

**[Transcript] The Diary Of A CEO with Steven Bartlett / E231: The Food Doctor: The 4 Foods You MUST avoid if you want to be healthy! - Dr. Will Cole**

If you care about mental health,  
care about your weight and your energy levels,  
you have to care about them.  
Because if it's not healthy, you're not healthy.  
Dr. Will Cole, best-selling author,  
one of the top 50 functional medicine practitioners  
and is a health expert for the world's largest  
wellness brand such as Goop.  
There's so much medical gaslighting going on.  
The average conventional doctor  
would fail a basic nutrition test.  
And I find that to be problematic  
because you have the worst healthcare system  
to get your criticizing people  
that are trying to do something different.  
You define yourself as a functional medicine doctor?  
The differences between  
mainstream medicine and functional medicine  
is they're trained to diagnose a disease  
and match it with the medication.  
But I think an attrition forward approach  
to healthcare is vastly important.  
Why?  
Because the vast majority of health problems  
are lifestyle-driven.  
Foods we eat, exposure to toxins,  
these lifestyle things are really  
what's plaguing our society.  
60 to 80% of all Western countries  
are dealing with some massive metabolic issues.  
In part, fed by chronic stress.  
Part of our trauma in our life has to do  
with the trauma that our ancestors have gone through.  
It's sound science fiction,  
but looking at how trauma is literally stored in the cells  
and then passed through family lines is very much science.  
Are you optimistic that there's things  
we can do to change it?  
As trauma can be inherited, so can healing.  
There's three main things.  
First thing is,  
number two, the third would be.  
Before we get into this episode,

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just wanted to say thank you first and foremost  
for being part of this community.  
The team here at The Diary of a CEO  
is now almost 30 people  
and that's literally because you watch  
and you subscribe and you leave comments  
and you like the videos that this show's been able to grow.  
And it's the greatest honor of my life  
to sit here with these incredible people  
and just selfishly ask them questions  
that I'm pondering over or worrying about in my life.  
But this is just the beginning for The Diary of a CEO.  
We've got big, big plans to scale this show  
to every corner of the world  
and to diversify our guest selection.  
And that's enabled by you,  
by a simple thing that you guys do, which is to watch.  
So if you enjoy this show,  
I have one simple favor to ask you,  
which is could you hit the follow button  
on Spotify or Apple or wherever you listen to this podcast.  
And I'll see you next time.  
Dr. Will.  
My friend.  
Thanks for having me.  
I'm going to start this conversation  
where I started it quite recently  
when I spoke to Max,  
who I think you're familiar with,  
which is what you do and why do you do it?  
I've always been a health nerd.  
I guess you could call it.  
And in hindsight, I now look back  
and think of how what a weird kid I was.  
My first job was at the finish line,  
and I don't know if you have those in the UK,  
but the basically tennis shoes like sneaker stores.  
And I'd use my paycheck at 16 years old  
to go to the health food store  
and buy the latest superfood that I'd see research on,  
the latest supplement.  
And that was always fascinating to me.  
How could you optimize your health using natural things,

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using things that are of the planet and food to feel great?  
And needless to say, I was packing my lunch in this,  
in the brown bags with the peppers and bananas  
and these whole grain, the crunchy things in the 90s.  
And my friends weren't doing that.  
So that evolved in me being interested in that food and nutrition  
to want to be formally trained.  
And I have a family history of autoimmune conditions.  
And I just have a passion to figure out these complex puzzles.  
And it's a sacred responsibility for me to then take my own passion.  
And how can I problem solve for these people  
and hold space for them?  
Because I see in the topic of autoimmunity specifically,  
it's a vast, in many ways, a silent epidemic  
of people that are struggling.  
There's so much medical gaslighting going on.  
They're told they're just depressed, given antidepressants.  
They're told they are just stressed out.  
But the research speaks for itself.  
The statistics speak for itself that we have in the United States  
alone about 50 million Americans having an autoimmune condition.  
But millions more are somewhere on this autoimmune inflammation spectrum  
where they're labeled with things like chronic fatigue syndrome  
and fibromyalgia.  
And they may not even be diagnosable,  
but they are feeling that sort of anxiety and fatigue  
and brain fog and digestive problems  
and different iterations of inflammation.  
So if you know anything, I guess, to answer your question  
pointedly, my enneagram, if you know anything  
about that sort of personality study,  
I'm an enneagram five, which means I'm a researcher.  
So I'm sort of this voracious, like, let's figure this out  
and get to the root cause of why you're struggling.  
So that's why I do what I do.  
And you define yourself in terms of your job title  
as a functional medicine doctor?  
Yes, I'm a functional medicine doctor.  
What does that mean?  
So if I had to break it down, the differences  
between conventional medicine and functional medicine,  
mainstream medicine and functional medicine.  
First thing is we interpret labs using a thinner reference range.

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If you know you get your lab and you have your number and you have this X to Y interval, this reference range that your GP or PCP is comparing you to. We get that reference range largely from a statistical bell curve average of people who go to that lab. It's non-standardized, for the most part. People that are predominantly going to labs are people, sadly, going through health problems. So a lot of people know intuitively, something's off here, my fatigue, my brain fog, my digestive issue, my hair loss, whatever it is. They go to the doctor and the doctor runs the basic labs and they say, look, the labs pretty much look normal. You're just depressed, you're stressed out. What they're unintentionally telling the patient is they're a lot like the other people with health problems that they're being compared to. Just because something's common doesn't necessarily mean it's normal. Comparing yourself to people with health problems is no way for you to find out how you can feel at your best and why you feel the way that you do. So in functional medicine, we're looking at optimal, not average. So the Cleveland Clinic here in the United States has a functional medicine center. Many mainstream institutions have functional medicine and integrative medicine institutions. And all of us in functional medicine are trained through what's called the Institute for Functional Medicine. So we're looking at optimal, not average. We're running more comprehensive labs to get to the root cause because ultimately speaking, none of us are sick from a pharmaceutical deficiency. Pharmaceutical your way into health one day. They are disease managing medications and are needed many times. But ultimately, we ask the question, what is your most effective option that causes you the least amount of side effects? People medications fit that criteria and they need to be on it. But oftentimes medications really don't fit that criteria, yet it's the only option given to them. And there's a root upstream causation as to why they have to be on that disease

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modifying medication in the first place.

So we're looking at things like underlying gut problems, chronic infections, nutrient deficiencies, hormonal imbalances, or things like trauma and shame, the things that I'm talking about in my latest book.

Ultimately, it's predicated on bio-individuality.

We're all different.

And even good things, even healthy things that's relevant, that's pertinent for one person may not be relevant for you.

And even healthy foods, what works for one person may not work for you.

So it's really curated, customized, evidence-based medicine in short.

When you think about conventional medicine and conventional, I guess health advice,

and then you contrast that to your perspective, your view of health and medicine.

What are the real stark differences?

Well, I think the diagnostic aspect is one of them, because they're trained in the standard model of care to diagnose a disease and match it with the medication.

So that sort of medicinal matching game, if you will, is a major part of the conventional model of care.

And I think a nutrition forward approach to health care is another one.

And I mentioned a study in Gut Feelings, it was a study in a medical journal, and showed that in this one group, that average conventional doctor would fail a basic nutrition test because of the training that's not there.

And any conventional doctor will tell you, and actually most of my colleagues in functional medicine are conventionally trained, and they will tell you they have to go to post-doctorate training to even learn about nutrition.

And I find that to be problematic because we're dealing with the vast majority of health problems that people are seeing are lifestyle-driven, meaning that the foods we eat are not eating, our stress levels, our sleep, our exposure to toxins, these epigenetic lifestyle things are really what's fueling, what is plaguing our society, what the major endocrinologists, PCPGP, are seeing

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on their day-to-day visits.

So I would say the approach is different

because there's a place for medication.

Again, I mentioned that sort of litmus test

of maybe a piece to your puzzle,

but ultimately it is not the totality of what's going on here.

And we have to look at, in my opinion,

a both and not an either or sort of reductive tribal approach.

And that's where I think functional medicine attempts to

bring things together where it's not us versus them.

It's, well, what is the most effective tools

within this person's toolbox?

And medications may be part of it,

but there are oftentimes a lot more effective,

a lot less side effects tools within that toolbox.

You mentioned earlier that you had family members

that had autoimmune inflammation conditions.

Yeah.

What was that and how did that have an impact on you at all?

Well, I mean, I could go to both sides of my family, really.

There's different neurological autoimmune issues

like MS-type symptoms, if you know anything about that.

Type 1 diabetes on both sides of the family

with the immune system attacks the pancreas

and then the body cannot produce insulins.

You have to take insulin to manage your blood sugar.

People have autoimmune thyroid issues.

Hashimoto's diseases really are one of our top patient base today

is people that have autoimmune thyroid issues.

And different and other inflammatory problems.

So how it impacted me, I think, was just seeing

how it impacted the quality of life.

And health and life on Earth, I think, in many ways,

is just so fragile.

I mean, we take things for granted so much

until it's not there.

And I'm reminded on an hourly basis with my patients now, too.

It's just a sacred thing that I want to do everything I can

to help them regain it.

Gut feelings.

A book you've just finished writing, I believe.

Why did you write a book called Gut Feelings?

I always say this when I speak to authors

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that writing a book is an absolute labor of love.

It takes forever to do.

It's a painful process.

So to do that, you must really have found a topic, subject matter, that really, really mattered to you.

Why Gut Feelings?

Why did you call it that?

Why did you write that book?

This is my fourth book.

And as with anything that I've written, it's really born out of my passion for my patients and just seeing things play out.

And I think in many ways my patients are kind of like, you know, that's saying canaries in the coal mine.

I think they're canaries in the coal mine for the rest of the world.

They tend to be further down that autoimmune inflammation spectrum.

They're struggling with different inflammatory problems.

But then I look at the statistics and I realize it's just, they're the tip of the iceberg of really what's going on.

So Gut Feelings is really a conversation around mental health and autoimmunity and people's, I would say, diet culture as a whole.

And talking about this sort of duality within wellness, both gut and feelings, the physiological and the psychological, the physical and the mental, emotional, spiritual.

And again, this both and approach that I think is needed to have sustainable healing in people's lives, whether they're going through anxiety and depression or brain fog or fatigue or they're going through an autoimmune condition or a different inflammatory problem.

You have to deal with both physical and mental, emotional, spiritual.

And I love the fact that I think in our culture in the past years, we've made great strides to normalize mental health care and destigmatize people getting access to mental health care. Wonderful.

I just feel like it's in many ways, this is sort of the next stage in that conversation because I think in many ways it's an incomplete conversation around mental health care because in the West, we still like to separate mental health from physical health.

It's a mental health problem.

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We sort of relegate it as sort of this abstract, sort of philosophical, chemical imbalance, if you will, which is, now it's coming out, it's flimsy science at best anyways, that we have to realize that mental health is physical health and our brain is a part of our body just like anything else. So it's really, in a part, gut feelings is a conversation around what's known in the research as the cytokine model of cognitive function. Cytokines are pro-inflammatory cells, right? So it's research looking at how does inflammation impact how my brain works? How does inflammation impact mental health? So things like anxiety, depression, brain fog, fatigue, have this inflammatory component. But then the question is, what I really talk about in the book is what's driving the inflammation? Because inflammation is a normal part of the immune system, but what's triggering this chronic inflammation? That's sort of this forest fire that's burning in perpetuity. That's the problem of what's triggering people's mental health issues just like it's triggering their autoimmune issues. So both the gut and the feelings part of it are the things that we know from the research, and I have a lot of clinical experience to show how these things impact people's health. So the gut things, i.e., like underlying gut problems, 75% of the immune system. Inflammation is a product of the immune system. Our gut and brain are actually formed from the same fetal tissue, so when babies are growing in their mother's womb, the gut and brain are formed from that same fetal tissue, and they are inextricably linked for the rest of our life through what's known as the gut-brain axis, or the connection between the gut and the brain. And if you think about it, the intestines kind of even resemble the brain. 95% of serotonin is made in the gut, 50% of dopamine is made in the gut, stored in the gut. Researchers call it the second brain for a reason because of this. This is a lot of far-reaching implications to underlying gut problems, to not only inflammatory problems, i.e., autoimmune issues, but also to mental health issues because it is the second brain. But then, conversely, the feeling stuff, like I really talk about in the book,



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the research around chronic stress and trauma,  
and even intergenerational trauma,  
how these big, complex things,  
these mental, emotional, and spiritual things  
are literally stored in ourselves,  
dysregulating our nervous system, raising inflammation levels,  
impacting how our hormones are expressed.

So it's both a gut and a feeling side of two sides of the same coin  
that impact so many people.

And I don't, you know, I just,  
I had these conversations with my patients all the time,  
it was just a matter of when I had the conversation in book form.  
Inflammation.

I don't really know what that word means.  
How would you summarize or simplify that word for anybody  
that also doesn't really understand the term inflammation?

Yeah. It is abstract, I think, to your point.

I use it so flippantly that I realize I'm in this weird health bubble,  
but it is a nebulous term.

It's not inherently bad.

It's a product of the immune system.

The immune system makes different proteins,  
different amino acids, different chemical messengers, if you will.

That fights viruses, fights bacteria,  
heals wounds.

So when you think of inflammation in this sort of normal acute state,  
it's if somebody gets a sporting injury and their knee swells up, right?

That's acute inflammation, rushing nutrients and healing and oxygen  
and white blood cells to the area to repair it, to rejuvenate it.

That's normal measured human inflammation.

We would be goners as a species without normal,  
a normal inflammatory response.

It's when inflammation goes chronic that there's a problem.

Chronic inflammation, it's associated with just about every health problem  
under the sun, when you're looking at what researchers are looking  
at these inflammatory components.

You're looking at autoimmune issues, metabolic issues like type 2 diabetes,  
and you look at cancer, heart disease, to mental health issues.

As I mentioned, this sort of cytokine looking at the neuroinflammatory component  
to things like anxiety and depression.

So that's what inflammation is.

When it goes chronic, it really sets off a lot of cascade of dysregulation in the body  
because it's a lack of homeostasis.

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It's the Goldilocks principle.

It's not too high, not too low, but just right.

That's where you want inflammation, just like many things in the body, just like the gut bacteria in our microbiome.

We don't want bacterial overgrowth.

We don't want a deficit of beneficial bacteria like hormones.

We don't want too much hormones, like a dominance of hormones.

We don't want a deficiency of hormones either.

Inflammation is the same thing.

We don't want excess inflammation.

That's what's associated with all of these chronic health problems.

And we don't want a deficiency that's immunosuppressed people, that people have immunodeficiencies.

That's not good either.

So it's about modulating and supporting healthy inflammatory pathways.

It's really the clinical objective for my patients

and for the average person out there

that's looking to optimize how they want to feel.

That should be their goal as well.

So I've got two questions there.

What is a symptom that one might notice in themselves of chronic inflammation and what are in your practice, what are the leading causes of that chronic inflammation?

Sure.

So the way that we see it in functional medicine, there's three main stages, if you will, on this continuum.

This inflammation spectrum.

On one end, there's silent inflammation, silent autoimmunity, meaning if you ran labs, you'd see some markers off, like a high sensitivity C-reactive protein, which is quite a conventional marker.

You'd see that spiked.

You see maybe a homocysteine level elevated and another inflammatory protein.

But the person feels all right.

Everything's cool.

Stage two is the inflammation reactivity.

That's the vast majority of people living on our planet today are in stage two or three.

Stage two, a lot of people are there.

They have things like brain fog.

They have things like fatigue.

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They have some sort of dysregulated nervous system response.

A way that people typically will say,  
they'll say, I'm anxious, but I'm exhausted.

Or wired and tired is the other way of putting it.

They have different digestive problems.

The amount of people that have chronic constipation  
or IBS or some sort of digestive issue,  
again, they're everyday, so they normalize it.

But these things are anything but normal.

They're just ubiquitous.

And that would put under that category,  
mental health issues,

thinking anxiety and depression, autoimmune reactivity issues,  
and people that have hormonal problems.

And then stage three is a full-blown diagnosable issue.

They're going to their doctor,  
and they're given an ICD-10 code in the States.

They're given some diagnostic code,  
and they're given a medication  
or recommended some conventional treatment.

But researchers estimate,  
it's about four to ten years prior to that diagnosis,  
when things were brewing on the spectrum,  
meaning by the time somebody gets diagnosed officially,  
it didn't happen overnight for most people.

So it's no matter where you're at,  
how can you be supporting your gut and your feelings?

How can you be supporting your physical health  
and your mental, emotional, and spiritual health?

So the second part of your question  
is what are the most common causes of it?

It really stems, like the broad umbrella of it  
has to do with what researchers refer to  
as an evolutionary mismatch,  
or an epigenetic genetic mismatch.

Our genetics, it's estimated,  
haven't changed in about 10,000 years.

But yet our world has changed dramatically  
in a really finite period of time  
when you're putting that into context  
with the totality of human history.

So the foods we're eating, or the foods we're not eating,  
our stress levels, our collective and personal traumas,

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environmental toxins,  
our soil microbiome disruption and depletion,  
and in turn impacting our gut microbiome.  
So all of these epigenetic modulators, if you will,  
are DNAs living in this brave new world,  
and it's awakening genetic predispositions.  
That have been lying dormant there for 10,000 years,  
but they're being triggered like never before in human history  
because of this onslaught of this chasm  
between our DNA and the world around us.  
So on that point then, the world we live in is  
maybe misaligned to our genetics,  
which is kind of what I heard there.  
Let's start with the emotional stuff.  
One of the topics you introduce in chapter one of your book  
is this idea of shameflation.  
I've never heard that term before.  
Yeah, shameflation.  
Okay, shameflation.  
What does that mean?  
And what science have you got to support that that's a real thing?  
Yeah, well, it's really a commentary on inflammation.  
It's not that shameflation is a literal real thing.  
It's a commentary on how does what's shown in the research  
as far as things like chronic stress,  
which is so well researched,  
and trauma, and I talk about in the book  
something called intergenerational or transgenerational trauma,  
how do these things impact our body, our physical health?  
So shame is sort of a term that a lot of my patients  
feel varying degrees of shame.  
They feel shame that they're not perfect enough  
with their body or around food or around life itself,  
not being the best parent or the best whatever in their life.  
There's a lot of health related shame in our world  
and just shame in general when it comes to life.  
So shame is sort of the term that I used in the book  
of how to explain the sort of mental, emotional, spiritual feeling  
that people have.  
How does impacting their health?  
In the book, I talk about this study around self-compassion,  
which is really the antithesis of someone that's shaming themselves,  
is someone that has sort of grace and a lightness

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and a self-compassion around it.  
And the study had people do,  
they had them speak in public or do math,  
which apparently that's what we hate the most as humans.  
But they measured their inflammation levels  
when they were doing these stressful things, right?  
And their inflammation levels were high.  
Interleukin-6 is IL-6 inflammatory protein.  
But the people that practiced self-compassion during this time  
had the lowest levels of inflammation.  
And on day two, you'd expect, okay, the person would sort of adapt  
and the people that were doing the math or the public speaking,  
maybe the inflammation would come down.  
Actually, the inflammation levels were higher on day two than day one,  
sort of this cumulative effect.  
But again, the people with that practice self-compassion,  
which I talked about the different practices in the book  
that I've seen effective for my patients,  
it attenuates, calms that inflammatory response.  
And that's just one of many.  
But we know most health problems of why people are visiting their doctor  
are stress-related, that are either exacerbated by stress,  
that are flared up by stress, or literally caused by stress.  
When you're looking at things like autoimmune issues,  
we have patients fill out what's called an adverse childhood experience score,  
every telehealth patient that we have.  
And research has shown that people that have these higher ACE scores,  
these cumulative childhood N, beyond childhood, lifestyle,  
like life stressors, whether physical abuse, sexual abuse, mental emotional abuse,  
alcohol abuse in the home growing up,  
people that have gone through these things in life  
have an increased likelihood of an autoimmune issue later on in life,  
or a mental health issue later on in life,  
or a metabolic type two diabetes issue later on in life.  
So again, there's a lot of shame around that stuff too,  
as far as what people have gone through.  
And inflammation is really just my term to explain this phenomenon  
that's in the scientific literature that I see out,  
I see play out in people's lives on a daily basis.  
You talked about how vicious stress is as a cause, I guess, for inflammation.  
You know, people tend to think of stress as being a really, really bad thing.  
I hear often that some kind of stress is a good stress.  
What is in particular the type of stress you're talking about

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that is leading to this, this shame, inflammation.

I'm assuming it's chronic stress.

Yeah, human species, the human species wouldn't be here without some grit and resilience.

And I think in some ways you could argue that we're really lacking a resilience and grit and that's something that I'm teaching my patients and in the book for people to sort of gain a resilience to handle stress.

There's nothing wrong inherently with stress.

And even if you look at the research around hormetic effects or hormesis like people are doing the cold punches you see all around the wellness space or sauna therapy or high intensity interval training or even things like fasting, these are all hormetic effects that humans would have spent times in, like difficult times, periodic times of stress.

It actually makes ourselves more resilient

and our souls more resilient in many ways.

But it's the chronic stress where it's out of alignment with that ancestral health perspective.

It's that evolutionary mismatch that I mentioned earlier.

That is something that we haven't aligned with.

We have these different stress adaptation responses in the body and the body's releasing things like cortisol and adrenaline and we never allow this sympathetic fight or flight stress aspect of our autonomic nervous system to calm down.

So we're always in this fight or flight stress state to varying degrees that people never are able to regulate themselves

and never able to support that parasympathetic, that resting, digesting, that hormone balance state of their nervous system.

So yeah, it could look different for different people

but the things that I hear the most with from people, it's their jobs.

It's like a lack of, I would say healthy boundaries with their jobs and their family can be a source of stressor.

Finances can be a sort of stress and their health.

I think when you don't feel well, that's stressful as well.

Those are the most common things that I hear from people.

This fight or flight response, this sort of prolonged state of feeling like you're kind of in fight or flight which is sort of characterized by being short of breath or feeling a bit on edge or nervous.

What is the consequence of being in that state for too long?

Because a lot of people can probably relate to that.

Yeah.

Well, that is in part what's driving these vast epidemic of health problems in our world today.

When you're talking about 50 million Americans having autoimmune conditions, hundreds of millions worldwide are having autoimmune conditions, type 2 diabetes.

I mean, it's the vast majority of people in the West are somewhere on this insulin-resistant spectrum, meaning they have things like PCOS or weight loss resistance or insatiable cravings or pre-diabetes or type 2 diabetes.

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All of these health problems that we are plagued with as a world are in part fed by chronic stress. It's just a matter of how much your body can handle.

That's sort of the conversation in the book about bio-individuality.

Some people have the bucket analogies, sort of that bucket analogy.

Some people have massive buckets and they can handle a lot of things in their life before it's going to hit that tipping point.

What is the tipping point?

The tipping point is health problems where something's got to give and they realize they're diagnosed with a health problem and it's stressors, the foods we eat, trauma, all of these things accumulate.

You can't change your bucket size, but you can change what you put in it.

You can't change your genetic tolerance for stressors, but you can change what you put in it.

So it's really a message of agency, right?

It's a message of what can I do?

We all have different abilities or thresholds to handle things in our life, but we all have the ability to clear these things out and to heal ultimately.

Hearing all of this, it makes me feel so deeply that the way we've chosen to live our lives is really unhuman.

When I think about what we can do to change that from a real systemic level, it seems like it might just be too big of a job because of the direction of travel of everything.

Technology, the way we're organizing our lives in terms of cities and work and professionalism and social media, etc., etc. Are you optimistic that there's things we can do to change it?

And what are those like real systemic things we have to do within our own lives as individuals, but also as a society?

Yeah, I mean, it's something I think often about.

And I think that there's a growing amount of pockets of people, if you will, that know intuitively they have to do something different to see something different.

And being in functional medicine for the past 13-plus years at this point,

I had to say what was once considered radical or fringe 13 years ago, the idea that stress and trauma could trigger autoimmune issues, is now very much talked about in conventional settings.

And the things that may have seen woo-woo and strange 13 years ago now as being researched by reputable institutions.

I talk about the research of the book around shinrin-yoku, which is the Japanese term that translates as forest bathing,

which sounds weird when you think of it in English,

but it's actually a beautiful description, I believe,

of the Japanese art of using nature as a meditation,

using nature as a medicine,

and how researchers show just spending a few minutes in nature and taking in with all of your senses,

like a sensorial effect of nature lowers inflammation levels,

lowers stress hormones, balances the human immune system,

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actually improves the human microbiome because of the things you're smelling in and taking in with all of your senses. So I think the fact that researchers are looking at these ancient arts is a good sign that we as a culture are looking for something different. Because I think in many ways, do you remember that Pixar film WALL-E? I think WALL-E is prophetic in many ways of the path we could go down where people are just sitting looking at a screen and we've lost all sense of reality. I think whoever wrote WALL-E, the people at Pixar, we can go a different direction. This is such an interesting question to ask based on what you've said, but just as you finished speaking, I was thinking about how we know this stuff, like you know this stuff, I know this stuff, in terms of getting back to being a little bit more human in the way that we organise our lives. But I was going to ask you the question, do you do it? Yeah, I mean, to me, I don't think you have to pick between modernity and decreasing that chasm between genetics and epigenetics. So I live in a modern world, I run a telehealth clinic. So I use technology to speak to people around the world for the past 13 years and we ship labs to them and so I very much am a fan of technology and people are listening to us right now around the world. I love the decentralisation, the democratisation of health information because of technology, it's wonderful. But I think the sort of unfettered lack of healthy boundaries with this phenomenon that we only have relatively a few years of experience with as a world, I think that that's something we just have to learn how to check ourselves and we are all trying to figure it out right now. So do I live it? Yes, I live it, but I live it in a balanced way where I have boundaries with technology. My son's here in the studio with us right now, he's 16 years old, he just got a phone at 16 and so as a parent I'm making these decisions of kids that are like eight, nine years old having social media and we have the U.S. Surgeon General, Dr. Vivek Murthy say recently that he says, and this is the U.S. government saying, children under the age of 14 shouldn't have social media. If the U.S. government is saying it, who takes well measured conservative advice and what type of things, when it comes to wellness historically, if they're recommending it, I could only assume that we have an issue at hand. So yes, I think it's just a matter of all of us to make these decisions for ourselves out of self-respect, not out of shame, but out of self-respect. What do I need? What healthy margins, what healthy boundaries do I need to live a more sane life, to live a more joyous, to live a more meaningful life? Some people can handle probably more technology than me. Some people could probably, we all have, again, this bio-individuality when it comes to these things, but I think we just need to out of self-respect



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check ourselves.

I'm thinking even beyond technology into things like we're becoming more lonely than ever before, but we all know that's not good for our health or our happiness.

We know that being in a community is great for our health and happiness.

We're eating things that we all know are not great for our health and happiness as well.

And many of the things you've said, I was like, I know that to be true,

but why don't I do all of those things?

And my conclusion in my head was that I think I optimize for something else.

I think a lot of us actually optimize our lives not for health

or really even for what we know at our deepest level would make us happiest.

We optimize for other things, like status and success

or reproductive pursuits.

And I was just thinking, I was just trying to mull it over there.

Why that is, why like everything you've said in terms of being healthy and being happy, we all understand.

And even I think about myself here, I think I could go do all of those things,

but what I'd have to do is probably log off the internet, you know,

probably wind things down a little bit, be a little bit less ambitious.

Would I be happier?

Probably.

But I'm not doing it.

And that's really what I'm trying to get at.

It's like, why people don't do what they know they should do

and why they seem to be optimizing for like success and happiness.

I think it's our culture's priorities, right?

It's like burnout is this badge of honor and like status

and how many followers you have in social media, how many downloads you have

is seen as it's deified, it's glorified in many ways.

And I think this unsexy stuff,

like, you know, getting whatever, getting fasting or eating well

isn't as alluring because people don't see it all the time.

So I think it's human nature.

I think our culture is really sells us a lot of things

as far as what's important and how we look

and things that are materialistic tend to be top of the list.

So I don't think it's about, it's not just you, it's me,

it's all of us.

We all are in this culture that tells us this is what's important.

But ultimately, my experience is to be the best you,

like to be the best CEO, to be the best successful human being,

to be the best partner, we have to have our health.

And I see a lot of high performing, successful people

that don't want to choose either or.

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They want to be successful, but they realize they cannot be the highest performing person if they don't have their health.

And I see people start their health eroding

because it is unsustainable to always be in that sympathetic fight-or-flight stress state.

And they know intuitively something's off here.

I got away with it in my 20s, I'm getting away with it mostly in my 30s, but they start to erode.

And then when you have your health look not as sustainable and impenetrable as you thought it was,

then at that point, oftentimes it's that motivation that you just said that actually motivates them to get healthy.

One of the things that orientates us and changes our priorities is trauma, and that's something you talk about in the book as well.

The really fascinating thing that I've always been keen to ask somebody is about this idea of intergenerational trauma, which you've referenced a second ago.

Because I wasn't sure if intergenerational trauma was just like woo-woo spiritual stuff, or whether it was real science, i.e. the idea that your parents' trauma can be passed on to you somehow.

Is that true?

Yeah.

Well, yes, it is true.

It is true.

It's what researchers are really exploring of how it's expressed in our descendants.

And then we all have trauma just in our own life, right?

And these are things that we can accumulate and through,

things like therapy and somatic experiences and things like EMDR that I talk about, you can work on your trauma in your life.

But for some of us, part of our trauma in our life today has to do with the trauma that our ancestors have gone through.

So two geopolitical, historical things that were big things in our world are really, we're explored in the scientific literature to see how this plays out.

One was a Ukrainian genocide, man-made famine in the early 20th century.

Joseph Stalin, the Ukrainian people wanted to have freedom.

Really nothing new is under the sun.

Every time the Ukrainian people wanted to have freedom, there was some sort of authoritarian squash on their efforts.

But this famine in the early 1900s was done on the Ukrainian people.

Millions of people died.

And what researchers have found is not just the people that went through this atrocity.

Their children and their grandchildren had the same methylation gene variants.

Methylation is something that we quantify on labs.

It's interconnected different biochemical pathways that impact inflammation levels,

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impact neurotransmitters and how our brain works, different detoxification pathways. That literally this trauma that the people went through during this Ukrainian genocide was passed on like an epigenetic heirloom of how genes were expressed by their experience. Similar research was done in the Holocaust and the descendants of people that went through the Holocaust in Germany and Poland.

So yes, it's sound science fiction, but intergenerational trauma or transgenerational trauma, looking at how trauma is literally stored in the cells and then passed on through family lines is very much science.

And it's shown that these people have increased likelihood of mental health issues, autoimmune issues, type 2 diabetes, different hormonal problems.

And this is what's being explored in science, but I could only imagine that it exists on a spectrum that maybe all of our descendants haven't gone through the same things.

I think intuitively, again, we can know that there's certain behaviors and certain ways that people live in part because of what our ancestors have gone through. So yeah, that's what's being explored.

It feels a bit like it feels like a lot to deal with like having to deal with my own trauma, let alone my great-grandparents trauma as well, having a role in my life.

And in that way, I think that can make a lot of people can think about this as like, wow, I'm screwed. Like if it wasn't, I have my own junk, let alone my ancestor stuff.

And I'm going to pass my junk on to my kids.

Right.

But I think, so for the average person, you don't necessarily even have to think about it because it's just where you're at today.

And but I would say this, if you shift your perspective and almost give yourself a little bit more grace, a little bit more forgiveness and compassion to say, wow, there are some big things at play here.

And I see people up against seemingly insurmountable things that have gone through a lot of personal trauma as well as ancestral trauma, break the chains of dysfunction, break the chains of disease and disorder in their life and heal not only themselves, but heal their families, heal their children's children, heal generations they'll never get to see.

So I think it's how you look at it.

Yes, it's heavy, but as trauma can be inherited, so can healing.

Interesting.

In that chapter where you talk about intergenerational trauma, you also talk about polyvagal theory, big word, big phrase.

What is polyvagal theory?

Polyvagal.

All right.

Of course, I've got vaginal Jesus Christ.

We'll keep that in.

Is there anything called polyvagal theory?

Probably, we have to learn about that together.

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Let's talk about polyvagal theory instead then, if you don't know anything about polyvagal. That'll be the next episode of the After Dark episode. Polyvagal theory is, well, it gets its name in part because of the vagus nerve. It's the largest cranial nerve in the body, right? And it translates from the word wandering or wanderer, and it sort of wanders from the brain down into the gut, and it's the main nerve that's responsible for our parasympathetic, our resting, digesting, our zen doubt, hormone-balanced state, of which that aspect of our autonomic nervous system is weakened, or what researchers call a, many of us have a poor vagal tone. Our vagus nerve is weak, our parasympathetic is weak, because our sympathetic, that fight-or-flight stress, super productive, always on the go, type A, is very strong. It's really overactive. So the sympathetic nervous system is where the fight-or-flight stress response is happening, and then the parasympathetic nervous system is ultimately what calms us down. Yes, exactly, and both are important. Both are important. Many of us have a dysregulated nervous system response because of this imbalance within the autonomic nervous system, and the enteric nervous system is sort of the third aspect of our autonomic nervous system. But polyvagal theory is a way to understand how trauma can be stored in our body. So there's three main, in this sort of study of the human nervous system. There's the dorsal vagal, sympathetic, the ventral vagal. It's understanding how, upon this continuum, can the human nervous system reside? So can we be in the sort of, I'm in a state of calm and protected, and I'm grounded, and I'm in balance all the way to sympathetic fight-or-flight, all the way to I am under threat, I am shutting down, I'm in hypervigilance, and the end stage of that is something called dysautonomia, or dysautonomia. It is when the nervous system is perpetually stuck in that fight-or-flight state, which that's a diagnosable disorder. But again, polyvagal attempts to describe how these things exist on a spectrum. To understand how things like thoughts and emotions, trauma, shame, our bodies are like cellular libraries, where we're storing all of these things. And the thoughts we speak, the thoughts we're thinking, the words we speak are literally stored in ourselves. And we have trillions of cells that are listening intently to how we speak and how we live our life. So that's what polyvagal theory is talking about. So in essence, there's these three states where you're relaxed. In state one, state two, you have sort of acute stress, small amounts of stress. And then in state three, you have severe things like burnout and physiological collapse, I guess.

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And what sort of proportion of the population do you think are living in each state there?  
Yeah, I mean, I would assume when you look at the statistics of chronic disease and the fact that you're talking, depending on the study that you look at, 60 to 80% of the West, US, UK, all Western countries are somewhere, are dealing with some massive metabolic issues, which is very much stress-related. Food plays a part of it because unhealthy foods that don't love us back is also stressful. But also the mental, emotional, spiritual stress of it when you look at the phenomenon of insulin resistance, which is the leading cause of heart disease in the world and doubles the risk of many cancers as well. That phenomenon of metabolic issues and hyperinsulinemia or excess insulin and glucose issues, that's the vast majority of people. So you really can't have a regulated nervous system when you're looking at that. So I would venture to say that between stage two and three, between the sympathetic to all of that system hypervigilance, it's the vast majority of the human race right now. I always think about, you know, I have stress in my life and I worry that at some point, ongoing stress will put me into that state of hypervigilance. My understanding of hypervigilance is basically where, really regardless of stimuli or environment, you just can't shake the feeling of stress. Some people like, you know, they're just kind of stressed on edge, anxious at all times. I've always thought that that state is reached after a prolonged period, maybe in state two. Is that accurate? Is that kind of how it works? Where you're in sort of chronic stress for too long that you fall into this category of hypervigilance where you're basically just anxious forever? Yeah, I think in most of the cases, it's cumulative like that. It takes time. I mentioned that sort of general statistic of most people that have metabolic issues, most people that have an autoimmune issue, these sort of end like more diagnosable things, right? It's about four to ten years prior that things are brewing. So, yeah, I think for most people, it's like that. But then you have the outlier that I think that goes to just such intense trauma and such intense loss in their life that things could happen speed up, if you will, speed up that degradation of how their nervous system and immune system is regulating itself. And you mentioned food a second ago and the role that plays, the foods that don't love us back. What are the foods that don't love us back? I'm going to lose some friends right now on this podcast. But I would call the inflammatory core four plus one, if I can. But the would be gluten containing grains would be on the list. That's things like wheat and rye and barley and spelt and sort of nuanced conversation about this. Is it really the grain or is it what we've done to the grain? I think it's more what we've done to it. We're not properly preparing it plus we're hybridizing it.

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We're spraying it with tons of stuff and then we're over consuming it, right?

We're over consuming a famine food.

We're feasting on a famine food.

The historically was stored well and now we're always consuming it, let alone what we've done to the crop and the soil in which it's grown.

But for the sake of simplicity, I think the average wheat that people are consuming is triggering a lot of inflammation levels.

Definitely doesn't love the human species back very much.

And number two would be industrial seed oils.

Things like canola oil, vegetable oil, soybean oil, these things that are not.

This is kind of controversial for me to say in the health space.

I don't think that they are inherently bad.

I think they are just over consumed because we need healthy ratios of omega-3, 6 and 9.

When you think of omega-3, it's like healthy fish, right?

People are like the healthy long chain omega fast, you get predominantly from fish.

People are not having enough of those of healthy omega-3s.

They're having a lot of these seed oils that are in a lot of packaged foods.

So I think it's just the over consumption of one and not eating enough of the other.

The third would be conventional dairy.

By conventional, I mean the average dairy that you're getting, the milk that you're getting at the grocery store.

There are better versions of it when you're looking at grass-fed organic A2 milk.

You'll see popping up because beta A2 casein is the subtype of casein that would have been consumed by humans for thousands of years.

Now, because of the crossbreeding of cows, most casein is beta A1 casein, which has been shown to be more inflammatory because, again, of this evolutionary mismatch.

So our ancestors wouldn't have consumed all of this.

The fermentation of dairy can make it more digestible

because it's breaking down the casein, the dairy protein, and those dairy sugars.

So things like kefir or cheeses and yogurts can be more digestible.

And the fourth would be sugar and the over consumption of that.

But most people know that, but I would be more mindful of even the nice sounding euphemisms for sugar.

It's like, oh, it sounds like agave nectar, I think of that, right?

Agave just sounds so natural, like they're squeezing the agave in the cup and just consuming it.

It's mostly marketing because it's still sugar and it's still high in fructose.

So I would be just mindful for the listener out there to look at the grams of added sugar you're consuming in a day,

no matter where it comes from.

And then the plus one would be alcohol, which is really a saboteur to our gut feeling connection.

It will impact our gut microbiome.

It's been shown to increase leaky gut syndrome, really raise systemic inflammation, and it's a

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neurotoxin.

Researchers have shown that even drinking small amount a few times a week is associated with lower brain volume,

lower hippocampus size, which we need for focus and energy and having optimal cognition.

This term, gut microbiome, is one that I've only come across in the last couple of months, maybe the last three to four months, roughly, and the importance of the gut microbiome.

For anybody who is new to this term, gut microbiome, why does it matter and what is it?

Yeah, it's vastly important, and as I mentioned earlier, the gut and brain are formed from the same fetal tissue, right?

That's our gastrointestinal system.

Within it, we have upwards, depending on the study that you look at, upwards of 100 trillion bacteria in our gut.

And it's sort of this gut garden that influences a lot of things in our body.

As I mentioned, about 95% of serotonin is made in the gut, 50% of dopamine.

So our happy, pleasure, joyous chemicals, neurotransmitters are made in the gut, stored in the gut, almost exclusively when you're talking about serotonin and dopamine.

And these bacteria also regulate the immune system.

So we're talking about the way that two-thirds of the immune system is living in the gut, or an inflammation, as I mentioned, so ubiquitous, most of it's originating in the gut.

So there's a lot of gut-centric components, both from a gastrointestinal system and nervous system standpoint,

but part of that crosstalk between the gut and the brain and the nervous system and the immune system

has to do with the microbiome, which is the collective term for all the bacteria and yeast and parasites living in the human gut.

Which we co-evolved with, and in some ways, it kind of made us.

We would not be here without the microbiome.

If the microbiome all of a sudden left, we would not be able to produce neurotransmitters.

We would not be able to have an immune system.

We would not be able to digest food.

We would not be able to convert hormones.

20% of the thyroid hormone is converted in the presence of healthy bacteria.

So the point is, it is regulating these bacteria, which are not us, is regulating how we think, how we feel, how we operate, what we crave.

I mentioned a study in the book where there's bacterial imbalances in many people's guts, actually causing them to crave certain foods,

because it wants to eat, it eats what we eat.

So again, this message of really, I think, grace in many ways, where it's not your lack of willpower.

Sometimes it's just these gut bacteria that need to be tended to, improved,

so we can actually have proper signaling as far as our blood sugar control and craving control.

So if you care about mental health, if you care about your overall health as far as inflammation is concerned,

if you care about your weight and your energy levels, you have to care about the microbiome.

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Because if it's not healthy, you're not healthy.

How do I go about caring about my gut microbiome?

So it starts with the foods you eat.

So I would say that inflammatory four plus one, decreasing those.

And then focusing on foods that love us back.

One of the action items that I talk about in the book is those soups and stews that I mentioned.

It comes from what's called a GAPS protocol.

It's an acronym.

It stands for Gut and Psychology Syndrome or Gut and Physiology Syndrome.

So it's a food tool that we use within Functional Medicine, or at least I do.

That's really helpful for calming a lot of gut-centric inflammation.

And it's sort of a proverbial siesta for your gut because it's almost predigesting the foods when you're cooking things.

Again, our ancestors would have known all of this because they would have, if you talk about just ancestrally,

soups and stews were a thing that people did, especially when you're going through a health problem.

When you think of chicken soup and someone's sick, it wasn't the noodles that were the health benefits of the soup.

It was these broths and these cooked vegetables and cooked meats that were easy to digest and break down.

So somebody that's going through a digestive problem, gut health problem, or has inflammation levels and suspects that's gut-centric components to that inflammation, or they're going through things like anxiety and depression or fatigue,

I really would implement, I mean, put a lot of recipes in the book so people can really learn how to cook this way.

That's really quite easy, and it's an affordable way to do it.

And you can batch cook it and really have it throughout the week as well.

So that's one thing.

And then these feeling-action items of breath work, it's huge for vagal tone and huge for microbiome health,

is simple meditation, simple breath work all the way to the callotropic and more of the advanced tools that I talk about.

There's a really way to support vagal tone.

The more you're supporting your vagal tone, the more you're supporting your gut brain access, the connection between the two, which is innervating the gut.

There's something called the migrating motor complex, or the MMC,

which is your gut kind of keeping the bacteria in this large intestine in the colon.

But your brain has to be the one that's regulating this bi-directional relationship between your gut and the brain and the brain and the gut.

So breath work and meditation, I mentioned forest bathing, yoga, like acts of stillness is what I call it in the book.

Pick which one you want, but stay consistent with it.



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Because these supporters of the parasympathetic, these acts of stillness, are hugely restorative to your vagus nerve and, in turn, your microbiome. If someone's in a supermarket or in their way to a supermarket today, and they've heard your first comment there about the importance of food and the foods we pick about the broths and the stews, et cetera, as they're walking through those supermarket aisles, what things should they be picking up if they are trying to be good to their gut?

Well, I would start with fiber-rich vegetables, because you're going to be cooking those in the soups. So you really could pick any of your favorite vegetables that you would want to be having. And then your favorite protein that you'd be having. You could do chicken, grass-fed beef, you could do fish, really, or a plant-based protein. And you could do what stock you want to be having. You could do a bone broth, you could do a plant-based broth, like a gangle or a ginger broth or a seaweed broth. And just of your choice, really curating these soups and stews. And think of it, again, as sort of this nourishing, grounding, healing time for you and your gut. That's what I would do.

So wherever that's at in the supermarket, go find those things. And then, I would say, fermented foods can be something that people could consider, starting off low and slow, because they are kind of potent things. But things like sauerkraut, and kimchi, and kaffirs, those can be good, too, for many people. As you might know, the show's now sponsored by Airbnb. I can't count how many times Airbnbs have saved me when I'm traveling around the world. Whether it's, you know, recently when I went to the jungle in Bali, or whether it's when I'm staying here in the UK or going to business in America. But I can also think of so many times where I've stayed in a host's place on Airbnb. And I've been sat there wondering, could my place be an Airbnb as well? And if it could be, how much could I earn?

It turns out you could be sitting on an Airbnb goldmine without even knowing about it. Maybe you have a spare room in your house that friends stay from time to time. You could Airbnb that space and make a significant amount of money instead of letting it stay empty. That in-law, that guest house, that annex where your parents sometimes stay, you could Airbnb that and make some extra income for yourself. Whether you could just use some extra money to cover some bills, or for something a little bit more fun, your home might be worth a little bit more than you think. And you can find out the answer to that question by going to [airbnb.co.uk slash host](https://airbnb.co.uk/host).

You were vegan for 10 years, weren't you?  
Why are you not vegan anymore?  
You did your research on me.  
I was a vegan for a while.  
It didn't love me back.  
It worked for a while and I think that's...

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My first book was called Keto Terry and it really was that exploration of being the health nerd and trying something new and feeling great and doing it in a whole food-based way and then evolving from it and realizing it didn't love me back.

And just because something's better, meaning just because something's better than the standard Western diet, which it certainly was, doesn't necessarily mean it's optimal.

And it's okay to pivot.

It's okay to evolve.

So for me, I talk about it in Keto Terry, but I wasn't getting the complete protein that I needed.

And a lot of the proteins that I was getting really wasn't working for me on a digestive standpoint.

It just was like a lot to digest.

It was kind of irritating my system.

And there were some nutrient deficiencies from a bioavailable iron standpoint, bioavailable B vitamins, a full 8 and B12 standpoint, and true vitamin A retinol, which you cannot get in plant-based form.

Now in theory, I could have supplemented with all of those things.

I could have supplemented with iron.

I could have supplemented with B12, which I was, and I could have supplemented with vitamin A, which I was, but there's synthetic mainly.

The retinol that you're getting from supplement form is synthetic.

It's not in its whole food form.

So the question that I posed to myself was, if I have to supplement, is it really the most ideal diet for me?

So I have many patients that are vegan for various reasons, like religious and ethical reasons, and we want to make them the best vegan or vegetarian, if they're vegetarian, food protocol for them.

But for me, I was able to pivot out of that, where I could still be predominantly plant-based, but still be omnivore and feel amazing.

So that was my journey.

What were the physical symptoms that you experienced that made you awaken to the idea of pivoting out of being vegan?

It was fatigue more than anything.

It was fatigue, brain fog, and digestive problems more than anything.

And I thought it was just me and I evolved from it.

I have not to get super sciency on you, but I have a double MTHFR gene variant, which we all have different gene variants, right?

But this is one of those gene SNPs, or single-nucleotide polymorphisms, that we can measure, we quantify on labs.

We get raw gene data from something like the different genetic tests that people get, like Ancestry or 23andMe.

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We can look at their own genetic bio-individuality.  
My body is not as good in that way at methylating, meaning that specific MTHFR gene has a lot of science behind it.  
Basically, I'm not as good at converting folic acid into folate.  
I'm not that good at bringing this inflammatory protein down called homocysteine.  
Many people have this, and higher homocysteine levels, even slightly elevated, is linked in the research to increasing the blood-brain barrier permeability, basically contributing to, in part, neuro-inflammation.  
So people that are going through things like brain fog or different inflammatory problems or fatigue.  
Oftentimes, homocysteine is implicated in that.  
So for me, to get those levels optimal, bringing in things like wild-caught fish and grass-fed beef and more soups and stews with bone broth-based soups and stews, like collagen-based things, love my body back tremendously.  
Did it fix the physical symptoms?  
100%.  
And that's the thing.  
It's science and art.  
For all of my patients that are vegan and vegetarian, maybe they're not willing to pivot.  
So let's be pragmatic and be the best option for you.  
But for someone that is willing to test these things out, still be predominantly plant-based, but still bring these things in, I think can do wonders if you're willing to do it.  
A lot of people, when they're thinking about being good to their body or good to their gut, they'll have detox.  
Like, detox juice week or something.  
What's your thoughts on that?  
You know, I think it's a lot of probably...  
Well, first of all, it's such an ambiguous term, right?  
It's like, you don't know what they're actually talking about when people say that or it's mentioned on a bottle or a protocol that you saw online.  
Seven-day juice detox.  
Yeah.  
Yeah, so I get why people want to do it because we live in quite a toxic world and eat a lot of foods that don't love us back.  
So people are looking for some reprieve.  
But I find in many ways it's sort of like diet culture has knocked its way into wellness in that way, where it's like it's this yo-yo dieting of the 90s is now in the form of like juice detoxes

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where you sort of drink and eat like crap  
and you go and do a juice detox.  
To me, it's not what wellness is really about.  
I want people to have tools whenever they do fall off the wagon,  
so to speak.  
I don't even like that term.  
But you know what I mean.  
When they're up against maybe a stressful time in their life  
or kind of have the busy and haven't been eating the best  
and they want to kind of find their center again,  
I think that's great.  
I think that juice cleanses, juice detoxes  
probably aren't the way to go, I would say.  
Again, better than the standard American diet, maybe,  
but not necessarily optimal.  
And my point would be in thinking about this  
is the lack of fiber.  
I think if somebody wants to eat whole foods  
and maybe get smoothies, because the fiber's then blended up  
in sort of this fruit-based, vegetable-based smoothie,  
I think that has its place,  
because the fiber will buffer all the fructose that's in there,  
the fruit sugars.  
If somebody's having copious amounts of fructose  
for seven days with no fiber,  
I don't feel like that's setting them up for success.  
Where do you go from there?  
I think after the seven days would be my mind.  
And if they have a game plan long-term,  
because look, a lot of people have unhealthy guts,  
we know that.  
So sometimes giving a break from all the junk  
in any form can be good, so it's not necessarily the juice  
that's the most healthy thing in the world,  
it's that you're not feeding it junk for seven days.  
So your gut's like, I'll take it.  
I'll take the juice over whatever, the beer.  
Your son is sat in the studio, as you said.  
He sat over in the corner over there, 16 years old.  
Based on everything you know about the gut,  
about food, about our emotions, about stress,  
and the sort of causal relationship  
all of these things have with each other.

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If you could design your son's life to be optimal as it relates to health, can you talk me through the, I was gonna say adjustments, but how you would design that life for him to have an optimal life in 2023 and beyond? Yeah, so for me, like, if we're talking specifically my son, I look at him now at 16 years old, and I think all of us as parents, whoever the parents listening to this right now, it's plant seeds by first living it out yourself, right? And living your life as an example, instead of sort of preaching and being dogmatic and making it about diet culture, I don't think that that's healthy at all, but really shift your perspective away from all the things you quote unquote can't have, but really focus back to all the things you get to have and avoiding things that don't love you back isn't restrictive, it's self-respect for your body. And really that's something that I've tried to do with my son and his sister, is really focusing on foods that love them back. So if you want a day in the life of what it would look like, it's funny to see at 16 years old, he starts to own it for himself. It's not this thing that I'm just talking about or a thing that dad does. Now I see him, he actually said to me this the other day, he said that like, he said that very thing, he's now taking it for himself. He said, I took it for granted for all these years of just, it was in the house, and this is what his dad was doing, but now this is like, now he can own it for himself. So I think there's hope for us, because he'll be the first one to tell you, he's a picky eater, and that's okay. And it's really just meeting your kid where they're at and planting seeds, and then at some point the goal is for them to own it for themselves. So in the morning, I mean, he typically doesn't intermittent fasting in the morning, which isn't for everybody, but at 16 years old

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he's working out, he's eating clean,  
he does some time compressed feeding in the morning.  
So that's something that's not for everybody,  
but it works for him and I, we both do it.  
Why? Why is it good?  
Because it's a goal to support metabolic flexibility.  
Humans would have done this,  
they just would have called it life because of food availability.  
Food wasn't always available for our ancestors.  
Again, most of our genes haven't changed in 10,000 years.  
So having some intentional time where you're not eating  
and you're breaking your fast a little bit later in the day,  
or you're ending your eating window in mid-afternoon,  
those are two ways that you can do it.  
Be sensible about it, be moderate about it.  
You have an eating disorder, I wouldn't recommend it,  
but for the average person that's looking to optimize their health,  
most of us are in the West stuck in this sugar burning  
metabolically inflexible state where we're on this blood sugar roller coaster.  
We have these insatiable cravings, even if it's for the healthier sugars.  
Intermittent fasting is a way to sort of train your metabolism  
to be more resilient, to be more flexible.  
So then break the fast around lunchtime is how we typically would do it.  
We have lots of vegetables and clean protein, healthy fats,  
like avocados and extra virgin olive oil.  
You can have that whole food smoothie with fruits and greens  
and some sort of protein powder if you want to do that.  
And it's similar for dinner, and then there's lots of things people can have.  
But also cultivating these feeling practices to be supportive of the parasympathetic.  
If we're speaking about my son, I'm so proud of him  
because he'll walk in his room sometimes  
and he'll just be on the floor meditating.  
And we all should be doing that.  
It's completely free, it's accessible, none of us are good at it.  
That's why it's called a practice.  
And the people that say their meditation isn't for them,  
they're probably the ones that should be doing it the most.  
And I'm one of those people that where our brain is always going,  
that's why we should be flexing that mindfulness muscle  
because it's freaking weak.  
So I don't know, those are some things that I...  
That's impressive.  
I mean, you walk into your son's room and he sat there meditating.

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More than one.

At least that's what you think he was doing.

We're very good at hearing our father coming in quickly.

Getting the loading position.

Is that your trick, Saul?

He's a hand-loadest position, he's a down pat.

And what do you struggle with?

Because I always ask this question to people

that know a lot about subject matter

because I always think it's quite disarming to understand

that they're imperfect too.

So what do you struggle with as it relates to these...

Oh man, I am so imperfect.

So I'm prone to anxiety.

I'm prone to thinking sort of frenetically

of just like all the things I have to do

and not spending enough, really not that much time at all,

focusing in the present moment,

back to why I suck at meditation.

And that's okay.

I'm okay with that because that's why I need to do it

and why I need to do it even more

than the average person probably.

That's not what I struggle with.

It's really being grounded in the present moment.

My mind is thinking about all the things I have to do.

My team, my patients, my whatever.

The next thing I have to do for the book or the podcast.

So that's my goal is to be better in that area.

Has your work ever moved you to tears?

Yeah.

On a regular basis actually.

When you look at things that people go through,

it makes you appreciative of life so much.

When you see people that are doing all the things

that are really trying with all their heart to be healthy

and to get out of a dark place in their health,

lose it all and having trouble to find their way out of it,

it is just the sacred responsibility for me to be there for them

but it's also hugely humbling.

I think of just the brevity of life, the fragility

and the line between health and health problems.

It is not lost on me at all.

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So I tear up pretty consistently in a consult.  
It's normal for me to do that  
because you're holding space for people  
that are going through heavy things  
and you're talking to them for an hour and a half at a time.  
If you aren't, you're pretty apathetic, I think,  
to this line of work that I do.  
How do you manage that yourself and stop that from getting you down?  
We talked about stress.  
It seems like a pretty stressful position to be in.  
Yeah, it is.  
I think the first thing that comes to mind is a great support system.  
I think we all need that no matter what line of work that we're in  
or no matter who you are.  
So for me, professionally, it's my team.  
So I can really almost metabolize that heaviness with my team.  
I can go and talk with them about what happened.  
We can riff ideas, we can kind of get it out  
by sort of somatically talking about it  
and the sort of mutual experience I think that we both,  
we all have on the patient team specifically.  
So that's it.  
And then these practices, the practices that I talk about  
and got feelings of just grounding practices, meditation, breath work,  
getting out in nature, these things are non-negotiables for me  
because of, again, I talk about my lack of presence sometimes  
and my focus on all the stuff instead of being,  
but also my line of work and the heaviness that comes along with it.  
What does your future look like in your own view?  
When you think about your life,  
I often think of my life in terms of chapters,  
what is the next chapter in your point of view if you know it at all?  
Yeah, I don't know.  
I think it's just like in many ways, it's like a TBD sort of thing.  
I've spent my career thus far, really my nose to the ground,  
doing what I love, staying in my lane if that makes sense.  
We're just relentlessly pursuing a passion that I've had  
that's really just been an outpouring.  
So I think of all the things that I'm doing now,  
talking with you right now or writing a book or having a podcast  
or all this stuff is really just ripple effects of that main focus  
of just figuring out complex problems to people's health issues.  
So I don't know where that would take me,



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but I haven't really, and I'm probably not the norm when it comes to people that are professional and doing all the things because I didn't really think that much about it other than just being of service to the person in front of me or just, I mean, when I'm in a consult, that's all that's there. It's the consult that's there and I'm focused on it. Again, it's heavy to hold, but that's basically all that I'm doing. So I don't know.

I mean, I had kids pretty young and they're getting of age now, teenagers now. So I'm thinking of being able to spend these years of my wife in newlyweds. So on a personal level, I'm kind of excited for that. I'm excited to like being a parent's heart, running a business is hard. So I'm excited to see them grow up and do the things that they're passionate about. And then I know there's a lot more books in me and conversations to be had in the podcast. So I'm thinking of just continuing to do what I love to do. How do you manage that when you become increasingly more and more successful? So, you know, the book sells really well. The next book sells really well. You do podcasts that gets bigger and bigger. Everybody wants your time and attention. You've got all these opportunities flying at you. And with that comes this insidious thing called stress, potentially chronic stress. So how I'm trying to figure out how when you're successful at something and the opportunity comes knocking over and over again, you're thinking about, you used the word earlier on boundaries, creating a boundary so you can balance both the, I guess the pursuit of purpose and like health and well-being of yourself. Yeah. Well, let me know if you figure this out. I have it. Boy, I'm asking you. So for me, it's, I'm a work in progress trying to figure it out, but I'll tell you one thing that I'm getting better at. It's saying no to things because my mind earlier in my career, I would say yes to everything because I think, oh, like it's an opportunity, right? Or I'm so blessed to be asked, why would I say no to that? And if I say no, they won't ask me again, right? All the things. And it's like, no, at a certain point, there's only so many hours in a day and my team is checking me on that too. Like you need to quit saying yes to everything. So for me, I think like letting like, no, it's not personal. It's just no for me right now. That goes a long way to like decreasing my stress levels. So I, I'm just getting started on this path of no.

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So I'll let you know how it goes.

But I think that maybe people that are the successful maybe say yes to a lot of things and we need to get better at saying no.

We have a closing tradition on this podcast where the last guest asks a question for the next guest.

Hmm.

And your question is here.

What is the most controversial idea you believe within your industry that most people disagree with?

I have a pretty middle ground approach sort of inclusive approach and I can normally find a pragmatic understanding of, okay, that's, that's the art of bio individuality, right?

It's, it's, yeah, the context matters.

Who are we talking about and how are they doing it?

So I could think of just about anything in wellness where it doesn't work for one person, but it does work for another person.

So I'm not a hardliner, I guess is what you would say.

I really seen, and that's really because all I do is talk to people about their health 10 hours a day and just seeing a lot of variables out there.

And it's really hard to be super dogmatic when you see a lot of nuance, a lot of variables, a lot of gray areas when it comes to somebody's health.

I don't know what I would say that's so controversial.

I think that what we in functional medicine talk about is still controversial in some pockets of medicine.

So we can put that aside.

I think most people in health and wellness would agree with most of the things I'd say.

I'm not super dogmatic one way or the other.

My job is to find out what your body loves and what your body hates.

And I don't really have a horse in the race when it comes to specific ideologies.

But I do feel like functional medicine gets a lot of blowback from conventional medicine.

I talk about it and got feelings actually, this sort of God complex that I think sometimes happens with the conventional medicine against functional medicine.

And the idea that, you know, food is influential to somebody's health.

I don't think it's controversial, but I still hear it from time to time, not super common these days.

And it's increasing.

It's over the past 13 years.

It's happening less and less is that 13 years ago, it was so radical.

I would get phone calls at the clinic saying, how dare you say that you could reverse type two diabetes with food?

How dare you say that food plays a role in many people's autoimmune conditions?

Now, I don't get those phone calls anymore.

And we have a bigger platform than ever.

So I have a feeling that it's just more normalized now.

But it's still, I think it's interesting to me, the pushback that some of us get within functional medicine with conventional medicine.

It's that they will say that we're quacks or we're woo-woo.

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But look, I bring it back to this point is ultimately the United States spends more on health care than the next 10 top spending countries combined.

Yet we have the worst, we have the most disease and the shortest lifespan of all industrialized nations.

So I think that when you look at those statistics, we have to realize we have to do something different to see something different.

And when you look at the statistics, what we do in functional medicine, it speaks for itself.

We're getting people healthy, we're able to reduce and eliminate their need for medications when it's possible.

And we're improving the quality of life.

And I think it speaks loudly when you talk about mainstream institutions like the Cleveland Clinic opening up functional medicine centers.

They're not opening it up millions of dollars of putting it into these clinics off of quackery and woo-woo.

They're doing it because the statistics and the data speak for itself.

So I think you're on the wrong side of history if you still think functional medicine is controversial.

It's not. We're getting people healthy.

Healthy shouldn't be controversial.

And I think it says more about the system that's calling us controversial than it does about us getting people healthy.

So that's the first thing that comes to mind is that still we have this sort of archaic dinosaurs critiquing people that are getting people healthy.

But it's almost like the analogy that I use in the book.

I use the analogy of school is like you have the failing student judging the grade A student.

And I feel like in many ways that's sort of the poo-pooing of functional medicine from conventional world.

It's like, well, how dare you, but yet look at the statistics.

You have the worst healthcare system in the industrialized nation, but yet you're criticizing people that are trying to do something different to see something different.

Dr. Will Cole, thank you so much.

Thank you, my friend.

It's been a pleasure speaking to you.

Likewise.

And everybody should go and get your book because it's incredible gut feelings out now.

Quick one.

As you guys know, we're lucky enough to have Bluejeans as a sponsor and supporter of this podcast. For anyone that doesn't know, Bluejeans is an online video conferencing tool that allows you to have slick, fast, good quality online meetings without any of those glitches that you'd normally find with other meeting online providers.

You know the ones I'm talking about.

And they have a new feature called Bluejeans Basic, which I wanted to tell you about.

Bluejeans Basic is essentially a free version of their top quality video conferencing.

And that means that you get immersive video experiences, you get that super high quality, super

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easy and zero fuss experience.

And apart from zero time limits on meetings and calls, it also comes with high fidelity audio and video, including Dolby Voice.

They also have expertise, great security, so you can collaborate with confidence.

It's so smooth that it's quite literally changed the game for myself and my team without compromising quality at all.

So if you'd like to check them out, search Bluejeans.com and let me know how you get on.

Over the last couple of how long, maybe four months, I've been changing my diet, shall I say.

Many of you who've really been paying attention to this podcast will know why.

I've sat here with some incredible health experts.

And one of the things that's really come through for me, which has caused a big change in my life, is the need for us to have these super foods, these green foods, these vegetables.

And then a company I love so much, and a company I'm an investor in, and then a company that's sponsored this podcast and that I'm on the board of, recently announced a new product, which absolutely spoke to exactly where I was in my life, and that is Huell, and they announced Daily Greens.

Daily Greens is a product that contains 91 super foods, nutrients, and plant-based ingredients, which helps me meet that dietary requirement with the convenience that Huell always offers.

Unfortunately, it's only currently available in the US, but I hope, I pray, that it'll be with you guys in the UK too.

So if you're in the US, check it out, it's an incredible product. I've been having it here in LA for the last couple of weeks, and it's a game changer.

Thank you.