

Emily Kumler: I'm Emily Kumler and this is Empowered Health. I can remember taking my kids to the playground when they were little and watching very well-intended parents giving their children juice boxes or Fruit Rollups and it was so hard for me to not go over and say like, do you know that the daily limit or maximum amount of sugar that the [American Academy of Pediatrics](#)¹ and the [American Heart Association](#)² recommends your kid is about a third, for the day, of what you just gave them. So many of us think or don't realize that the food that we feed our kids is going to debilitate them, from a health perspective, in ways that we do not want. And this is not to say that this is the fault of the parents. I mean I think we all are limited in the amount of research that we can do into every aspect of our own lives and our kids' lives. And this stuff is really marketed as if it's healthy, it'll say like organic, whole fruit, no added sugar. But you have to look at the grams of sugar that are included. And if it's more than 24 grams, you are giving your child basically like [a shock to his or her liver](#)³. And we're seeing all these kids develop [nonalcoholic fatty liver disease](#)⁴, which you probably have heard about. But just to give you a little brief overview, this is something that they used to only see in alcoholics. It's deposits in the liver and they're seeing it in lots and lots of little kids, age five, coming in with livers that look like they're raging alcoholics because of the amount of sugar they're eating. So this week, we're going to talk to one of the preeminent pediatricians in the country. She's one of the few people who's actually gone in and looked at how what we eat impacts kids. And in the process of her work in the past 20 years, she has now realized that she really needs to work on the whole family. Concentrating exclusively on children is helpful, but it's not the whole story. The parents and schools have to lead the way. So, she has overhauled the sort of dietary offerings at her school. And what's really fascinating is that public schools now have much [stricter guidelines](#)⁵ than private schools that are allowed to do whatever they want. So, public schools are not allowed to have juice, in most places, not allowed to have dessert, not allowed to have chocolate milk. Private schools often have that. My kids' school, every Friday they get dessert, they get dessert, like cake or brownies, things that they do not need at school. Not to mention that they have juice at lunch, they just got rid of the chocolate milk, and this is sort of seen as a treat. But yet from my perspective, school is really

¹ <https://www.aappublications.org/news/2016/08/23/Sugar082316>

² <https://ahajournals.org/doi/full/10.1161/CIR.0000000000000439>

³ <https://sugarscience.ucsf.edu/the-toxic-truth/#.XaM2QW5Fw2w>

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<https://www.mayoclinic.org/diseases-conditions/nonalcoholic-fatty-liver-disease/symptoms-causes/syc-20354567>

⁵ <https://www.universityofcalifornia.edu/news/how-california-reinventing-school-lunch>

about teaching kids the right way to behave and the right way to be healthy and the right way to take care of themselves and by offering them this stuff that's making them sick even though it tastes delicious, is not quite right.

Dr. Gillin: Hi you guys, I'm [Shakha Gillin](#)⁶, Dr. Shakha Gillin, and I am a pediatrician. I've been working as a pediatrician for about 20 years in San Diego. I have two practices here in San Diego in private practice. And I've been really passionate about preventative care, specifically for kids, and adults as well for nutrition and exercise and lifestyle changes to really empower people to be the healthiest they can. And yeah, I've worked for 20 years here in San Diego and I worked in a couple of other practices before. I've worked in the emergency room and then about eight years ago I started a private practice and then about three or four years ago started a second one, it's called [Coast Pediatrics](#)⁷. I've been involved with nutrition and school lunches in the private sector, so for private schools here in San Diego, working on nutrition guidelines for schools here. And then I've also worked with [CrossFit](#)⁸ and [CrossFit Health](#)⁹ with the same mission of enabling people, empowering people, to prevent and [reverse chronic disease](#)¹⁰. My latest passion has been with the [Warrior Clinic](#)¹¹, same mission with empowering people to take control of their own health is to be able to do the lab testing for chronic disease for adults at home.

Emily Kumler: One of the things that I'd love to talk to you about is that you got into this because you're a pediatrician, right? And you started seeing that kids were sick, but you also have an awareness as a mom and as a doctor that like you can't really fix the kids without fixing the family. And so it seems to me like, and tell me if this is making too much of a leap, but like the home testing kits that you guys are doing with the Warrior Clinic are really to like sort of get the whole family and certainly the stuff with CrossFit Health, it's like get the grownups to get their shit together so that the kids have like a fighting chance. And so I feel like a good place to start would just be over the course of 20 years working as a pediatrician, how has the landscape changed? Like, how are you seeing kids come in with different illnesses or things are worse and how does that sort of, I guess in the idea of like misinformation, like we know parents just like, I feel like doctors don't have any malice, right? Like

⁶ <https://www.coastpediatrics.com/meet-the-doctors/del-mar/shakha-gilllin-md-faap/>

⁷ <https://www.coastpediatrics.com/>

⁸ <https://www.crossfit.com/>

⁹ <https://www.crossfit.com/health>

¹⁰ <https://journal.crossfit.com/article/epigenetics-gilllin-2>

¹¹ <https://thewarriorclinic.com/>

there's no ill intent, but yet people have been getting such bad information following the guidelines or following what you think you're supposed to do is making people sick. So from the perspective of a pediatrician, I feel like let's just start there, what do you see in your practice?

Dr. Gillin: Okay, so Emily, that was so right on. It's so loaded with so much good information right there, right? So, well, first of all, yes, you're right on. We have to address it with the adults because the adults are the ones that are teaching the next generation. So for pediatrics, what do I see in my practice? What I see is that kids are eating too much sugar. They're eating too much sugar and too much processed food. And we are living in a culture that it's not only accepted, it's the norm. I mean it's such the norm that when we get into the conversation about, hey, I'm just going to continue to talk about the fruit snacks all the time because it's such a great example. Fruit snacks are not a food. Then we get into the conversation, are we shaming moms and dads? Are we saying that they're not doing a good job? And it's not that at all. So how do we get to the place where fruit snacks are considered a food?

Emily Kumler: And fruit snacks are what? Like Fruit Rollups?

Dr. Gillin: They are like fruit roll ups or little gummy fruit things that are like called fruit but they're basically gummy sugar and they get in the teeth and they're [filled with sugar](#)¹². I mean we're at that level where they're organic, no added sugar fruit snacks. Come on, everybody knows, step back. Everyone knows that's not a food. That is not a food. There is no fruit snack tree. It's not real fruit. It is just gummy. It's a candy.

Emily Kumler: So talk to me a little bit about what happens when a kid eats that. Like internally, what happens to their system?

Dr. Gillin: And again, fruit snacks are like fill in the blank with X, whether it be goldfish crackers or it be granola bar, which is a candy bar that's labeled as something that's "healthy." But it's not. It's all processed food. So what happens is two big things that happen: number one is that it's the sugar that's going in and we all know what happens with the sugar. So whether you're eating it as a tablespoon of sugar or if you're eating cake or cookies or one of these food items are that are, you know, being marketed as food, but it's not a food. It creates that whole

and it's fucking packed with sugar. I mean like it is so hard to find a kid's yogurt that doesn't have 15 grams of sugar.

Dr. Gillin: Right. It's really hard to find. I'm not like picking on these specific names, but if you look at a Snapple, there is 63 grams, 65 grams of sugar. If you look at a Gatorade, and again, I'm not picking on Gatorade, but your [kids should not be drinking this](#)²⁰. And then again, Gatorade doesn't even have any electrolytes. It says it has electrolytes, but it has like 19 milliequivalents when your body has 150. It's just sugar and then more sugar and more sugar. Kids are having it from the time they wake up to the time they go to bed. And I'll ask parents, you know, what did Ross, the kids, what did you guys have for breakfast? And they think they're doing a really good job by having, you know, juice, with their breakfast and that is not good. I think that's changing, luckily. There's more guidelines that came out recently as to not having any sugar sweetened beverages. That's a huge contribution to the added sugars that the kids are getting. And adults as well. Not having juice, not having the Gatorade, not having Snapple, like you said in the yogurt.

Emily Kumler: Yeah, and I think the other thing that I hear a lot from parents is like, oh well Johnny's so skinny. Like Johnny, duh, I can't eat that crap, but Johnny can because look at him, he's fine. And I'm like, I think it's a cumulative thing, right? So it's like if you're overexposed to this stuff over time you become like [metabolically deranged](#)²¹ or whatever we want to call it where your body cannot handle it anymore. And that for some reason is widely misunderstood, I think.

Dr. Gillin: It is. And it doesn't have to do with weight. So all of these foods and the sugar, they create multiple problems and one of them is weight and another one is metabolic derangement. Emily, thank you for bringing up such a good point. Yeah, the metabolic derangement, it's not completely, but it's separate of weight. Weight doesn't cause the metabolic derangement. It's the initial sugar and insulin that causes both of those. A good percentage of people that are metabolically deranged are normal weight.

Emily Kumler: Which is like the fat skinny.

Dr. Gillin: It's exactly what you're saying, which is skinny little Johnny can't be eating all this stuff because what we want to

²⁰ <http://www.pepsicobeveragefacts.com/Home/product?formula=33877&form=RTD&size=20>

²¹ <https://www.mayoclinic.org/diseases-conditions/metabolic-syndrome/symptoms-causes/syc-20351916>

do is keep them at a healthy weight by doing exactly what we do for kids who are overweight, which is eating real foods, eating real foods that aren't full of added sugar and processed toxins. So we can't look at somebody, what we have to do and that's where, you know, the Warrior Clinic comes in is we have to look at the insides, not just the outsides and the whole thing. But skinny Johnny just drives me crazy because people think that they can look at a child who is thin and encourage them to eat foods that are bad for them. So now they're just going to be somebody who is lean and with diabetes or with nonalcoholic fatty liver disease.

Emily Kumler: So when you have a kid come into your practice and you evaluate them, I mean like I feel like the main things that people, you know, at an annual physical, you get weighed, you get your height checked, right? Like after a certain point they no longer do head circumference. But that was like a big one when the kids were little. So how do you evaluate, is this kid actually healthy on the inside or not because of the fact that like those are all external measurements?

Dr. Gillin: That's a great question. The way I look at it is what did you eat? What do you eat, what does your family eat? And that's to me, it doesn't matter what your weight is, what did you have for breakfast? And if your answer is juice and a toaster waffle with syrup, and I keep picking on the toaster waffle with syrup because it seems to be very trendy right now. These, you know, pop in the toaster waffle and then syrup. If that was your breakfast, then we have work to do. It doesn't matter what your child's weight is because it's just a matter of time before we get to the point where we are now, whether it be obese, diabetic, nonalcoholic fatty liver disease. The other part is do we do these lab testing for kids? No.

Emily Kumler: No, I know, I mean like [A1C](#)²², [CRP](#)²³, like none of the tests. I feel like you don't get that until you're older. So that's sort of interesting, right?

Dr. Gillin: No, we don't. We don't do it. I mean the only kids that we're doing the testing for right now is for kids who have, either they're overweight, they have other medical conditions or we're getting some lab testing for kids who have other reasons. So you know, we see a kid in the emergency room or I'll see kid for something else and then we'll do a [chem panel](#)²⁴. We find that their liver function tests are slightly

²² <https://www.mayoclinic.org/tests-procedures/a1c-test/about/pac-20384643>

²³ <https://www.mayoclinic.org/tests-procedures/c-reactive-protein-test/about/pac-20385228>

²⁴ <https://labtestsonline.org/tests/chemistry-panels>

elevated and I feel like it's slightly elevated for a child who is otherwise healthy at the time. And we're getting the lab tests a part of a panel for something else. It's probably the start of nonalcoholic fatty liver disease.

Emily Kumler: Well and so I mean, I feel like because that is so tragically on the rise. Right. And it seems to be an epidemic in and of itself, but people aren't testing kids for it. Like that's sort of fascinating to me, right? Because that sort of seems like a black hole in terms of like incidents rates, like we don't actually have any idea of incidents because the only time you test a kid is when they're already really sick.

Dr. Gillin: Yeah, there are. They already have symptoms or they're overweight. It's interesting because every time I put a lecture together on whether it be diabetes in kids, sugar in kids, I'm always looking at the latest statistic. It just keeps changing. If I get a statistic from 2016 for diabetes and prediabetes, I'm like, that's outdated. Where's the study from today? Because it is just going up so fast in the [CDC](#)²⁵. The last one was that the rates are increasing by almost 4% per year. That's crazy. You just said something about the testing. We're not there. We're not testing all the kids. I think that that'll come. First, we have to get the adults testing, right? So first we have to have the adults and the parents, and then eventually it will become something that we do for kids. I mean, it'd be great if we don't have to do it for kids because we change the culture of thinking it's okay to eat this stuff all day long. And even in our schools, right? Like if our schools are giving juice, sugar. I mean luckily in the public schools there has been a significant change to not have sugar at school. They're changing it for the positive.

Emily Kumler: Well, I keep waiting for somebody to sue their school or their government because they've gotten, you know, whatever, and they're 10 years old and their life output is like shit because of the stuff their school has been feeding them. I mean like we literally just had, which I know you and I talked about privately, like trying to help our private school overhaul its guidelines. And I mean they literally just pulled chocolate milk and it was like this big deal. They were worried the parents were going to like revolt because last time they tried to get rid of chocolate milk, I guess the parents got mad and I was like, what are we talking about? And then they were like, Emily, you know, it's just one meal a day. Like we can't be, you know, completely healthy. And I'm like, we pay this much money for our kids to go to school here because of, you know, the pillars that you guys all promote, which are like, you know,

²⁵ <https://www.cdc.gov/diabetes/library/reports/reportcard.html>

integrity, kindness, health, what? So your one meal should be the gold star, right?

Dr. Gillin: Right, right. This is just a conversation with private schools because public schools luckily have rules. The private schools don't have to have the specific rules. So if, you know, one family wants to bring donuts to school every day and that school allows it, they could. And they're not going to, but it is what you just said, too, is that the chocolate milk, it's not just one meal, it's one meal out of everything that they're eating from breakfast to dinner and then some. And if you're going to be okay with the chocolate milk, then you're going to be okay with that granola bar and the fruit snack and toaster waffles with syrup every day. It's really about, again, education and not shaming, but at the same time I feel like those of us that are promoting what seems to me like common sense, right? Like we shouldn't be giving, and again I bring it back to the fruit snacks because it's clearly obvious, but we shouldn't be giving fruit snacks as food to our kids. We also shouldn't be, we shouldn't be shamed or have push back when we're really doing what's healthiest for our kids, right?

Emily Kumler: Right, absolutely. No, and I think your point about education is something that I feel so strongly about because I think, you know, you go to the playground and you see moms who are really, you know, like their kids are perfectly dressed and they clearly care a lot about taking care of their kids and they're feeding them something that you can see exceeds the daily recommendation of sugar for the whole day. And it's not because that mom is like trying to poison her kid, right? Or she doesn't know any better. Like the whole shame thing is ridiculous. Like, no one should feel shamed except maybe the government who has, you know, sort of propagated this bad dietary recommendations.

Dr. Gillin: Yeah, but is it okay to say, hey, you know what? You shouldn't be feeding your child Pirate's Booty at the park. The whole concept of it is remarkable to me. To me, Pirate's Booty, not to me, it's a fact. It has absolutely no nutritional value. Our children do not need foods like that. And so where are we at right now? We're where people, that's what they go buy at the grocery store and bring it home. And then what they say to me is, that's all little Johnny will eat. And I'm thinking, well, you don't give them Clorox to eat, so why are you giving them that to eat? You know, if you give it, when you're going, let's say to a movie three times a year and you guys, everyone eats popcorn or has at a birthday party, birthday cake, where have we gone from that to where we are now, where it's breakfast, lunch and dinner and every snack.

Emily Kumler: So I feel like one of the things that I love about you is that you're one of the few doctors who has actually taken the time to like really educate yourself on all the nutrition stuff, right? Like we talk a lot on this podcast about how the doctors get one day of nutrition in med school, right? And if you're sick that day then like you just don't get any. But I think your recommendation to patients, right, and to parents, means a lot because I think most doctors aren't even talking about food, right? And so how do you talk about it with parents in a way where you're not offending them but that you're actually saying to them like you've been misinformed and like we got to correct this and we probably have to correct it for the whole family.

Dr. Gillin: Yeah. Well I might be offending people, just so you know.

Emily Kumler: I doubt it. You're pretty diplomatic.

Dr. Gillin: Oh, I do try and do it in a pretty sensitive way. The way I do it is for every checkup, I talk about it. And I do talk about it at the sick calls too, where if it seems appropriate, you know, so if kids come in a lot of times like let's say in like February, March. Parents are like my kid has been sick all winter long, how do I make this better? And we'll have a little talk about it to say, hey, you know what? The foods you eat really do make a difference. Kids understand so much. It's a privilege, but it's an extreme responsibility for all adults, parents, pediatricians, in what we say, the kids are very much influenced by what we say. You know, and every checkup I'll say to the kids, hey, just so you know, sugar is not good for your body. Your body doesn't need sugar and it's not good for your body. And so how much your body can metabolize or how much your body can process depends. But it's definitely not every day. And I tell this to kids, I want you to enjoy what you enjoy once in a while. If you love, love, love birthday cake, enjoy that at the birthday party. But if you have birthday cake and then lemonade and then juice and then the candy, your body can't handle that. And that's the way I tell the kids. And so I just slowly teach them as to what the science is behind it and then helping them understand that it's okay for them to have once in a while, but once in a while is not every day. And then slowly helping them understand or doing what they can make changes. A lot of times I'll just ask them, I actually go year by year, you know, last year I talked about grains and gluten. This year I'm talking about getting rid of sugar sweetened beverages. If you could make one change, just drink water and maybe milk, if that could be the one change you can make. And it may not be getting rid of all of it and everyone's different. So, if I have a

Dr. Gillin: It could have been when there was not as many kids constipated. Now it's more and more. It's everybody is.

Emily Kumler: And it's not stress related? Because I feel like that's the other thing you hear is that kids are so stressed out that they're like not pooping.

Dr. Gillin: And that's a whole different concept. Kids are so stressed out. [The anxiety rates](#)²⁶. I just listened to one of your podcasts recently. And you're right. It's anxiety. But the incidence is so high now that we see. So, I'm seeing so many kids with this that I can't help it. I don't want to just write a prescription for something that you can keep eating that food and then write a prescription. Instead we got to really dive into what the child is eating and what really we can do to change that. In the past we'll talk about adding things like, you know, things that will help. So, you know, probiotics, mangos, prunes, things that will help them with the constipation. But the truth is we got to help them not have the foods that are getting them constipated. And that's just one example.

Emily Kumler: And so what are examples of that? Like are there foods that you think are causing more constipation?

Dr. Gillin: Well, I do think that there's foods that are, you know, you'll hear about too much dairy or too much gluten in certain kids. But at the end of the day, it's all these foods that gum them up. It's crackers, granola bars, fruit snacks, and they're not food. They're not real foods. I wanted to go back to a different topic that you were just talking about. Oh, how did I get so involved with all of this? Well, to give proper credit, so, I'm pulling my hair out, getting really just frustrated with what I'm seeing and that's not unique to me. That is going on with every physician and I am speaking for every physician. I know I don't like to speak for other people, but we're all seeing this in whatever field we're in, whether it's psych and we're seeing anxiety or we're seeing. . . We're frustrated with the way things are going right now and so for me, I did connect with [Greg Glassman](#)²⁷ and he helped me really understand. He opened my eyes and my world of practicing medicine to all of this. Emily, that's how I met you, right, is through the work that he's doing to expose and educate and make this a country in a world that we don't have. We're not in this trajectory. We're seeing a major mess as he calls it. So he really helped me to expose me. It's interesting because he helped

²⁶ <https://www.cdc.gov/childrensmentalhealth/data.html>

²⁷ Link to 60 Minutes episode about Greg Glassman. <https://www.cbsnews.com/video/king-of-crossfit/>

expose, for me, for my education, two MDs to and I hate to say this, but like to me like real doctors that I would be seeing at my medical school speaking. And these are the doctors, so it's not like we're going into some alternative medicine. This is the medicine that I've always been used to, but the doctors that are the MDs that are speaking about nutrition and the contributors to this chronic disease. So physicians like, you know, [Dr. Michael Eades](#)²⁸ and [Mary Dan Eades](#)²⁹ who have done this, who are both MDs who have done this for years and years and who understand the science and the solution of nutrition and what we have been doing wrong and what we can be doing right.

Emily Kumler: Right. I never knew if you came to Greg or if Greg came to you, like that's sort of interesting how that came about.

Dr. Gillin: I don't know.

Emily Kumler: That's interesting that he had that influence on you because I didn't know if you were like kind of already on that path.

Dr. Gillin: Oh no, no, no. I was on the path going nowhere. I was in the path of frustration and for me, my memory of it is really having conversations with him. So, I was already teaching kids about limiting the sugar, limiting the processed foods, and really making such a difference. I've always been for, I think after my, probably about the first five years of practicing medicine, somewhere between five to ten is where I really became involved with, this is where we have to educate our kids and our families. But then it was in that time frame where I remember having a conversation with Greg about Coca-Cola and why Coca-Cola is the [headlining sponsor](#)³⁰ for the American Academy of Pediatrics. And he helped get me involved and understood. He brought me into the conversations where I did meet [Karen](#)³¹, [Gary](#)³², and then you, and really exposed to Dr. Asim. So the different physicians and the different really influential and such intelligent people who are making all this difference for me for every day, every single child that I touch, involve, family that I touch. So that's really what's making all of the difference. But yeah, I joke around about when you just asked how did we get involved? Greg and I had known each other already and I think that

²⁸ <https://proteinpower.com/drmike/>

²⁹ https://proteinpower.com/drmd_blog/

³⁰ AAP has severed ties with Coca-Cola <https://www.pbs.org/newshour/show/coke>

³¹ <https://thesugarfreerevolution.com/>

³²

<https://empoweredhealthshow.com/ep-17-gary-taubes-part-i-how-bad-science-led-to-an-obesity-epidemic/>

he already knew my passion but was kind enough to, in a really organic way, help me to open my eyes to this world.

Emily Kumler: And further educate you. I mean, I feel like you can't like have a cocktail with Greg without being like doused with all kinds of information, which I'd be like, the first time I ever met him I was like, I need to fact check so much of this. And then I was like, wow, he's right. Like you know, and I, that's like why I sort of joke that he can be a little bit like a Buddha or something, right? Where you're just like, wait, tell me about this. Or like I want to talk to you about that because he does have such a wealth of knowledge for so many different things. But I want to change gears slightly because I feel like the [Warrior Clinic](#)³³, in my eyes, when you told me you were working on that, like it really kind of opens up the possibilities to more people who are trying to regain their health or have some control over their family's health. And I think the idea that it starts with parents or grownups, right? And that like we've all been misinformed in many different ways, whether it was like you grew up counting calories or like on a low fat diet or like, I mean I always joke on this podcast that like when it comes to nutrition, my mom was like way ahead of the curve in terms of organic stuff. So she bought a flock of sheep like we had goats that she milked and made cheese from and like this is like 20 minutes out of Boston, right? But we had a lot of land and she basically got really upset because at some point she went to like whatever the healthy, and this is like pre Whole Foods, right, and she felt like the meat all had this dye in it and she was like, I have four children and I don't know what I'm feeding them, so like I'm going to take as much control over this as I can. And so we had fresh eggs, we had all this sort of, you know, like as a kid, I was always embarrassed when people were like, you live on a farm. And I was like, no, I don't! Like, that's not cool. But, in retrospect, like she deserves a ton of credit for being like, screw this, there's no good food source where I can figure out what you're feeding these animals and I'm feeding it to my babies. So like, I'm not going to do that anymore. Which, you know, I realize is like an incredible privilege that most people definitely don't have. But in looking back on all of that, the other part of that that's, you know, it like would be negligent to not be honest about, is that my best friend's parents were both doctors and their house was filled with candy. And like they had piles of [Entenmann's](#)³⁴ cakes in the kitchen and I would go over there after school and just like gorge myself, like on all the sugar because the only sugar we had in our house was like, honey, you know what I mean? And I'm like, that's not doing it for you when you're eight or ten or whatever and you

³³ <https://thewarriorclinic.com/>

³⁴ <https://www.entenmanns.com/en>

can ride your bike and have a sense of freedom to go to the Entenmann cake family house down the street. But you know, I think it's really interesting because I think now we do have all these food options. In some ways it's almost like we've been inundated with all of this idea of like what's healthy and what's not. But you know, the other part of my mom who was really, I mean she should have gone to medical school, she thought she was going to go to medical school. And then I think I was a baby and she felt like she couldn't leave me and my older sister home. So she, you know, got the New England Journal of Medicine like when everybody else is reading Vanity Fair, she was reading medical journals. And so she was really on top of stuff but she, you know, my dad had high blood pressure and high cholesterol and so she, when they were first married, took all these like sort of French cooking lessons from these famous French chefs and you know, cooked with all this like fat. And as soon as my dad was diagnosed with high blood pressure, she like got rid of all of that, right? And like my dad always jokes about how like she was the most amazing cook and then it was like everything became like low fat and disgusting. And then when Bob entered the picture, you know, my now husband, and was like, no, fat is great! You should eat fat. You should, you know, the low fat crap is not how you want to eat. My dad was like, hallelujah. Can you start cooking the way you used to cook? But it threw my mom, right? Like it really, obviously, she had loved cooking this really like sort of French high fat food and got rid of all of it because she thought she was saving my dad's life. And then, to be like having to like re-educate herself on all that stuff has been, I mean I think that's why part of the reason she and Bob have such a great relationship because he's so mired in all of the research, right? And like knows all the data and she then goes back and reads all of the stuff that he's giving her. So like, that's a nice relationship. But yeah, for most people, I don't think they have the time or the interest, right? And so, this idea of being able to test yourself, I love because I feel like you can argue with people who aren't interested in actually going back and looking at how crappy the science was behind a lot of the low fat, you know, sort of whatever, count your calories. It doesn't matter what you eat, it's just about the calories. And they're not going to believe you because you're not an expert. I mean, even as a doctor, I would imagine, right? Like they're going to think like, oh well, you know, Shakha has these weird ideas about stuff, but if you do a test on somebody and it comes back that like, no, your A1C is really high. Right? And that's dangerous. Then all of a sudden they are probably really much more open to having a real conversation about like, well how did this happen? Right? You know, like I've been eating low fat like my whole life and how could I possibly not be healthy? And it's like I, you know, I feel like we all used to eat Peeps, those disgusting Easter sugar

marshmallow balls, right? And it was like, I remember being in high school and being like, well, there's no fat, right? It's like, but it's all sugar. No, there's no fat. It's like the fat people that walk around with [SnackWells](#)³⁵ and you're like, oh my God, like that's not good. Eat of stick of butter. Don't eat that.

Dr. Gillin: Well, you know, thanks to the whole low fat recommendations, we are now in a place, and there's so much more to it, but we're now in a place, almost [50% of our country is either prediabetic or diabetic](#).³⁶ Here's the thing, like you and I can sit around and tell people what we need to eat, all of that. But the truth is, what you just said is just the answer is do your test, where are you? That's what we came up with. This is because number one, we know that people need to make a change, right? They need to make a change and number two, these tests aren't done at the doctors. Even if people go to the doctor, these tests aren't always being done and then you get the test and if they run it, if they order it, and then they run it, because a lot of people say, I get tested at my doctors. I'm like, well you haven't had your A1C. Check if you have. Let's say you have, and if it's elevated, the response from the doctor's office is going to be let's have them on [Metformin](#)³⁷ and [Statin](#)³⁸. Whereas what we want is for people to be empowered themselves because the answer should be, let me look at what I'm eating and let me look at how I'm moving. And so that's the key to it is that, if we were just testing and there was no solution that wouldn't be helpful. I mean that would be helpful for epidemiology, for statistics, but that wouldn't be helpful to the individual. What's really amazing about this is that people can test and then make the changes because a lot of people aren't actually being proactive enough. It's because of what we just talked about for the last half hour. It's everywhere. I don't want to be perfect. I actually want to have something that's not a healthy food item. That's perfect for me, once in a while, I do. I want to live where once in a while I have something, I don't want to not go out to eat or go out to eat and only just go ahead and give me only steamed vegetables today. So, I want to be able to eat foods once in a while and know my body's metabolizing it properly. I'm in the right path and so that I'm not on my way to have diabetes. And what I don't want to do is have, no, you have diabetes because of symptoms. There are so many other things you could do before you get to symptoms.

³⁵ Sample nutrition facts for one SnackWell bar

<https://www.snackwells.com/product/vanilla-creme-sandwich-cookies>

³⁶ <https://www.diabetes.org/resources/statistics/statistics-about-diabetes>

³⁷ <https://www.mayoclinic.org/drugs-supplements/metformin-oral-route/description/drg-20067074>

³⁸

<https://www.mayoclinic.org/diseases-conditions/high-blood-cholesterol/in-depth/statin-side-effects/art-20046013>

And that's really why we're doing this. Because the cause, which is the sugar and the foods and the causes are everywhere. It's around us everywhere. So when we were growing up, so maybe we went to a friend's house and had the Entenmann's and the friend's house who had all the candy. But now that's everywhere. It's even in schools and it's at every friend's house, it's everywhere. And so, in order to know where you're at, there's only one way to know your inside. And that's to get tested.

Emily Kumler: And so you guys decided to do A1C. Why did you pick that one test?

Dr. Gillin: Well, so you know, if you look at prediabetes and diabetes, there's three ways of looking at it. There's the glucose, there's the A1C, and then there's [the oral glucose tolerance test](#)³⁹. And I'm just going to take the, OGTT is the, is actually probably, you know, the great test, but it's just not practical.

Emily Kumler: You mean because you have to drink the crap and then you have to wait a couple hours and like people don't have time to go to the doctor's office for the whole morning and do that?

Dr. Gillin: Yes.

Emily Kumler: I mean that is what you do when you're pregnant, right?

Dr. Gillin: You do. Exactly. And so everyone who's been pregnant and has had the one hour and not, you know, the three hours. So they can do the one hour, and I don't know about your experience, but I see a ton of moms who are slightly elevated. I'm like, well, did you wait the hour? Like, no, they call me up at, you know, 50 minutes. I did it. Well, good for you. Now you get the three hours, you know, think about a three hour OGTT, who's going to do that? And so that's not going to happen. The glucose is a one spot test, right? And it's a fasting test. One spot. If you look at these continuous glucose monitors, that's fabulous. But again, that's not practical, right? This is the most practical and it looks at the last three months and it's practical and it's a test you could do at home. And affordable. I mean, and that's the key. It's between the one glucose, one fasting glucose, OGTT, and then an A1C, the A1C is looking at the last three months. It's the most practical and affordable.

³⁹ <https://www.mayoclinic.org/tests-procedures/glucose-tolerance-test/about/pac-20394296>

Emily Kumler: If I go on the, what is the website for the warrior clinic tests?

Dr. Gillin: thewarriorclinic.com⁴⁰

Emily Kumler: Okay. And so if I do that and I order the test, how much does it cost?

Dr. Gillin: So it's \$59 for the A1C and the [triglyceride HDL](#)⁴¹. So the lipid panel and the A1C, it's \$59. So that's less than going to a doctor for most people.

Emily Kumler: And that is the results are sent directly to the tester?

Dr. Gillin: So, we're the testing, we're the company, so what happens is you'll go online, you'll order it, you'll get a kit sent to your house, you'll poke your finger. It's a little finger poke. They'll send it back and then we'll give you the results on your account. And you get like, it's actually color coded. It's actually really easy to read. And then there's a discussion and the discussion goes over, you know, if you're green, great, check again in a year. If you're yellow, it's time to make some changes. Don't stress. But it's definitely time to make some changes. And here's some changes you can make.

Emily Kumler: So you give people a rundown of like sort of that explains what their results are because that's interesting. I think a lot of these home testing kits don't do that. They kind of assume that like you're the physician, right? Or like you're the expert. And I think like we have like kind of a mini lab at our house with lots and lots of these kinds of things because we're both really interested in self experimentation. But, I would think for somebody who doesn't know about this stuff, like it would be kind of overwhelming to get a test result and have it be in a, you know, negative range. And I think the other part about all those things, which I think we could do a whole episode on, is like that those ranges are like standard deviation ranges, right? So like if the country itself is unhealthy and you are in the middle of the range, that is not actually where you want to be, right?

Dr. Gillin: Right, right. And so we did do the normal values. The green is optimal.

⁴⁰ <https://thewarriorclinic.com/>

⁴¹ <https://www.heart.org/en/health-topics/cholesterol/hdl-good-ldl-bad-cholesterol-and-triglycerides>

Emily Kumler: Okay. I think that's awesome because I feel like there should be kind of like two scales. Like this is what, you know, this is like the average versus like this was the average 50 years ago. And if you look up those historic numbers for different ranges, it's like what the hell? Like, I don't want to be in this unhealthy, you know, modern range. I want to be in the range of like my grandmother, right?

Dr. Gillin: And for HDL, like what does your doctor accept versus what would be the ideal HDL for you to have? So, for us it's a screener. I mean, I think that it's a great gift for, for all the people that don't listen to us during Christmas time.

Emily Kumler: Oh my God, I love that idea.

Dr. Gillin: Yeah. I mean, you do have to order it for yourself right now. You have to be ordering it for yourself right now because then you get the results.

Emily Kumler: You gotta come up with, like a gift certificate.

Dr. Gillin: Yeah. We do. I think Scott's working on the gift certificate. And so you'll be able to do that. But I think that would be, for me, instead of just constantly arguing with people and family members. And have them tested, here you go. I think the biggest thing to me is being proactive and we gotta figure out a way that we don't have all of this everywhere. It can't be everywhere. By all of this everywhere, I mean all of the unhealthy foods, everywhere we go. For my kids, that's what I see for the kids. It's just every single place. And so it'll slowly change. But I think the change happens with us. And yeah, I grew up on foods that were junk foods and I grew up with the whole low fat diet. So I was stoked to be able to have, you know, frozen yogurt, which was making me healthy, right? Not. And foods like that that, or like candy that had no fat, no fat candy. Hot Tamales and a Diet Coke. And so, I'm aware of the fact that, you know, you can think you're doing something good but you're not. Also, even today, I can go through today what Taj, my 15 year old, and I had for the last week and go, you know, I can make things better. And so that's really what the education piece is about. It's not shaming but really recognizing. It's like it's the elephant in the room where you don't need cake, candy, syrup every day. We don't need that and we gotta get to that place. Or juice. We don't. We got to get to that place where people are like, oh well, I have low sugar and just would use a little bit in their water. No, just give them the water. And then for the testing, it's just every single person needs to know where they're at. They do

because you might think that you're doing okay, but surrounded by all of this, a lot of us aren't doing as well as we think and there's things we can do to prevent in reverse. So that's really the main message.

Emily Kumler: Shakha has kindly offered a discount coupon for all of our listeners, so if you haven't already, [sign up for our newsletter](#)⁴² at empoweredhealthshow.com and we will send you off a discount code so that you can get your A1C checked. I'm Emily Kumler and that was Empowered Health. Thanks for joining us. Don't forget to check out our website at [empoweredhealthshow.com](#)⁴³ for all the show notes, links to everything that was mentioned in the episode, as well as the chance to sign up for our newsletter and get some extra fun tidbits. See you next week.

⁴² <https://empoweredhealthshow.com/>

⁴³ <https://empoweredhealthshow.com/>