

Women's Health and Nutrition

with Nitu Bajekal

3rd June 2020

TRANSCRIPT

Please note, this is not a verbatim transcript:

- Some elements (repetition or time-sensitive material for example) may have been removed*
- In some cases, related material may have been grouped out of chronological sequence.*
- The text may have been altered slightly for clarity.*
- Capitalisation and punctuation may be erratic...*
- There may be errors in transcription. If something appears odd, please refer to the recording itself (and let us know, so that we can correct the text!)*

Steven:

I'm joined by Nitu Bajekal who has been my guest on my evening show on a couple of occasions, she's been a doctor and an OBS and gynae consultant for longer than she would probably like me to announce for her and she's one of our best known and most in demand speakers. She's such a lively, animated, knowledgeable person and we haven't really talked about what it is we're going to discuss today, have we? It's all sorts of things. I'm sure that we will come up with lots of things in response to questions, but it's fantastic to have you back on the show.

Nitu:

Thank you, Steven, for having me. Yes, I joined medicine 40 years ago and within a few years I realized how thrilling OBS and gynae was. It has the perfect mixture of medicine and surgery and psychology. It was only as I went along that I realized it still thrills me 35 years later. I've been a consultant for 20 years. I'm happy to say that lifestyle medicine, I found, has allowed me to realize the importance of societies like yours and professions like yours, because we are taught that Western allopathic medicine is the only way, and it isn't, it's so much more and they go hand in hand and so I did a degree in lifestyle medicine, so I'm a trained lifestyle medicine practitioner.

Steven:

Yeah. And I didn't say that in my introduction, but of course you are a lifestyle medicine practitioner. On one of our previous shows you said that becoming board certified, was the most difficult exam you've done in medicine, which is interesting, but you're also heavily plant based in your approach to medicine, aren't you? So that's why, of course we said this isn't just about women's health, it's actually about nutrition as well. But I thought we were going to start, though, because we had a little discussion before we came on air about this whole topic; Women's health. Are you really dealing in women's health?

Nitu:

Yes. So, over the last 40 years, things have changed, vocabulary has changed, and if we don't move with the times, you're then at risk of becoming insensitive so, using words, for example, that people would use before are no longer acceptable and in the same way on my Instagram page, I often talk about lots of women's health issues because I'm an OB GYN and that's what I do, I was gently told that, it's not just women who have uteruses there are other people, other genders and so just be mindful of that. We understand what you're trying to say, but do remember that gender is an issue now. It always has been an issue, but if you, who consider yourself modern and progressive and inclusive, if you don't talk about people's rights and how it affects them, then where do we go? And so, yes, the topic is women's health, it is easily understood, but I do want to say that I'm a strong believer in all genders and very supportive of all genders and classes and races and things. It's just as, to me, very important.

Steven:

And as you say, it's a convenient shorthand for what you do and I think everybody understands it. But as you say, that tolerance is very, very important, but it's probably also worth saying that your nutritional expertise doesn't only apply to women, does it.

Nitu:

No and the reason being, it's very interesting actually, because I became an ethical vegan about 20 years ago, but I didn't know at that point. So as an ethical vegan, all I was interested in was not consuming products or using products that came from an animal. But what I didn't know and what I'm really cross about, because I don't want to be angry. I want to be peaceful. I do like the other aspects of lifestyle medicine, there are six pillars of lifestyle medicine and having positive social network and mindfulness and meditation and stress reduction are very important parts of it. But I am very upset and angry that I was never told that the science was heavily weighted towards plant-based nutrition and this, and other principles of nutrition were never taught to us in medical school.

Nitu:

I don't know what you were taught, but we were just taught what a carbohydrate was or how many calories were in fat when you burned it per gram, that's what we were taught. That was the limit to what we were taught. We didn't know about osteopathy. We knew briefly about homeopathy and Ayurvedic medicine, but in derogatory terms, as if they were lesser and there's nothing lesser, if it's helping the person in the centre, the patient, there's nothing lesser about a particular way. When people say, "Oh, doctor, are you telling me my pain is in my head.", and the doctor turns around and says, "yes, we couldn't find the reason", it's because we are not capable of finding all the reasons for the pain. It's not because that person is imagining it, even if it is, that's a real health condition as well.

Nitu:

So, although it was ethics that initially brought me in, when I realized the science, and it took me a whole decade to find out the science behind it, that is why I practiced lifestyle medicine, but I'm only interested in science. I'm not interested in talking about things that make me feel good, you know? Yes, of course, on an ethical level, you shouldn't be consuming animals, but that's not my thing, it's about eating plants, why heating plants helps health, women's health. Our biggest killer heart disease, osteoporosis, dementia, all these things are helped by bringing in more plants into your diet, whether you call yourself a vegan, or vegetarian, or an omnivore or a carnivore. Just being vegan doesn't tell me what you're eating. So whole food plant-based eating is what tells me what you're actually consuming and that's the science led medicine.

Steven:

You were saying earlier on that there were misconceptions about soya.

Nitu:

Yes. Soya is a very interesting thing. I get probably the most trolling when I write about soya, both from the plant-based community, as well as the non-planned based. So, a few things I would like to clarify, first of all, about 60 to 70% of the soya that is produced in the world is genetically modified and it is produced by clearing rainforest that you see species extinction scenarios, Amazon basin and things like that. And that is done purely for one reason is to create cheap mono crops, soya and corn for feeding animal agriculture. So, two kilos of any grain would feed 16 people for example, but would feed only two people if you fed it to a cow, you understand.

Nitu:

So, I don't know the exact statistics, but essentially you need much more to feed and fatten an animal and alter the water that goes in and things. So, soya, first of all, the vast majority of it is used for biofuels and for growing crops and that takes up about 92%, normally about six or 7% of soya is used for human consumption. And that is almost always not genetically modified, and it's almost always never produced in South America. And it comes from other parts. Soya was actually first recognized 3000 years ago in China and it was known as glycine max. It's nothing special. It's a bean. So, all this venom that is put on soya! It's basically a legume. We know that societies that eat a lot of beans and chickpeas and soya and pulses tend to live the longest, okay.

Nitu:

Whether they live in a blue zone or whether they live anywhere, as longevity is almost directly linked to the amount of fruits and vegetables and whole grains and beans you eat. Now, soya is particularly interesting because 20,000 studies have been done on soya and the way it works is that it has got a very weak oestrogen activity and that's where it's got all its hate, but actually it's one of the complete plant proteins, which means it has the same distribution of the essential amino acids, the nine essential amino acids, that our body can't make just like egg white or animal protein has, like Quinoa and buckwheat and hemp also (I think). So soya, unless you're allergic to it, is a very nutritious addition to your diet because it was rich in protein and fibre and vitamins and minerals and things like that, it's known to help you reduce weight and things, but it has weak estrogenic activity.

Nitu:

And so, it's very clever. If your body doesn't have enough oestrogen, it will provide that, if you have too much oestrogen it goes and blocks the beta receptors of oestrogen while the mammalian oestrogen that you get from eating chicken and beef and things, goes and blocks your own body fat. So overweight people are higher risk of having prostate cancer and breast cancer and things just because of the mammalian oestrogen or the oestrogen that's floating around in your body fat that is converted from steroids. Soya goes and blocks this. So, it's very clever. In your bones it will protect and actually strengthen your bones and that was in a study from the university of Hull. It protects your breast so if you have breast cancer, you should be eating at least two to four portions of soya. And if you don't have breast cancer, you should be eating soya to prevent breast cancer.

Nitu:

And then about 27% reduction of prostate cancer for men from about 14 studies in the American journal of clinical nutrition, we showed that people who consume at least two portions of soya, and one portion is a handful. It's not a big deal. Yeah. So, it's a handful of edamame beans. So you want to eat minimally processed soya, you don't want to be taking soya supplements and soya protein, unless you're a vegan bodybuilder. You know, that's not what you need. Even if you're an athlete, you just need to eat the minimally processed tofu tempeh and things like that. So, this weak oestrogen activity is what has scared people. And so, the earlier you start eating soya, So if you're a child and you start introducing the child to a cup of soya milk, or some edamame beans, they have the lowest risk of going on to develop breast and prostate cancer.

Nitu:

So, these confusions have occurred because if you don't have the right gut bacteria, and we know now that the gut microbiome is probably the key to deciding whether you're going to get heart disease and hypertension, and it's all about the oxidative stress obesity and things like that. Inflammation. So, soya is a very good anti-inflammatory high fibre high protein, because whole food plant-based diet works because it's got fibre. You can't just go and swallow a pill. It's not going to do the same trick. You know, swallowing a turmeric in a pill is not the same as eating turmeric root. So, herbs and spices and soya in its real form rather than the form of a capsule is what will help people in the long term because fibre is what feeds your gut family. There are some 3 trillion gut bacteria, many more than your loved ones. You've got to look after your gut bacteria.

Steven:

So simplistically people tend to think of oestrogen as a primarily predominantly female hormone. So what is the benefit then for men eating soya?

Nitu:

Because men also have the same, they have estrogenic activity. Oestrogen is present in men as well. It's produced by the adrenal glands. And it's produced from fat. Oestrogen is a hormone that is needed for maintaining tissues and things like that. So, men have oestrogen and women have testosterone, but if you don't keep your hormones in balance, for instance, when you start having loads of dairy and things, and therefore, consuming growth hormone and insulin growth factor, all those things don't benefit you in the long term. And that's why you see men walking around, children walking around, with man boobs and things like that. And reproduction and things are not affected by soya. I have a huge leaflet on my website that people can go onto, but I'm sure there'll be some questions, but we can take them later. So, soya is good unless you're allergic to it unless you don't like it, or unless you can't get it. Eat minimally processed soya one portion as a child, two to four portions as an adult, there's no limit really, but if you're on thyroid medications, you don't want to take it at the same time because it can affect the absorption of thyroid medication.

Steven:

We've already had lots of requests. And I don't know whether these people are cynics or whether they just want to read up further, but lots of requests for references to the studies that back all this up. Are you able to share some of those with us afterwards?

Nitu:

Plenty, all on my website; on my leaflet called soya and also on my Instagram, but I'm very happy to share. The American journal of clinical nutrition and Mark Messina, who's done hundreds of studies as well, but then there are so many studies, there are studies from all over: fermented soya, non-fermented soya, randomized trials, there are 20,000 plus studies.

Steven:

Julie-Anne has asked a specific question about foods that help with osteoporosis. And you've suggested, of course, that soya helps. She says that most of the papers she's seen are very poor quality.

Nitu:

Yes. So, you can't just be eating only soya, okay. You want to avoid.... This is a topic more for Rajiv, actually osteoporosis and bone health. But,

Steven:

And Rajiv is coming in on Monday to do another one of his presentations.

Nitu:

You can ask him those questions, but there is something called bone cleaves or calcium thieves. And so, when you have a diet that may be having soya in it, but you're glugging coffee down by the gallon, drinking alcohol by the bottle, eating animal foods that are acidic. And so basically leaching your bones of calcium and all the other minerals that are needed for bone strength. If you don't do weight resistance exercises and strength training exercises at least twice a week, especially as you get older (but all ages need to do this), for at least half an hour on top of your 30 minutes to one hour a day of walking or yoga (whatever you may do) then of course, you're not going to see the benefits. Nutrition is one of the hardest areas to do randomized trials.

Nitu:

It's very difficult to tell somebody, you know, you must be eating an edamame bean. That's why most of the studies are done on supplements and all the isoflavone supplements studies have shown some benefit, but they can never be the real thing. We don't understand that nature has already put the medicine into the food and anybody who's sceptical just needs to try, for themselves or for their patients, eating a predominantly whole food plant-based diet and seeing the magic. And because it's cheap, there's no levy, I don't gain any money from you eating soya or not eating soya. So, if I told you to buy Dr Bajekal's magic supplement... wow, I would be really rich.

Steven:

One of our viewers announces himself, or herself, as the potato viewer and I'm intrigued to know who it really is. But whoever it is says, are phytoestrogens metabolized in the same way as animal sourced oestrogen?

Nitu:

No. So phytoestrogens, the name itself is self-explanatory, is plant oestrogens. And these are present in virtually all beans and pulses, but there are two main groups (there are, actually, many, many groups). We try and simplify everything, but you have the two groups: isoflavones and lignans. Lignans are in flax seeds and are found in bran and cereals/ whole grains. That's a type of plant oestrogen. And isoflavones are found in soya and chickpeas and other beans. So, these work predominantly on the beta receptors whilst the oestrogen that is in our body, oestradiol when you're not menopausal and estriol when you are menopausal, work on alpha and beta receptors. So the mechanism is different, but it also depends upon how much oestrogen you have in your body to start off with.

Nitu:

And so that's why it has got so much protection for people who need it and, of course, starting it early means that you cultivate the right gut bacteria in the intestine. They can break it down to something called equol, (equol producers). So Asians and vegetarians and vegans tend to have higher levels of these bacteria that can digest the fibre in soya. So, you know, you have all these groups of bugs. And so, when people take probiotics you encourage only a few groups of colonies of bacteria, that doesn't help. You want to have a vast variety, but the challenge, ideally, should be that all your viewers should try and include between 30 and 40 different plant foods in a week. I tend to get 30 to 40 different plant foods in a day and that is easily available by having porridge oats in the morning with fruits and berries and having a salad or a soup in the day, that would give you a huge variety. So, imagine eating the rainbow, that's really what it is, you know, herbs and spices and things like that.

Steven:

I'm tempted to ask whether Juniper berries count, but probably not in the form that I have in mind.

Nitu:

Yes. I know what you have in mind and sadly much as I like a glass of wine or... I think Juniper is in gin, right?

Steven:

Yes.

Nitu:

Yes. There are sadly no health benefits. It is a class one carcinogen. So when you drink it, drink it with friends, drink it mindfully. And there are four things I want to mention for reduction of cancer, lifestyle cancers, okay. Which is breast cancer, prostate cancer, bowel cancer, ovarian cancer, endometrial cancer. These are lifestyle cancers that are influenced by your body weight and things. So, there are four quite important things to remember. One is to avoid alcohol. So, drink alcohol mindfully, if you're going to drink, do so at occasions rather than thinking it's good for your heart. The second is to maintain yourself at a normal weight, because we know that if you're obese, you have a 33% increased risk of having cancer. When I say avoid alcohol, I also mean drugs and smoking, Yes? So... alcohol, body weight, regular exercise: any form of exercise, you don't have to go to the gym. Okay. Any exercise, ideally, an hour, a day of walking /doing anything you want to...

Steven:

Nitu... it's just gone up by 30 minutes! You said 30 minutes.

Nitu:

Well try for 30 minutes, but really, if you're trying to prevent... I mean, that was because the government wanted to treat us like dumb creatures and basically say, "Oh, you can't do one hour so let's say 30 minutes."

Steven:

There is more chance of compliance if you say 30 minutes.

Nitu:

It's wrong, actually, because you have to not treat people as if they're children. You can't tell people five portions a day when you know that countries are doing it (and it is the right thing) of having 10 to 13 portions of fruit and veg... it's not difficult at all. So being a normal weight, avoiding risky substances, exercising regularly and eating predominantly a whole food plant-based diet with a lot of variety, we know are the big reasons why people can stay away from the doctor's knife and chemotherapy. So those are simple things which are... Mushrooms, flaxseed powder, green tea soya are particularly helpful. Herbs and Spices particularly have anticancer agents because they're anti-inflammatory, there's no magic thing about the whole food plant-based diet. It's because it's got fibre. It is anti-inflammatory, that's what you're trying to do, reducing the inflammation. So, when you fry food, it increases advanced glycation end products and increases inflammation. When you boil something or steam something, or eat something raw, or you sprout something, or you ferment something, you increase the anti-inflammatory power. It's so logical, but because it doesn't sell any products... people want a magic bullet, don't they? They want to be fixed straight away and there is no magic bullet. Anybody will tell you that all diets are meant to fail. That's why you've got to make it into a lifestyle.

Steven:

We'll move on from nutrition in a second. I just wanted to put one further question to you. And it's pretty much the same as one I asked earlier on, but one of our viewers is a chap called Steven Sandler, who is a very prominent osteopath, very much involved in women's health. And he said, "what's your gold standard reference for the effects of soya or nutrition on cancer." If you had to pick one from the list on your website, what's the good quality one?

Nitu:

I would probably pick Dr. Kristi Funk: her book on breasts. She's a cancer surgeon who operated on Angelina Jolie. So, I think that would be most relevant for people. But Mark Messina is probably the pundit on soya. And of course, then you have Dr. Gregor and he does all the peer reviewed science so he would have enough information on soya as well.

Steven:

And I also put this one to you as well, on nutrition, before we move on, Helen's asked whether you recommend eating more portions of phytoestrogens, if you're perimenopausal or menopausal.

Nitu:

So the thing is oestrogens come in all forms. They come in chickpeas and pulses and lentils and berries and things like that. So, it depends, when you say, should we be eating more phytoestrogens? Which means should we be eating more plants?... Of course. But if you ate 10 portions of soya, what would happen is you would not be able to eat 10 portions of anything else. 10 boxes of grapes, while they're very helpful, will mean that you're not going to be able to eat any of the other sources. So, you've got to have a diet, which is based on complex starchy carbohydrates, so potatoes, sweet

potatoes, quinoa, red rice, black rice and then you have your fruits. If you just became a raw fruitarian that would mean that you're going to miss out on a whole lot of things.

Nitu:

So yes, you can have more than four portions, which means more than a tofu Curry and a glass of soy milk and edamame beans, you could have six portions, but you're going to then deny yourself of eating your carrots and your, I don't know, your rice and your other foods, which are not processed. So, vegetables, dark green, leafy vegetables are really important. Another big shout out to green, leafy vegetables! Cruciferous vegetables, because they're very rich in sulphur, greens. If you know how to sprout, especially, it increases the sulphur content and that opens up your arteries. And we know heart disease is the biggest killer for men and women and more women die of heart disease than men. So, it doesn't matter whether you eat... People say, "Oh, are you asking me to give up my fish or my chicken or my beef? Yeah. In the ideal world, yes. The closer you move to a whole food plant-based diet, the better it is. But if you can't, don't stress about it, just think about what you can do. So, if you eat two fruits, eat three, if you eat three fruits eat four, if you eat two portions of vegetables, eat three and that's what you do, you increase what you're doing, crowd things out. You don't have to make it hard, you shouldn't be agonizing about it, such a joyful way of eating and living. You know, it's not that hard. If you need two oranges, and you bring in an Apple, it's not such a big thing to do you understand? Just break it down into small nuggets.

Steven:

Now you and I said that we would start this conversation by talking about endometriosis. And so far, we haven't talked about anything to do with specifically women's health. I've got a question here, which says in big capitals fibroids. So, I don't know who sent the question in, but whoever it is says, In your clinical experience. What have you found, if anything, that can help reduce fibroids, I presume to avoid hysterectomy. And do you believe it to be high oestrogen that fuels growth or an imbalance between oestrogen and progesterone, et cetera?

Nitu:

Yes. So, endometriosis fibroids, adenomyosis. Endometriosis is a condition where the lining of the wound grows outside and sticks itself outside. So, every month when you have a period, some of it sticks outside. Fibroids are benign growths on the uterus. Again, lots of leaflets on my website. Adenomyosis is a deep internal endometriosis. These, like breast cancer and endometrial cancer are all oestrogen fuelled conditions. So, we know that there is a racial and a family history background, but even more, being overweight or obese increases your chance of having fibroids. Exercising reduces your risk, eating green vegetables and fruits reduces your risk, having green tea and turmeric reduces your risk. So, we know there has been a randomized trial, I think on green tea and the size of fibroids, just like ginger; a randomized trial has been done for painful periods.

Nitu:

So we know that there is help in these, but of course, these are ubiquitous. If you come to somebody with a huge fibroid, that's making you flood with your periods or have discomfort, you can't then be trying to start drinking green tea, we're talking about these lifelong habits and it's never too late to introduce them. I have plenty of patients now who avoided surgery going on a plant-

based diet because that's what they chose. They didn't want to go down the surgical route, but there's always... The important thing to understand is lifestyle medicine is not exclusive of modern medicine. It goes hand in hand. So, for some people, surgery is needed. Medical treatment is needed for others. So, with fibroids, yes, green tea is probably the only definitive trial, but I think there's turmeric. Soya has not been shown one way or the other to make a big difference. But of course, it reduces your oestrogen. So, it should definitely...

Steven:

What you actually said was that those things reduce the risk of... Can they have any impact on existing fibroids?

Nitu:

Yes. So green tea, the trial was done in reducing the size of fibroids and helping people avoid surgery. But as I said, it's very difficult to know. In my own practice I have quite a few women who don't want surgery. So then, because I talk to them about lifestyle medicine, always, I find... And I find a lot of women with heavy periods and painful periods who change their diets, do find that when the time comes for them to see me in three months to have surgery, they often say, "Ooh, can I avoid it now? I'm actually okay." But I'm not a researcher, I don't do trials and things. So these are all my... And anecdotes are never very good. So, there are trials out there, but quite difficult to do, I know this much, in nutrition. That's why the nurses' health study, the health professional study, these are all prospective cohort studies. These tend to be the backbone. And then there are some randomized trials. There was recently a randomized trial on a keto diet versus a whole food plant-based diet, where they looked at people staying in the hospital for 20 days as a metabolic ward study. So, you have a few, but it is hard to get people to be randomizing to these groups when you're using nutrition and not using tablets and things like that, because those are done on different criteria.

Steven:

Yeah. I've had a question from Jess, which I'm going to have to read to make sure we get it right. She says she has a few patients looking for advice on positively reconnecting to the pelvis post sexual trauma, any signposting for further reading would be great. And also about fertility in the over 35s for women trying to conceive, any dietary advice for them?

Nitu:

Yes. So again, remember all women's health is interconnected to lifestyle medicine and we know that, simply because, if you look at all the conditions: so fertility is affected by polycystic ovarian syndrome, fibroids, endometriosis, adenomyosis pelvic infections from the past. So, addressing each of those will have a positive impact for some, however, there will always be a group who are doing everything perfectly. They're taking their prenatal supplements. They are slim, they're not overweight, because being obese reduces your chance of fertility, having PCOS or endometriosis or adenomyosis. So we know that plant based diets help for those conditions. So yes, you would direct your patient because not only are you helping her and him with fertility because sperm count and sperm motility are quite significantly affected with high animal protein diet, smoking alcohol, very hot showers. So fertility is important. Now with regards to the other question about connecting with the pelvis, I don't know of any particular books, but lifestyle medicine of the six pillars, you would imagine that exercise, stress reduction, good sleep, positive social network, these are all key factors for allowing people to be... Yoga, Pilates... These things really... The connection between the mind

and the body is so much that, unless you address that, you're basically just fixing people, treating the symptom, but not the disease.

Steven:

Okay. Apparently, several people have asked about magnesium supplementation. What are your views on that, apart from anything else, if you think it's necessary?

Nitu:

So, in my book, I rarely recommend anybody to take supplements, there are very few supplements I would recommend. You need to take supplements during pregnancy and otherwise, for people like you and me, I would say whether you're an omnivore, carnivore or a whole food plant based diet person, you need to take vitamin B12, especially anybody above the age of 50 who doesn't produce enough intrinsic factor. So B12 is important and you need higher doses above the age of 65, as well as if you're pregnant. Vitamin D because of the places where we live and the colour of our skin, we often don't get enough sunlight we need, the UVB sunlight. So, vitamin D, especially with coronavirus and the possible link with respiratory conditions in vitamin D deficiency. So, it's important to know your vitamin D levels and if you're deficient, then you should be taking anywhere between 800 to thousand up to 2000 international units. If you take very high doses, unless you are medically supervised, you can actually have vitamin D toxicity. So B12, vitamin D. There's another one, which people often think fish is very good for, is the Omega three, but actually Omega three is present in walnuts and chia seeds and flax seed in enough amounts in the ALA, the short chain fatty acids. But there is some possible benefit because, you see, fish don't make Omega three, they eat the algae and the algae derived Omega three is absolutely the right thing to take because it has DHA. So, you would take about 300 milligrams, 250 to 300 milligrams, at my sort of age, especially because there is some evidence to suggest that (I also eat my walnuts and chia seeds), it may be protective of brain health.

Nitu:

So B12, vitamin D algae derived omega three. Magnesium is present in all your whole grains, so when you eat a whole food plant-based diet, you don't have to supplement individually. If you eat one Brazil nut you get all your selenium, if you have your Sesame seeds, you get your calcium. So, you're just eating a variety of plant based green leafy vegetables for all your calcium, a couple of figs will have your calcium. So, a magnesium supplementation? No, unless there is a very specific need. I have never had to use it. It's important for preeclampsia and things like but we're not talking about pregnancy today. Generally speaking, supplementation in the presence of a whole food plant-based diet is not needed except in these areas. Iodine is another one where you may not get enough because British soil is not iodized. So, one 50 micrograms per day is something you can take. And when people argue that fish is good for Omega three, remember that fish sadly, especially salmon and cod and all that, they're higher up in the chain. So, if you're going to eat fish, you're better off eating the tiny little white bait. Why? Because of the persistent, organic pollutants and the arsenic and the plastic and for pregnant women, we know that the Royal College is very clear, they don't want you to eat more than a couple of portions because of the effect it can have on your unborn foetus. So, really, we're talking about very few supplementations, but if you're on a standard British diet, yes, I suppose, all kinds of supplements come into play, but you're then putting the whole

orchestra out of harmony aren't you, when you're taking one supplement and you think that that's going to sort it out.

Steven:

Yeah. Lynn's asked a very interesting question. She says that many patients with lifestyle cancers would have to act against the advice of their oncologists by adopting a plant-based diet. So how do they approach that?

Nitu:

No, no longer. Actually, if we now look at the most recent cancer guidelines, they are actively promoting all the six pillars of lifestyle medicine, but there's the breast cancer and the CRC, the cancer research council of UK and things. They're all now talking about adopting more and more whole plant foods and the largest societies : Academy of dieticians and nutrition, the British society of dieticians, all of them insist and agree including the Canadian food plate and the Lancet paper that eating a plant based diet is not just healthy, but you can actually thrive on it. And for cancer, there are plenty of guidelines now. May I suggest a very good website for your listeners? It's called plantbasedhealthprofessionals.co.uk. I think it is, but plant-based health professionals. You don't have to be a plant-based person. You might just be seeking information, all their information... They have lots of free things as well, but being a member is really useful because they have a weekly newsletter and things, the other thing is it's very cheap. But more than that, they have so many useful leaflets on every single thing that we are discussing today, including the cancer guidelines about evidence.

Steven:

All backed up by evidence, I hope.

Nitu:

Everything is.

Steven:

As far as is possible.

Nitu:

No, it's not as far as possible. Everything that is put on my website or anything that is put on plant-based health professionals, like the American college of lifestyle medicine, the lifestyle medicine has to be evidence-based. It's not something that you think, or I think, no, it has to be based on evidence. And the quality of evidence will depend upon what is available and then it's for you to make your judgment. But as I said, don't take one superfood and look at the super food. Yes, there are some super foods, you know, mushrooms will reduce oestrogen and soya will prevent the blood vessel formation in cancer cells, but you don't just eat one food. You eat the whole garden.

Steven:

I wonder if you can help Pip. She says she has Hashimoto's thyroiditis and she's heard that soya can affect that. She says she can't tolerate soya.

Nitu:

If she cannot tolerate soya, soya is not for her. I think my daughters got a wonderful blog on her website where she tells you what you can eat if you can't eat the healthful benefits of soya. So yes, if she can't tolerate it, that's different, but if she's got a thyroid problem then as long as the thyroid levels are fine she can have soya and all she needs to do is not take it at the same time as her medication and needs to work with her specialist. She cannot...the sad thing is some specialists will not be, but plant-based health professionals have got a list of all the consultants and GPs who also have an interest in plant-based nutrition. So, you can work alongside, and I'm sure they've got a leaflet on thyroid as well. I'm pretty certain, they have pretty much everything.

Steven:

You mentioned your daughter's website. What's that?

Nitu:

If you just put Rohini Bajekal (you should get her on actually, if she's willing to come) can I type it in any way or

Steven:

No, we can just put it up afterwards.

Nitu:

Yeah. So rohinibajekal.Com. If you just put Bajekal, you'll get all the Bajekals coming up.

Steven:

Steve Sandler again says, do you use GnRH inhibition to shrink fibroids instead of surgery too? Or just plant based?

Nitu:

Okay. So yes, definitely. If I'm going to operate on somebody, not instead of surgery, so you wouldn't use it just on its own because GnRH is basically the gonadotrophin releasing hormone that's produced by your brain that will shrink the fibroid, that happens in menopause. In menopause, fibroids, shrink naturally. So, GnRH injections are used ideally three months before the surgery, because they help to take the iron levels up because you don't want to have unnecessary blood transfusions. And also, I can convert a midline incision to a transverse incision and a transverse incision into a laparoscopic/ key hole surgery. So, I would definitely use it, but if you use it for more than six months, you need to be aware that you have to give protection because the bones can thin. So, it's not a long-term solution at all. No.

Steven:

Okay, James asked whether you would recommend kefir.

Nitu:

Okay. Yes. So, kefir is a fermented probiotic made from dairy. You can also get vegan kefir. I would stay away from anything with dairy, because if you're a man, you increase your risk of prostate cancer with dairy and breast cancer...the link is not as strong, but there is enough evidence to suggest that it messes things up because of the growth hormone and insulin growth factor. So, kefir is concentrated like cheese and things. So, you have all these concentrated fats concentrated stuff. It is fermented, so it has some probiotic but you're better off having sauerkraut and kimchi and fermented foods rather than having kefir, is what I would say. I know there's vegan kefir as well, but it's to do with fermentation. Yes, fermentation is very good for the body, but you want to ferment your vegetables rather than a baby cow's drink.

Steven:

Lindsay has asked what your opinion is on metabolic typing diets

Nitu:

Don't agree with any of those simply because I think nobody really knows your body better than you. So, if you find when you're eating lots of plants there are certain plants that don't agree with, you get rid of them. But you know, people who just want to on a whim decide nightshades are not good for them, or they decide soya is not good for them... You know, you're cutting out a whole group you're missing out on feeding and bringing to life a whole group of gut bacteria that can stop you from getting heart disease and things. So, I would be very hesitant because diets are meant to fail. You have to ask why is somebody promoting a diet? They either want to sell something to you or they, you know. Yes, there will always initially be some benefits, because, most diets will say, you can't have processed foods. You can't have junk foods. You can't have alcohol, you can't have dairy, you can't have oil, but the truth is people will benefit from that. The reason they fall off is because it's too restrictive and that's the difference when eating a plant-based diet. There is no restriction. You can eat as much as you want. You can do 10%, 20%, hundred percent of a plant-based diet. The closer you are to it, the better, but the moment you start excluding things and doing metabolic diet... There was a good diet that came out many, many years ago for people with nephrotic syndrome, I think, the Kempner diet where he just gave you rice and fruit juice, because it has a very low protein and actually they found a lot of people did recover from their serious kidney failure. But that has to be done in hospitals, just like fasting, fasting for 24 to 72 hours, unless you're not used to, it has got huge benefits. It does the same thing as starving the cells (the unhealthy cells) it has to be done under supervision. So, you know, metabolic diets, I would be very sceptical about unless you find that it works for you then, good luck.

Steven:

Yeah. I suppose we can't escape from the fact that we're in a rather peculiar situation nationally and globally at the moment. And Gemma has asked whether you have any recommendations for diet in the current coronavirus crisis.

Nitu:

Yes. My husband and I both belong to the more vulnerable group, as you know much as the government hasn't wanted to speak about it, the black, Asian, minority ethnic groups have been particularly hard hit and that may be for a number of reasons. We tend to be more in front facing jobs, we tend to have come from a different country, so we may not have had the same opportunities with nutrition before; may have had tuberculosis or malnutrition, as well a lot of the BAME community come from socioeconomically deprived areas. So, access to green spaces and food, fruit and vegetables may often be harder. I have been very lucky, I'm very privileged. I have never had to worry about these things, but I spend a lot of time thinking about these inequalities. One of the things that you can do and I certainly do, is a few things when I wake up in the morning. I have at least a litre of warm water with some lemon in it, because we know that lemon juice historically has always been considered to be very anti-inflammatory, it's a soothing thing. I tend to have a turmeric shot because of all the anti-inflammatory plant foods, turmeric is first, then comes ginger and garlic, and then you have chamomile tea and green tea. So, I try and add lots of herbs and spices to my diet and I would recommend that people do that, whichever herbs you like: there's basil parsley, coriander, marjoram thyme. It doesn't matter. It increases the antioxidant power by 2000% of any dish. So that is huge. So, chilis doesn't matter, whatever you like. So, adding herbs and spices, having a turmeric shot, drinking lemon water, having a green smoothie, I often run around quite busily, but you should not drink your green smoothie fast. It is very important to add about 20 different things, I add things from my garden: herbs and ginger and things like that. I sip it for an hour or two. I'm having a hibiscus tea right now. So, these are all anti-inflammation things that one can do. Of course, diet, eating whole plant foods, lowers your body weight. The slimmest people tend to be people who are eating a lot of plants. Obesity has been a risk factor for COVID, diabetes, hypertension. Of course, we know that these are proven ways of reversing these conditions. The dash diet is mainly a plant-based diet, you know, the dietary approach to stop hypertension. Hibiscus tea which is the flower that you can get from online if you drink two cups of that it is as good as having analapril, which is your antihypertensive.

Nitu:

So, you know, people will be surprised. I see patients regularly. I get letters every day: My periods stopped two years ago. For two years I hadn't had a period but eating like this, I do. But as I said, because I'm not scientific in the sense that I'm not collecting cases and doing a trial, they will be there in my inbox, but I haven't actually collected them all because I'm not doing that. So yes, washing your hands really important, wearing a mask really important. Okay. Social distancing really important, not doing what Dominic Cummings did really important and having as many anti-inflammatory foods as you can. So, much as you might be tempted to drink lots of alcohol, save it for special occasions, you know, have a lovely glass, alternated with water, sparkling water. You can almost convince yourself when you're drinking a glass of kombucha that this is alcohol.

Steven:

Gosh, that's my lifestyle shot. Special occasion for me is getting to the end of the day, Nitu! And I'm getting my lemon juice and my Juniper berries at the same time, it's fantastic!

Nitu:

Yes. The only thing to remember is moderation kills. So, it's what you don't want to do, health span is what is important, not lifespan. We don't want to spend the last 20, 30 years of our life having somebody else wipe our backside or feed us. And that's important. So, you know, as I said, it's not

an all or nothing. You know, you like your Juniper habit, but also have your green smoothie. Also increase, the fruits that you eat. So, make conscious decisions, don't think of food as good or bad. It's just that every time you eat a doughnut, you miss the chance of having a big bowl of mango with dark chocolate drizzled on it. Every time you eat an omelette, you miss the chance of eating oatmeal or porridge with banana and blueberries and dates and cashews and things like that, or tofu scramble. So, it's not that any food is bad. It's just what could be better because you're only going to eat a certain weight of food in a day. That's what it is. It shouldn't be made into such a difficult thing. Really shouldn't.

Steven:

We're already over the time that we scheduled for this. And I'm really grateful that you've brought your almost unique brand of enthusiasm and passion to the show. Because I think every time, we've decided we're going to talk about women's health and we get you on the show, we ended up talking much more about nutrition than carving people up. But the only reason I mentioned that is because it would be very easy for people to say, Oh, it's just some weirdo vegan who wants to sell everybody on her diet, but you don't try to tell everyone to go vegan. You do cut people up. You're a consultant OBS and gynae surgeon. So, you do that when it's necessary. And your lifestyle medicine is evidence-based, as you've said. So, you aren't just telling us the stuff you believe is correct, which is important.

Nitu:

I took a long time Steven, to come on to it because I didn't know the science. I could've been recommending something that really helped me. I became menopausal at 38 and I did not understand why I was feeling so good, having felt so rotten before, but I changed my diet. I still didn't put it down to my diet because it's so ingrained in us that food has nothing to do with our health. So, you know, yes, I operate, I have huge operating lists and you know, I do that, definitely, you know, there are a lot of people who need surgery and I'm a keyhole surgeon. I do that, but that's not the only thing, there are other ways of managing and so it has to work side by side.

Steven:

Well, thank you. Thank you again for bringing your expertise and your enthusiasm to the show today. It's been a treat as always.

Nitu:

Thank you.