



The Doctor's Kitchen with Rupy Aujla

Guest: Rupy Aujla

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Dr. Menolascino: Welcome back to the Women's Heart Health Summit. This is Dr. Mark Menolascino. Thank you for joining us as we talk with some of the world's experts in trying to help give you the best information for women's health. Today we're speaking with Dr. Rupy Aujla. Thank you for joining us, Dr. Rupy.

Dr. Aujla: Hi, how are you?

Dr. Menolascino: I'm good. I'm good. Dr. Aujla is a board-certified general practice doctor who is trained in general practice, but works, really, in the E.R. mainly right now. But his real passion is food. We actually met when I was lecturing in London. He provided all the recipes and the food menu items for all the functional medicine doctors who are a very tricky bunch to try to provide good food for. And he knocked it out of the park.

He has a book out, *The Doctor's Kitchen*. I have a copy. It's one of my favorite books on food. And he's really the best I know at talking about food as medicine. So, very few doctors know much about nutrition. And to have him know so much more than I do is a real pleasure for us. So thank you for joining us, Dr. Rupy.

Dr. Aujla: Of course. Anytime, Mark. Anytime.

Dr. Menolascino: Well, you're speaking from London.

Dr. Aujla: Yeah.

Dr. Menolascino: And I think here in the States, we don't really understand the challenges of what you deal with as a practitioner in London, particularly in trying to do lifestyle medicine and food as medicine.

Dr. Aujla: Yeah.

Dr. Menolascino: What are some of the things that we should know about how hard, and the good, and maybe the bad things about what's going on in the system there?

Dr. Aujla: Yeah, that's a great question. I mean there are lots of different challenges in the U.K. compared to the U.S. First of all, I work in something called the National Health Service. So that is essentially a free-at-the-point-of-service healthcare that we do here where we have very short appointment times and very high patient footfall.

So, when I work as a general practitioner, that essentially is a family physician. I have less than 10 minutes per patient, and I see up to 40 or 50 patients per day. In the E.R. department, we have probably less time, and a lot more people coming through. What I am privileged to have experienced is tons of frontline experience, just really seeing what people are coming in, whether it's diabetes complications, heart attacks, strokes, or even mental health issues as well.

One thing I think it's important for people in the U.S. to appreciate is that we do things on a shoestring budget, but we have very good outcomes, actually. You know, in terms of the amount of money that we spend in the healthcare service looking after 60 million people plus in the U.K. is a massive challenge. But we actually do very well at looking at outcomes.

Dr. Menolascino: Well, I think in the States, the insurance model, we're taught to see someone every 7 minutes. And I think it's hard to really get a chance to share one pearl of lifestyle medicine. And it seems like it's even harder for you to do. What got you wanting to be so passionate about food as medicine? What helped you get down that path, sir?

Dr. Aujla: Yeah, it's something that I think a lot of us have personal experience on. That's how we kind of find our way into lifestyle medicine. So

for me it was going to medical school having known what it did for my family. My family had utilized lifestyle medicine principles, probably, kind of influenced by Ayurveda. That's the Indian sort of practicing medicine, age of medicine, that kind of stuff. And I went to medical school with the realization that there's a lot of power in nutrition and lifestyle.

And that's actually what convinced to go in medicine in the first place. I didn't remember what actually inspired me to study medicine until I got ill myself. I used to suffer episodes of atrial fibrillation where your heart beats exceptionally fast and it might beat very regularly as well. Up to like 200 beats per minute. And I'd go into episodes of this 2 or 3 times a week as a junior doctor.

I went through all the different cardiology scans you can imagine. You know the standards, cardiac MRIs, echocardiograms, electrophysiology study, which is where they put the guard wire into the heart and see if there is any misfiring or reentry pathways around the heart. I was essentially either going to be on lifelong medication or I was going to have ablation which is where they burn an area of the heart to kind of ring fence these misfiring cells. And what happened is my family actually convinced me to try lifestyle medicine approach in anticipation of trying to see if I could do anything with my locus of control.

You know, coming from a medical school background, very conventional, I didn't think any of this stuff would work. But just going through the basics, looking after my diet, improving my mental health as well as sleep hygiene, exercise practices, you know, really putting my body in the best environment I could, I was able to essentially reverse my own condition, but still have conversations with cardiologists to this day. I still have all my investigations, and I'm really lucky to say that. I don't have atrial fibrillation anymore. It was really interesting.

And that kind of set me on a path to do a bit more research into nutrition, have more open, honest conversations with patients. And that's when I had the idea, you know what, we need to be talking about this more as medical practitioners. We need to educate ourselves in lifestyle. And then I started The Doctor's Kitchen where I just share YouTube videos of my cooking, you know, talking about the clinical research behind the ingredients that I use. Because that's the key thing that I think, both of us being medical practitioners, evidence base is key. And to convince our colleagues, we need to be very firm on where we're getting information and why it's so applicable.

Dr. Menolascino: Yes. Well, you know, it's interesting, Rupy. So many of us in functional medicine, integrate medicine, we have a story. A story of ourselves, a family member. We saw medicine had some options that weren't very good. And we found a different path that worked out quite well. I'm so impressed by what you've done for yourself. It's a real message for everyone listening that there are other ways. So, your doctor has good ideas. But it's worth looking at what else is out there and trying to find what is unique to you. It's such a personalized way to do this. You're now teaching courses to doctors. Is that correct?

Dr. Auja: Yeah, yeah, so we started a nonprofit called Coloring Medicine where we teach doctors not only the foundation of clinical nutrition and the lectures and the papers and the research. We also teach them how to cook. We get them into culinary school environments. We give them recipes.

Dr. Menolascino: Fantastic.

Dr. Auja: It's great. It's really good fun. We actually discuss clinical cases as well. Like, Mr. X comes in, 42 years old. These are his medications. These are his blood results. How can we change his lifestyle to improve his blood pressure or to improve his metabolic syndrome? And, you know, we talk to medics from all different backgrounds. It's not just those in general practice or family physicians. It's orthopedic doctors. Anesthetic doctors. Medical doctors from lots of different disciplines. That's really important, because this isn't just for my medicine. It's medicine in the true sense of the word.

Dr. Menolascino: Well, I feel like true healers such as yourself, they walk the walk and talk the talk. I've had dinner with you. I watch what you eat. You're also teaching students. Isn't that correct?

Dr. Auja: Yes, yes. Yeah, we did our first course at Bristol Medical School, which is one of 32 medical schools in the U.K. And we took these students through 4 week intense modules where we went through everything from diabetes, sugar control, blood pressure, carbohydrates, different sorts of fats and fat sources. We took them through evidence based. And when we got these guys to cook so many different recipes. I think they went through about 50 or 60 recipes.

And not only did we do that, we actually paired these guys with families, with patients --

Dr. Menolascino: Oh my gosh. That is fantastic

Dr. Aujla: And it was actually – Yeah, it was great. And it will actually stick with them during their medical career. Throughout the rest of their life, because those experiences are going to shape how they see food and what they've been able to achieve at such a young age. So, hopefully we're training the new generation to have this as a normal part of a clinical consultation.

Dr. Menolascino: So, Rupy, are you trying to tell me that you could come off your diabetes meds by changing the way you eat? Is that actually possible?

Dr. Aujla: Yeah, you know what? It's funny. I was just having a conversation today with someone about this. Because I was at medical school, and certainly when you were at medical school, it wasn't seen as a reversible condition. Now, it's becoming almost common knowledge amongst medical practitioners that, yes, it is very, very possible. And in fact, we've been sitting on this information for decades and it's about time that we need to democratize this information. Actually tell people that you can take control of conditions that we once thought weren't changeable.

Dr. Menolascino: We're talking about diabetes. There's a Type One, or insulin dependent one that typically happens when you're young. And those are people that need insulin. And that's different than the lifestyle type of Type Two diabetes which most people have. And you're right it is reversible, and you can get people off of medicines. And it's really about personalizing your care.

Dr. Aujla: Absolutely.

Dr. Menolascino: What are some of the things you look at for an individual? Besides teaching them how to cook or what to eat, what are some of the pearls you use when you interact with people one to one?

Dr. Aujla: Yeah, I think it's really taking a functional medicine approach or lifestyle approach and figuring out where they actually need help in the first instance. So, a good clinical history of, yes, what they eat, but also what their lifestyle is like. Are they stressed? Are they sleeping poorly? Are they lacking motivation? Do they have any other issues going on with their family life?

I'm quite lucky in that I see people who come in, and sometimes they can spend a little bit longer than otherwise get with a family physician. The amount of information you can get by just allowing the patient to speak very openly about their background. You can get lots of different clinical pearls. So, you know, listening, I think, is the main thing rather than me going in with an

agenda and saying, “You know what? With your diabetes, we’re going to reduce your refined carbohydrates, make sure you’re not on the fizzy drinks.” I mean obviously we do that anyway. But, you know, increase the fiber intake and make sure they’re going plant-based. All these different things, rather than hitting them with that straight away, just listening and saying, “You know what? Let’s try and find something motivating about it. Let’s try and find some easy wins. Low-hanging fruit that you can change. So it really depends on the patient in front of us.

Dr. Menolascino: Well, it’s so exciting that you’re actually teaching medical students and that the medical schools are open to this, like the one in Bristol. I know when I was in medical school, I got at least 20 minutes of nutrition. It was disguised as scurvy and rickets. So, we didn’t really get much nutrition and they didn’t really think what you ate mattered.

Dr. Aujla: Yeah. Yeah.

Dr. Menolascino: The other thing, Rupy, I was taught in medical school is the very first day they told me half of what I was going to learn would be proven false by the time I leave. It was my job to figure out which half. What’s currently true in medicine may not be true in a couple years. I’m hopeful that this personalization you’re talking about, and really connecting with people, how are you able to do it in these short visits? Is there a couple strategies that you use to get some light in for people?

Dr. Aujla: Yeah, definitely. I think that short visits kind of make us more effective clinicians, because we can hone in on what the problem is, but also maintain that empathic approach as well. So, you know, some of the things that I like to talk about are things that they feel that they need help with and then giving them advice on the basis of that.

So if someone says, “I’ve got really poor diatribe. I just can’t motivate myself to eat the right things.” I say, “Well, what do you like eating?” “I like eating hamburgers and fried chips and all these different things.” So I say, “Okay, well there are actually healthy versions of lots of junk food. Also, the added benefit is you increase your repertoire of recipes. You increase your ability in the kitchen. And it’s cheaper as well. As well as being better for you in lots of different instances.

So, when you convince people that healthy eating isn’t just bland kale salads with no flavor as well, it can be very exciting. Those are ways I try to motivate patients. But again, it depends on the person in front of me. Some people

don't know where they are going to be sleeping in the next 3 or 4 weeks and I'm hardly going to have a conversation with them about how to bake kale chips, where the others, they come with a quite high level of information or education and they actually want to know even more information. Maybe even know where the medical research is coming from. It really depends on the person.

Dr. Menolascino: Are you finding more and more of your clients are really empowered and are doing their homework?

Dr. Auja: You know what, I think it's one of the things that we should be grateful for, the internet, because we are seeing the democratization of health information. And, yes, it has bad points, but also good points as well. If someone comes in and they say, "You know what? I've heard this about this particular herb." I know straight away that patient is motivated to make change and they're actually interested in the subject.

So even if what they're coming is something that I don't actually agree with, I know that they are engaged and we can actually change things pretty quickly. So I think that's a good thing. It's time to ride the public wave of interest in healthy eating and really steer the direction of where we see healthy eating and how it actually leads to better health outcomes.

Dr. Menolascino: You had mentioned earlier, Rupy, about Type Two diabetes and kind of the toxicity in food you alluded to a little bit. Dr. Joe Pizzorno joined us and really showed incredible data how Type Two diabetes really has a lot to do with our toxic food supply. What are some of the easy ways you can get people to think about their toxic food and moving into a less toxic relationship with food?

Dr. Auja: Yeah. There's lots of different types of relationships that people turn into. Orthorexia is certainly on the rise unfortunately, and that's an obsession with healthy eating where you actually become a lot more restrictive. And I'm actually seeing a lot of that. Where people are almost scared of food, because of what kind of environment we've created. And yes, whilst I agree there is a lot that we need to change about the food system in general, we have to remember that we have like incredible bodies that are detoxification machines. And that's why someone can smoke for 40 years before they succumb to something like emphysema or cancer.

But to go on your point about the food toxicity, I think, certainly what I see in the future, is more organic landscape, one where we eat more seasonally and

locally. But unfortunately for a lot of people, that's not the easiest thing that they can do in the first instance. So, it's the EWG the Dozen, the Clean 15. So that's a good sort of market. But also washing your vegetables. Making sure you get tons of greens in there as well. Because those, as you know, have got all the different cofactors that support your own body's detoxification mechanisms that can actually remove pollutants as well as doing the simple things as well.

Exercise, an incredible way of sweating out things like cadmium. One of the easiest things we can do to detoxify ourselves and just encourage our innate ability to remove toxins. So, I think there's a lot of positives that we can actually steer people toward, because I know, certainly, when I listen to Joe Pizzorno and read the books and stuff a lot, I get really worried about the kind of world we have. But I look at patients who come from a different generation. They just get on with things and they're super healthy. And I think it's a mindset as well. It's very powerful.

Dr. Menolascino: Well, you know, you mentioned the EWG, which is the Environmental Working Group, the Clean 15, Dirty Dozen. You can find it on the internet. It's a great resource just to get people started about some things you probably shouldn't eat and some things that you're pretty safe eating. And organic food is expensive. So you want to hedge your bets and spend your money on things that matter most. I'm not sure if I've ever shared this story, Rupy. And you can steal it and share it with your students.

When I was a medical resident in Phoenix, Arizona, we lived in downtown Arizona where it'd get this orange-brown smog every afternoon and we grew vegetables with our kids. And when the day was time to harvest the white cauliflower, it was orange-brown.

Dr. Aujla: Really? Wow.

Dr. Menolascino: So that night I cut it off at the stem, I went to the organic food store, bought a beautiful white cauliflower and hot-glued it onto the cauliflower stock. The next morning, we woke up the kids, and they cut it off. They still love cauliflower to this day. So, that's just a great example how we were trying to raise our own food and the environment we were doing it in was sabotaging it.

Dr. Menolascino: So the toxicity was easily observed that way, but there's also toxicity in how we deal with stress in our relationships, in our work

relationships, in our love life. And you know, how do you tie food to emotional stress and people who emotionally eat? What are some of the pearls for them?

Dr. Auja: Absolutely. I think the relationship with food, how we eat our food, the mechanisms and the actual environment in which we're eating is super, super important. You know, cortisol levels, stress levels, when they're risen when you're eating have been shown to maintain that blood sugar level at too high an amount for longer periods of time afterwards, so even if you're eating a super healthy meal that's actually nourishing for you, the way your body processes it can be impacted by your mental state, and that's something that a lot of --

Dr. Menolascino: That's a great point, Rupy. That's a great point. Thank you.

Dr. Auja: And it's super interesting, the culture of eating on the go. Grab and go food. Particularly in cities as well, it's just go-go-go all the time. So, you know, I like to tell people just chew your food first of all. That's great for your digestion. And B, making sure that you're enjoying the food, the flavor, the taste, and actually doing it, if you can, with someone as well.

But certainly our relationship with food is very interesting. And I think stress and the inflammation it causes can have different effects on the body as well. And we're learning a lot more about inflammation as a general term. I think it's somewhat become this unifying theory of why we're seeing so many chronic diseases whether it be endocrine or cardiovascular or even mental as well.

Dr. Menolascino: Well, for all those joining us for the summit, they're going to hear a common theme of inflammation. Fire in the gut. Fire in the heart. Fire in the brain. It's really all of those working together. And it starts with food and your relationship to it and your relationship to the people around you in the external world. They're really all tied together. Do you also see how what you eat affects things like your thyroid? You mentioned adrenals. Female hormones. What are things women in particular should be really looking out for and also trying to add in?

Dr. Auja: Yeah, certainly. Like refined carbohydrates and all different forms of things that I like to heighten people's awareness of. Because, again, it's one of those quick wins. We've been taught to appreciate, like cereal in the morning as a healthy breakfast or a nutritious breakfast, but unfortunately a lot of those are loaded with sugar. The healthy drinks like juices that we've been told are sources of Vitamin C, sources of nutrients, also sources of very,

very quickly absorbable sugars as well that can drive up inflammation. And the other things that we tend to snack on as well during the day.

Again, there can be healthy alternatives. They might have whole grain on the packet. They might have source of fiber on the packet as well. Those, again, can be very quick releasing sugars. And also, they might have added fiber, but it might not be both the soluble and the insoluble, and you need both of them to actually have that beneficial effect on your microbes and on your sugar levels as well.

So those quick ways about just heightening people's understanding of why these sort of sugar-containing products can have impacts on, yes, thyroid function, gut function, as well as sugar level as well and how that drives inflammation and how that can have an effect on multiple different things as well. And that's even before we start thinking about the different types of foods. And I like to essentially use principles of eating rather than those: colors, plant-focused, tons of fiber, quality fats, as well as eating in time as well. We have this sort of like eating outside a 12, 13 hour window. That's very abnormal for our bodies that have evolved to eat during daylight hours eventually.

Dr. Menolascino: Well, that begs the question, which everybody asks me. What about this whole thing about intermittent fasting? What's your thoughts on it? And who is it good for? Who's it not good for? Where would you put that for people?

Dr. Aujla: Yeah, so I think intermittent fasting is a very vague general term that can mean anything from a 14 hour fast to a 72 hour fast. What is intermittent fasting? And we've got to be thankful to a lot of researchers like Valter Longo and Satchin Panda have done some incredibly research in this along with the many other scientists around the world.

What I like to talk about is just simply define 18 periods where you eat in a general 10 to 12 hour window and hopefully not too late. Like, maybe 2 hours before you go to bed. And the majority of people stabilize sugar levels, stabilize your inflammation levels... It will not impact with your sweet hormones as well. For therapeutic fasting I think is when we go outside those windows. So when you're maybe doing an intermittent fast for 16 hours and you're eating in a general 8 hour window. And those might be good for people who have issues with insulin-resistance. They're trying to sensitize themselves to insulin, which is the hormone that regulates sugar levels.

Longer fasts may be beneficial, again, for people with insulin issues. But also dementia, cognitive issues. They're trying to heighten people's understanding of what happens when you go into a fast. You release things called ketones that shoot across the blood-brain barrier. It can be a source of fuel. It can actually stimulate things like neurogenesis, which is the production of new brain cells, as well as upregulate something called autophagy, which is the clearing away the dead cells and those things that are sort of hanging around and causing inflammation.

So I think, to answer your question, there are some very interesting therapeutic uses of things like fasting of all different forms with the majority of people I see, a general 10 to 12 hour window is a good thing to aim for initially. And then maybe going a little bit more to the other end if needed.

Dr. Menolascino: Well, I think that's a great point. It's okay to experiment a little bit. Find out what's right for you.

Dr. Aujla: Absolutely.

Dr. Menolascino: I've always said don't do a diet, because the first 3 letters are what? I don't believe in diets. I believe in personalized nutrition. And it sounds like what you're espousing is to find out what works for you. What I love hearing, Rupy, is that you're committed to finding out what works for them. You're not putting your belief system on them, but you're trying to tap into theirs.

Dr. Aujla: Absolutely.

Dr. Menolascino: And I think for women listening, especially, there's so many times they go to, unfortunately, men doctors, and they're not really heard. They're not validated. And the doctor tells them what they think rather than ask what the woman thinks or what would work for her and find a common ground in the middle. I love just hearing you speak, because you're all about finding that win for people, what's going to work for people based on the knowledge you have and find this beautiful shared space in the middle. I think that's really going to make a big difference for people.

Dr. Aujla: Definitely. I think part of our role as physicians is trying to get patients to be a lot more intuitive about what works for them. A win for me and yourself as well, I imagine, is the patient becomes the health experts of their own health rather than everyone else's health. I can't be an expert of

everyone's, because I don't know how they feel, what it can be, what the environment is.

And that's why everything I say is with a caveat that it might not work for you. But you know what, these are different options and there is time and there is space to experiment so many different things. If we start with the basics that tend to work for a lot of people, that's a good starting point. But that's not to say that the other areas and other things that we can change are not going to be beneficial for you in the short term and maybe the long term.

Dr. Menolascino: Well, you know, that's such a great point. And one thing I hear a lot of people ask me is that, "Well, Mark, you do this real personalized medicine. Don't you need all these expensive tests on the front end before you start anything?" What I'm hearing from you is that the start is pretty simple. Get to know the person. Tap into their belief system. Figure out what will work for them and get them a couple of easy wins. You don't need to a million dollars of blood tests. Do you?

Dr. Auja: Yeah, and that's the thing about working in NHS. It's become a lot more intuitive and a lot more creative with what you can do. Because we are limited in our tools. We are stipulated by the National Health Service about what test or evidence-base are cost-effective, because cost comes into it. And if something isn't going to change management to the degree that it could do or perhaps there isn't enough information about the test, we're not going to be able to order it, unfortunately.

However, that has made us very nimble physicians. We're almost like the Swiss army knife. We actually hone more of our clinical skills and our examination and our history taking. And that's why it's actually quite a privilege to be at NHS, but obviously it is a bit of hindrance where we do need to do a little bit more searching. And, yes, tests are necessary.

Dr. Menolascino: Well, Rupy, I know for the NHS physicians that I've been fortunate to meet, like yourself, I've been very impressed how they use that intuition and get things done without spending a lot of money. And I don't think you need to. And it's a real message to client's listening here on the summit, but also to the doctors that they go see. And hopefully there's doctors listening too, that there's a lot of this that you don't need to do with expensive testing. Now, there are tests you need to do once you get to a certain point, but it's great how you've almost been forced to use your wisdom of intuition and you trust your clients and your patients.

And, you know, I've always told my female patients, "A woman's intuition is the smartest person in the room." And we have to listen to her. And a lot of times they come in with this wisdom of experience, but no one listens to it.

Dr. Aujla: Yeah.

Dr. Menolascino: And we see that with thyroid a lot. We'll have so many women come in, 10 pages from the internet about the thyroid. They know they have a problem, but they're not outside of the range yet, so no one will address it. So, could we talk about thyroid a little bit? Because there's a lot of confusion about what people with thyroid problems, which are so many women, what they should and shouldn't eat. They're told, "Don't eat this. Should eat this." What are some rules that you would have for our people listening who have thyroid problems?

Dr. Aujla: Yeah. Thyroid issue is something that we're seeing on the rise, along with autoimmune conditions, and general as well. And I think, going back to the reference ranges that you're talking about is 2 standard deviations from the mean, it's something that doesn't really make that much sense. It's so arbitrary, because what's normal is completely changed over the last 40 years. It's no wonder people are inside the normal range, but still having symptoms.

And that does frustrate me a lot, particularly with diabetics. But thyroid, yes. You'll hear a lot of things on the internet about things that you should and should not eat. You shouldn't have too many greens, because that's going to impact your thyroid. That's got too much iodine in it. Unless you're really eating buckets of kelp every day, you're not really going to have that much of an impact. The general rules, the general principles, I should say are pretty much the same for most of the things that I do talk about. Having plenty of fiber. You want to have different sources of fiber as well, because your gut is like the root cause of a lot of issues.

You can improve your gut and the difference or variety of species that you have by introducing different sources of fiber. Fantastic. Because that's going to reduce inflammation. It's going to improve neurotransmitters. It's going to improve the amount of vitamins that are produced by these different types of microbes as well as all the different hormone balancing effects, as well that the s[inaudible] can actually have.

Also, introducing different colors and spices that do have adaptogenic impacts, yes, but also they are great sources of phytochemicals, in which

there are thousands of different types that have inflammation balancing effects. It's almost like putting yourself into the right internal environment essentially I did when I had my own medical condition. Your body looks after itself. And that sounds very unscientific to say that, but feed it the right fuel. And we have these incredible homeostatic balancing mechanisms that put your state back into where it should be. Again, food is one element of that, but also sleep, exercise, your mental state all have massive impacts on thyroid health as well.

Dr. Menolascino: Well, you mentioned your personal history with atrial fibrillation, which is a medical condition that women should absolutely get checked for. But a lot of women have palpitations or heart flutters that are not a medical illness. They're just bothersome. And it can lead to anxiety for them because of that. Any pearls that you have for women? Number one, get checked by a doctor to make sure it's not atrial fibrillation. What would be some of your recommendations to women to try to support that nutritionally?

Dr. Aujla: Absolutely. I think, certainly, first would definitely get 24 hour plus tracing of your heart to make sure that we're capturing what these palpitations or odd beats are. I know that for me, I had to wear it for quite a while before I actually captured a proper episode. So, that's something that's very important to do. Nutritionally, I think, certainly eating within the right time period is something very important. Because if you eat too late, for example, particularly having high sugar very late at night, that does disrupt your sleep mechanisms.

If you disrupt your sleep mechanisms, that's going to impact the quality of your sleep. That's going to lead to increases in your cortisol, increases in inflammation. It's going to reduce your own innate body's ability to remove toxins from your brain. That's going to lead to anxiety. It's this huge vicious cycle of all the different things happening, just by eating too late. And a lot of people get into habits of eating late at night as well. And they don't realize what's going on. That 12 hour window, roughly, is something that can be quite effective for a lot of people. As well as the first and lowest hanging fruit.

Removing those sorts of things that could be impacting your sleep in particular. Caffeine after 12 p.m. High sugar items in the night in general. Energy drinks. A lot of people don't realize. Certain types of tea as well. A lot of my patients don't realize that green tea has got a lot of caffeine in it. Yes, it might not cause the [inaudible] effects, because it also have an immune-acid called L-theanine, which is very good for anxiety and depression. But it still has the caffeine, and unfortunately that will have a knock-on effect, too.

The other things I like to try and tell people about are the different herbs and spices as well. They're very good sources of micronutrients, but also phytochemicals. And that's another way of introducing fabulous nutrition that can have these incredible effects on the body, too.

Dr. Menolascino: Well, I hope for everybody watching they know why I asked you to be on the summit. For everybody listening, this is the doctor you want to go see. You want a doctor who thinks like this that does good medicine first, but also thinks about you as an individual.

Rupy, you were talking about these normal ranges. And I like to tell people, it's kind of a bell-shaped curve of average and we're okay regressing you as a unique individual to the mean of a population. The problem is average in America is obese and diabetic. So, do you really want to be average? No, it's also like in the U.S. we have the Grand Canyon. You can be on the north rim or the south rim. You're still technically in the Grand Canyon. Is it your view differs? Where's your view the best?

So, I think this personalized approach that you share today and with your clients is what I'm asking everyone watching is go find a doctor like that.

Dr. Auja: Yeah. I like to think about the reference ranges is, yes a very, very general guide. I love that analogy with the Grand Canyon. What I like to try and encourage patients to think about is becoming the best version of themselves. Bringing out the athlete in them. And that's actually what we can do without the need for unnecessary tests. Without the need for unnecessary supplementation in some instances as well. Good nutrition first, great lifestyle practices, and you'll be really, really surprised what your body is capable of.

Dr. Menolascino: Well, I love what you're hinting at. And you're really hinting at performance. In our practice, and for everyone listening, whether you're a CEO, a doctor, a lawyer, a soccer mom, a super mom, it doesn't matter to me. I want to treat all of you like an athlete and help you perform at your best. Where is that sweet spot for you? You know, Rupy, so many women deal with blood sugar problems. We talked about high blood sugar or this insulin-resistant Type Two diabetes, but you see a lot of women that get low blood sugar. It's called hypoglycemia. Don't you?

Dr. Auja: Yeah. We see that with diabetic patients. We see that lots of different instances and that's why they sort of get into this habit of eating high sugar items to get out of that cycle and then they go over. I like to kind of spell out exactly what's going on with the insulin and then the glucose. Writing

down and drawing diagrams is actually very effective for people. When we get the right nutrition in first, that's actually where we can stabilize and reverse certain things and lead to resolution of their symptoms essentially.

Dr. Menolascino: And that's so important to ask them to keep a food log so you can objectively see what they eat and then see what their symptoms are. We talk about the glycemic index, which complicates everything for people. But it's just how high of a sugar load that you have. You're talking about fruit juice. So many people come in and say, "Oh, I have a glass of orange juice every day." And I tell them, "That's actually a mistake, because the glass of juice is like a glass of soda pop. It's the same sugar load. It spikes your blood sugar up and tends to drop it."

But so many women have this adrenal bombardment with these low blood sugars and then it makes the adrenal tired. It sabotages the thyroid. And then of course, you've got the dreaded leaky gut. Can we talk about leaky gut a little bit? Because so many people have heard of that, but no one really seems to know what it is. How do you like to share that concept with clients?

Dr. Auja: Yeah, so I like to actually use the terminology that we find in the literature, so intestinal hyperpermeability. So, I like to use that terminology, because then they can actually go up and look at it and see where the information actually comes from. Whereas leaky gut as we understand it, it's very easy to understand term for people, it can get lost in the literature. And you will see lots of other things mentioned that might not come from really good sources of information.

Dr. Menolascino: Great point. Great point.

Dr. Auja: But essentially, it's where we have this very thin lining of single cells, essentially, that are the difference between what you allow into your bloodstream and what you keep out where your immune system is essentially concentrated. Around 70% of your immune cells, they're essentially the sentinels. They're sensing what should be crossing and what should not be crossing.

And there are lot of things that can lead to damage to that single layer and actually lead to your immune system firing up and causing lots of different symptoms, which is why intestinal hyperpermeability is related to skin issues, eye issues, sugar imbalances, cognitive effects... You can have a myriad of different symptoms. And actually when you repair the gut, when you focus on the gut, which is essentially a lot of what functional medicine is about, you

can have resolution of seemingly unrelated issues. And that's why lifestyle and nutrition is so impactful. Because you wouldn't think about the connection of all these different things. You just do these things, simple principles, you'd be surprised at how impactful it can be.

Dr. Menolascino: You make such a great point about when you are on the internet, be sure you're looking at the right terms and at the right sources, because you can definitely get led down a silo or a tangent by looking up these colloquial terms. When I was in my medical residency, I was forbidden from using the term leaky gut, because it didn't exist. Now intestinal hyperpermeability is what they're studying at Johns Hopkins with one of the world's experts there. So how do you see this intestinal hyperpermeability in heart disease in women? Where do you see the link between the two?

Dr. Aujla: That's super interesting. Because essentially what happens when we have this hyperpermeability, it is activation of our inflammation system, activation of our immune cells. And those lead to increases in inflammatory proteins that are circulated around the body. When we have an increase in these proteins, it can actually cause damage as well as sugar items will get other things that are going on beside a poor diet to attack the walls of your arteries.

And this is what can lead to stiffening. It can lead to stenosis or narrowing. It can also lead to lots of different things that can make our blood hypocoagulable, more clottable, as well. So we have all these different things going on. Yes, it might have started in the gut. They can have far-reaching effects and that's what can impact your heart as well as lots of other organs. So, when we focus on improving the gut, we're actually improving lots of different things, one of which is your heart.

Dr. Menolascino: Well, that's such a great point. When I lecture, I ask all the doctors in the audience, "What's the largest organ in the body?" And we were all taught it was the skin. But it's not. It's this thing called endothelial lining. It's the lining of our blood vessels. I was taught in medical school that it didn't do anything. It's just a rubber pipe. Now we know it's its own inflammable organ and it does amazing things to protect you or to put you at risk. =

And really, heart disease, we all have these clients or friends or family. They're women who are active. They look great. They don't have any extra body fat. They're not diabetic. And they have heart attacks. And they have normal cholesterol. And no one understands that except for you and I. With the inflammation, that's probably much more dangerous than the cholesterol. So,

the fire in the heart is just really beginning. And using nutrition to cool it is such a powerful thing.

Dr. Aujla: What I'm excited about is actually how much I'm learning post-medical school. You know medical school is the very basic foundation and I think it's probably more than 50% of what we were taught may be incorrect now, actually, over the last 15 years or so. But it's an exciting time, because we are relearning a lot of things. But, also, look back over ancient medicine and how things were done before. We're actually realizing there were a lot of signs behind simple intuition. And now we have the research to back a lot of this stuff up.

Dr. Menolascino: Well, I love your message of looking culturally at food and at medicine. I mean, Ayurvedic medicine, it's only 3000 years old. Right? There's got to be wisdom there. There is some real wisdom there. And combining some of what they did before they had tests. Looking at the nails, looking at the tongue, listening to the story, looking at the skin. You can tell so much about the internal function with these cues on the outside.

Dr. Aujla: Absolutely.

Dr. Menolascino: And the fact that you're now teaching medical school is music to my ears. I'm lecturing internationally to doctors. We're having sold out conferences. My doctor's wanting to find this. And now that you're teaching students too, I feel like we're finally getting this common ground where the discussion can be open. And food may actually become medicine. Rather than a pill for the ill, we may be looking at nutrition first.

Dr. Aujla: I hope so. I hope so.

Dr. Menolascino: Rupy, any last messages you'd like to share. And then I have one more question I'd like to ask you after that.

Dr. Aujla: No, man, I'm good. It's been fantastic.

Dr. Menolascino: And what's in your future? You've got your book out, The Doctor's Kitchen. If our viewers would love to learn more about you, and the work that you're doing. I know you have another book that you're working on. I'm super excited for all the work you're doing. How can they find you, Rupy?

Dr. Aujla: Sure. They can find us on Instagram, @doctors_kitchen or even on my website, thedoctorskitchen.com. And yeah, I'm on socials and I look

forward to creating great content for you guys.

Dr. Menolascino: Well, fantastic. Again, your book is one of my favorites. It's on my shelf. And I mean that from the heart. So, again, thank you so much, Dr. Rupy Aujla, for being here. I wish you all the best, Rupy.

Dr. Aujla: Appreciate it, Mark, and I'll catch you soon.