

Diet, Food Cravings and Weight Loss

How does one choose the correct diet to follow?



A MIDWESTERN DOCTOR

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Although I have spent a lot of time studying nutrition, I have hesitated to write about it. This is because opinions on the subject differ so much that regardless of your position, people who feel strongly about the issue will appear and put forward evidence challenging and refuting whatever you suggested. This is an immensely difficult area to navigate, and I freely admit I still have not identified a dietary regimen I feel entirely confident in.

Recently, two things made me realize I nonetheless needed to cover this subject.

The first was that the pharmaceutical industry and the FDA recently signaled that drugs for obesity will become the new market investors can expect excellent returns from (this will be discussed in an upcoming article).

The second is that all the time I've spent on Substack caused me to gain quite a bit of weight, which, after repeatedly putting off, I finally got around to addressing not too long ago.

Since this is a remarkably challenging topic, I have been working on this article, and this was one of the pieces that to write I also needed to solicit advice from numerous mentors. My goal here is to provide helpful perspectives on this subject you most likely have not come across before.

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Dietary Uncertainty

The greatest challenge with diet and nutrition is that only some rules are absolute; each diet works well for some people but not others. Because of this, numerous schools of thought exist on which diet is ideal, and due to the particular rendition of reality one's [pre-existing filters create for them](#), it is possible to both find the evidence that any one diet is superior to the others and to attract a large number of people who emphatically state that diet worked for them.

One of the best examples of this dynamic is the opposing views on eating meat—strong evidence can be provided that humans were meant to be vegetarian and that we were meant to be primarily carnivores. I have looked extensively at both arguments and to this day, I am unsure which side to take.

Since there is an inherent uncertainty in what constitutes an appropriate diet, functionally, there are only two ways to address the problem: identify the universal dietary principles that lie beyond the innate human variability, or have a dietary model based upon a significant degree of variability. The latter is quite difficult for many to wrap their heads around since our system of science is based upon declaring natural truths with certainty, even though nature is anything but certain.

Universal Principles

Presently, I believe there are a few dietary facts you can state with relative certainty:

- Regularly eating high fructose corn syrup will cause you to gain weight.
- The less processed foods you eat, the healthier you will be.
- Foods grown on [remineralized soil](#), while difficult to find, are much better for restoring

vitality. [A case can be made](#) that the demineralization of our soil is a primary cause of [the loss of vitality](#) that has occurred in our species [over the last 150 years](#). To a lesser extent, a case can also be made that restoring the soil's microbiome significantly increases the quality of food grown on it.

- Quality of ingredients matters, and you should shoot for fresher foods that are produced in a healthy way (i.e., as naturally as possible). This is especially important for animal products (e.g., eat wild-caught fish and grass-fed meat and avoid anything that has received antibiotics or hormones, which are commonly administered to the animals we eat).

Likewise, a surprising number of adulterated and spoiled products are on the market. For example, [according to one report](#), the vast majority of commercially available avocado oils labeled as "extra virgin" and "refined" were, in fact, adulterated and of poor quality, and 82% were found to have gone rancid before their expiration date.

- Properly purified water is essential for health and well-being ([I personally endorse](#) reverse osmosis water filtration).

- It is essential to eat in a non-stressful environment and if possible, to be focused on eating rather than some intellectual task. I originally heard about this idea from Chinese medicine (it relates to their conception of the spleen's functions) and have repeatedly seen it hold true. Additionally, spending adequate time chewing [improves the digestion \(and absorption\) of nutrients](#) as saliva digests food and [also decreases the need to overeat](#).

- Many digestive and nutritional issues (especially as you age) arise from deficient stomach acid and sometimes deficient digestive enzymes.

- Once you have had enough not longer to feel hungry, don't eat more (unless you are already malnourished). Avoiding over-ordering, avoiding grocery shopping when you are hungry, and trying to recognize when you are eating for emotional reasons can help to avoid creating this dilemma.

- Low glycemic index foods (carbohydrates that don't rapidly dump sugar into your bloodstream) are better for you.

- Avoid eating before bed. Eating before bed can increase the amount of time you need to

sleep and the likelihood of gaining weight from eating. Extending this to intermittent fasting (e.g., one meal per day) typically provides additional benefits.

- Having a diet that does not impair [zeta potential](#) (which is necessary to prevent clotting and allow the free movement of fluids throughout the body) in most cases is more important than almost anything else. Since this is a lengthy subject, [it is covered in a separate article](#).

However, to again allude to the wide variability in the human species, while each of these is true, the extent to which they adversely affect people varies greatly. For example, some fairly healthy people eat nothing but processed foods, and I also know people who can't function for a week after they eat a single processed meal.

Note: I am relatively sure after this article is completed that I will recall (or readers will remind me of) relatively universal dietary principles I forgot to list, so the above list should not be taken as being complete.

Specific Diets

At this point, I have lost count of how many diets I have tried. Since people get very attached to their diets (and in some cases also develop their brand around them), I have also lost count of how many diets I have seen be aggressively promoted as the key to longevity. However, at the same time, I have also seen more cases than I can count of people later quitting the diet they were so deeply invested in or failing to follow it while continuing to promote it (e.g., this is quite common in the raw vegan community I used to belong to—and I have directly heard of this happening with some relatively well-known figures within it).

Conversely, when I find someone who promotes a diet, appears healthy, and steadfastly follows their diet, I tend to place much more weight on what they put forward. For example, Dr. Mercola [has made a good case](#) that seed oils, due to their high omega-6 content, are a root cause of disease (including obesity), and numerous people have told me that they have directly witnessed him going out of his way to avoid eating those oils.

Note: Since this question comes up a lot, I believe the ideal form of omega-3 fats is from freshly caught fish or marine algae oil.

I will now share my thoughts on various diets I have come across.

- Fats versus Carbs—I believe it is better to have a high-fat diet than a high-carb diet, especially if one's goal is to lose weight (and you do not have a pre-existing issue with fat digestion such as a previously removed gallbladder). Conversely, the nutritional establishment tends to believe the opposite ([despite data showing that](#) low-carb, high-fat is better for diabetes and weight loss). Furthermore, some people have metabolic types that do quite well on carbs, so they do best with a higher proportion of carbohydrates than the general population.

Note: [some physicians have had remarkable success](#) with the high-fat, low-carb diet for weight loss, but typically to get consistent results, it also requires high-intensity interval training (as this depletes the bodies stores of sugar so it can switch over to burning fat) and sometimes intermittent fasting as well.

Furthermore, I have found the degree to which people respond to the high-fat, low-carb diet varies (e.g., some people thrive on carbs) and that there is a limit to how much fat each person can eat in a meal before it triggers intravascular coagulation (which is functionally the same as [an impaired zeta potential](#)). I believe this is what creates the heaviness that follows a fatty meal and may cause other problems too. For this reason, if one plans to pursue a ketogenic diet, one should avoid having too much fat in each meal.

Lastly, since many toxins are fat soluble and thus concentrate in the fat, I have long thought that if one plans to regularly eat animal fats (especially since [toxins concentrate as you move up the food chain](#)), those fats need to come from cleaner sources so this issue is minimized. To some extent, I've also seen support for this by observing fasting individuals, as those with cleaner systems (e.g., a cleaner diet and fewer chemical exposures) tend to tolerate fasting much better than those on the opposite end of the spectrum—an observation commonly attributed to those with stored toxins in their fat being unable to handle those toxins entering into the bloodstream as their fat is metabolized.

- Vegan vs. Vegetarian vs. Carnivore—Although from an animal rights perspective, I sincerely wish everyone could be vegan, I've found that the vegan diet can cause significant issues for people, particularly if it is sustained for a long term period (e.g., if you observe

vegan influencers on Youtube and skip through the years, you will often find that they appear to age prematurely as their bodies degenerate). However, provided the vegan food is of good quality, and one is intelligent about the diet (e.g., by making sure you are getting your needed nutrients and avoiding eating lots of processed foods), I think the diet works for periods (although vegans nonetheless tend to have a weaker build and lower energy). Vegetarian diets, in turn, can work for prolonged periods for many people, as if you eat dairy and eggs, meat is not as necessary because many of the nutritional deficits from a vegan diet that cannot be sustained for a prolonged period do not occur in vegetarian diets.

Note: I believe one advantage to the carnivore diet is that meat is often less nutritionally depleted than many of the foods commonly consumed by vegetarians and vegans.

In the case of eating meat, I have met many people who needed to eat meat (doing so directly restored their health), and many others where it to some degree benefitted them. When I've looked at most of the arguments raised by vegetarians against eating meat, I believe they are a reflection of Americans eating much more meat than we evolved to consume, us only eating specific parts of the animal (we only eat the muscle and not say the organs), and the meat that is typically commercially available being heavily adulterated due to how it is produced. All of these are easy enough to address (e.g., eat less meat and ensure it comes from a clean source—which typically also requires it to be raised humanely).

Note: there are also some spiritual considerations with eating meat (or not eating it) that are beyond the scope of this article.

Generally speaking, I and colleagues have found some people respond very well to plant-based diets, while others require meat. One of the best theories we've come across to explain this variability is the "[blood type diet](#)." It argues that those with an A blood type (like me) do well on vegetarian (and sometimes vegan) diets, those with an O blood type do well with meat (but not dairy or grains), those with a B blood type need meat in their diet but have to avoid chicken (along with grains and legumes), while the AB blood type is a bit complicated (and in summarized [here](#)). We have seen this diet's predictions seem to hold for around 85%-90% of patients, and it appears to play a significant role in who can go vegetarian.

Note: I often find people who have difficulty with meat do well with fish—however, if you eat fish, it

is best to avoid fish too high in the food chain as they tend to bioaccumulate mercury (numerous guides, [like this one from the FDA](#), exist to identify low mercury fish). I also believe people should consider avoiding pork as it has a variety of issues not found with other meats and that the same can, to some extent, also be argued for crustaceans (e.g., lobsters).

- **Nutrients vs. Calories**—Long ago, I came across a formula that argued health equaled total nutrients divided by total calories (which is another way of saying that eating high-calorie, low-nutrient foods is bad for you). Many (myself included) believe the reason many frequently experience food cravings (e.g., for salty foods) is due to a nutrient rather than calorie deficit.

It is thus helpful to assess if a specific food craving is a result of it having a specific nutrient you need and to focus on trying to have natural foods in your diet with a high nutrient content, as these can often alleviate the need to eat. Unfortunately, due to the minerals in much of our soil being depleted (which creates nutritionally deficient food) and our livestock eating nutritionally deficient grains rather than their natural food source, getting nutritionally adequate food can be quite challenging.

Note: zinc and chromium are two trace minerals that are deficient in our diet and are necessary for metabolizing sugar (e.g., insulin requires zinc). Supplementing these minerals can often improve blood sugar control but rarely treats it.

- **Raw vs. Cooked**—I think we have too much overcooked food in our diet (which, to varying extents, destroys the nutrients and vitality of our food). Consuming lightly cooked foods (e.g., steamed ones, things cooked in slow cookers, or soups rather than fried ones) alongside more raw foods, in turn, seems to help people. This is especially important for dairy's fat-soluble (and heat-sensitive) nutrients, so I frequently encourage vegetarians to consume raw grass-fed butter.

However, some people take this to mean that you should eat 100% raw foods instead. My experience has been that relatively few people can sustain this diet unless they either have a very specific constitution (often described as being a "fire element" within the Eastern systems, something typically correlated to a strong digestion) or live in a hot climate. Beyond many foods requiring cooking for our digestive system to be able to properly metabolize their nutrients (mushrooms being an excellent example), excessive raw foods (along with excessive supplements) causes what is referred to in Traditional Chinese

(along with excessive supplements) causes what is referred to in Traditional Chinese Medicine (TCM) as "[Spleen Qi deficiency](#)."

Spleen Qi deficiency is considered in TCM to be one of the primary causes of low energy and fatigue in the modern world (additionally, I have long suspected this TCM diagnosis correlates to mitochondrial dysfunction and fibromyalgia), so like a vegan diet, a raw diet often creates weakness and fatigue for the recipient. Furthermore, in addition to cold and raw foods being viewed as "weakening Spleen Qi," cold and damp climates are thought to do the same. I and others have observed that fully raw diets are much more prevalent in hot, dry areas that often seek the next trendy thing (Los Angeles being the classic example), which we suspect is because the environment counteracts the adverse effects of the raw diet.

Conversely, I had a colleague who worked for years near Bastyr University (located in Seattle—a cold, damp, and dark area). He told me that he frequently saw naturopathic students from Bastyr take numerous nutraceuticals they learned about in class who then came to see him for help after they developed perplexing problems that were ultimately reflective of Spleen Qi deficiency.

Note: While I often find supplements to be beneficial, I frequently observe individuals taking more than their bodies can tolerate. For this reason, I believe it is important to focus only on the ones that most directly benefit the recipient.

- Protein Consumption—Different individuals have different protein needs; I, for example, have a metabolic type that does much better with protein than carbohydrates. However, irrespective of the individual's metabolic needs, people frequently are deficient in protein and will benefit from increasing their protein consumption (e.g., [I previously discussed](#) how protein deficiency is one of the underlying causes of impaired zeta potential in the body and it can also [be a cause of depression](#) or low energy). Frequently, the issue with protein is not a deficiency of it but rather an inability to break it down and absorb it ([a variety of approaches exist to address this](#)).

Conversely, many also believe too much protein can be harmful due to branched-chain amino acids activating *the mTOR pathway* (which causes aging and cancer). When I discussed this subject with the most knowledgeable integrative oncologist I knew (who frequently identifies causes of cancer most people do not want to consider), they told me

that while this is a risk of a high protein diet, the benefits of consuming adequate protein greatly outweigh those risks.

Put differently, the increased chance of survival from deactivating mTOR (which can also be accomplished by taking [rapamycin](#)—a common practice in longevity medicine) is outweighed by the increased risk of death from protein nutritional deficiencies. While this can be seen in all ages, it is most evident in the elderly (who are often protein deficient).

Note: there are a variety of opinions on the ideal sources of proteins. I believe shitake and lions mane mushrooms (the latter of which, when stir-fried, tastes better than many meats) are two of the best options. Both of these mushrooms are very easy to grow at home (on the off chance, like me, you live somewhere where it is impossible to buy them).

- Lectins—Dr. Gundry has popularized the idea that lectins (toxins plants use to protect themselves) are a root cause of illness in our society. I am skeptical about it since Dr. Gundry has made a lot of money promoting this message (this was shared with me by a friend involved in his sales). Nonetheless, I've looked into it, some of his evidence was compelling, and I've found that I periodically meet patients for whom the lectin avoidance diet makes a big difference (you can typically discern this from a patient's history).

Additionally, I've found that the largest health benefits are seen if you avoid the worse lectins (e.g., soy and sometimes nightshades). Since I am not identified with this diet, I am not as much of a purist for it, and I believe its main value is to be aware that it offers another thing to consider when determining which diet is appropriate for you. Lastly, I think Gundry's points about not eating the peels of plants (which I did before since I thought they were nutritious), as they and the seeds often have the highest lectin content, has some merit, as does his advice to use a pressure cooker to prepare high lectin foods like quinoa (as pressure cooking is the one reliable way to inactivate lectins).

Note: Dr. Gundry has also made the case that lectins trigger excessive obesity.

Navigating Dietary Uncertainty

Since there are many different diets and the quality of the same ingredient can vary immensely, it can get quite overwhelming to know which diet is appropriate for you.

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Note: this is a variation of something I also find with supplements, which helps explain why such wide variations in their responses exist and why only certain brands tend to achieve their intended effect. For this reason, whenever a colleague identifies a specific supplement from a brand that reliably works, I also use it.

Using labs (e.g., the [Spectracell micronutrient test](#)) to determine if you have any existing nutritional deficiencies or abnormal bloodwork which could be nutritional in origin (e.g., anemia) can also help to address this uncertainty. However, while labs can sometimes help, the best method for navigating this uncertainty is to learn to listen to your body.

Everyone has an innate response that tells them if a food is good or bad for them—however, in many cases, people are so disconnected from it that they tend not to hear it. Those who focus on this, for example, will use applied kinesiology (muscle testing) to determine which foods are best for them. In contrast, those who are less sensitive, even if they can't feel their body's response to the food, can still observe the short and long-term changes that occur from eating different foods.

For example, one advice many holistic medical providers give to their patients is to create a food journal alongside a symptom journal and then compare the two to identify which foods are causing issues for them. Similarly, even without a journal, if you are honest with yourself about how your body changed from a diet, you can often determine what is and is not helping you to eat. More than anything else, the key is to be able to recognize when you feel clear inside, energized, and alive and then to see if certain foods appear to take you closer or further from that state (e.g., you can detect this with lectin-containing foods your body is sensitive to).

Note: Frequently, when individuals develop a complex chronic illness (e.g., a COVID-19 vaccine injury or [autism](#)), they discover that their ability to tolerate "unhealthy" foods dramatically decreases, and they must become very vigilant to avoid foods they previously did not give a second thought to about eating.

One of the most intriguing approaches I came across for helping individuals determine their ideal diet was based on the theory that one of the immediate results of eating a food you are allergic to (or simply exposure to any allergen) was an accelerated heart rate

(something which *may* be a compensatory reflex to [increased blood congestion](#) that is created within the body). The author who espoused this approach advocated for obtaining a clear idea of one's baseline heart rate in each situation and then noting when it increased and what potential stimuli may have triggered the accelerated heart rate. Additionally, I have found more sensitive individuals will experience a light headache after the exposure, which I believe results from the same mechanisms.

In order to listen your body, you have to actually listen to it. Frequently, individuals will become fixated on the idea that they need to follow a diet even though it is clearly harming them (e.g., consider the examples of the vegan diet above). Once this occurs, instead of stepping back and reconsidering what they are doing, frequently instead, their [pre-existing filters](#) will begin to identify reasons to support a diet that is not in alignment with their body.

A common area where this arises is when individuals take something toxic and interpret the symptoms they experience as a detoxification agent (with the best example I know of arising from a water supplement that was sold a few years ago, which [Mike Adams exposed](#) as being loaded with aluminum and caused numerous severe symptoms representative of [a zeta potential collapse](#)). In many cases (e.g., with a Lyme or parasite infection), it becomes necessary to discern if the reaction someone experiences is a detoxification reaction or if it's a sign the agent itself is toxic and should not be taken.

Furthermore, everyone with more experience in the integrative field finds that even with reactions they concur are detoxification responses; if the reaction is too strong (e.g., more toxins were mobilized than the body could handle), it worsens rather than heals the patient. This is a very challenging and nuanced subject, so the best advice I can give is if you have a significant reaction to something (e.g., a diet or a supplement), rather than trusting what people tell you it means, seek out an experienced integrative physician for advice.

Note: I have found many of the adverse reactions to relatively benign therapies that individuals with complex illnesses commonly experience can be substantially mitigated [by improving the fluid circulation within their body](#), particularly within the lymphatic system (as this serves as the drainage system for those toxins). A variety of approaches exist for doing this—I believe a key part of any protocol should include [restoring zeta potential](#).

Perceptual Boxes

One of the most common problems with human beings is that (except for the critically thinking minority of the population, which I discussed in [a recent article](#)) they cannot go outside their own boxes. Each time someone encounters a problem, they will typically default to utilizing the approach they are already familiar with for addressing the issue, and when that approach fails to get the result they want, rather than looking for a new approach, they will double down on doing more of their original approach.

This is why patients with complex illnesses get so frustrated when they see doctor after doctor (e.g., one of my recent vaccine-injured patients had seen 31 before me, and only two did anything she felt was helpful or creative). In each case, the doctor is only willing to consider using the approach they are familiar with and, once it fails to work, will either blame the patient or pass them off to another doctor who essentially does the same thing.

However, as much as I would like to complain about conventional doctors doing this, I also see the same issue throughout the integrative medical field. The only difference is that the integrative doctor becomes very attached to the specific integrative therapies they utilize rather than conventional ones.

For example, many integrative doctors believe Lyme disease or mold toxicity is the root cause of most complex illnesses. To illustrate how tightly they hold onto that box, I know of one highly regarded integrative doctor who was convinced his patient's symptoms came from mold, and after they failed to improve from a variety of mold treatments, he decided to give them [the strongest antifungal](#) (which is known for having side effects such as damaging hearing). That patient suffered hearing loss but had no improvement in their underlying condition.

Friends who have run highly successful clinics, in turn, have told me how difficult it is for them to find doctors to hire who can go outside their boxes (typically, they instead want protocols to follow for anything else they are unfamiliar with—which severely limits how much they can do for their patients).

This same tendency for people to be unwilling to go outside their boxes can also be found in many other areas of society (e.g., throughout the financial community). In the case of diet

and nutrition, I often find that individuals get fixated on needing the correct diet to address their health concerns, and then as that doesn't work, they get more and more neurotic and try to do every part of the diet correctly. In many cases where I've observed this, the individual has not improved after years of work (although in some cases, they did help the person promoting the diet they followed make quite a bit of money). In many cases, I could tell their problem was something completely different the individual was simply unwilling to look at or address.

Note: The psychiatric community also recognizes this dietary behavior. When I first learned about it, I thought it was something the industry created to attack eating anyone who does not want to eat processed food. Having now seen it in numerous people, I think it is worth being mindful of if you start to go too far down the dietary rabbit hole.

Food Cravings

Given that much of our diet is unhealthy processed food (that is often spoiled or adulterated), this presents a significant dilemma for those seeking to sell it to as many people as possible. How do you overcome the body's innate reflex to reject consuming it?

I found one answer to this question in college after I decided to quit eating sugar altogether. The experience was eye-opening because I realized it caused me to go through many signs of a drug withdrawal.

First, I would start spontaneously thinking about sugary things over and over, then as time moved forward, I would notice that whenever I saw a sugary item lying out, my mind would jump to it, and I would feel the compulsion to grab it. As these subsided, I then switched to having dreams where I would end up eating sugar for one reason or another, at which point, I would decide I had failed in my diet, needed to give up, and should resume eating sugar. As that subsided, I was left with the distant memory of eating sugar, but it faded into the back of my mind, and I rarely thought about it.

After my addiction faded away, I occasionally ate sugary foods (typically by accident). Whenever this happened, I observed that rather than enjoy them, they just felt bad, tasted bad, and it really seemed as though my body was rejecting them. This led me to conclude

that the food industry's solution to their dilemma was to mix addictive drugs into processed foods to develop an addiction that overrode the body's innate ability to discern if something was not fit for consumption.

Note: one of the leading theories for why we get addicted to food is that chronic insulin dysregulation (which results from repeatedly eating foods that rapidly spike your blood sugar) causes us to frequently have low blood sugar levels that then require eating a sugary meal for us to restore our ability to function which then repeats the cycle. For this reason, many advocate for eating low glycemic index foods (as they are less likely to cause the initial spike which sets this off).

Since quitting sugar, I have had multiple periods where I have slipped into eating sugary foods and craved them. In each instance where I later broke the addiction, sugary products reverted to being something that repulsed me whenever I occasionally consumed it.

Note: [in a previous article](#), I reviewed the baby formula scandal because the widespread panic that followed the recent formula shortage illustrated how effectively the industry has conditioned the public to forget mothers were meant to breastfeed their children. Since infant formula is loaded with high fructose corn syrup (which causes obesity), the "normal weights" of babies have been erroneously (and possibly deliberately) calibrated to treat the formula-induced weight gain as normal. I and others thus believe the widespread use of infant formula is one of the contributors to the obesity epidemic in the United States. However, [in that article](#), a key point I did not go into is that since infants are habituated to consuming formula (as they cannot choose anything else), the innate reflex they have to reject an unhealthy food is bypassed, and they thus develop a lifelong addiction to processed food.

Years after I developed this theory, I found [an interesting book](#) by David Kessler, MD. Kessler served as Bush's and then Clinton's head of the FDA, and as far as leaders of the FDA go (minus Kessler allowing [the disastrous anthrax vaccine](#) to be pushed on the military during the Gulf War—due to the "emergency" of Saddam potentially using anthrax on our troops), I consider him to be one of the most honest and well-intentioned heads of the agency. While at the agency, Kessler attempted to address a few critical shortfalls of the agency (e.g., providing stronger regulation on cigarettes), and at the time he wrote his book, his focus was on what could be done to tackle America's ever-growing obesity epidemic.

Note: in a soon-to-be-published article, I will discuss the appalling conduct of Biden's current FDA Commissioner [Robert Califf](#)

Kessler's [The End of Overeating: Taking Control of the Insatiable American Appetite](#) argued that processed foods were filled with very specific mixtures of sugar, fatty and salty tastes layered on top of each other that were designed to be as addictive as possible so people would constantly overeat them. Furthermore, he stated that he had been directly told by members of the industry (presumably due to his connections to them as a former FDA commissioner) that this was intentional so that as much of their food products as possible could be sold to the public.

I felt the points Kessler raised, and the evidence to support them were valid. However, I believe other addictive substances beyond the ones he mentioned are also placed in food (e.g., MSG). Lastly, since the time he wrote the book, additional hormonal pathways have been identified that give a more comprehensive model of where processed food addiction comes from.

A point a brilliant mentor has repeatedly made to me is that people typically are more willing to change their religion than the foods they are addicted to eating. For this reason, in his practice, unless he feels someone is genuinely willing to change their diet, he doesn't bother telling them to and instead focuses on the areas where he believes something can be done.

When he first told me this principle, I was taken aback. Still, having now watched the long-term progress of his patients and those of less successful physicians who focus on encouraging positive dietary changes, I have come to recognize his wisdom. It's very difficult to appreciate how addictive unhealthy foods can be in susceptible individuals unless you repeatedly observe the process firsthand.

Note: I have gradually come to suspect that many food cravings we experience are created by an unhealthy microbiome (eating junk foods cultivates bacteria that require more junk food to survive) or parasite infections. While I am relatively certain bacteria in the gut do this (presently, we believe 30-40% of food cravings come from your gut microbiome), I am less sure if undiagnosed parasite infections can cause them too.

I have seen many things suggesting parasites cause food cravings (e.g., toxoplasmosis is well known for hijacking the thoughts of whatever it infects), and I occasionally come across an individual who

had issues that could clearly be attributed to a chronic parasite infestation. However, I have never seen any of the dramatic parasites stories people report online (e.g., that taking a strong anti-parasitic caused lots of dead parasites to exit their orifices, that the process of killing the parasites created significant disturbances in their mind, or that once the parasites were gone, the individuals felt dramatically better). Rather, my colleagues and I have found natural treatments targeted at parasites typically create a small but measurable improvement for the patient.

Addiction Vs. Nourishment

At this point, you may have noticed a contradiction in what I put forward. On the one hand, I am advising you to trust what your body tells you to eat, but on the other, I am suggesting many of our food cravings are due to addictions to unhealthy foods. This is a difficult concept to make sense of with only a written description. However, the distinction becomes very clear once you experience the difference between a rush coming from a reward within your dopamine circuits versus something that feels inherently nurturing and makes you feel more clear or alive.

In a recent series of my perspectives [on emotional health](#) and [methods for addressing trauma](#), I argued that our marketing economy has conditioned the population to constantly crave dopamine responses that are satisfied by purchasing an endless number of products, and this conditioning is a pivotal contributor to the emotional dysfunction throughout our society.

More recently, I discussed a question on everyone's mind—[what drove the minority of doctors who did not follow the narrative to question it?](#) There I argued that 5-10% of the population will always be whose decisions are not dictated by what their peers do or what the propaganda apparatus tells them to believe (these are also the individuals who tend not to be trapped in their boxes).

One of the distinguishing characteristics I've noticed within these individuals is that they do not get the dopamine rush that typically arises from fulfilling the expectation of obtaining a desired product or idea (e.g., a life event or experience). Because of this, those marketed things become much easier to see for what they are—hollow and empty, which puts them on a path where they search for things that seem real or meaningful, ultimately

leading to many of them arriving at a similar place.

In many ways, the positive state you experience from following a diet that is good for you (rather than an unhealthy one that stimulates your reward circuits) is not all that different from pursuing a life where you are in touch with something real that gives you genuine meaning rather than one that revolves around experiencing things society conditioned you to have dopamine responses from. Furthermore, I commonly observe that processed foods make individuals feel dead inside. Since their nervous system is deadened, it becomes much more difficult for them to experience the subtleties in life that are often where our deepest joys and meanings in life originate from.

Conversely, when in this deadened state (which is caused by many things beyond processed foods, such as being on screens all day [or sedentary lifestyles creating profound fluid stagnation throughout the body](#)), typically the only thing that our nervous systems can appreciate is the strong stimuli associated with the dopamine responses. This ripples out into many areas of society beyond diet. For example, individuals with a deadened nervous system often cannot have intercourse, or when they do, cannot connect to the partner and instead must pursue an ever-increasing number of mental ideas attached to the act to achieve a dopamine rush as they cannot derive joy from the experience itself.

Note: one of the points that stuck with me in [Kessler's book](#) was that foreign chefs frequently notice that Americans have a much less sophisticated palate and often cannot appreciate the subtleties of taste in the chef's native cuisine. Because of this, once ethnic cuisines enter America, their restaurants often have to make them much fattier, sugarier, and saltier to stay in business. One of the best examples of this is Chinese food. Most of it tastes bad and makes me feel sick to eat, but whenever I can find authentic Chinese cuisine (which is not easy to do here—especially in the Midwest), both my tastebuds and my body love it.

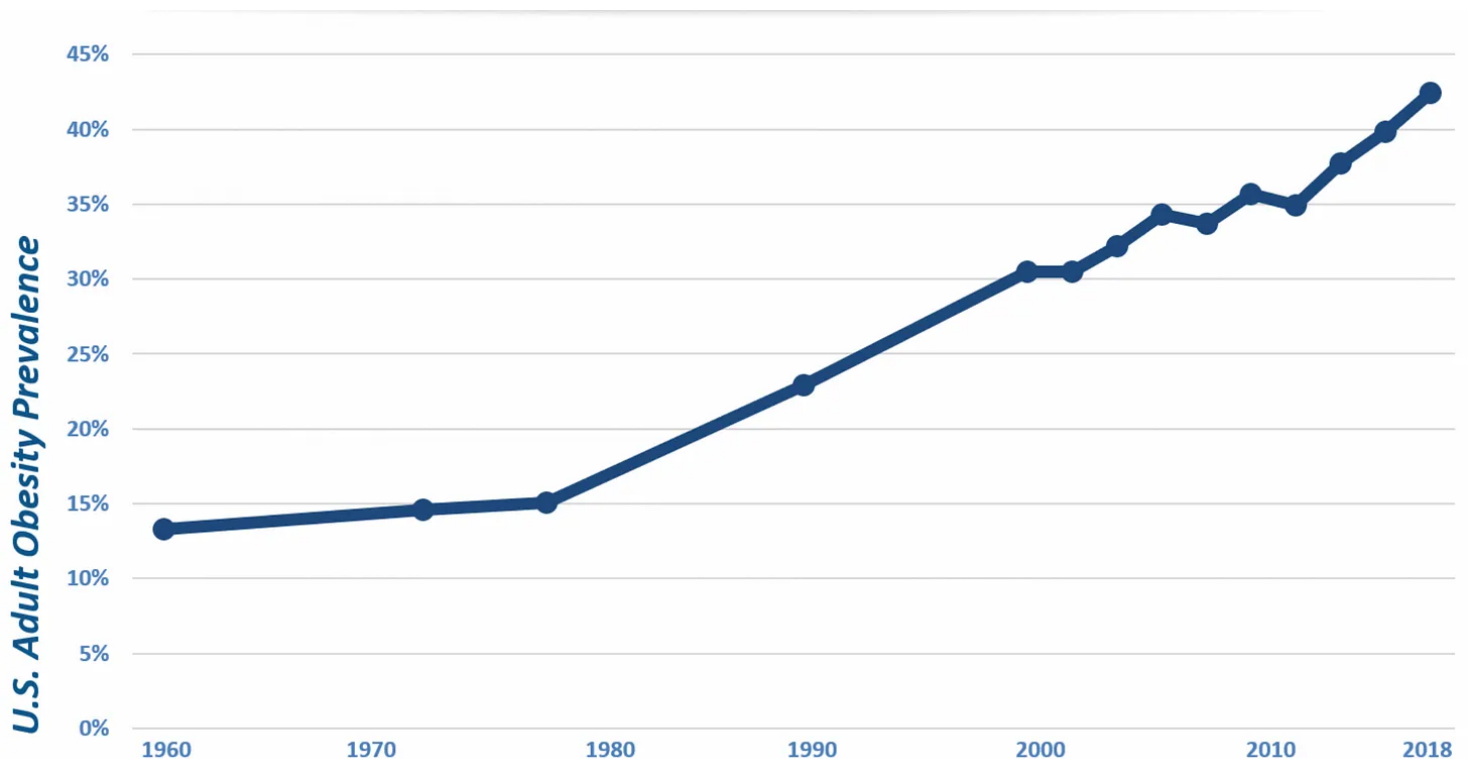
To further complicate this issue, trauma will often significantly alter your brain's sensitivity to neurotransmitters. [As discussed previously](#), Gabor Maté provided one of the best summaries of this by linking childhood trauma to stimulant addiction (e.g., meth or cocaine) later in life.

Frequently PTSD will change the brain's neurotransmitter sensitivity, and when the fight or flight response happens, the sympathetic nervous system can become dysregulated. Then regardless of if fight or flight was chosen at the moment of the traumatic event the

them, regardless of if flight or fight was chosen at the moment of the traumatic event, the dysregulation of the nervous system will create a chronic sense of unease (e.g., anxiety). Because of this unease, individuals with PTSD frequently seek something to address it temporarily, such as eating or smoking for dopamine, and often you will observe excessive weight gain or weight loss after the traumatic event.

Conclusion

Consider for a moment the trends of obesity in America:



Note: a similar increase in diabetes has been observed. [Currently, 14.7%](#) of US adults are diabetic (which represents 11.3% of the total population), while in 1958, [only 1% of US adults were](#).

In this article, I attempted to establish the scope of the problem we are facing. Diabetes and obesity are continuously growing epidemics in the country. The intense cravings we experience for these foods and the lack of nutritional authorities we can look to for advice (as most of them are bought out by the food industry) make this problem remarkably difficult to handle.

Why Do Foods Make Us Gain Weight and Where Do Food

Cravings Come From?

A MIDWESTERN DOCTOR • JUN 7



Fundamentally, I believe that the existing notion that weight is simply a product of how many calories you consume and how many you expend is not correct (although I will also admit I know a few people who have lost significant weight just by following a prolonged calorie restriction diet). Instead, a variety of factors play a pivotal role in if a calorie will or will not become fat.

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In [the second part of this series](#), I will discuss two of the most important points this article has raised follow from that and my preferred method for losing weight (my most recent attempt lost 31 pounds in 30 days). First, how do you overcome the additions? Secondly, why do foods actually cause us to get fat? Although we have become habituated to the rampant obesity our society now faces, as the above graph shows, a very recent change and things were much different only a few decades ago (many other pieces of evidence also support this contention).

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