't make the low fat win. And I think we just know why now that the low carb is healthier, especially for a modern population, where arguably the majority in the West are partially diabetic at this stage, the low carb becomes a no-brainer for those people.

Sam: 10:04 Well, it's just logic, right? So I mean, even in the NICE guidelines, say in the UK, NICE is the organization that governs the guidelines that healthcare professionals have to follow. And in that guidelines, they describe diabetes as a disorder of carbohydrate metabolism. Later on, they go on to say that, "You know, 50% of your diet should be carbohydrates," even though they've defined it as a disorder of carbohydrate metabolism. But when you do look at it, just as a disorder of carbohydrate metabolism, it's a perfectly logical and reasonable step, to restrict carbohydrates somewhat in order to treat that disorder. It's very logical.

Ivor: 10:49 Yeah. And I think Professor Volek made that point as well repeatedly is that carbohydrate intolerance defines the metabolic syndrome. The metabolic syndrome unsurprisingly can be relieved by restricting carbohydrates. And that's what we see in every trial. And VIRTAs latest trials are just starting with 90% or more coming off insulin, with 60% effectively reversing diabetes, though, we know that people with serious type 2 diabetes have more of a remission than a reversal, they still got metabolic damage, but by their markers are essentially reversed. So we're going to see a lot more.

11:28 But Public Health Collaboration, maybe you could talk a little around that because the I've seen that go from strength to strength, and it's only been created a couple of years ago, really about maybe three or four. What I love about Public Health Collaboration is it's a body that's stuffed with doctors, professors, and medical people at the board level. It's got all that credibility of some of the best doctors in the UK, which is a fantastic side to it. So maybe give us a summary of it.

Sam: 12:00 It was kind of an idea that I had the end of 2015. So before I got into the Public Health Collaboration, I was a personal trainer, I was running running Fitness Boot Camps. But at the end of 2015, I was just getting really annoyed by the number of people that were having to come to us, and we'd have to re-educate them on what it means to eat healthfully and also move

Ivor Cummins with Sam Feltham with Public Health Collaboration UK, talks about his personal experimentation with lower carb and higher carb. Find out more [@ihda.ie](https://www.ihda.ie) and [TheFatEmperor.com](https://www.TheFatEmperor.com)

healthfully, as well. And I decided, "The only way that we're going to sort out this whole mess is by setting up a charity, a nonprofit organization that is going to focus everybody's energy in this space, organize it, structure it and kind of, you know, give the powers that be, the solution that they need to sort out this mess." Now they all need some leading, because there are people within the government organizations that want to make the changes that we're talking about. But it's difficult to kind of, you know, steer that ship when there are other powers putting it at the heartstrings of those organizations. But we're here to kind of help that along, essentially.

13:22 It was in March 2016 that we set up after an online crowdfunding campaign where we doubled our target. And as you say, we've got a Scientific Advisory Board of doctors and researchers here in the UK that kind of essentially, govern everything that we're doing. And I'm the director of that organization, in order to kind of make sure it stays on the straight and narrow and also get those what it means to do. Because everybody that's on the advisory board is a volunteer. You know, they volunteer their time to do this. And I'm the only full time employee of the organization.

14:09 Yeah, we've got fairly limited resources, but we've got so many great people involved with this organization that allow it to do what it's trying to do. For instance, yesterday, Sunday, we actually ran our very first ambassadors conference. And our ambassadors are volunteers throughout the UK, that liaise with healthcare professionals at local level to inform them about the PHC and how we can help them. We had 60 people in Birmingham, and we were kind of presenting on best practices as an ambassador, how to kind of get your foot in the door in a GP practice and how to set up patient meetings and things like that. So yeah, there's lots going on with the PHC but it's been an incredible journey.

Ivor: 15:01 Yeah, and you've got some big names in there as well. Obviously Aseem Malhotra who's well known, I presume to most listeners, but also Dr. David Unwin. I think recently, he's achieved real traction, even with the orthodox groups that might have been seen to be a little on the other side of the fence. Like NICE, they have I think, adopted his sugar diagram, like showing a slice of bread, has three spoons of sugar essentially - or a potato, has so many spoons, is that... I think that I saw that recently. So they've adopted his "sugar spoons equivalent" chart?

Ivor Cummins with Sam Feltham with Public Health Collaboration UK, talks about his personal experimentation with lower carb and higher carb. Find out more [@ihda.ie](https://www.ihda.ie) and [TheFatEmperor.com](https://www.TheFatEmperor.com)

- Sam: 15:35 That's been a real big step forward for us. That actually happened, like officially last Saturday. So a week, Saturday. And yeah, his sugar infographics that put foods in terms of the equivalent of how a teaspoon of sugar reacts in the bloodstream. So as you were saying, it's about three. Eating a slice of bread is about the equivalent of eating three teaspoons of sugar, in terms of your blood glucose response. And kind of when you put foods in that kind of context and you have metabolic damage, such as type two diabetes or metabolic syndrome, then that's important information to know.
- 16:27 As you say recently, NICE have finally endorsed values and our link on the PHC website is now in the tools and resources for NICE's type two diabetes guidelines, which is incredible.
- 16:46 So PHC now does have a link to NICE, essentially, which is a massive step forward because it kind of... yeah, it means that we can go to health care professionals and say, "Look, our sugar infographics are now NICE approved, and you know, nobody's going to bat an eyelid handing those out. So it's awesome.
- Ivor: 17:09 Perfect. And it's such a useful tool like you say, and we're seeing more and more the use of the glucose monitors, continuous ones, or even just the pinprick. And they are so useful for people with metabolic syndrome to find their particular nasty foods. And I know generally we know which are the bad ones, but there's quite a lot of variability in individuals as well as to which the worst carbs are for them personally. Interestingly, we just finished a documentary in Ireland with 50 of Ireland's top sports stars from the 90s. And we calcium scan them. And we got some very high scores in there. Nine people out of the approx. 45 had to get immediate follow up - and they were all presumed to be healthy beforehand. But there was one person with a 1200 score, who now has fully adopted everything we would espouse. And he has his glucose meter, and he's finding out that his blood glucose is going up to 8 or 9 millimoles (~180mg/dL) with certain foods - and it's not even moving with say, eggs - and he's now completely living his life based on the meter.
- 08:12 Interestingly he said, when he eats beetroot (which he quite liked) in large amounts, he can go up and hit 10mmol (~200mg/dL). I think beetroot is very starchy, actually. But by having your meter and David's chart, of course, between those two things, anyone can greatly reduce the risk of future coronary disease and everything else.

Ivor Cummins with Sam Feltham with Public Health Collaboration UK, talks about his personal experimentation with lower carb and higher carb. Find out more [@ihda.ie](https://www.ihda.ie) and [TheFatEmperor.com](https://www.TheFatEmperor.com)

- Sam: 18:33 Yeah, it's a fairly simple measure that you can take on a personal level is get a blood glucose monitor. I mean, obviously, ideally, it's a continuous blood glucose monitor. But you know, it doesn't have to be really... as long as kind of you're tracking, when you're eating certain foods, yeah, it's gonna be fine with a regular blood glucose monitor. But if everybody was given a blood glucose monitor, and everybody was "eating to the meter", I think we all know what type of diet people are going to be eating essentially (it will be healthy low-carb).
- Sam: 19:07 Absolutely! That's kind of like I think you mentioned earlier in some ways, there's a lot of just logic and common sense to this. So absolutely. And I think we're going to see more of that.
- 19:18 So on Public Health Collaboration then, one I was at, I don't know was it the first conference couple of years ago, myself and Dr. Gerber were speaking? That was maybe the second, was it or the first? Ah, the second. Well, it was an absolutely fantastic vibe. I know I've been a bit busy recently, but there's one coming up again, this year's one, and you've even got Robert Lustig, I think along?
- Sam: 19:41 Yeah, that's right. So on the 11th and 12th of May, we're holding our fourth annual conference at the Royal College of General Practitioners in London. And as you say, we've got Professor Robert Lustig coming over from San Francisco. But we've also got Tom Watson, MP, who's the deputy leader of the Labour Party over here, which is the largest political party in the UK. They're not currently in government, but they're basically kind of like it's either labor or conservatives in power. And so you know, potentially in the next term of election, he'd be the Deputy Prime Minister. And the fact that he himself has had a transformation and story through real food, and specifically low carb, real food himself, he's now has transformed his health from living with type two diabetes to not living with type two diabetes. I think he lost about 50 kilograms. So you know, you "lost an entire person", to some people, really incredible - from his body weight. And that was down to a low carb, real food diet. And he wants to share that, that story at our conference. So it's going to be fantastic to host him.
- 21:00 Amongst some other familiar faces you might have seen such as Dr. Zoe Hopkins, PhD, who's talking about about fiber, which can be very interesting. And also, we've got **Dr. Trudi Deacon** PhD, who's talking on the science of eating less, moving more, getting fatter. Which is going to be very interesting.

Ivor Cummins with Sam Feltham with Public Health Collaboration UK, talks about his personal experimentation with lower carb and higher carb. Find out more [@ihda.ie](https://ihda.ie) and [TheFatEmperor.com](https://TheFatEmperor.com)

- 21:26 We've got poster presentations this year for the first time. We've got poster presentations, kind of in the dinner hall that we've set aside. And we've got 11 of those on a range of subjects, which are going to be fantastic. So a lots of things going on. So if anybody wants to come along, then they can check it out on the website, which is [phcuk.org/conference](https://phcuk.org/conference).
- Ivor: 21:51 Yeah, it's super stuff. And Tom Watson indeed, is an excellent high-level advocate for the proper healthy way of eating. I dropped over to... oh, I met you there actually, in the Houses of Parliament, where Tom gave a fantastic, impassioned kind of talk for around 10 minutes. And I got them all out on YouTube. So that was good. A lot of views, a lot of views. So, the message is getting out there.
- 22:17 The PHC then, it might be a bit premature, but there are some moves afoot to get similar organizations around the world. I think PHC Australia has already come out so to speak.
- Sam: 22:29 Yes! Yeah, yeah. We've got lots of things in the works in terms of international chapters. And Australia have launched already. That's fantastic. But yeah, hoping in the coming months that we're going to have lots of movement in terms of that. So everybody watch this space on Twitter, I'm sure you'll hear about that rolling out
- Ivor: 22:52 Yeah, I know it's going to be excellent. That's what's really needed as many, many countries all with a similar structure kind of joined at the head. It'll be very interesting to see how that can accelerate the transformation to real food and get rid of this fake food problem.
- Sam: 23:08 I hope so. The idea with the PHC is to try and bring some consistency to what we're all saying, essentially. And I have this one organization that's recognizable throughout the world, where people go, "Okay, yeah, that people are actually starting to make sense." Because obviously, there's a problem. Because, you know, public health across the world is getting worse and worse. Despite as much money as public health organizations, government, public health organizations pumping into it, it's just getting worse. And so yeah, it's high time that we sort it out, essentially.
- Ivor: 23:50 And things like, I mean the starches, refined carbs, and sugars are getting more acceptance as being problematic, because it's common sense. I think an interesting one will be to have a unified voice on industrial seed oils and vegetable oils, because



Ivor Cummins with Sam Feltham with Public Health Collaboration UK, talks about his personal experimentation with lower carb and higher carb. Find out more [@ihda.ie](https://www.ihda.ie) and [TheFatEmperor.com](https://www.TheFatEmperor.com)

that one's pretty tricky. Most of the world's health bodies believe not only are they not a problem but are still advocating eating them for your heart health. And we know that the data is highly questionable around that. In fact, in Denver a couple of weeks ago, I moderated a debate between Dariush Mozaffarian, who's a top Tufts professor and epidemiologist extraordinaire, and Gary Taubes. And Dariush made the point that actually, we share a lot in common. He believes in lower carb for a modern population. He believes that the fat thing was grossly exaggerated and the fats are not so bad. But the major difference that surprised the 800 plus people in the audience, was that he still pushed vegetable oils and canola oil. And that seems to be a big difference, even with the more progressive people on let's say "the other side."

Sam: 25:04 Yeah, definitely. And that does seem to still be a sticking point. And now, that will be the next hurdle for us is to try and get, you know, mainstream acceptance that vegetable oils and industrially processed oils, they just weren't a good idea. It's fairly simple. Like natural fats is where it's at.

Ivor: 25:29 And to your own point, I mean, I think it was you who primarily started that term "fake food." And I love it, because it kind of epitomizes our problem. The overwhelming majority in the supermarket now of foods all around the center are kind of fake foods because they have industrial vegetable oils in them, refined carbs, sugars, all the cheap, cheapest highest margin ingredients that we know the science says is a serious problem. So fake food, I like that one.

Sam: 25:57 The idea before we get on to the next question was that it's about trying to make common sense of this crazy environment that we've created, essentially, and say, you know, "I wish we could just call real food food, because it is just food." But the stuff that we've made over the past 50 years is the fake stuff, the stuff that has kind of come out of the factories and things like that. So I'm trying to create this concept for the public to reframe what is out there, that this stuff is the real food. And this stuff that's kind of just only been sold for the past 50 years is the fake stuff, so then they can wrap their heads around this quite easily was the idea behind that.

Ivor: 26:46 Another one I used, I used it at a talk at a big event the other day, but made similar points. But if everything you eat, especially if you have heart disease or a high calcium score and you're at very high risk, everything you eat, just ask yourself the question, "Would my great grandfather, great grandmother,

Ivor Cummins with Sam Feltham with Public Health Collaboration UK, talks about his personal experimentation with lower carb and higher carb. Find out more [@ihda.ie](https://www.ihda.ie) and [TheFatEmperor.com](https://www.TheFatEmperor.com)

would this have been a food that would have been normal then?" And that question alone can help you separate out. If you're looking at a bowl of breakfast cereal? You know, the answer is no. If you're looking at vegetable oils, obviously not – they are highly-processed foods. So it's another way to check.

27:21 There was something else I wanted to ask you. Ah, yeah, one thing that always amuses me, though it's not funny, it's tragic, that a huge amount of effort went in over 40 or 50 years since the McGovern commission, to find natural real foods to be culpable for modern diseases, which was absurd. Because to blame a modern disease epidemic on an ancient food is insane. But they put a lot of effort in to do that - and we still see studies on eggs, meat, and all the real foods. But what we don't see, really in 40 years, is a trial of the modern processed foods against real food. No one's done the trial to look at the thing that almost obviously is the source of problem, but they've done myriad trials on real foods to try and find them to be bad. Isn't that fascinating?

Sam: 28:19 It is. We're in a complete topsy-turvy world, I guess, is kind of the way to put it. You know, I'm sure there are some well-meaning people out there maybe. But then there were also some dark forces that kind of leaned into that as well. So yeah, it's a terrible situation that we're in. And I'm hoping that the Public Health Collaboration will be a large part of actually rewriting history in terms of getting us right back on track, really, in terms of helping the public see that the emperor isn't wearing any clothes, you know?

Ivor: 29:05 Yeah, that's one of my favorites for sure, obviously. The Emperor. I think PHC, Public Health Collaboration - especially when it branches out worldwide is going to be huge. I always figured that. We've got Nina Teicholz and the Nutrition Coalition in the east coast of the USA, and they are probably aiming more policy level in Washington. But, how long do you think that we will largely have gotten the world to get to grips with some of the basics of what we're saying, as in the majority – to accept what's generally bad food and what's actually good food? And that exercise does not overcome a bad diet? Do you think it's going to take a decade or more? What are your thoughts?

Sam: 29:51 I think we will make significant progress by 2030. And to get a lot of mainstream acceptance. I think they'll still maybe be a bit of resistance, though, in 10 years to some of the ideas of what we're saying. But I think largely, that would have been accepted by them. And we'll still be battling. I think, probably the sticking

Ivor Cummins with Sam Feltham with Public Health Collaboration UK, talks about his personal experimentation with lower carb and higher carb. Find out more [@ihda.ie](https://www.ihda.ie) and [TheFatEmperor.com](https://www.TheFatEmperor.com)

point, really is the saturated fat issue. I think trying to get them to completely reverse their guidelines on that is going to be a massive undertaking. If it happens by 2030. I will be very surprised. I'd be very pleased as well. I hope it does happen. But if they kind of reverse their position within the next 10 years, yeah, that'd be incredible, really. But you know, the large acceptance of a low carb real food diet, I think, will come into effect in the next 10 years certainly. Low Carb is one of the standard options that patients can choose from when they're diagnosed with say diabetes. And in follow up appointments, for instance, when you're living with type two diabetes, or pre diabetes, or type one diabetes, as well. We still got a little bit of way to go in type one diabetes and kind of getting Low Carb accepted for that - even though it makes even more sense when you look at the biology of type one diabetes.

- Sam: 31:34 And then the sticking issue will be will be saturated fat, I think. And the LDL thing, even though, however many times that you debunk that - which is fantastic. I mean, please keep doing it because we need more and more of that. But that's going to be the sticking point, I think.
- Ivor: 31:56 Yeah, the LDL is the many-headed Hydra. You can chop off heads all over the place, you can even chop ALL the heads off, they just pop back up again. But the saturated fat, I agree that that's a sticking point. And I think what will happen is even a couple of years ago, actually the guidelines, there was initial publication from the guidelines committee, and they had the quote that "saturated fat is no longer a nutrient of concern." And that kind of snuck out and I used it in our book, "Eat Rich Live Long." But the reality was, there was strong lobbying. And that kind of comment was removed before the final version. So I agree it's a real sticking point.
- 32:36 Another point is that I get quite a few people who write to me with calcification scores that have continued increasing - and their markers don't look so great. And they are sometimes really hardcore keto - guzzling fat. And I always remind them that just because saturated fat is broadly not a problem for the community, and actually is much better than other fats for many conditions, it doesn't mean that everyone can gorge on it. I mean, you gotta look at your blood markers. But yeah, the general guideline for people, most people certainly replacing it (sat fat) with vegetable oils is crazy. You know, they are fake foods. Yeah, for sure.

Ivor Cummins with Sam Feltham with Public Health Collaboration UK, talks about his personal experimentation with lower carb and higher carb. Find out more [@ihda.ie](https://www.ihda.ie) and [TheFatEmperor.com](https://www.TheFatEmperor.com)

Sam: So, yeah. Say, yeah. I've nine words of wisdom at the Public Health Collaboration UK - eat real food, avoid fake food, be active every day. And yeah, hopefully that will come into effect in the next decade.

Ivor: 33:32 Excellent. The conferences on May the...

Sam: 33:36 11 and 12th.

Ivor: 33:39 11th and 12th of May in London in the Royal College of General Practitioners.

Sam: 33:43 That's the one. It's amazing venue. And actually on the Saturday I didn't mention earlier, we do have a an evening dinner in the state rooms at the top floor of the building before everybody goes in the state room, and we're out on the roof terrace kind of looking overlooking London and everything. So if you want to come to a fantastic networking event, that's the place to be.

Ivor: 34:13 Yeah, and it's pretty much gathering together some of the best medical professionals in the whole of the UK in one place. So and you got to hobnob, fraternize and go up in the roof and look over London. I mean, what could be better?

Sam: 34:27 It's fantastic. The more the merrier, definitely.

Ivor: 34:31 Excellent. Well, any other last thoughts or will we wrap it at that, we'd be talking again soon anyway?

Sam: 34:37 Yeah, definitely. I mean, the last thing is that after the after the conference, we've got two events actually, that are going on. The first one in June is real food day. And the idea is that is that it's an awareness day, and highlights the power of real food on lifestyle diseases. And so the idea is to try and make a bit of a noise through the media about, you know, the power that real food does have on lifestyle diseases such as type two diabetes. But I know all sorts of diseases as well. Not necessarily lifestyle diseases, but epilepsy, for one, and trying to get that out through the media more and more. And just to try and encourage more and more people to eat real food, and avoid fake food and be active every day.

35:28 So if you want to get involved in that, people can go to [realfoodday.org](https://www.realfoodday.org). And you can subscribe there, everything's free and everything. So yeah, please do check it out. And then in July, we've got our first real Food Rocks Festival, which is in the

Ivor Cummins with Sam Feltham with Public Health Collaboration UK, talks about his personal experimentation with lower carb and higher carb. Find out more [@ihda](https://www.instagram.com/ihda) and [TheFatEmperor.com](http://TheFatEmperor.com)

north of England. It's a day of real food, real music and real fun. So if people want to check that out, it's [realfoodrock.co.uk](http://realfoodrock.co.uk).

- Ivor: 35:59 Yeah, that sounds a bit like the Ketofest in the US...
- Sam: 36:03 So on exactly the same day. And we're actually trying to work out if we can kind of do a bit of a video link between the two festivals, because that'd be great kind of you know, across the Atlantic that we have, you know, the Ketofest going on. I think it's in Connecticut. Is it on New Hampshire?
- 36:21 And then, yeah, hours the in the late districts, you know, that'd be fantastic. Kind of the fact that they're going on the same days is brilliant.
- Ivor: 36:30 That's perfect.
- 36:34 That's the other event that Jen Unwin told me about and asked would I go, but I'm travelling elsewhere I think. So I'm kind of gonna miss out in the UK side this year. But not to worry, there's going to be many more years, right.
- Sam: 36:50 Definitely. Yeah, we would love to have you next year Ivor, for sure.
- Ivor: 36:55 Great stuff. Well, listen, thanks a lot for that Sam now. I hope you're right, and I think you're largely right. In the next decade, there's going to be big changes.
- Sam 37:05 I hope so. Fingers crossed. As long as we focus and keep on pushing the envelope, then, yeah, we'll get there.
- Ivor: 37:14 Yeah, and the only thing missing from PHC currently is more advocacy for the calcium score, of course.
- 37:21 We're on it. We will get on that for sure. One step at a time.
- Ivor: 37:26 Good stuff. Thanks a lot, Sam. Till next time.
- Sam: 37:29 Thanks, Ivor.

Ivor Cummins with Sam Feltham with Public Health Collaboration UK, talks about his personal experimentation with lower carb and higher carb. Find out more [@ihda.ie](#) and [TheFatEmperor.com](#)