Diet Doctor Podcast
with Dr. Jeremiah Eisenschenk
Episode 58

Dr. Bret Scher: Welcome back to the Diet Doctor podcast. I'm your host Dr. Bret Scher. Today I'm joined by Dr. Jeremiah Eisenschenk. Now, Jeremiah is a family medicine physician who has gone on to get board certified in obesity medicine as well and he also is the chair of this hospitalist group in a rural Minnesota health care system.

And he's got one of these amazing stories that we're hearing more and more of, of someone who had his own personal journey into learning about low-carb; how low-carb eating benefited him. And I'll let him tell you all the details of his story, because it's a great story.

But then how he could translate that to his patients and how it can help educate other physicians and clinicians and we also talk about the specifics of doing this in a rural setting, we talk about the importance of having a connection to where food comes from, because that can be such a powerful tool, a teaching tool and learning tool for people that is really unfortunately absent in so many situations.

But it's a wonderful journey that I think you're going to enjoy hearing and hearing his sort of tips about what this can mean both for us as individuals, or if you are a clinician what it can mean for your patients, what it can mean for your medical practice. So I hope you enjoy this interview with Dr. Jeremiah Eisenschenk.

Dr. Jeremiah Eisenschenk, welcome to the Diet Doctor podcast.

Dr. Jeremiah Eisenschenk: Hey Bret, I'm grateful to have this opportunity to show my personal and professional low-carb journey.

Bret: Yeah, and it's quite a journey. I mean I'm really excited to get into the details of your journey and how you got to where you are today. But most importantly, I want to start with who you are right now and then after that maybe we can go back and sort of unpack your journey and the lessons you learned and what our viewers can learn from that. But give us an idea of who you are today personally and in your medical practice.

Jeremiah: Yes, I am a family physician by training. I live and work in beautiful rural Minnesota. I have a pretty unique scope, in the sense that I have a primary care family medicine panel obesity medicine practice and then I also the chair of our inpatient hospitalist team. So, there are lots of hats and I think this has uniquely suited me to see the whole spectrum of acute and chronic manifestations of insulin resistance, things we'll talk about more today. When I'm not working I'm married to my beautiful and lovely wife Ashley, two girls, Avery and Quinn. We live in the woods

and live a very simple and balanced life. I enjoy having time outdoors, I love hiking and paddle boarding.

I try to live the things that I preach to my patients, when it comes to the foundations of lifestyle, healthy real food low-carb diet, getting optimal sleep, exercising for joimt purpose and then managing stress and coping with all the things that are thrown at us.

Bret: Yeah, it's great to lead by example, I think that's so important and unfortunately, not as common as we would like it to be. But I want to touch on what you said. So, you have an outpatient family medicine practice and you're chair of the hospitalist.

Now, that's pretty rare, because usually people are either a hospitalist or an outpatient doctor. At least, that's what it seems like in today's society. So, you really do have an interesting intersection of both worlds, which is pretty unique, don't you?

Jeremiah: Yeah, so when I was doing my family medicine training, that broad scope has exposed me to so many things and as I was looking at my future practice options, I knew I didn't want to deliver babies anymore, but I couldn't decide on, you know, hospital medicine or outpatient medicine. So, thankfully, my opportunity here allowed me to mold and create my own practice model and that's worked out great for me for the last five years.

Bret: Yeah, and you got extra certification from the American Board of Obesity Medicine, so you also specialize specifically in obesity medicine. And is that something you started out wanting to do? Or is that something you evolved into throughout your journey here?

Jeremiah: Yeah, great question. If you had told me that I would be doing that spectrum of my practice five years ago, I would just shake my head in disbelief. I had really no knowledge or interest of obesity medicine coming out of training I think like so many docs.

It took, as we'll get into in a little bit, you know, my own personal health challenges and realizing an alternative pathway, to, you know, caring for myself, that then I just had to dive into deeper and ultimately share with my patients and then later, through a spectrum of courses, conferences and mentors on the obesity medicine pathway... And kind of taking me to where I'm at now, which is, you know, managing our busy outpatient practice.

Bret: Yeah, and you said you have a unique insight into the spectrum of metabolic diseases. So, tell us what you see as the main metabolic diseases that face most people and how your position of seeing them, both inpatient and outpatient, really helps you care for these metabolic diseases?

Jeremiah: Right, so, I mean I see the whole full gamut. And the outpatient side, it's chronic-- Well, as most people think of chronic disease states diabetes type 2, sleep apnea, fatty liver, you know, as we're trained in obesity medicine, kind of that sub-component of fat mass diseases and then, you know, sick adiposity, your metabolic dysregulation.

That whole spectrum in the inpatient side, I have a window into the acute manifestations of these states. And I think what I've learned throughout my training... I oftentimes think of Dr. Hallberg's reference, you know, placing insulin resistance and having that trunk of the tree being the common pathway, you know, the shared grounds for all these chronic disease states.

And I think that's suited me to kind of see these conditions on the inpatient side from a different lens, that isn't just more medications and kind of putting holes in the dam, if you will, but trying

to just work back with folks and get to the root cause, give them the sense of hope and also saying, you know, I can help you with this, so I'll see you in my clinic next week. And I just think that's something that I'm very appreciative of.

Bret: Yeah, so it's hard nowadays to talk about metabolic disease and not also talk about the impact of Covid, or the coronavirus infection, because we're in the middle of this pandemic still and it's been one of the driving forces for inpatient mortality and severity of disease. Now, you're in a rural setting in Minnesota.

So, it seems like a lot of the problems with Covid has been centered around the more densely populated area. So, how are things where you are? And especially since you have the inpatient experience, is it something you're seeing much of?

Jeremiah: Yeah, good question. You know, we haven't thankfully seen the surge of acuity and patient volume that we thought we were based on in earlier models, so I'm grateful every day that as I enter this building, it's another day where we can just plan and prepare and collaborate for what might be to come.

That being said, we've had our share of hospitalized patients with Covid and if they haven't been elderly, they've been of middle-age and not metabolically healthy. So, again for those that have survived, I've tried to reach out to them and say, you know, this infectious state that you found yourself in, is largely rooted in your underlying health conditions.

And we've got you through this one, but there's reasons to say there's more to come. So let's try to work with this, let's collaborate with your doc in the clinic and myself and try to see this as an opportunity to learn and undo some of those maybe food habits that are detrimental.

Bret: Right, right, I think that's important, that's a good perspective. And again unique for you that you can see them in the hospital and in the outpatient... And I mean, gosh, if there's a silver lining to coronavirus, is the attention it's brought to the need for metabolic health. And so, we're talking about it more. I mean people probably haven't used the term pre-existing conditions in metabolic health as much as they have in the past six months. So, hopefully that is a silver lining.

But this philosophy you have about the way to treat metabolic disease and prioritize metabolic disease and treat obesity is relatively new, it's not something that you came out of training thinking. So tell us a bit about sort of that transition.

Jeremiah: Yeah, certainly. So, as I mentioned earlier, it took me... doing I thought was the right thing. You know, eating as the food pyramid dictates, as our guidelines tell us to. Even as an obesity expert I heard you know speaking at the Mayo clinic a decade ago, you know, a diet rich in whole grains and vegetables of course, but also fruits and kind of being not fearful but cautious of the saturated fats.

And I found myself, you know, through med school and residency, 40 pounds heavier than I was in college and struggling with things like reflux, eczema, mood changes, sleep disruption. A good friend of mine asked me to run a marathon the spring of 2016. And I trained, I ran on a trail nearby, every day, putting on almost 400 miles, which is like the distance from St. Paul to Chicago.

Meanwhile I was carb loading, I was doing what I thought was right and, you know, fast-forward, I completed the marathon, it was an epic experience to see my wife and daughter at the finish line

and do it with my best friend. I ended up losing about seven pounds in that process.

And I sort of one night puzzled, thought to myself... Jeez, if I in my early 30s, putting this amount of time, have done this and found myself to be in maybe mild improvement in my health, how is it that my patients or those that are struggling with other barriers to improving their health can do this. And I thought back to a lecture I heard the spring before that one of my mentors, Dr. Steve Park, had talked about...

You know, insulin resistance and carbohydrates... kind of in a way that I've never had before and by a way of me connecting to Diet Doctor and kind of synthesizing these two messages together, I thought, you know, I'm going to try this myself. And from October of 2016 into the spring of 2017, I followed a ketogenic diet, found myself fasting, naturally. And without any exercise, beyond just the gentle snowshoe or shooting some hoops at open gym I lost 25 pounds.

And it was that spring of 2017 that really a light bulb went off and I thought I can't withhold this powerful tool from my patients and that was when my primary care panel... was kind of my first grounds to counsel educate and support my patients and it's just really blossomed from there.

Bret: So, while the you were going through the carb loading and eating the high grain diet, did you notice any changes in your metabolic health as well?

Jeremiah: Yeah, it's interesting you ask. I should have done some baseline metabolic work that fall. Bret, I did have some done in med school, so a few years prior, and, you know, my fasting glucose was higher than it should be... Triglycerides were elevated, I didn't get an A1c or fasting insulin... But at that 30 to 40 pound amount of gain weight, and all my other manifestations of just inflammation, I'm sure I wasn't metabolically healthy.

Bret: Yeah, and then what changes did you see when you switched your diet to where you are now?

Jeremiah: Right away the cravings and hunger faded. I found myself like a lot of us just eating later in the day for the first time and not thinking about it. I did get some lab work at six months and found that my triglycerides to HDL ratio was great, fasting insulin was about four, A1c normal. Yeah, it really just kind of fit the picture of what I now see almost every day, which is just that pattern of improvements across the board. I also just felt better rested, my mood was stable and I was sleeping better too.

Bret: So, then you go through this transformation personally and now you can start to see this transformation in your patients. So, what's your thought process when you think back of the way we've been trained, the way we've been taught, the nutritional kind of common beliefs that run through medicine, does it frustrate you, does it anger you, or does it inspire you to make change? Like where does that sit with you?

Jeremiah: I think it's a little of all the above. I think we were just taught through a different paradigm and that this other way of thinking which is enlightening me in so many ways is one that-- I guess I don't judge other providers on... I just simply try to meet them where they are at and educate them, whether it's a simple conversation, you know, conversations like this, or maybe it's a patient that we'd share together and I can follow up and say look what's different here.

We de-prescribed medicines, the metabolic markers are improved, body composition is also there and the patients feel so much better. And yeah I think when people see this and know it so

many times, like you and I feel it ourselves, it's really impossible to not want to just educate and do so with empathy and with listening and answer questions.

Bret: Yeah, and what about collaborating with your colleagues and sort of trying to educate others who may or may not really want to be educated in sort of a different way to do things? What is experience there?

Jeremiah: That spring of 17 with some other interest in my community I started sort of... turned into a low-carb interest group... We just met across the hall here once a month, a variety of produce, mother specialties, and we just kind of talk out loud, some of us call it a support group, others called it kind of a literature journal club.

And it was just kind of a piece by piece approach from then, and I think that's just spread and I'm grateful to say, you know, now in 2020, we've got a critical mass of interested providers from all kinds of specialties. Actually just today Dr. Westman sent me a 25 offices pocket guide, low-carb management pocket guide. I don't know if you've seen one of those, it's a great little reference. And it didn't take me more than a minute to think of 25 providers in my community that I could easily share those with.

Bret: Yeah.

Jeremiah: So it's been a process and I think it's just those again, those shared patients, those conversations over a coffee in the hallway that can spread the knowledge.

Bret: Yeah, it's so encouraging for me to hear of people's transformations like you had who can then go on and apply it, not only to their patients, which is so powerful, but to other clinicians and other providers to help educate others. Because unfortunately that sort of the way we see this movement, if you even want to call it that, spreading, or just that the knowledge of what we've been taught, we've been sort of misled in that there is this whole other way of eating, eating low-carb, eating higher-fat, that's perfectly safe and helpful.

But it sort of kind of has to flow by us, most of us, a little bit because of the resistance. So, it's encouraging to see someone like you out there doing it. But another thing that I find so interesting about your story, we've been communicating off line before this, so I know a little bit about you, you grew up on a farm which is part of what I wish more people did, because then people have a connection to what food is, where food comes from, what real food is.

And it seems like people who grew up on a farm kind of know how to eat better than most people. But my assessment for you and I want you to tell me whether this is true or not, is that maybe you had that experience, but then when you got into the medical school and residency and sort of learned how to eat correctly in the air quotes, that maybe that undid some of that knowledge, or am I just projecting my own thought process? Would you say went through that pattern a little bit?

Jeremiah: Yeah, I think you spot on. You know, I think the closer the relationship anyone can have to the source of their food, whether it's veggies or animal protein, I mean, the healthier and better it's going to be for us, the omnivore consumer. So, yeah, as a kid I was the oldest of four to help my parents on a regular basis, help picking eggs, helping butcher animals and plant the garden.

And really the foods we had every night were foods we were growing. Other than maybe an occasional condiment, everything on the table and still to this day from my parents is exactly what

comes from their land. So as a lot of us go into high school, college and then graduate training, you kind of distance yourself, that relationship becomes fragmented and almost tertiary. Kind of forget what real food is.

So it's taken me to kind of go through this process myself to just appreciate where I came from and how powerful... I don't know if just the quality of food is, but just the act of cultivating it, nourishing it and appreciating it beyond just a nutrient source that has been and can be for all of us.

Bret: Yeah, and on the one hand if someone like you who grew up knowing that, sort of lost it and lost sight of it, what do we expect from people who didn't even grow up like that? I mean there's such a huge disconnect that it almost seems like such a big challenge. So the way you're raising your kids now and the way you're living now, do you still have part of that connection to the land and to the food?

Jeremiah: Yeah, we surely really try to... We've got a couple of acres in the woods, three chickens and a growing garden. I still try to help my parents out on their beef and sheep farm, both of which are grass fed. You know, we try to and I think we're just trying to show our children and not just my children, but of all our children, that, you know this way, this concept that we've developed about our relationship with food is so distant and dysfunctional that the closer we can get back to it to play a role in it, it's, you know, developments and growth, and then consume it with dignity and appreciation, the better.

I think that's not easy but it just takes crucial conversations that share knowledge, and kind of replace willpower or a sense of hopelessness with kind of, here's the direction. Now the best time to start is now and here are just some pointers that we can do to help people reestablish that one, whether locally or, your know, in the grocery stores.

Bret: Yeah, so when you're providing for your family with mostly things that you've grown and you've provided, but you're in an environment like Minnesota, where the winners are not exactly conducive to growing a lot of things, so how does that work? Because I think most people can't even imagine what that would be like unless you've done it. So, tell us what the winners are like when you're self-sustaining on a farm?

Jeremiah: Yes, certainly, I mean there's cold and windy, to say the least. And I think it gets back to you, you know, a lot of people here still can vegetables and meats, I think vacuum freezers are kind of the next generation of canning and it's an ultra-phenomenal investment; it can keep meets tasting and veggies fresh without freezer burn. I think it is more difficult to source those fresh local products, but I think that is worthy.

If you want to eat this way and sustain yourself, it does require you to be shopping mindfully, ideally real foods that are optimally organic as we know, but not necessarily. So it is a bit more difficult, but it's not impossible.

Bret: And are these conversations... you can also have them with your patients? Because let's be honest, doctor's office visits can be rushed and you might not have a lot of time to spend. But you find that you can have these deeper conversations with your patients?

Jeremiah: Yes, certainly. And I think once we get to this point, I know that so much has already been accomplished. If we are talking about how the chickens are doing, or which farmer they've got in the community, we've come so far and I have those conversations frequently. So, yeah, it is a place maybe to the previous me or the doc out there who is just learning this, it seems a bit

odd, but food is medicine and I think that's where it starts.

Bret: Right, so the other part of your journey that I find so interesting is growing up on a farm and then eventually you went and hiked Mount Kilimanjaro, which I think is awesome, I'd love to do that someday. I'm sure it's an amazing experience. But what you did next is even better. After hiking Mount Kilimanjaro, then you went to work with the Masaai, sort of the native people, they are the Hunter gatherer tribe. So tell us what that experience was like, what you were doing there and then I'll have more questions about that.

Jeremiah: Yeah, it was a medical school mission trip between my first and second year with a group of other med students from around the country. We were in East Africa for a couple of months, the first couple of days, five days, were the Kilimanjaro ascent with lots of help and some altitude sickness I make it to the summit and thankfully back down safely.

Interestingly, eating lots of grains and granola bars and if my Gatorade didn't freeze, my Gatorade itself. And then over the next few weeks we went to some of the rural Maasai communities in that part of Tanzania. We were just doing some basic health inventories questioners on families, helping with free clinic and I was amazed to see how many of the people in that population were lean and were aging well without abdominal obesity and the things that we see so commonly.

Certainly, they had disease concerns, largely related to infections, sometimes trauma, just the day to day wear and tear that comes with being a farmer in Tanzania, but I was surprised that the general well-being of this culture seemed to be distinctly different from what I was used to back in the States.

Bret: Yeah, did you sort of take notes, like okay this is what people look like here, these are the medical problems they're seeing, and back home people look very different, they're not sticks to their apples, and they're having this completely different set of metabolic problems. As a first, you were medical students, so you were still sort of early in the game, but was it enough to sort of make that imprint and say, "I wonder what's different here"?

Jeremiah: Yeah, it was, and the first thing I thought when I got home was I just looked at photos of like my grandparents and great-grandparents and people from the first half of the 20th century and how generally those folks, if they were farmers really or even worked in factories, they kind of fit that same phenotype.

And yeah, it did strike me that we've surely taken a different path starting decades ago. It wasn't however enough to really change my dietary choices as a med student and resident, you know, worrying about tests and staying up late at night, I would still drift to the carbs. And so took my journey later to gain that weight and run the marathon to realize that I've got to get to the root cause here and it's food.

Bret: Yes, so what did you think about the food culture and what they were eating, for the Maasai, you know, drinking cow's blood and cow's milk and forging and certainly not a low-fat diet, but did that register too, like wow this is crazy, what these people are doing, how are they healthy while doing this? Or what was your thought process there?

Jeremiah: Yeah, it was definitely a bit hard to absorb and understand, and much less just to try some of those things... I didn't drink blood, but enjoyed some meals with them in the traditional sense. And yeah, I mean, I think just the absence of grocery stores and gyms and the packages of the things we just use every day.

I remember being there for a few weeks and the one thing I wanted was a bag full of Pringles and I spent some time with them and realized there's no such thing. And it was a bit odd, but looking back at it now, it's our real human ancestral diet and it works for them, they don't have a large prevalence of chronic inflammatory conditions and certainly we've taken the opposite approach and we know what that's gotten us into.

Bret: Yeah, so here you say, to climb the mountain Tanzania you had your granola bars and your Gatorade, but somehow here these Maasai warriors with no granola bars, no Gatorade, no snack food, active all day long, probably burning just as many calories per day as you did by hiking in Tanzania and yet they did it on just what was provided by the land. It sounds like impossible based on our current day society. But it's not, you were there, you saw it, you lived it. It's pretty amazing, isn't it?

Jeremiah: Yeah, it sure was a memorable experience.

Bret: All right, but then even that wasn't enough to make an impact for you to change your own life. It was sort of like that's the way they live, this is the way we live, like completely different. But then through this process of training for the marathon, putting in mile after mile after mile on eating these carbohydrates, carb loading as you went through and still not seeing the improvements that you thought you would, seems like that was the turning point for you that really hit home.

Jeremiah: Yeah, that totally was... I recall starting to run the spring of 17 in my XXL lululemon running gear, still tightening my abdomen and struggling later with overuse injuries and feeling frustrated, like spending time with chiropractors and physical therapists more than ever did before in my life thinking, what am I doing this for? Is this worth it? If I can't lose weight doing this, how do I expect my patients to?

And I thought so commonly of the patients I saw on residency, who would come back to see me time and time again that I was just kind of keep giving them the same message... You got to cut your calories more and just exercise more... and here I am, trying to do that myself. And it was kind of a revelation that this didn't work for me. I am a physician, I've got to training and knowledge, I am supposed to be the expert here.

And certainly, if I can't succeed in this pathway by the way of following our guidance on optimizing health, then who can?

Bret: Yeah, and now that you've had this transformation, is it to the point where you put everybody you see on a ketogenic diet or you think it's the diet right for everybody? How do you approach that?

Jeremiah: Yeah, I mean the analogy of when you've got a pretty powerful hammer, everything can look like a nail was quite true, but I do have to always ask myself in this era of trying to become from kind of a cookie-cutter doc or just writing prescriptions that generally might work, to trying to get a very personalized approach, understand people stories and meeting them where they are at, both emotionally, mentally, metabolically. I do try to make sure that the message I'm giving, the prescription that I am writing for food fits their needs.

So I think generally when it comes to insulin resistance and the circle of metabolic disease that we see, cutting carbs can for the most part only improve things. There are certain cases where I am a bit more liberal on the recommendation but it just kind of depends.

Bret: Yeah, so what are some of the barriers that you're seeing in your patients that are maybe keeping them from succeeding? And then the second part of the question is how you help them overcome those barriers?

Jeremiah: Yeah, I think the biggest thing is people who have tried so many things before and maybe transient lost weights and then regained it after a life stressor, they just come with a sense of frustration and even hopelessness. And so I try to hear their story and then give them a sense of hope, saying that, you've done lots of things and some of them have worked, but you're here seeing me today, it takes a lot of courage and vulnerability to do that.

So, I'm going to be your coach and I'm going to give you hope and we're going to do this together. And this isn't going to be easy, it does take, you know, thinking about food in a different way, but over time with intrinsic goals and long-term views on what they are trying to accomplish, I tend to see that those factors associate with success.

Bret: Yeah, so I love the words you just said, "I'm going to be your coach", which is, let's be honest, kind of rare maybe for a physician to think of themselves in that role as a coach. But coaching is different than doctoring so to speak.

So do you feel like you have to have sort of two different hats in two different approaches? Because on one hand you have to manage medications and that's a real thing too and on in the other hand you have to coach... Do you see those as different, as the same or how do you handle that?

Jeremiah: Yeah, I guess I probably kind of wave it back and forth depending on the patient and the context of the conversation. I feel like my personal and professional experiences with motivational interviewing and counseling and CBT kind of... maybe I was the coach a little bit more there, but then certainly in the same sentence I may be thinking about, you know, was it time to de-escalate insulin, when was last time we checked the triglycerides... Is it time for us to think about a sleep study? So, it's kind of a constant back and forth on that spectrum of physician, coach and counselor that I am so grateful to wear every day.

Bret: And for your particular environment in a rural setting, do you find some people have challenges restricting certain foods and adding others? Because we talk about low-carb and the ways to eat low-carb, as if it's one thing for everybody and everybody's got the same experience.

But it's clearly not. There are different pockets of the world, and different pockets of our country. All have different experiences. So, what do you think as unique about a specific rural setting like yours, both challenges and opportunities?

Jeremiah: Right, yes, it's as simple as some of the communities around, you don't have broadband Wi-Fi access. And so if the spouse is staying home and the income is an issue, just assuming something might have Internet to search diet doctors sometimes a little much... It's there all the way to understanding that in this kind of blue-collar area where folks still work pretty intense jobs and long hours that the spouse may be struggling with an addiction issue, mental health issue or even a metabolic challenge themselves.

So I almost feel like I'm trying to get both of those people in the room and understand what the moderators are and who's buying the groceries, where are you shopping and, you know, who's cooking. How are we getting leftovers that are healthy into work the next day. How about the kids?

I don't think those are necessarily new to rural Minessota. I will say that people do have kind of a bit of a closer relationship with farms and maybe gardening in an urban setting. So most of my patients have no problems eating meats or growing their own veggies or having chickens. So, I think that's unique that a lot of people hunt and farm still. So that reestablishing that intimate relationship with their food source isn't the big hurdle in a lot of cases.

Bret: Yeah, that's fantastic and that's a wonderful opportunity for a rural setting that the that the cities don't have when you're surrounded by skyscrapers or office buildings or pop-up suburbs as opposed to farms and chickens. Completely different opportunity. So I definitely appreciate that. And I like what you said about getting the spouse involved too, because it really is sort of a team effort.

And using leftovers at work, because I'd imagine if you're in a rural setting if you go somewhere for work chances are there aren't five or six healthy food choices around that you can just run out to for lunch. So you probably have to eat whatever's available or what you bring with you. So that's a really important, really important tip. Do you find people are a little resistant to that at first or do people take to it pretty easily?

Jeremiah: Yeah, I think at first, but as soon as they start eating this way and feeling good again, you know, a combination of the absence of cravings, control of hunger, mental clarity, then it's easy to convince them that not only is this more affordable and time efficient, but you're saving... You know, you're eating the right thing the next day as well.

It's already there, you just pull it out the fridge. As opposed to the old way which was stopping at the gas station and having been whatever's inside. A lot of my male patients said you have to buy your gas and food in two different buildings. A simple intervention can sometimes get them on the path to then understanding that leftovers are okay.

Bret: Right, find your gas and your food. It makes sense, you shouldn't buy food where you are buying gas. The two just don't go together. That makes sense. Now, just to transition here for a second. Now, in your office practice you see from kids to adults and the whole spectrum?

Jeremiah: Yes, as a family doc I'm trained from, you know, birth all the way to the end of life. My outpatient practice is largely adolescents and adults. I do work with two phenomenal nurse practitioners, Debbie Skee and Aurora Reece. And they do tend to see more the kids and adolescents, but I'm fully capable of... Yeah, essentially managing the whole spectrum, including families.

We have plenty of patients where we see the child, the parent and even the grandparents. And that's just a special window into that spectrum of generational aspect of food, food relationships and how it can kind of improve that whole food environment.

Bret: Yeah, so what have you noticed in the course of being out and practice about the adolescents you've been seeing and metabolic disease in that specific population?

Jeremiah: The intake of highly processed foods is no different than it was when I was a kid. In fact, as we know, it's probably more substantial. And so each week we tend to get more consults of patients that are age 12 into their teens with incidental fatty liver or that little elevation in LT. You know, we've got type 2 diabetes diagnosis at that age as well, which I know a lot of our colleagues are seeing too. S

o, it is pretty profound and it just kind of re-kindles the desire that my team and I have every day to

give everything we have to our patients and community and helping these younger patients not become the heart attack at age 45 or the sleep apnea in the 50s and helping them see another pathway while they can.

Bret: Yeah, but that can be a really challenging age group, because they don't have the inside of what their future is going to look like and nor do they care, right? Nor should they really, they are teenagers and they are kind of living for the present.

But what are some of... Do you have certain tips or tricks that you can do to try and help the teenagers learn to eat in a healthier way? And of course not necessarily going all the way to a ketogenic diet, but just things they can get better and the way they can learn more and improve more?

Jeremiah: Yeah, as I said before with any patient, particular for kids and adolescents, it's meeting them where they are at, using simple non-technical terms, using visuals, maybe even videos and analogies and helping them understand food as more than just something that we put in our mouth, but as messengers or inputs that impact hormones that then kind of dictate so many other things. And again with the parents help, with close follow-up and accountability we've had a lot of success in terms of transforming our young patients' lives and putting them on a different path.

Bret: I think it really speaks to the true old-school family medicine doc in a rural communities who sees the entire family. Not the pediatricians in this patient, the other... One doctor seeing the mom, one doctor seeing the dad, but one doctor seeing the whole family seems like it can have that type of impact.

Because, like you mentioned, how was it being modeled at home and asking the kid to change without asking the parents to change doesn't seem like it's a very successful intervention. So, I guess you purposely sort of capitalize on that relationship, don't you?

Jeremiah: Yeah, it certainly is a lot of time and energy investment up front. Those can be the long visits with lots of messaging back and forth and follow-up. But what we tend to see commonly months into this is not only does that patient, whether it's a young adult or an older patient, lose weight but then the spouse is down 20 pounds and their cousin visited and they started changing things and they've sent a photo of themselves, you know, in a swimsuit this summer on the lake that they wouldn't have ever sent before. So, the downstream effect is substantial. I think just makes it all that much more worth it.

Bret: Yeah, that's impressive to be able to touch that many people so well. Now, we spent a lot of time talking about nutrition, because obviously nutrition is so important when it comes to metabolic health and to weight, but what are the other factors that you talk about with your patients and how do you help them start to adopt these if they're sort of foreign concepts to them?

Jeremiah: Yeah, in that first visit and certainly, every other subsequent visit we talk a lot about real foods that are low in carb and rich in healthy nutrients, proteins and fats. But we also in our questionnaire and every visit thereafter talk about sleep optimization, both duration and quality and then I think it's so important and missed at least on my behalf in residency, in my early training, is getting on what's really bothering you.

You've been stuck lately. How are you managing those stressful moments or those stressful days? Previously you would've snacked or maybe you still are. How are you coping? And you know, as we tell people, our patients to eat less sugar, sometimes I feel like we're taking away

their best friend.

This cheap, accessible thing that's super addicting and they cope with and I previously did so often. So, right away trying to help them understand that you can make other friends. And for some people that's really going for a walk, talking to a friend, developing a new hobby, something else that engages you, gives you joy and releases dopamine. That's going to be your key to interchange that long-term to have success.

Bret: Yeah, I think that's a great point. Is that something you experienced personally when you started to make the transition too?

Jeremiah: Yeah, yeah, for sure. I mean, I began journaling more, I love to write... Hiking more often, do more projects outside. I just had to realize that myself. I don't run as much anymore just because I found it to be hard for the joints. But I really don't have to, to feel good and that's the beauty of all this.

Bret: Yeah, it's sort of unfair though, like if you would've known now or if you would've known then when you were training for the marathon, what you know now, you could have had a completely different experience. And is that frustrating? That frustrates me, I'm totally projecting on you now, but does that frustrate you?

Jeremiah: Yeah, in a way it does. It is one of those things like if you could do it all over again... I don't know I guess in a way, I probably wouldn't pick a different path. Like certainly was difficult, but it's enlightened me and transformed me in some ways... It's funny my best friend, Dr. Ryan Groeschl, who asked me to run that marathon, in that same question he said either we can go to Hawaii tomorrow and just go on a quick vacation or you running the marathon.

So I have often wondered what if I just said, let's go to Hawaii? What would my life be like? What would my patients' lives be like and what would have them missed? Yeah, it was totally worth it.

Bret: That's a great sort of an existential question. How things would've changed? And what about him? Has your transformation rubbed off on him, your friend who is also a physician? Have it had that effect on him?

Jeremiah: Yeah, we've talked about it, you know, some since then. He still does a lot more endurance sports than I. I think it's been more mindful of these food choices. But for him and his wife, who is also a physician, it was kind of unique and I think that this form of practicing medicine is also affecting their community.

I started the first low-carb conference in Minnesota in May of 2018 and in the spring of '19 a couple of dietitians actually joined us at the conference, again just to have engaged and curious dietitians wondering about this stuff. I mean, difference in unity by a connection of my friend. It was pretty powerful.

Bret: Yeah. It's just such an amazing journey that you've been on. First, a personal journey, then a journey with your patients, then a journey with your colleagues and now running the hospitalist group.

And now creating educational opportunities for other clinicians. I mean, you've had searched the wonderful stair-step and it seems that you just keep going and keep going. So, what's next in this journey?

Jeremiah: Yeah, that's a great question. Not really sure. I keep waking up out and being grateful for every day. I often think about the Japanese concept of ikigai, or your purpose or calling in life, and that's for those who don't know it is doing something you love, positively impacting others, doing it with a sense of mastery, and, you know, being compensated appropriately.

And I think that's just something that I'm so grateful to do. I do have a hope and desire in the future to translate some of my knowledge directly into physicians and healthcare providers who are struggling with their metabolic and mental health, both pre and now post Covid. I get a lot of joy out of connecting with my college here and maybe that's the next level thing I'll do more in the future.

Bret: By the way that was such like a terrible American way to ask that question, as if what you're doing isn't already enough. That you have to do more, that there has to be a next step by that assumption... no, of course not. It's okay to stop where you are at. You know, it's okay to be who we are, not have to try for more all the time. But I guess that shows my biases a little bit too clearly there.

But anyway... So, it sounds like... I don't want to put words in your mouth.. But is there hope with everything that we've seen, about the metabolic dysfunction, about the crises where we're facing in metabolic disease and how Covid has brought that to the forefront? Is there hope? Can we change this for the mass population?

Jeremiah: Yeah, I certainly think there is. I mean that's what carries me forward into every day and inspires me and I think it's just this multilevel approach of platforms or institutions like Diet Doctor reaching a broad swath of people around the world, people like me in my community and the combination of the two.

I think we'll call it less to a point where there will be some overlap and it'll come into communities like ours where it's now kind of the norm to think about medicine in this way, to think about root cause and food as medicine and insulin resistance. And if we can do it here in rural Minnesota, I think it can be done in lots of other places.

Bret: Yeah, do you think it's maybe easier in the rural setting now than other places or just happened to be that way?

Jeremiah: I think it might be. I mean, I know all my colleagues by name, I see them face-to-face. That isn't the case if you're in a multispecialty group, using epic volume communication. We socialize a lot together. And I see my patients with regularity in the grocery store.

So not only they are watching what I'm buying, but I'm also kind of a killer eye on how things are going from their standpoints. I see without judgment, but just out of curiosity there. And I think like I said before that people in rural areas still have that close relationship with their food sources. I think that's a positive as well.

Bret: Yeah, I think that makes a lot of sense. And running into patients at the grocery store can be an interesting experience for sure. Like when my kids see their teacher is out in the community, they are shocked that the teachers actually like exist outside the school. I wonder if patients feel the same way about their doctors. Like, wow, my doctor is at the grocery store.

Jeremiah: Totally, right.

Bret: Thank you so much for spending the time with me today and sharing your incredible jour-

ney with our listeners. Are there any last words of wisdom for the listeners? And then of course if they want to find you or read more about you, where can they do that?

Jeremiah: Sure, I'll and with a quote from Brené Brown, who I admire so much. And I think it speaks to my transition personally then professionally and it's goes like this. "I now see that owning our own story and loving ourselves through that process is the bravest thing we ever do." So, I think for us as physicians for us to have a meaningful impact that gets to the root of our patients and last with them throughout their lifetime, we got to look within ourselves.

And maybe undo some of the biases or difficult habits that we've had for a long time, I had to do that and a lot of my colleagues have in this area too. So, I think that just speaks broadly to my story. Yeah, what's next, like I said, we got a busy inpatients group here as well as my outpatients obesity medicine practice that's getting busier and busier.

I don't have social media by choice. I think that it prohibits me from living a simple deliberate intentional life and it helps with my home wellness, especially in these times of pandemics and elections. If anybody wants to reach out to me or has questions, they can connect with Bret and we can we go at it from that end.

Bret: Yeah, great... Awesome answers. I really enjoy your whole attitude and your approach including and especially the whole social media part of it. It really speaks to who you are and what you prioritize for yourself. I think that's wonderful. So, thank you again.

Jeremiah: Can I add one more thing, Bret?

Bret: Please go ahead.

Jeremiah: I'll just sort of say this as well, that as we think about healthcare institutions from a broader sense, some of our listeners might be familiar with Institute for healthcare improvements which talks about the AAA and more framework to optimize population health... It looks at three things which is population health, cost and patient experience.

And I think that our current standard of managing diabetes, obesity and the spectrum of these conditions, we know leads to more drugs, more cost and also kind of disillusioned and disarmed patients and meanwhile the epidemics continue to grow. So, I think this approach, the low-carb lifestyle medicine centered approach, in my personal and professional experience kind of undoes those things.

If we look at those three factors, we de-prescribe medicines, reduce cost, prevent disease or reverse them and I think most importantly, our patients live with a renewed sense of wellness and vitality that is really the only sustainable way out of this epidemics.

Bret: Yeah, that's a great way to sum it up. Thank you so much again and keep up the great work. I'll look forward to seeing more of you in the future.

Jeremiah: Yeah, grateful for the opportunity.

Bret: All right, take care.