



Get in Control of Your Health, Blood Sugar, and Life

Guest: Dr. Partha Nandi

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Dr. Mowll: Hello and welcome back to the Diabetes Summit 2018. This is Dr. Brian Mowll, The Diabetes Coach, certified IFM practitioner and certified and master-licensed diabetes educator. And I have the great honor and privilege to have with me today Dr. Partha Nandi, who you may have seen on his syndicated television show *Ask Dr. Nandi*. He is all over the internet. He's been a featured guest through news media. He has a book that we're going to talk about. So I feel very, very privileged and excited to talk to Dr. Nandi today. First of all, welcome to the Diabetes Summit.

Dr. Nandi: Thanks, Dr. Brian. I appreciate it. It's my privilege. Thanks for having me. And thanks for that amazing intro. We got to have you at all of our events.

Dr. Mowll: Absolutely. Absolutely. So I'm going to read Dr. Nandi's bio, short bio and then we're going to dive in and get started because I really think this information is going to help to empower you today to really take control of your health. And, to me, that's one of the most exciting things that we can do. So Dr. Partha Nandi, M.D. is a practicing physician, international bestselling author, and host of the Emmy award-winning medical lifestyle show, *Ask Dr. Nandi*, which airs weekly on Discovery Life Channel and is in syndication daily over 90 million homes in the US and 90 countries worldwide. Dr. Nandi travels the globe speaking on How to Be Your Own #HealthHero, which

includes his no-nonsense approach to food and fitness; how he combines Eastern & Western philosophies; and the science behind the amazing health benefits of spirituality, mindfulness, and community.

In September of last year, 2017, Dr. Nandi became an international best-selling author with his first book *Ask Dr.Nandi: 5 Steps to Becoming Your Own #HealthHero for Longevity, Well-Being, and a Joyful Life*, from North Star Way, an imprint of Simon & Schuster. And we're going to talk a lot about some of the concepts in that book today because I think we can apply that to diabetes and health empowerment so that you can make some really good changes and get back in control of your blood sugar and back in control of your health.

So, I want to start off, Dr. Nandi, by just asking you where your passion and inspiration for the type of healthcare that you practice comes from. Obviously, you're a conventionally-trained physician and a very, very good physician. You have a great reputation. But there's something deeper in you that's driving this passion to want to help people globally. Where does that come from?

Dr. Nandi: That's a great question, Dr. Brian. So for me, I'm the guy who shows up at your employee bowling party and I'm a PBA guy or I come to your softball game and I'm an ex-professional baseball player. What I mean by that is, I was born in India and I was there until I was age nine. And why I think that's a huge advantage is that the stuff we talk about as far as holistic care, alternative care, all the modalities that we talk about, I really—I was in a country where people lived this as an everyday occurrence.

So I learned about yoga. I learned about meditation. I learned about prayer. I learned all these things that at a very young age. And, to me, it wasn't something you just did because you got to go to a yoga studio or some other retreat. It was a part of life. And so my parents taught me all these stuff and really empowered me.

So at a very young age, I had that background. A couple of events changed the focus of my life. The first one was when I was six years old, I had a devastating illness called rheumatic heart disease and it almost took my life. And I was like every other six-year-old, young boy driving my parents absolutely crazy. And then, all of a sudden, I stopped doing that. It was kind of fun for a couple of weeks because they thought, *Well, we got a break*. But it didn't stop and I started spiraling and wouldn't eat, wouldn't do anything. I would just sit and then kind of just dwindle away.

And so they were really mystified on what's going on. So they took me to traditional doctors, who didn't know what was going on. I was even—Dr.

Brian, I was covered in garlic for an entire day because people, they thought that that may have helped. So we went through a lot of trial and tribulation. And I finally was diagnosed. And that was my first experience of health heroes. It was my parents, my mom, my dad, and Dr. Chandra Shekhar, who was the doctor who really finally diagnosed me and saved my life, became my health hero. That time, I didn't really know what that meant. But I wanted to do something that emulated what this physician and my parents did. So that was the beginning of my track into healthcare and medicine.

Then the second event that really shaped, really, what I'm doing today is about nine years ago, my dad, who was the rock of my life, he was my hero forever, had a devastating stroke. And this guy was never ill. Never had any problems. The stroke that made him completely disabled and I became the caregiver. And I thought I was a good doctor. I thought I really knew how empathetic—how to be empathetic and really take care of patients. But I realized, on the other side, how much there was truly to understand it.

So I started thinking about how you have these ideas, the same that I had when I was six and about nine years ago when my dad had a stroke. And how do I empower people to become their own health hero? And, of course, when there's times of crisis when you have a fatal disease possibly or if somebody in your family is disabled, well, those are times that are I think no-brainers for most of us. You just kind of circle the wagons and you go for it. But how do you do that when they are not really those, that impending threat? When you really are in, what you think, good health, how do you empower yourself to make health your priority?

And so I decided, listen, I think—listen, I've given lots of medicine and lots of procedures and I'm not saying that there's anything wrong with that. I think there's a great role for that. But in addition, what else can you do? And that's what I think you talk about so clearly. What else can you do to really make the best out of your health? Even make the medicines work better. Even make the procedures so that you don't have to have another one again. So that's how I really started thinking about what I can do.

We started the television show, as you mentioned, one station in Detroit, Michigan and now we're 250 million homes around the world. And it's just—it's amazing. And it's the same message. It's about how you empower your health. Just simple advice that's given that you can perform every day. And so, we've been continuing that on digital and social media. And also, we're finally—I thought we should write a book as you mentioned. So that's what have been my start and my real passion about doing this because I really want to give people some sound advice.

There's no lack of people talking about this. But I think there's a bit of nonsense and a bit of noise that's out there as well, especially in the broadcast world, where everything is a sound bite. You want to just get the quick hit and get out. And unfortunately, life, especially diabetes, is not like that. I personally have family members that have been affected by it. I have a family member that's gone blind from diabetes. I've got a family member that has had kidney problems. I've had patients, numerous patients whose lives have been devastated by this disease. So, I'm so glad you're doing this.

Dr. Mowl: And you made some really good points there. And we're going to dive into some of the great content and tips from your books and show. I love what you do on your show because, as you said, a lot of popular medicine, healthcare today in the media is very sensationalistic. It's the magic bullet, the magic cure. We're making these huge promises sometimes that are just impossible to actually deliver on.

And especially with something like diabetes, while I do think that there are cases of people who can actually even reverse type 2 diabetes if they catch it at the right time and early enough and do the right things, that's something that is not an easy process. Making lifestyle changes is not an easy process. And so I love how you bring people on the show and actually work through these cases and have them share their stories. And people will get to see really how this happens and what actually happens. And I think that there's a huge need for that and it's bringing great value. So I just want to appreciate you for that.

Let's talk about diabetes. You mentioned that your family members—I have a family member who has been struggling with diabetes for many, many years. I think almost everyone knows someone today who has a blood sugar issue. And if you look at the statistics, according some of the most recent data, almost half of our population in the US either has diabetes or prediabetes, whether it's diagnosed or not.

And then you look globally—so the US has the largest percentage of people with diabetes of all developed countries. Then you look at countries like China and India with massive amounts of people with diabetes, right, 110 million in China and I think it's 65-70 million in India right now diagnosed. That was the last published research that I saw.

So massive amounts of people all over the world developing diabetes at just an astronomical rate right now. So where do you think all this is coming from? What do you think the genesis of this diabetes globally pandemic is?

Dr. Nandi: That's a fantastic question because it seems like it's going to take over our healthcare. And you said a very important thing because we look at the statistics, it's, now, I believe, a little bit less than 3% that people in 2000, worldwide, of the population has diabetes.

Heck, we're not even talking about the pre-diabetics. It's just people with full-blown diabetes. And I tell people when they say, "Oh, what are you talking about?" I say, "It's the tip of the iceberg." Imagine if you're just seeing the top of the iceberg when you talk about diabetics. All the people underneath that you don't see, that's the giant part of the iceberg, are sitting there with risk factors that can really impact their lives. They're now projecting, as you know, four 4.5% in 2030, 4.5% percent of six to seven billion people. That is incredible. That are diabetics, right? Then pre-diabetics, you can make up a number.

And so, what the heck is going on? I think, to me, three main factors. First of all, the crap that we eat, right? You go from anywhere from New York City to Beijing, to New Delhi, to any part of the industrialized world, they have so many processed crappy foods that people eat. And then guess what, as you know, the cheapest foods are the ones that are crappy. And so, as we dummy it down, people are eating stuff that they go, "Oh, this looks good. It's plentiful." It's simple carbohydrates that are processed with stuff that you would never even give to your worst enemy. But it's put in such a great form that it's toxic. So number one, the stuff we eat.

Number two, what you and I are doing now is sitting on our rear ends. And that is an epidemic of sitting on our rear ends. That's everywhere. What's happening is that the American lifestyle, I have a little perspective because I come from a nation, until I was nine, where people emulated the West, right. Everybody, whether we want to admit it or not, the whole world emulates the West. There are more KFCs in India probably than the US, right.

So people are emulating the West. Not only on what they eat, but how they live their lives, which is to make the couch the center of your world. When you make the couch the center of your world then everything follows after that meaning, right. So if you don't move and you do not use your muscles, you do not use your body, that sedentary lifestyle will be a huge factor in prediabetes, diabetes, worsening diabetes, all of it. So that's the second factor.

The third to me is what we're doing to our planet, our environment, our food, as well as our environment psychologically. So what I mean by that, those factors intimately affect your immune system, right? So the immune system is just being barraged with all kinds of factors and really doesn't allow it to

function properly. So you have autoimmune disease that's increasing at an incredible rate.

And many factors—I talked to you about the main factors, but others are there where people feel like that there's a hygiene hypothesis, where people are just so super clean and they can't really function without it. We're talking about the rampant use of antibiotics. Every time you go and have a cold, you got to go see a doctor. The doctor—like if I don't give them an antibiotic, well, they'll go to the next guy and get an antibiotic. So your immune system is completely dysfunctional.

And finally, sleep. Sleep is such an important factor in having your body revitalize itself. Your brain—I call sleep brain food. But also, it's food for your immune system.

So when you have all these factors that I talk about, when your immune system is dysfunctional, then that can wreck your immune system doing what it's supposed to which is to fight what's your threat, not fight your own body. And when you have autoimmune disease, one of the ways autoimmune disease can affect you is if you have autoimmune diseases and it's affecting your pancreas, it's affecting your body, you can then have the beginnings of pre-diabetes and diabetes.

And those three main factors in my mind, amongst many others of course, but those are the three main factors if we can tackle I think that really will help us. And you're right, it is an incredible global crisis. If you go to India, the number of people, like you talked about, that have diabetes, it's the tip of the iceberg because there are so many people in rural India that have no medical care.

We get questions on Facebook, on Twitter, so many basic questions on diabetes care. People not knowing the difference between a fruit and a simple carbohydrate and thinking that all carbs are bad. Things like that, just basic information that you don't get. And so those people are not even understanding what those concepts are. Many are undiagnosed. So I think the numbers are spiraling out of control. And it will take over the healthcare systems of most industrialized nations because we're all going in the form of becoming more obese and eating poorly and just ravaging our immune system.

Dr. Mowll: Wow, that's huge. And what you just mentioned there is, to me, one of the core driving motivations for why we even do an event like this because I really would love to see this penetrate into those places where

anybody who has access to some sort of internet, computer, even can put a recorded video on their computer even if they don't have internet access. They can get this information and it can teach them some of those core elements to start to make changes to get their blood sugar under control.

And I love your mission to share health information and to break down some of those barriers to be able to get good health information and education to as many people as possible. I think that's so important.

Dr. Nandi: Thank you. And like you said, if you have one of these things, right? If you have a phone—I was in South Africa, Dr. Brian, last year, in Durban, South Africa, in what's called the townships. The townships are where all the abject poor people live, right. Electricity was actually being given with live wires going from one house to another. They didn't often have indoor plumbing. But guess what they did have? One of these bad boys. They had Internet access.

So you're so correct that these folks don't have any basic necessities. But they can contact me on Facebook message or on any kind of a comment that we have. Or like you're talking about this, some of them, they can get Internet access. And now, whether people—whatever the repercussions are or people think, *Oh, it's good or bad that Facebook and these companies are giving Internet access*, whatever the case is, but at least these folks have Internet access. Now, they can at least view all the wisdom that you give and all the speakers that you're putting together. It's amazing. And this is why it's a revolution.

Dr. Mowll: It is.

Dr. Nandi: I'm just so excited that they can get this information.

Dr. Mowll: Yeah. I was just going to say, it's the beginning, I think, of a revolution in healthcare where we can really touch all corners of the globe, which is amazing, so.

Well, let's talk about your book and some of the great tips and suggestions that you give in there. First of all, I love this idea of being your own health hero and being empowered. Because, unfortunately, a lot of people—and I get this all day long, a lot of people are very frustrated with the conventional care that they're getting from their doctor, especially in diabetes.

I'm sure it crosses into many other conditions, but this what I see day in and day out, is people are tired of just being written a prescription without giving any empowerment and health advice, things they can do on their own. Maybe

they get a half an hour, an hour with a dietician, but it's very limited. And people are craving more information. They really want to put the work in and make the changes. They're just not being led. And I love this whole concept of be your own #HealthHero and empower yourself, get the information to make those changes to transform your health and your life.

So I'd love for you talk a little bit about the book and maybe some of the concepts in there that can help people today.

Dr. Nandi: And I think you said some very important things. When you see a doc, and I did many, many times with my parents, I would take them to doctors. And here's the essential problem. It's easier for me to write a script than to talk to you. That's just how it is, right? If I write a script and give you something, "Here you go, Mrs. Jones." Okay, the whole idea is like give me something and I'm done, right?

So it is much harder to explain to you that what—first of all, what the medicine is doing, what you can do in addition to the medicine, sometimes maybe instead of it. And so that's the problem with our healthcare system. And I think that a lot of people have pointed out, it's not really a healthcare system. It's the response system to maintain the status quo. And we've become like that. And listen, I'm not saying that every doctor is a bad person or that these are evil people trying to get—no. It's the reality of it.

The flipside, as physicians, now, the all-knowing insurance industry has told me by the way that if I am—we all have these things called electronic medical records. If you see your doctor, they're more intimate with their computer and their laptop than even the patient. And because the government has not deemed that, for me—let's say I have ordered test called a CBC, which is a very common test. If I, Dr. Brian, put it in the computer myself, they consider that meaningful use. And if I have my assistant do it, it is not meaningful use.

So what that means is that, at the end of the day, they'll cut your reimbursement by a certain amount from what you're supposed to get if you don't put it in the computer. However, when you are doing this little, whatever, gadgetry to put the CBC, guess what you're not doing? You're not talking to the patient, right? You're not using that time to do it.

And I'm relatively good with computers. But some people are horrible. They're just lost. And so many, many people are leaving the system of medicine or becoming employed because they just can't deal with it. So the background of all this is that we are in a healthcare system which truly is not seemingly interested in anybody's healthcare. And so it's a system where you're just—it's

a stop-gap. You just want to get through the darn day and get home to your family before it's too dark and before your kids go to bed, right? So that's what's happening.

And so, as a patient, you feel like you're lost. And so what I wanted to do was—I saw this with my dad. Listen, I couldn't even get people to believe that he would survive more than six months. He comes in the hospital, Dr. Brian. And I go off. I was doing rounds that day after I got my dad settled and my sister and my mom were there. The attending doctor tells them that, “Really, all hope is really lost and he's done for, might as well send him to a nursing home tomorrow because really there's no hope.”

And so I come back and I'm from my rounds and my sister and my mom are crying. I'm like, “What's going on?” They told me what happened. In essence, there wasn't even an attempt to figure out what to do. The next day I talked to the doctor and I really, in front of his four residents, and his fellow, and his medical students, I said, “Listen, you know what, we really expect you to be our advocate, right? I want you to be my dad's healthcare advocate and not give up on him. Tell us what we can do besides all the potions and the therapies that you know. What else can we do?”

And then this was not a unique experience. This happened again and again where we had to be advocates. So I said, “You know what, we as patient care providers have to become empowered because, really, nobody else is going to do it besides us.” There are empathetic practitioners like yourself who will take the time. Do summits like this. Go out of their way and make it. But it's a few and far in between, you know that.

So what can patients do? What can providers also who are interested and also patient caregivers do, like I was? And so that's what began this whole movement. And so the first step to me is to define a purpose. So anything you want to do, whether it's be, I don't know, an NFL quarterback or be a diabetes advocate or whatever you're going to do, you have to have some kind of a purpose. So if you don't have that purpose, if you don't have that motivating goal, you're just not going to accomplish it, right?

I never ever have to tell my teenage daughter to do something, which is this: to plug in her phone at night. And why is that? Because she knows if that phone isn't plugged in, there's going to be all kinds of problems the next day because she won't have her life, right, in front of her. So even though I'm being a little bit fastidious, she's got purpose. And what happens is that the behavior becomes secondary. How can we then make our lives and our health that purposeful?

And the reason why I started with this was because of my dad. But then, I'm very interested in data-driven stuff and not just you can talk about, I can talk about dad or anecdotes. But, really, what it boils down to is your evidence that shows that this actually makes a difference. And interestingly enough, having purpose in your life adds seven additional years to your life, irrespective of your medical condition. Diseases like diabetes, diseases like dementia, diseases like hypertension actually decrease anywhere from 30% to 60% just by doing one thing, having a purposeful life.

And some people will say, "What is that all about?" Well, when you have purpose, it doesn't mean that you have to change the course of the planet or develop the next space rocket. It doesn't mean all that. It just means having your life not be meaningless, not just making your life's purpose to find out what's on Netflix today. It's just having something deeper that drives you. When that happens, we now know that there's less unrest in your body. When there's less unrest in your body, all those hormones, those catecholamines, and the cortisol, the ACTH that can ravage your body, giving you disease, including diabetes and making diabetes worse, they come down.

They come down. Why? It's because, I believe, that human beings are relatively primitive creatures, right? We are designed to survive, Dr. Brian. And so, when we have a threat, whether it's up here or physically, our body responds in a similar fashion. And I'm sure you've talked about this fight-or-flight-or-freeze phenomenon. So when you have unrest that's—you're not purposeful, your mind is kind of wandering, you don't know what you're going to do, that type of unrest doesn't give you the same surge of all these hormones like, for example, being chased by a tiger. But in a low level, it continues to build. And that, over time, gives you chronic disease and chronic inflammation.

So the idea behind having purpose really leads to what that whole feeling is about. We can control that into any extent that helps. Now, the data now shows it. I think more than 10 studies have talked about this, just having a purposeful life. And people have written entire books on it. My friend Mastin Kipp wrote a book about purpose and the amazing amounts of benefits you can have on purpose.

So the first step is finding out, "Hey, why should I even care about my diabetes?" One of the biggest struggles I've had with some of my relatives is to answer that very question. Some people feel like they're done for, especially diabetics. They go, "You know what, I've already got this. No matter what I do, I'm screwed." For us, excuse my language, "But I'm done and it's not going to matter." It's the change in mindset to say you are not your genes. You are not

only your genes and that there's a whole field of epigenetics that tell you that you can change that paradigm.

And, to me, one of the biggest struggles with my patients even with my own family members is to be able to change that mindset to say “I'm empowered.” My purpose, my goals will change the paradigm. So I think that's the first step. And that's what I talk about in the first chapter of my book, purpose-driven life.

Then when you have a purpose-driven life—and this is a hallmark of diabetes management—next is a nutrition plan. And I try to really, really, really try to avoid the word diet. And even some diabetic associations use the word diet. I think when you use the word diet, you may as well use the word failure. Because the moment people hear diet, we are trained as individuals to know diet means deprivation, diet means I want to suffer, diet means I have to do something I don't like, diet—all the other stuff that comes with it.

So when you start out by saying, “By the way, you're going to do something you hate,” people are not going to do it. So I call it a nutrition plan. And it's not just to play on words. A diet to me is something that's a finite time, right? You'd be on a diet and then I get off of it. Or I'm not on a diet, I get on it. So to me, it's a plan for a lifetime, something realistic for me. A nutrition plan in China is going to be than a different nutrition plan in Norway. It's going to be a different nutrition plan in Detroit. So I tell people there are some simple ideas that you have to really incorporate. And this holds true for diabetics.

As you know, many diabetics, they come to me and say, “I can't have sugar.” And then I ask them to define sugar. It's one of the basic hallmarks. They don't know what that means. And people tell me that “I can't eat fruits and I can't eat this,” and I—you have to educate them, number one, as you know, on the good carb versus the bad carbs. The good carbs are stuff that you have in fruits that are full of fiber, full of nutrients along with complex carbohydrates. Whereas simple sugars are you're having your nice cookie or you're having your white bread. You're having all these starches that are simple, that are easily available.

And then we talk about the concept of glycemic index. And I'm sure you'll talk about this, maybe somebody else will as well. But you want to prevent foods that are high glycemic index versus low glycemic index. And then in the nutrition plan, we give examples of—for example, if you still have a sweet tooth, pick a cherry over some kind of a sweet candy. You'll be just as satisfied, but the cherry is much lower in the glycemic index. And what that

means is that your sugar and your insulin will spike at a much smoother rate than a severe spike, which then is worse for your diabetes.

I talk about what kinds of foods that you can incorporate into your diet that you can really replicate every day. So you don't have to sit there and say, "Well, I'll be Paleo or I'll be this or I'll be that." I think depriving yourself—and you have a fitness background so you know many, many folks who are in fitness ascribe to a certain type of diet and they all say that it works well. None of these diets are without problem.

And so, what I talk about is have complex carbohydrates, lots of veggies. And I try to avoid red meat as much as possible. No matter where it's grown at, how much grass you feed it, red meat is still not the best for you. And I think trying to avoid it as much as possible for diabetics. Lean meats as source of proteins or even vegetable proteins. I think, for example, in this country—if you go to Italy, it's totally different, but the love for legumes is zero here. People even don't know what to do with legumes, right?

So, I'm of the Indian heritage and you could use something called lentils for dal. You could have soups with it. But we have to think about vegetable sources of protein especially for diabetics who are prone to heart disease or prone to strokes or prone to so many diseases of the kidneys and the eyes. I just saw an angiogram and it's called an OCT, I believe, of the eye from a diabetic patient. It's horrific.

What happens, people who are listening, the blood vessels of patients with diabetes, you basically are cutting off the blood supply. It's like if you take somebody's neck and you strangle them, that is what happening to diabetics. When you have these foods that are high in fat, high in simple carbs, you are strangling the blood vessels.

And I saw the results of it. You look in the back of the eye and the blood vessels have so little blood flow that the background of the eye, which we call the retina, has really very little blood flow. And it's dying. It's literally dying every day you do that. And your body is so desperate to live that it creates these new blood vessels and it's called neovascularization, which you think, *Oh, that's a great idea because you're giving more blood.* But your body can't keep it up.

So guess what? It bleeds. The blood vessels leak and it causes swelling. So when it causes swelling, then the eye, the optic nerve has little space to get in there, slowly get squeezed, squeezed until it squeezes shut, one of the leading

cause of blindness in this country, 2017, completely preventable, is what we do with our diabetes.

So when you eat that crap that goes into your bloodstream, goes into your body, it's strangling your blood supply—and I can see in the back of your eye. I can't see in your kidneys. I can't see inside your heart. The same thing is happening. Imagine if we could just change that one simple step on our nutrition plan—give complex carbohydrates, vegetables, lean sources of protein—we could change the paradigm.

And the thing is we've been accustomed to think that the only way to get good nutrition is through a juicy red steak. It's fully not the case. You have to expand your mind. And it doesn't mean that you have to eat bland, ridiculous food. You look outside—even in our book, even on our website you can see recipes that are really going to be flavorful and really help you.

Once you get the purpose, you get a nutrition plan. The third key thing to me is having some sort of movement. So what I don't like is people ascribing to certain—these insanely unrealistic, these workout plans, right? You have to go to hot yoga in 120 degrees and sweat your entire body, otherwise you're worthless. Or you have to go to the gym and lift 300 pounds, otherwise it's not a workout. It's just, we have to think beyond this.

One of my favorite exercises is—I work in a building and next to it is one of these super gyms, Dr. Brian. Like a thousand people can work out there. And one of my favorite exercises that I always talk about is what I call vulture watching. And so people ask me, “What's vulture watching in Detroit?” Well, I watch in the parking lot as the cars circle, not once, not twice, but for minutes to look for the closest parking spot to the entrance of the gym. Why? Because they want to be able to get out of their car and actually jump into the gym not even walk a single step. If there was a service that could lift them out of the car, carry them onto the treadmill that would be their platinum membership.

And so that is really not movement with purpose. So when we talk about exercise and movement, it's movement with purpose. For diabetics especially, it's to make life a workout, right? So, it's not going to the gym, lifting your 200 pounds, turning left and turning right to make sure that everybody is watching you as you drop the weight and it makes that bouncy noise or run the ultramarathon. It's about incorporating movement into your life.

So if you have kids, run with them. If you have a garden, work out in your garden. You could walk your dog. It's incorporating realistic movement into your life. And why is that important? Because every study that's ever been

done about the effects of movement on the long game—I'm always interested in the long game. I know you may want to fit in that dress or have the six-pack or even maybe an eight-pack or how many ever pack you want. But the real goal is, what we're trying to do here is to give you an edge in the long game, in longevity, in maintaining your diabetes for the long run, right? Because if you move every single day, that will help you. Is it okay to do the ultramarathon? Absolutely. Is it okay if you do resistance workout and you lift weight? Absolutely.

But don't get on the couch because you know you worked out three days a week. Because you worked out twenty minutes a day, three days a week that doesn't mean that you stop moving. When you move, when you actually have purposeful movement, and that is your mind and your body are incorporated.

There's a good friend of mine, Ben Greenfield. You look him up. He's a workout fanatic. And he is somebody who has really taken an empowered approach to working out, talking about purposeful movement, purposeful exercise. And it actually has been now shown to actually be more effective when you do things within your own system, when your mind and your body are incorporated, right?

And so for diabetics, your hemoglobin A1c is better controlled when you have movement three days a week, five days a week, even seven days a week. And you could actually decrease your medication, some studies, up to 50%. Imagine that. You're taking this Glucophage. You're taking this stuff. Almost everybody who takes Glucophage has the same complaint. They hate it. Some have gotten used to it, but people in general don't like it.

So if you can reduce your medications, right? And if you can change the whole paradigm of not just pumping more stuff into you to force your body to respond, instead give your body the tools that it needs. Help your body use the muscles so you can actually decrease your blood sugar, that your body can actually incorporate the blood sugar instead of pumping out more insulin. What a concept. Because movement with purpose will do that for you. Instead of having you pound more insulin in, taking more medications, it allows your body to be able to handle the glucose better because it uses that big area of your body, which is the muscles, to be able to incorporate it.

And when you have obesity and you have stuff all around your midsection and it decreases, guess what? Your insulin can work more effectively. Your insulin can actually do the job it's supposed to because it doesn't have to fight the resistance from all that fat tissue. So isn't that amazing? Instead of telling your doctor to up my insulin, up my—whatever medicine you're taking. You

can go and say, “You know, maybe I can do less.” Wouldn't that be a great concept? Because every medicine that's made have a list of side effects, right, everybody knows that. So you want to be able to avoid the side effects and do the best you can. So the movement plan is amazing, and it's so important for everybody but especially diabetics.

The fourth is something that most docs don't talk about, which is cultivating the mind. So what do I mean by that? So when you are doing all these things but you're not using your mind to the fullest capability, you're really depriving yourself. So when I talk about cultivating the mind, I mean things like mindfulness, I mean things like yoga, things like prayer, things like walking on the beach. And why is that important? Because when you can practice, for example, mindfulness, you again go back to one of the first things I talked about, which is reduce that whole fight-or-flight system that you have incorporated.

Your body is just used to survival, right? And it's in a constant state of flux, meaning that it is designed to fight threats or be a threat. And so that's how we've survived and it's not been that long ago when we have to hunt or be hunted. And that was our entire purpose. And your body really hasn't evolved to a degree that it doesn't fight that. So when you have mindfulness, when you practice yoga, when you do things like transcendental meditation, when you do things like prayer, all those will reduce all the hormones that ravage your body and that includes diabetes.

So one example I'll give you, in sports, it's very interesting. Everybody knows Michael Jordan. Michael Jordan was a phenomenal basketball player. But until his coach taught him how to be mindful, never won a championship. Never won a championship. And the analogy is that he actually used that to calm his mind so he can effectively play the game of basketball, not worry always about scoring but really about understanding the team game. There's no difference in disease management. There's no difference in achieving the best for your health. When you are mindful in how you eat, when you are mindful in all of your activities, the result is that you are more successful.

Every study shows that when you have incorporation of stuff that helps your mind to be in a state where it's in sync with your goals, you just have more success. And that includes diabetes management. So many of my patients who talk about, “Doc, I'm just stressed. I'm so anxious and my blood sugar is up. I don't know what to do. Can you give me a Xanax? Can you give me fill-in-the-blank pill?” Well, I tell them, listen, I could probably do that for you, but I'd like to give you something else.

And I give them—depending on who the person is, even the burly 6'4", 260-pound person who's coming to me and saying, "Listen, I need some help. I'm stressed." Even they, I tell them, "Listen, I want you to give this a chance," because they're not very open to it sometimes. But I still say, "If you can practice meditation, even beginning levels of meditation has been shown to reduce medication dosage for anywhere from opiates, to hypertension, to diabetes, up to 50%." Just beginning meditation. The experts, even higher.

We have, as you know, an opiate addiction crisis. And one of the ways I advocate people to start with is to use techniques like mindfulness. And opiates decrease by 55% just with the beginning stage of mindfulness. And the same can be said about diabetes. The percentage is not as high, but 40% is still a great number when you talk about it, compared to adding another drug.

So cultivating the mind. Using your mind to connect to your body. The mind and the gut and the entire body is so connected. We now know that your body's organs have independent systems to connect and talk to each other. And remember, we all came from really one entity, right? And that entity multiplied and gave you this entire body. So they are all in connection. They all talk to each other.

So when your mind is in sync and you control that noise—and again, this is not always easy to do. It may take weeks. It may take months. It took me several months to be able to practice mindfulness. It was hard. And mindfulness just simply means that staying in the moment, focusing on your activities, not even worrying about what the consequences are.

The great example, if you're in a party and somebody is talking to you, but then as you're talking—you ever had this happen?—where they look beyond you to find out the next best thing that could be happening in their lives. Mindfulness shows you stay in the moment. Whether you're practicing whatever your nutrition or whatever type of mindful eating you're doing or activity, you stay in the moment. So that's the fourth idea.

The last one to me is also just as important. It's talking about tribe or community. We, as human beings, have survived all kinds of incredible challenges. Why? Because we stayed in tribes. And communities together are so important.

So I talk about in my book is that what's happening in Western society now, it is a crisis of social isolation, right? We always prided ourselves to say, "I did it. I'm independent. That's great." And we've actually said it so loudly that it's such a badge of courage. But what's happening is that, it goes against our

instincts. Every single thing we've done in human history, when we've done them together, with a partnership, with people that support you. It's always been more successful.

By tribe I don't just mean a bunch of “yes people” that tell you everything you're doing is great and that you're the—not an entourage, but really a tribe. A tribe that holds you together. And why that's important in diabetes management is, as you know, it may not just be a chiropractic physician. It may take a chiropractic physician. It may take a nutritionist. It may take somebody that helps you understand how to actually move with purpose. It's a team effort.

In addition, if you can surround yourself with supportive people that are also in the same boat that you are, meaning they are other diabetics, together you're stronger. And it's so critical to understand this concept. In every disease state, 100%, when you work together as a community, to do all the principles we're talking about, you're stronger. You are actually better. Your disease is more controlled.

So even in diabetes, even in health management, when you are talking to people and you're forming a group, that group behavior is just stronger than the individual alone. So the force of community is so significant. There's an example I use in the book where there's an Italian community that immigrated to Pennsylvania. And they were exactly the same as everybody else in the United States. Only thing that was different about them was that they had a community. They would talk to each other, cooked with each other, walk home together. And their disease states of heart disease, of having strokes, having high blood pressure was a fraction of the rest of the nation. And the only difference that we could find was that they worked with communities.

Again, it goes back to the fact that we work well in groups. But secondly, when you have groups that support each other, your stress level, your sense of support is increased, your sense of being—having a threat is decreased. Your fight-or-flight phenomenon goes down. The ACTH, the cortisol goes down. And so you can manage that more effectively.

So those five principles you can use with any endeavor in your health and especially diabetes. We can make a huge impact and save lives, prevent people going to dialysis, having heart attacks, and becoming blind. So I'm hoping that people can take advantage of that and make a difference in their lives.

Dr. Mowl: Yeah. It's amazing. And I love that you finished with community because community, to me, is huge in diabetes care. Diabetes is something

that—once you start to lose control of your blood sugar, you can regain control. You can make a huge impact on the condition. But it's something you're always going to have to pay attention to. And it's a sneaky problem, right? As soon as you take your eye off the ball, it's going to whack you in the head. And unfortunately, we can't afford to do that because—I'm sure you've seen it. I've seen patients of mine who were doing really well. They went on a vacation and sort of lost track of things for three or four months and they come back in and their blood sugar is sky-high. It's a whole other level of the disease.

So unfortunately, we can't afford to do that. So we have to stay in community and support one another because this isn't going to go away. This is a lifetime commitment to your health. And it should be anyway, right? If there's a blessing to diabetes, that's one of them, is that it does force you to be committed to your health and we all should be, I think, anyway. But it's a lifetime commitment to your health. And community is so important for that. We have to be there for one another, to lift each other up, empower each other. But it starts with, as you said, becoming your own #HealthHero, which is fantastic.

So the book was *Ask Dr. Nandi: 5 Steps to Becoming Your Own #HealthHero. 5 Steps to Becoming Your Own #HealthHero*, Dr. Partha Nandi. Check out his TV show for sure. You'll be inspired by that. And, doc, just thank you so much for being part of the Diabetes Summit 2018. You've brought a lot of value and a real blessing to this.

Dr. Nandi: Thank you, Dr. Brian. Thanks for doing this. It's going to help millions of people worldwide.

Dr. Mowll: Excellent. And as you say on your show, namaste.

Dr. Nandi: Namaste to you my friend. Thank you.

Dr. Mowll: For all of you with us, joining us today, thanks for being part of the Diabetes Summit 2018. Stay tuned for our next session.

And remember, guys, keep climbing and don't ever give up. Thanks, everybody.