

Speaker 1 (00:00.086)

Ensuring that you have good sleep, ensuring that you're stressless, ensuring that you have a of friends, ensuring that you have a purpose, ensuring that you don't drink alcohol or keep alcohol to a minimum. You don't smoke. You want to eat a plant-based diet as predominantly as possible. You want to move your body. These are the six lifestyle pillars that will make a difference whether you are somebody who wants to prevent breast cancer, you want to treat breast cancer.

Speaker 2 (00:30.51)

Hi gang, got an interview for you today with Dr. Nitu Bajekal. She is a senior consultant obstetrician and gynecologist in the UK with over 35 years of clinical experience in women's health. Her interests include lifestyle medicine, PCOS, endometriosis, period problems, perimenopause, menopause, pre-cancer, complex vulval problems, and she's a keyhole surgeon with experience in laparoscopic procedures like robotics.

She knows a lot of stuff. She's also a fellow of the Royal College and recipient of the Indian President's Gold Medal. She's one of the first board certified lifestyle medicine physicians in the UK. And she's written the women's health module for the first UK university based plant based nutrition course, which is pretty awesome. She's also the co-author of a book called Living PCOS Free. That's polycystic ovarian syndrome. And it's the most common

endocrine disorder worldwide. It affects about 10 % of women and it's the number one cause of infertility. according to statistics that I got from Dr. Bajekal, three in four of those with PCOS are undiagnosed because it's complicated and maybe difficult to diagnose. So anyway, this is going to be a really informative conversation, especially if you're a woman and we're going to

talk about PCOS, talk about perimenopause, menopause, all kinds of stuff. So without further ado, Dr. Bajekal, thank you for taking the time to talk to me.

Thank you, Chris. I'm so excited to talk to you and I hope that your audience will like and find what I have to say useful.

Speaker 2 (02:13.494)

I know they will and I'd love to start with your personal story, your personal history of medical education and lifestyle medicine discovery.

Right. So I was born in India. I'm a South Indian by birth, but I grew up in Calcutta, which is in West Bengal. And this was 60 years ago. And I did my medical schooling in a university town, Pondicherry, which is one of the top medical schools where I also met my future husband at the age of 18. We're still together 42 years later.

And very quickly when I started doing medicine, I realized that OB-GYN was the specialty for me. It just thrilled me to bits. It satisfied the surgeon in me. It had the medical aspect of it. And it

was quite a joyous specialty because you could really transform people's lives as well as it had the psychological aspect. And so I went on to Delhi to...

one of the top institutions where I did my postgraduate training and then had itchy feet along with my husband and we thought we'll tour the world for a little while. So we came to the UK and 30 years later we are still here. We'd already done every examination possible in India so we came and did all the examinations that were possible. My husband's a spinal orthopedic surgeon. So we did, all the exams. We've got two beautiful daughters and

Somewhere along the way, I realized that there was something missing in my toolkit. I was seeing all these women, you know, once they were already unwell. with gestational diabetes, with preeclampsia, know, pregnancy induced high blood pressure, all kinds of complications. Or I was seeing them when they had womb cancer or endometrial cancer. And so I was doing complex laparoscopic hysterectomies.

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but I felt there was something missing. I was not seeing them before their transition into ill health. And I myself then around the age of 38, this is we're talking 22, 23 years ago, my period stopped suddenly. And I initially being the typical doctor thought it was stress because I was getting bullied and immigrant female doctors are often...

generally junior doctors tend to be in a bad place. And in those days, the female workforce was not strong. And I didn't really have any role models. so initially I put it down to stress and then it turned out that I had premature ovarian insufficiency or what is known as premature menopause in the older terminology. So my eggs in the ovaries had depleted very quickly. had been very fortunate that I'd already completed my family

Many people are not necessarily so lucky. It affects one in a hundred women under the age of 40. And so when I, didn't know where to turn Chris, that's the truth, you know, but I didn't have any lifestyle tools at that time. And even though I was born a vegetarian and my parents followed pretty much a whole food plant based diet, it was my daughter at the same time about a year to me really having a lot of strong symptoms, hot flashes.

you know, skin, mood changes, that my daughter, my nine year old daughter came home and said that she was going vegan. And I nearly fell out of my chair and I said, what do you mean? And basically she had decided rather than being vegetarian from eating sausages three times a day, she was going to go to becoming a vegan. I was already a vegetarian. And so of course, being the good mom that I wanted to be, I

quickly decided that she was not going to eat white bread and, you know, junk food. So I really educated myself. And interestingly, my own symptoms improved hugely. I was always, you know, slim. I was very physically active. I was an athlete in my younger college days and things. So I didn't have the usual situation that I didn't know anybody. My mother and sister were still

having periods. And so for me, I

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The scientist in me, the skeptic in me still didn't realize there was any link with food because we were never taught that nutrition was taught as what is a calorie, know, how many calories are there in a gram of fat or protein. So for me, I didn't really know the link between nutrition. just knew inherently, yes, looking at my parents, you know, but I still didn't put two and two together. And I just thought, OK, maybe I've just outgrown this menopause thing.

And so it took me another 10 years to really dig deep and make a change so that I could actually apply it to my patients and to myself because I was really upset, really angry when I discovered that there was so much science out there. There was so much science and we had been denied my patients. I was seeing 4,000 patients a year and I wasn't telling them to go vegan because that was not my job.

I was telling them what I ate and things, but I still didn't couldn't give them the science. And so when I discovered all the science that made me really unhappy that I was cheated. My patients were cheated. And so I decided then and there that I was going to set up a project where I was going into schools, going to the public because I went to my own Royal College and asked them. And I was already the college tutor and the training program director. So I was somebody with credibility. And, you know, so.

But I still was not taken seriously when I said I want to bring up a women's health module focusing on nutrition. It was disregarded. So I decided to go straight to the public and to the schools and have a website that was educating people so that alongside, know, what I want to be very clear is that, you know, lifestyle medicine goes side by side with Western medicine. There is no shaming of people who have to take medication if you have type one diabetes, if you have cancer.

You know, you do need surgery. You do need to do all the right things that Western medicine has progressed so much. But where we are failing them is that we're not actually advising how lifestyle can help make that journey so much more enjoyable, so much more pleasurable. At the same time, some people may actually reduce their medication or live a very healthy life with very minimal medication and minimal surgical intervention.

Speaker 1 (08:53.74)

And so I found that there was not a single women's health condition, whether it's polycystic ovary syndrome or perimenopause or menopause or endometriosis or heavy periods or painful periods that did not benefit or cancer that did not benefit from bringing in lifestyle changes. And I don't just mean nutrition. So for me, that has been such a important journey that I wish I had that help when I was in that situation. So it's my...

I wouldn't say life's mission, you know, because, I do think that I love what I do and I just want to

see, you know, my patients and the wider public really benefiting from this because I see it every single day in my patient population. see it in my own family, the changes that they have made.

This fantastic. mean, I have so much respect for you and I appreciate you so much because it takes a lot to sort of step back and reevaluate what you're doing because you didn't have any incentive to you didn't have to change anything about your practice. You're well established. You're you're getting paid well. You're seeing lots of patients and you could just keep doing the same thing every day and not worry about it. But you had that core conviction and dare I say discontent.

feeling that you weren't doing enough for what you were doing wasn't helping patients the way you wanted to help them in a deeper and more substantial way. And so again, you are not a typical doctor. And that's what I think is so fantastic about you that you are willing to read and research on your own and come to your own conclusions and then help patients adopt a plant-based diet, help them change their life and their lifestyle.

And so I'd love for you to talk about specifics in terms of like, let's we'll start with polycystic ovarian syndrome, PCOS and what you found with the research show like what's causing it, why nutrition, how nutrition affects it positively or negatively. Can we dig into that?

Speaker 1 (10:57.728)

Yeah, so polycystic ovary syndrome is a chronic condition. There is no cure for it, but you can certainly control it, which is what our book suggests is how do you regain your hormonal health is the most common endocrine or hormonal health condition that affects people of reproductive age, women and those who are assigned female at birth. And the statistics say one in 10. But if you actually dig a little bit deeper and.

In my own experience and looking at lot of subgroups, know, those who cannot get pregnant, those who are, you know, carrying excess weight, know, overweight or obese in medical terms, those who have are from Asian or Hispanic or other ethnic subgroups, they seem to have risks of getting the condition as high as one in four. So that is a epidemic, you know, not a pandemic, but an epidemic.

And so it's really important to understand that this is a chronic condition that people are not talking about. \$8 billion US dollars was spent, I think, in 2020, which was spent on polycystic ovary syndrome, dealing with the complications and the fallout, such as gestational diabetes and type 2 diabetes. Half the women under the age of 40,

those who have PCOS and who carry excess weight will become frankly type 2 diabetic by the time they're age 40. So it's a huge public health issue, but nobody's talking about it and three out of four women never get a diagnosis. So it's the most common endocrine condition that has effects on the metabolic health, the reproductive health and psychological health. It has a huge

genetic background.

So often there will be male members in the family and men can also have PCOS characteristics too. So those men who have, you know, frontal balding have got metabolic syndrome, who carrying excess weight. If you have parents or father or brother with that, if you have a mother or a sister with polycystic OB syndrome, your chance of getting the condition is super increased. So this condition is a very complex genetic condition that is affected by the environment. So

Speaker 1 (13:08.428)

That is where lifestyle comes in. And we think that in about three quarters of the patients of people with PCOS, insulin resistance seems to be the driver. So think of polycystic ovary syndrome for those who are listening as a close cousin of type two diabetes. So your tissues over time get resistant to the action of insulin.

Usually and primarily because of the sort of things that are bombarding the cells and usually that is increased levels of fat. And generally that fat is coming from saturated fat. So from meat and dairy and things like that. we know that when and about seven to eight out of ten women with PCOS will actually be carrying excess weight, but two out of ten don't. And even in those situations, they can have insulin resistance. So it's not

a one size fits all, we do know that when you are carrying that genetic tendency, then this condition often starts around puberty, but it's extremely hard to diagnose. And the reason it's so hard to diagnose, Chris, is because nobody is joining the dots. Why? Because there are some particular symptoms. So this endocrine condition, endocrine basically means

that these are chemical messengers, hormones are chemical messengers that are secreted in one part of your body usually, and they have an effect on a distant part. So example, follicle stimulating hormone from your pituitary gland, which is controlled by the master switch, the hypothalamus works on the ovaries in a distant part of your pelvis and affects the production of hormones like estrogen, testosterone, and progesterone. And all those three hormones are present in men, they're present in women, it doesn't...

It just depends upon the age and the stage. So what happens is there are three criteria that the Rotterdam group of in 2003 group of experts sat down and said, we need these criteria to one of these three criterion have to be met to diagnose somebody with polycystic ovary syndrome in the adult. In a teenager, you need to out and I'll explain that. So out of the three, you need the first one is the most common one.

Speaker 1 (15:18.83)

which is where you're not releasing eggs often enough. So an ovulation or oligo ovulation and that how does that manifest your audience might be hearing it and they may be having periods that are irregular. The normal period tends to be between 24 days and 35 days, but most women should have a period 24 days, 25, 26, 27, or they have a 31, 32, 33. They shouldn't be

swinging widely from 24 to 35. But if you notice that your periods are coming 45 days,

Next month, they're coming 37 days. Another time that you're missing two months. And if you're missing more than three months, all these things are a suggestion that there is something going on. Now, polycystic ovary syndrome is a diagnosis of exclusion. So you have to rule out more serious conditions, know, a growth on your ovary and things like that. But this is the most common symptom that people may complain of is irregular periods because of a lack of releasing an egg every month. You're already born with the number of eggs in your ovaries.

The second criteria is science or lab diagnosis of androgen excess. So androgens you would have heard of testosterone. It is not a male hormone. It's a hormone that all of us produce. In fact women in the reproductive age group all women not just PCOS produce four times listen to this carefully four times more testosterone than estrogen. That is mind-blowing because that is the precursor. We just don't get changed to a complex pathway into testosterone testosterone or androgens become

into estrogen. So without testosterone, there is no estrogen. So when you have signs of excess amounts of androgen, especially testosterone, what happens is you may have symptoms of cystic or adult acne, painful acne on your chin, on your chest, on your back, after the persisting after the age of 25, not the little acne that one gets on the forehead. So acne excess hair growth in places that you don't want it. So, for example, on your chin, on your chest, on your back, you may have

loss of hair from the top of your head, scalp thinning. So those are signs of androgen excess. And then, so that's the second criteria. So if you have both these two, your doctor can pretty much confidently say that you have PCOS, but we tend to do lab tests, particular hormonal tests to check things like free androgen index and the whole lot of things that I describe in our book.

Speaker 1 (17:38.184)

And in the adult, may also want to do an ultrasound scan. You want to check whether the ovaries have any tumors on them and the adrenal glands and, know, particular hormone tests like DHES and all that. And the ultrasound shows some characteristic features. Imagine a pearl necklace or a rosary, and that is sort of little immature egg follicles. These are not cysts. It's a misnomer. Polycystic ovaries are misnomer. It's tiny little these little follicles arranged like a pearl necklace.

and they have a typical appearance on the ultrasound. Not everybody will have them. So you have to have two out of these three criteria. But if you are a teenager or an adolescent, need to have either you need to have both the signs of androgen excess or lab diagnosis and irregular periods or no periods. Ultrasound is not a useful way of diagnosing in teenagers because of the fact you may still do an ultrasound.

but it's not a useful way of diagnosing PCOS because young people often have what are called

multicystic ovaries. So they're just, the body is getting ready for a lifetime of releasing eggs. And so it might confuse the amateur sonographer to think that it is polycystic ovaries, but it's actually diseases does start in the puberty. It takes often a lifetime, but three out of four people don't get a diagnosis because...

of the symptoms being so disparate. you can also, so these common symptoms, most people would have heard of irregular periods, acne, excess hair growth, loss of hair, but you can have excess body weight. It's the most common cause of infertility. There are other symptoms, anxiety, depression, obsessive compulsive disorder, increased societal behavior, as well as daytime sleepiness, sleep apnea where your sleep stops and it's going to be very dangerous situation.

type two diabetes, insulin resistance, changes in the skin, dark patches on your neck and in your creases. So these are symptoms that if you're not looking for, you may not know. But also what happens, Chris, is that if I'm having irregular periods, I might go to see a specialist like myself, a gynecologist. But if I'm having no problems with my periods, but I'm noticing that I have a lot of acne, I might go to a dermatologist. I might go to a...

Speaker 1 (19:51.576)

beauty therapist for laser treatment for my excess hair. I might go to see an endocrinologist for my insulin resistance. I might go to see a dietitian for weight loss. I might go to see a therapist for anxiety and depression. And you know what? Nobody is joining the dots. So my wish is for you as a listener, you as a patient to actually join the dots and tell your doctor.

I think I may have this condition. It is not normal for and I have so many patients where they have seen doctors and been told, go away, come back when you want to get pregnant. That is not the purpose of the sole purpose of why somebody is on this earth. OK, to reproduce, we need to have a good quality of life as well. So it's really important that you look for an empathetic but highly qualified health professional. Don't listen to misinformation. Also understanding the really.

huge role that lifestyle plays in the top 10 chronic killers. And in polycystic ovary syndrome, Chris, there are some long-term problems. So we talked about anxiety, depression, OCD, gestation. Then there are problems in pregnancy, gestational diabetes, increased miscarriage, all these sort of complications. And then you go on to later on in life, women are at two to four times increases of developing womb cancer because they have unopposed estrogen,

as a result of polycystic ovary syndrome, especially if they're carrying excess weight. So they have increased risk of endometrial cancer. They have an increased risk of type two diabetes, especially before the age of 40, they have increased risk of heart disease. And so it is so important. We have a whole chapter of PCOS in menopause as well, because many women haven't ever had a diagnosis and then wondering why they are still having particular symptoms. And so it's so important to empower yourself, but also I want...

health professionals if they're listening in to actually educate themselves and realize that there is so much that lifestyle can also offer. And at the same time, I also want to tell the plant-based community that don't shirk medications that can actually change your quality of life. You have one life. So make sure that you, yes, you do the research, but from peer-reviewed papers and from bona fide sites so that you can actually get the best.

Speaker 1 (22:09.848)

health advice that you deserve, listening just to one source, but also understanding that there is a place for lifestyle for everybody. And there's definitely a place for surgery and medication for some people that need it. Not all, hopefully, but definitely you want to keep that. Because if you're born with a bad genetic card, what do you do? You have to do that. So it's important to understand that.

How have you seen a plant-based diet help your patients improve polycystic ovarian syndrome or perimenopausal? What are the measurable benefits either scientifically validated or just observationally from your practice? What have you seen the benefits?

So I'll just give you one interesting case, for example. Yeah. So there was this young woman who had been diagnosed with polycystic ovary syndrome. She was on the pill. Then she ended up having a road traffic accident and developed a clot in her lung. And so she was told you shouldn't really be taking the pill. And so she stopped the pill and she stopped having periods for over two years. And she was a lawyer, very intelligent girl, went on a low carb, you know, keto type.

diet, Atkins diet, think she did, sorry. Anyway, she tried all kinds of diets, her periods never came back. And then something else happened and she was cross referred to me and I said, are you willing to work with me to go plant based? You know, I could do it over three months. And so she said, yes, I'm actually willing to do it. And you will not believe this within a month, within a month of changing her diet.

The following month, she actually saw a period and went on to have regular cycles. She went completely plant based. She then went on holiday and her grandmother and somebody else convinced her to, you know, change her diet back again. And boom, her period stopped again. So that is the power of plant based diets that I see regularly. Women getting pregnant, women starting their periods after not having had periods for long time. Because what happens is

Speaker 1 (24:18.902)

When you eat a plant based diet that focuses on fruits and vegetables and legumes and beans and green peas and lentils and soya and nuts and seeds and herbs and spices, what happens is it's a nutrient dense calorie light way of eating. And there are lovely studies to show how soy and I know soy can be demonized a little bit in the plant based community, but it's really important to understand how soy works.

And soy has got a lot of cancer reduction properties, reduction of cancer, colon cancer, prostate cancer, breast cancer, ovarian cancer, liver cancer, because it works against...

angiogenesis of stopping the tumor cells from developing their own blood supply. It also helps in polycystic ovary syndrome by reducing not just the lipid levels and cardiovascular health, but also by helping you lose weight and improving your androgen levels and improving your estrogen levels by dropping them unnecessarily, you by blocking the unwanted estrogen. So

The way, so most of the myths that come about, so I is to do with this phytoestrogen property or the plant estrogen property that it has. But it's a very clever bean, actually. It's like Jack and the Beanstalk. I always and I have a whole chapter dedicated to the understanding so why it's so important, even if you have thyroid disease or anything, it doesn't matter. You just have to separate it out by a couple of hours from your thyroxin. But.

What it actually does with this plant estrogen activity is that it's got very weak estrogen activity because it only blocks the beta receptor. It doesn't block the alpha and the beta receptor that mammalian estrogen. So the estrogen that's floating around in your body, in your body fat and that is why losing weight helps to reduce breast cancer and improves polycystic ovary syndrome because it drops the body fat within the cells and drops the estrogen levels. But what soy also has is an anti-estrogen action.

Speaker 1 (26:13.174)

So depending on where it is needed. if you have too much estrogen floating around in the body, go quickly and block that estrogen from from taking hold, which means that it will reduce the risk of breast cancer and things like that. But in puberty, it will actually help with breast growth. So it will help to prevent osteoporosis. It will help to reduce hot flushes. So it depends upon what action is needed. And it works around that because it has got this what is known as selective estrogen receptor modulator activity.

So we know that you should be focusing, most adults or all adults should be focusing between two to four portion unless you're allergic to soy, which is very rare. But it's important to know that if you're allergic, that's not for you. focusing on minimally processed soy, which basically means tofu, tempeh, natto, miso, soy milk, soy yogurt, those are the sort of things that you want to focus on. Fortified soy milk is what I would recommend because it's got calcium and vitamin D in it.

And so it's important to know that plant-based diets, especially focusing on these healthy nutrients will make a big difference in polycystic ovary syndrome in painful periods, in heavy periods. Neil Bernard has done a wonderful study on painful periods and plant-based diets. He's also done a lovely randomized control trial on menopause and eating half a cup of soybeans, mature soybeans every single day in the presence of a plant-based diet, but just soybeans itself reduced

by 84 % hot flashes 84 % that if it was a drug would be absolutely flying off the shelves. But that doesn't matter that should not stop you from doing lifestyle changes, ensuring that you have good sleep, ensuring that you stress less, ensuring that you have a lot of friends, ensuring that you have a purpose, ensuring that you don't drink alcohol or keep alcohol to a minimum. You don't smoke. You want to eat a plant based diet as

predominantly as possible. You want to move your body. These are the six lifestyle pillars that will make a difference whether you are somebody who wants to prevent breast cancer, you want to treat breast cancer and soy is safe in breast cancer, even in estrogen-receptive breast cancer, whatever people may say, there are good studies to show that. The other important thing to understand is that it will help you with painful periods, heavy periods, endometriosis.

Speaker 1 (28:34.924)

We know the nurses health study showed that those who eat citrus fruits and green leafy vegetables have better control and lower risk of endometriosis. It's not a hundred percent, because these are going to genetic condition, background of genetic condition, but you can control symptoms better on a plant-based diet because it reduces inflammation. That is the key with plant-based diets and polycystic ovary syndrome as well, because advanced glycation end products that comes from barbecue chicken and barbecue meat,

and things tend to fuel this inflammation that ages your tissues, ages your ovaries. So it's so important to understand why you're eating plant-forward. Why do you need to exercise? Why do you need to sleep your seven to nine hours? Once you understand the science behind it, then there's no separate diet to look younger. There is no separate diet to prevent cancer or manage cancer. There is no separate diet for any of the women's health conditions, whether it's menopause or perimenopause.

And perimenopause can start, you know, six, seven, eight years before your periods finally stop. So, you know, it's never too early or never too late to bring these changes about. that is what I want people to understand that even if you make the smallest of changes, just start with breakfast, then maybe make a change, you know, for lunch and then maybe have a whole day of eating plan based.

Maybe you just start moving your body for 15 minutes, maybe dance in your room, maybe do a little YouTube video. It doesn't matter what you choose. Maybe you actually have to have watch a comedy show so that you can actually laugh so that even if you don't feel like laughing, you start laughing. Maybe you have to go and volunteer in a community program. Force yourself to do these things initially so that you get that benefit. So that is what I'm hoping.

that will be the message I'm hoping I've got across to your listeners.

Speaker 2 (30:28.974)

I love so much of what you said. First of all, the anecdote of the woman who regained her period after going plant-based is wonderful. And the thing is, this is something that has no risk, right? There's no risk to changing your diet, to eating more fruits and vegetables or eating exclusively fruits and vegetables. And there might be a huge reward, which is that you resolve some serious or just really frustrating chronic health conditions. And so if I understand you right,

You're saying that a plant-based diet reduces perimenopausal symptoms, reduces period symptoms, make, again, perimenopausal and menopause more tolerable and easier. And of course, I love the fact that you talked about soy because we agree soy is a health food. It has been wrongly demonized and it is a wonderful anti-cancer food and

Yes.

Speaker 2 (31:27.554)

Blocks excess estrogen in the body. So it does the opposite of what it's claimed to do. Which was everybody's afraid that you're consuming more estrogen when you eat soy and it's actually reducing your estrogen. But there's one thing also wanted to jump back to that you mentioned. And again, these lifestyle choices are so important because I know you mentioned obese. You mentioned being overweight or obese multiple times in our in our conversation and. You know, getting that excess weight off is so important because.

Being overweight and obese, is the second leading cause of cancer. is the leading cause of diabetes and heart disease and leading to PCOS and almost every chronic health problem.

Endometrial cancer, breast cancer, all these things. If you have that genetic tick and then you bring these lifestyle factors, then it's a ticking time bomb. And so why not find the delicious? There's no deprivation here. It's a joyous way of living. It aligns with your morals. It aligns with how good you feel, how energetic you feel. It also helps planetary health.

It helps reduce animal suffering. You know, it doesn't matter which way you look. There is no argument against it. You know, the arguments that people put aside and put forward is B12. I'm sorry. Most animals have to be injected with B12. B12 is a microbe. It is not produced by animals. Just like, you know, omega fatty acids are not produced by fish. It's produced by algae. So why not just take those cheap supplements so that

you can actually maximize your health, planetary health, and reduce animal suffering. To me, it's a no-brainer, but it's cultural, the way people think, the way they have been sort of not groomed, but exposed to thought that it seems extreme. But actually, when they do it,

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people. know this was 22 years ago that I changed the way I ate. Of course, for me, I was in a better position because I never tasted, you know, fish or beef or any of that. So I know that this supposed to be very delicious food, but I was vegetarian and I had tasted chicken. But I

understand it's a big leap for people. But once you understand that actually you can live a much better, healthier life. And for a lot of people, you know,

being overweight is really they think about it all the time. so 74 % of our population is now carrying excess weight. And so even if it is not, if it doesn't bother you, that's a different matter, but it comes with a lot of medical conditions as well as the fact that it comes with, you know, a lot of people having poor body image, especially women. I see my patients having this sort of

yo-yo dieting and they'll often come and say, Dr. Bajajkala was really good, but I was really naughty on the weekend and I had a piece of chocolate cake and I say that's absolutely fine. That is what it's meant to be. It's a treat. It's a treat. There is no good food or bad food. As far as I'm concerned, every time you put a donut in your mouth, you're missing the chance of eating a bowl of mango with dark chocolate drizzled on it with some blueberries. Every time you eat an omelet, you're missing the chance of eating a delicious

tofu scramble on sourdough bread with avocado, and I have wonderful recipes on my website. And so I don't know if you can share it in your notes, but I have loads of recipes. I'm very active on Instagram and all as well. But what I'm saying is that we all actually eat a certain amount of food every day. And so you can choose to make it delicious, healthy, and you can decide, you know, if you want to add some oil, that's fine.

If you can cook without oil, that's even better. And you get your fats from good, healthy whole food sources. Yes, you can have a bit of really good extra virgin olive oil, especially with those who don't have weight issues and things, but you've got to be careful. A lot of things are sold as extra virgin olive oil and they're actually fake. So it's important to understand that you look at the food and see how whole it is and try to bring that into the food. And then if you plateau with weight and things, you might need to work with the plant-based nutritionist.

Speaker 1 (35:47.742)

and our dietitian, but you most of the time you can actually along with some exercise, you can tone your muscles, do strength training really important for menopause and perimenopause and for all strength training, especially your resistance training is highly important for improving insulin sensitivity. You know, this is all like a whole day session. If you're to talk about women's health. But what I'm trying to get across is that really when you eat nutrient dense calorie light foods,

you can then stop focusing on weight loss as a goal. I always tell my patients, look and think, what do you want? I want to avoid having really bad menopausal symptoms. I want to play with my grandchildren. I want to have children. I want to have less painful periods. want to run a marathon. It doesn't matter. Choose a goal that is not weight loss related because we know that anybody who tries to lose weight will often put it back.

on within a year, two years and definitely within five years. And so and sometimes you also don't

want to wish for things because people often say, I just wish I could be a size zero. You don't know what chronic health condition will make you end up losing a lot of weight that you didn't want to ever lose. So instead, don't focus on weight loss. Focus on bringing joy into your life by eating the right foods, by laughing, by doing good in the community, having a purpose. And that purpose could be

just getting up and going for a run or looking after your grandchildren or children or doing community work or helping out in a local club. It doesn't matter what you choose, but have something that makes you want to get out of bed because this is a beautiful, we won the lottery. When people buy lottery tickets, always wonder, you know, we've won the lottery, the chance of us being born and actually not being oppressed. you know, when you look at people in regimes around the world,

every single day, try and bring in gratitude practices, write down a few things so that you can think, you know, I'm glad to be and we have a whole lot of affirmations in our book, Chris, so that people often really suffer from negative thoughts. And so it's useful. It sounds really fake. Why am I telling myself I'm strong and beautiful? I can do this. I'm enough. But when you tell this enough to yourself, then there's less space in your head for negative thoughts to come in. So I hope I've been able to sort of.

Speaker 1 (38:11.49)

give your listeners some hope and that they will continue to follow your journey and do all the amazing things that you advise them to do.

was a fire hose of wisdom. That was really, really good. I just, yeah, I was agreeing with everything you said. I didn't want to interrupt you because it was, just on a roll. you know, I think the big takeaway here that is so important is that the really simple things that anyone can do have a tremendous impact on your health and your life. Eating a plant-based diet, exercising, developing...

Can I have

Speaker 2 (38:49.42)

relationships, serving in the community, positive self-talk, right? All of those things are so wonderful and are really available to almost anyone, right? These are.

don't have to start on all six at the same time. You can just find one of those things. I like music. I think I'll start by just moving my body and dancing in my room. When you do that, you're less likely to reach for a bar of chocolate and more likely to reach for a bunch of grapes. So, you know, it's like a domino effect.

Yeah, it, right, you can't change it all at once, but once you start down the path, you realize, wow, well, I changed this, this, my own personal journey was once I adopted a raw food diet, I

was like, wow, okay, now what else can I do to help myself? And so that was like, that was the first step for me. And so for some people, like you said, it might be starting to exercise or it might be starting to eat more fruits and vegetables, but whatever it is, that's really where the hope is that we help patients.

HIZZAH!

Speaker 2 (39:51.67)

and people get out of this victim's mentality where they feel like, you know, they're just a victim of disease and there's nothing they can do about it. And their only hope is surgery or drugs when it's like, no, you, there's, you have a part to play in your life and your health.

Yeah, Steve Redgrave said, you know, I'm not going to live with diabetes. Diabetes is going to have to live with me. You know, and so it's so important to understand and also meeting the person where they're at. You know, there's no point saying Japan has 10 fruits and vegetables in a day is the portion UK has only five and Canada has 10 or Japan has 13, you know.

It's important to understand that if my patient has never eaten, they'll say, but I my daughter hates fruit. I say, OK, is there any fruit you like? I like satsumas. OK, why don't you start eating a satsuma a day? I can do that. OK. And then the next week. I like grapes. OK, so why don't you add some grapes in and then maybe you'll add something else in. she hates vegetables. Does she like cucumber? she loves cucumber. does she like carrots? Yeah, she likes that. Does she like green peas? yes, she likes. So suddenly

From somebody who hates vegetables, you're starting to bring in some hummus with some carrot batons and some cucumber. And suddenly the teenager's eating that and then she's eating some olives and then she's eating some greens, you know? And before you know, she's having pasta with lots of vegetables in it. So, so it's really, it's nothing small rather than telling them, yes, the ideal goal is you want to eat a big salad, have a big soup.

You want to start every meal with a salad. Yes, that's great. But what if you've never done it? And also telling people to shop because people live in food deserts in the US, even in the UK. So learn to try and find supermarkets at the end, the closing time when prices have really dropped on their produce because nobody wants them go swooping and get all that, all the beans and all the stuff. Go to your world market shops.

Speaker 1 (41:57.098)

and to outdoor markets which sell produce at a much cheaper price. And if you go to Indian shops and South Asian shops and things like that, you will get wonderful beans and legumes and vegetables and things that are so much cheaper. learning how to shop to suit your budget, don't have to eat avocado and kale and superfoods because everything is a superfood in its own right.

It's just important to understand to be kind to yourself and to start where you can. Some days you just may not want to exercise, might want to sleep in a bit more. So once you slept, you get up, you feel refreshed, then you go for a walk. And when you go for a walk with a friend, you laugh, you laugh, you come back home. You're not going to reach for the piece of cake. You're going to hopefully want to reach for a lovely colorful salad with hummus in it and a bowl of mango. So that's what you do. And then you want to then exercise and maybe, you know.

do something else. And so that's the circle that you can slowly start stepping into and you'll just be rewarded day after day after day and be kind to yourself. Some days you don't want to do anything and don't kill yourself just because you've eaten a whole packet of biscuits. Done that, move on and don't do it again tomorrow, you know.

That's great advice, Dr. Bajekal. Thank you for your time. This has been really fun. let's make sure people know where they can find you.

So I have lots and lots of free fact sheets on my website. So nitubajekal.com, N-I-T-U-B-A-J-E-K-A-L.com. If you just put in my name, you'll get that. I'm also active on social media, on Instagram to try and educate and to myth bust, on TikTok and on Facebook as well, I think. So I'm available in a lot of places.

Speaker 1 (43:46.51)

And hopefully all the fact sheets that I have on women's health and lifestyle medicine and the recipes and the number of podcasts that I've done on various topics will actually help guide you. And of course, our book, which I wrote with my daughter, Rohini, who is a nutritionist and a lifestyle medicine professional herself, *Living PCOS Free* is not just for people with polycystic ovary syndrome. It's got so much.

Part two, part one and part four are just full of information for everybody from sleep to recipes to affirmations to soy to how our body works. So really there's so much of information that I feel I'm hopeful that people will find helpful from what I've been hearing. I've got very, we've got very good feedback. And so that's my only hope. I think that's what I've been put on this earth for. So I hope I can continue helping people.

Well, it's clearly you're living your passion and I think it's just fantastic. So everybody, thanks for watching. We'll put links to connect with Dr. Verjekel in the show notes so you can find her on social media and her website and her book. And please share this interview, help us reach more people with this message. It's really a very simple one that if you're willing to change your life and really orient your daily routine towards healthier choices,

you can make a huge impact on your health and your life. And you can improve and even heal chronic disease. You don't do it overnight, but it can happen over time. You just have to be consistent. So that's the message. I'm so glad to connect with you again, Dr. Bajajkal. Glad we're on the same team, cheering people on with all this good healthy stuff that we both have

come to enjoy and benefited from. So thanks again.

Thank you. Thank you again, Chris, for having me on.

Speaker 2 (45:41.23)

Okay, everybody. See you later. Bye.