



- Taren: Give me one good reason that I should continue listening to your advice when you think that cashew butter is the best butter.
- Kim: It is the best butter.
- Taren: No, it is not.
- Steph: What do you mean?
- Taren: Worst butter. Worst butter of all butters.
- Steph: Who are you? I don't know that we can be friends.
- Kim: Yeah. Who am I married to?
- Taren: Don't even know you.
- Kim: I'm on team Steph with this one. Cashew butter is the top butter.
- Steph: Oh, thank you.
- Team cashew butter. I love it.
- Taren: All right, give me the ranking of your butters in order of most to least enjoyable butters.
- Steph: Well, that's something I've never considered. Wow. I think I'd have to put peanut butter next, number two. I'm a massive fan of peanut butter.
- Taren: I know, it's like crack.
- Steph: Isn't it? Yeah, especially when you make it with like coconut oil, cacao, a little bit of salt, and it's been in the freezer.

Kim: You're not talking to him about this at the right time, and we'll explain to the audience why in a moment. But-

Steph: How easy is that?

Taren: I have a little tear in one of my eyes right now. There's dust in it.

Kim: Still on the butters, I will just say I tried to have pecan butter when we were in Kona. It was at one of the stores.

Taren: Oh, that was awful.

Kim: The best.

Taren: Uh.

Kim: Walnut butter and pecan butter are phenomenal.

Taren: Oh, wow. No.

Kim: Oh.

Steph: Love it, love it. All butters. What do you like, Taren, a question?

Taren: Well, peanut butter's number one, almond butter's number two, but we've done some muscle testing just for fun. I have no idea how legitimate that is, but it shows up that cashew butter and sunflower seed butter, totally okay, but peanut butter and almond butter, not good for me. So, I don't know, I have to reassess everything I thought I knew. Peanut butter is the glue that keeps my body together.

Steph: It might be some of the problems because I can't imagine that you're sticking with one teaspoon. I can see you with the whole jar, sitting on the couch with a big spoon.

Kim: Yes, you have pegged Taren already.

Taren: I don't even make it to the couch.

Kim: Yeah, that's right.

Taren: I stand by the cupboard.

Kim: It's true. And you're right, it is not one teaspoon. It is anything but one teaspoon unless you count like an ice cream scoop as a teaspoon. But anyway, to fill our listeners in, Taren is on day two of a Fast Mimicking Diet. Taren, just give the quick recap of what that means.

Taren: So that means that yesterday I had 1,200 calories, today I had 800 calories, and I have a headache. I just slammed about six pickles because I realised that my sodium is probably quite low, so I am sharp today. I'm firing on one cylinder.

Kim: And you do this for three more days yet.

Taren: Do it for three more days.

Kim: So let's ask the expert. Do you support this? I think he did this without checking with you first, correct?

Taren: Correct.

Steph: I actually learned about this on Instagram, so lucky I follow Taren or it would've been the first time I heard about it today on our call. But to start from the top, I am a big believer that fasting is a muscle, so I like all kinds of fasting, within reason, and we can get to that, but I just think it's really important that you start out where you are. Because if our listeners have never done an FMD and that's where they start, they're going to find it pretty brutal versus starting with some day-to-day, like setting up your blood sugar control, your meal-to-meal windows, extending your overnight fast and then looking at an FMD. Do you know what I'm saying? That sort of step-by-step evolution of things.

Taren: Yeah.

Kim: Okay, so you're not in trouble.

Taren: No. I'm not in trouble.

Kim: You're not in trouble for embarking on this.

Taren: I get what you're saying though. Like last year when I did the Fast Mimicking Diet for the first time, I think I hadn't extended my overnight fast yet. It was like, "All right, well, I'll start off with a Fast Mimicking Diet and then go into the overnight fast," and it was brutal.

Kim: Yeah.

Taren: Today it's not my favourite thing, but it's not awful.

Kim: You're not as edgy as you were last time.

Taren: I wasn't edgy. How dare you say that. I was edgy? No way.

Kim: See, the people out there don't know the real Triathlon Taren. Edgy is his middle name and, oh boy, does something like this bring it on.

Taren: Okay, let's talk about you, Steph, and your expertise in this. Why is fasting good, particularly for endurance athletes?

Steph: Oh, yeah, I love this question. So we want our preferred metabolic profile to be fat burning, but when we look at the endurance space, especially what's been going on up until recent years, nearly all endurance athletes are sugar burners because they've been told to eat all the carbs. They're fueling off 90 grams of carbs an hour, and they're bonking in every race that they do that's longer than a few hours. So we, of course, want to be creating this beautiful fat-burning metabolism, and fasting is just one of the strategies that really helps. I also love it from a gut-healing point of view. We know that digestion is quite costly and eating is an expensive process, whereas fasting is a-

Taren: Can I interrupt and say, ask, costly, how?

Steph: Costly how? In that all the resources are drawn into the gut, so blood flow and that can essentially play a game of tug of war with the body. We've all had that big meal where we feel really sleepy. There's multiple of reasons as to why that can occur, but one of the main ones is that all the resources are going into the gut to start to digest that food and that blood's not going out to the heart, legs, lungs, brain, etc. Does that make sense?

Taren: Yep.

Steph: And so I love fasting for that digestive ease, to help heal the gut, but ultimately for us to be fat burners so that we can become bonk-proof for these long course races.

Kim: Taren said something very interesting to me the other day. We were just talking about various strategies, and he said, in chatting with you and Dan Plews, who our listeners will know that Taren worked with leading into Challenge Roth, which was his first full distance race that he was doing some low-carb, high-fat eating. In North America, in particular, that isn't as prevalent as it may be down in Australia. We were talking about the fact that you guys are kind of ahead of the game as far as we are here that people are like, "What are you doing? You're going to give yourself a heart attack and high cholesterol," and yet he had the best race of his life, and it was a great strategy for him. Obviously, Dan is working with, and Dan is the reigning amateur champion at Kona on that exact type of diet. Clearly, it works, but I think it's interesting that here in North America there's still a lot of pushback because people haven't really caught on, or it hasn't caught on here yet in quite the same way. Would you agree?

Steph: Yeah, we're seeing that quite a lot actually. Like some of the people that have been contacting me after hearing or listening to Taren and I on YouTube are a bit the same. They've been looking for someone to guide them, and they haven't been able to find anyone over your way. Yeah, they're quite surprised that those of us down under, so to speak, are well ahead of the game. I guess that it just comes from a few of the specialists that are really doing a lot of work over here, but at the same time, there are still many triathletes that think it's BS. They still are very into their carbs and will demonise anything that's about fat burning. So there are critics everywhere you go.

Taren: Yeah, I can say from my experience that when I reached out to you, I think your first question was, "Well, why don't you find somebody locally?" I said, "Well I tried." There's nobody. Honestly, I tried, Steph, and it was so tough to find anyone in North America. And you said, and Dan actually said something similar around the same time. He's like, "Oh, just been into this high-fat thing for so long, it's kind of done." And up here it's like it's foreign. And I can say that when I was racing Roth, it was carnage. It was like every 10 feet there was somebody puking in the bushes or bonking or walking, and I actually thought, right up until about 27K, and I was like-

Steph: Of the run.

Taren: Of the run, and I'm like, "I don't deserve for this to feel this easy. This is an IRONMAN." But meanwhile, it looked like the beaches of Normandy with the amount of people that were going in and out of the bushes and stopping. It was wild. Yet people think, "More carbs."

Steph: Yeah, like I said, why would you train for 16 weeks of your life or longer, in many cases, to have your day unravel because you've got your pants around your ankles. It's just-

Taren: Literally.

Steph: ... unnecessary. It's totally avoidable. Yeah. But Australia's ahead of the game, but I still think we've got a lot more work to do in this space because, Jo, you were talking about the-

Taren: Oh, Kim.

Steph: Sorry, Kim. Kim. Pardon me. Kim, you were talking about the-

Taren: I thought you said Jo, and I was like, your pal Jo? Do you have a friend Jo? Okay. Don't feel bad, Steph. I once called, who was it? I called-

Kim: Mel, your camerawoman.

Taren: I called Mel, my camerawoman, my wife, Kim. Once. I'm bad with names.

Taren: I am very bad with names.

Steph: I'm getting on my soapbox. I'm getting carried away. Yeah, like you were saying before, Kim, about the saturated fats and the heart disease, that's a huge myth that's been going on in the space for like 50 years, right? So we've gone from that fatphobia, and now we're going to be carb phobic. It's messy, so we've really got to look at getting our facts right and making sure people are getting their information from the right places.

Kim: Well, and it's not just among the athletes themselves. I had just my regular yearly blood work done. My cholesterol was a little bit high and my doctor said to me, "Well, there's some reasons. It could be ..." I work with a naturopathic doctor, functional medicine

physician. Got it all. Everything is under control. There's specific reasons for that going on. But my GP, who ran the blood work, very conventional doctor, said, "All right, you're going to have to change your diet right now. I'll give you three months, no eggs, no beef, no pork. Just lots of vegetables, only chicken breasts, and in three months if it's not better, we're going to have to put you on some pills." And I said, "Okay," and I walked out shaking my head and sighed, "In hell I'm going on statins, and we will get this figured out," but the point being, even medical doctors still aren't up with that kind of research. Telling me, "Eggs. You're never going to look at an egg again." Okay.

Steph: Yeah, I agree. And it's something that has to change, especially because we now have seen a huge list of side effects of statin drugs that people aren't told about when it comes to that first prescription. But the issue is that having high total cholesterol is not the problem in the first place, so that is the biggest myth of the last five decades. Cholesterol is vital. Without it, we would die. Our brain is 25% cholesterol. All of our hormones are made on cholesterol, so suppressing it is disastrous. And the other thing that that doctor and many need to remember is that dietary cholesterol affects things about 1%. So changing your diet is not going to change your total cholesterol unless of course, you've got a genetic condition, and we need to stop demonising whole foods. Full stop.

Kim: I fully agree with you, completely and totally agree with you. And that's the funny thing, I was sort of explaining to Taren the possible connections that could cause your cholesterol to be high without having anything to do with your diet. And you know, this is of course news to him. He'd have no reason to know it, but most people don't know that, right? It's just the doctor says. But unfortunately, our medical professionals here still, well, and in many places around the world, are just not up to date on the most current research. And that's a little scary because a different person might have been in that office and said, "Okay, well just give me the prescription now, Doc." You know?

Steph: And many do.

Kim: And so it's interesting that we're talking about this today, right? The timing was interesting, but yeah, very good info.

Taren: Can I play devil's advocate here? What are the downsides to getting away from carbs and adopting a more low-carb, high-fat diet? Because there's got to be some, or at least perceived downsides, because I remember a few years ago when I was eating more plant-based, more vegan. I was never vegan, but we were like 80, 90% plant-based. And I remember the vegan propaganda that was starting to pop up in Facebook as the algorithm does. And it was like, "Keto diet is the least healthy of 50 diets as said by a panel of doctors." So where is this coming from? What are the potential negative outcomes that are causing this?

Steph: Well, I think we have to define what keto is first because there are a lot of people who think keto is meat with cheese on top. And of course, that wouldn't be a diverse diet, and you'd be missing a lot of macro and micronutrients. So we've got to look at the definition because when I talk about what is LCHF, so lower carbohydrate, healthy fat, it is actually mostly plants, with moderate amounts of quality protein and the right

balance of healthy fats. We can define that further. But you know, Taren, you and I have been talking about resistant starch, and I saw your Instagram where you were talking about the cooking and cooling of the potato, and it's the thing that really feeds the microbiome, right? So it feeds the trillions of bacteria that largely live in our large intestine. So one of the problems with going to low carb is if you don't know about prebiotics and resistant starch, you will starve your gut and create dysbiosis. And so that's when keto can be unhealthy. That's when low carb is a problem.

Taren: And what happens if you create dysbiosis?

Steph: Well, many things. So firstly, if the beneficial bacteria are starved, it will create space for something else to grow in that environment. So we usually see a pathogenic overgrowth of what was a commensal bacteria. So let me break that down. A commensal bacteria is something that's beneficial in small amounts, like candida is beneficial in small amounts, for example. Yet, if these are allowed to grow, then that creates symptoms, whether it's more typical digestive symptoms like IBS, bloating, gas, diarrhea, constipation, or it's more systemic in nature.

So dysbiosis can cause skin issues. It can cause mood issues. Obviously, our gut and brain are connected by the vagus nerve so that communication is very clear. It can cause inflammation in our joints. We always say that all disease starts in the gut and so, too, does all health. So we're not just looking at specific gut symptoms, although that's definitely something to investigate. We've got to look at our overall health and any symptoms that we could definitely improve by avoiding dysbiosis or treating it if it's already there.

Kim: One thing I just want to throw in here, I love that you said lower carb, healthy fat as opposed to low carb, high fat, which is how it's most often represented, at least in North America, and that like you said, I think that gives people permission to eat meat with cheese and that's their diet, because well that's what it's called, low carb, high fat, and I love the reframing. Lower carb, healthy fat. That needs to catch on over here.

Steph: Please enforce that, because I say lower deliberately, right, because it's lower in the food pyramid, which is a very good thing. We all know the food pyramid is a huge reason, as to why we've got the health crisis with not only overweight and obesity, but conditions that are avoidable like type two diabetes. And we look at the food pyramid and it's got this recommendation of somewhere between 400 and 600 grams of carbs per day, and that's just ridiculous, versus lower carb could be 50 grams of carbs a day if you're dealing with a metabolic condition or it could be 150 grams of carbs per day if you're a lean, male athlete.

So it's this spectrum that still allows for lots of plants, resistant starch, fruit. Foods that are natural, whole foods that are the most nutrient-dense, that are very important for our health, and performance, and longevity. And then, of course, fats are really important to define. I think we need saturated fat. So, of course, we need coconut oil, MCT, grass-fed butter, the fat on our meats, and so on, but we don't need to be living off those foods. I prescribe about 20% of our total fat intake from saturated fat, and the rest largely from omega-3, which are our olives, olive oil, oily fish, avocado, nuts, seeds,

so those anti-inflammatory fats. So we want mostly those, not the cheese and steak that we see in that more conventional keto/Atkins from back in the day.

Kim: So we'll talk a little bit more about this as we go forward. I think we should probably address a little bit of your credentials and your history, which we did talk about a bit about in the-

Taren: Yeah, we got into the weeds there really quick.

Kim: Yeah, we jumped right in. But-

Taren: I like the weeds. I'm a fan.

Kim: But we talked a little bit about this in the intro, but you have a bachelor's degree in exercise science, postgraduate degree in human nutrition. So you are well educated, you know your stuff, and you've kind of been through the wringer with your own health. Taren has in our notes here that you were overweight, so unhealthy your hair wouldn't grow, food controlled you, and then some big changes started that ball rolling to change everything. So maybe take us back a little bit.

Steph: Yeah, it feels like another lifetime. It was that long ago now. It all started when I was a teenager and I wanted to lose weight, and what I learnt from Dolly and Girlfriend magazine back in the day was that you had to count calories and eat low fat. So that's what I did. I didn't just do it a little bit. I did it very well. Like I was moving house the other day, and I found this scrapbook. I used to cut out every single article on food, calories, low-fat dieting, and paste it in this scrapbook and obsess and just learn everything that I needed to learn. I used to carry around this calorie-counting book. It helps me to this day. I can still tell you calories in food at levels that aren't normal, but that's where it really started with my eating disorder.

And in my mind, if I lost weight I would be happy. So all I did was focused around losing weight. But of course, I lost my menstrual cycle, my hair wouldn't grow. I wasn't fuelling my body, not to mention my brain, and so I was really suffering hormonally but also from a mood point of view. So you're not going to be surprised when I then tell you that I got to what was skinny in my mind, and I wasn't happy. So I still had all of those symptoms that I didn't realise I was making worse with my eating disorder, with not providing my body with quality fats for my hormones, with quality fats for my brain. It's really crystal clear that this is not an uncommon scenario that we see off the back of the low-fat era and the abundance of calorie counting programs that we have with the ... I won't mention any brands, but the companies that have that-

Kim: I will, I have the Weight Watchers book in my bag all the time, so I know all about the calorie counting. And I mean, yeah.

Steph: Yeah.

Kim: And that's probably one of the more common names in North America. My Mom did it. I did it. My friends all did it. We all had the book. We all had it in our bag all the time.

Steph: Everybody had it.

Kim: Yeah. Anyway, continue. Sorry.

Steph: Absolutely. And so yeah, all the programs are low-fat, because essentially, fat is more than double the calories of a protein or a carbohydrate, but we know that biology is not math. Anyway, back to my story, I was still really unhappy and I was almost prescribed antidepressants. At the time I must have known better, although I was probably about 18 from memory, and then I met someone who encouraged me to go gluten-free. This is probably nearly 15 years ago now before I even knew what gluten was, before we could find gluten-free items on a menu. Someone quite famous now who is more of a healer, for want of a better word, and he basically challenged me to go gluten-free to see if that would help my symptoms, my mood and how I was feeling quite on the border of depression.

I was pretty desperate, so I was willing to try anything. Within a matter of weeks, it was actually really quite night and day in how I was starting to feel. That was the catalyst for me to start to understand the power of. What started with me quitting gluten really started my interest in learning more about the myths that we've been exposed to in the health and weight-loss space and understanding how I could literally heal myself with food, as cliché as it sounds.

And so I went on this real-food journey, where I started to cut out the food that was processed and packaged, which low-fat food often is, and study, I guess, the more up-to-date science rather what trap I had fell into with the low-fat and calorie counting back in the day. So that was when I was like, "I need to learn more about this, but I also want to be able to teach others." So I went back to do my post-grad in nutrition so I could have the qualifications to teach others the power of real food and how to stop, basically, the calorie counting and low-fat ways. I've become a bit of a myth buster along the way, breaking down not only the low-fat myths but the saturated fat heart health myths and all the carbohydrate and endurance fuelling myths that we'll speak about today.

So, yeah, I set up my company in 2011, and The Natural Nutritionist has been going ever since. I love what I do, and I also believe that my health journey, a huge part of it, is that I get to do what I love. I think the purpose of life is a life of purpose, is really important for me and I think many others to have that really balanced view and that overall picture of health that extends beyond food.

Taren: Having gone through that, what do you make of the food industry right now? Is it getting away from that really unhealthy message, or is it still there, there's just more Stephs around that are trying to fix it, but people are still-

Kim: Falling into the trap of big food.

Taren: Yeah.

Steph: Yeah, I think there's just different traps, yeah, like big food is profit-based, so while their original message was just all around low fat and the calories and lowering your cholesterol with margarine kind of a scenario, it's now just catching onto different food trends. So definitely in Australia, we had a huge I Quit Sugar movement, so then all the products are coming through that are low sugar or sugar-free. Worldwide, vegan is a huge movement, so now we're seeing the V word being used on labels to sell products in advertising campaigns. So they're really just catching on to what consumers are purchasing, obviously, and the ultimate goal for us as consumers is to be more savvy and to not be greenwashed by labels or terms but to read labels, or better still, buy food that doesn't have a label and you won't have to worry.

Taren: What are the big things or the most common traps that you see? Because I think about back when I was an investment advisor, and I shudder a little bit as I say that, but there was always, say, the big theme that I saw the public going after was they were always chasing a secret. They always thought that there was a secret to beat the market. That was what got people in trouble because they were always chasing something that wasn't stable. It wasn't really viable, and it would go to the extent of people chasing things that were outright frauds because there was always that deep down feeling, I think, that humans are born with, that we want to be smarter than whatever is out there. We think that we can beat something that is almost unbeatable. Is there something comparable in the food industry that you deal with constantly?

Steph: Yeah, it's an interesting question.

Taren: I haven't eaten in two days, so I don't actually know if it was interesting or not.

Kim: Do you remember what you just asked?

Taren: Not really.

Kim: Okay.

Steph: You know what I think it might be is that we guess too much, so there's too much guesswork about our health and assumptions made. What you did, Kim, by going to get your blood work is what we try and get all of our clients to do, and for them to understand why. Because what we're looking at when I work with someone is, of course, their health history and their goals, and we talk to them about their food and set up a plan moving forward. But the unknown is how we could really help them optimise their health, and bloods are a really great gateway to that because we don't know if you've got low B-12 or low iron or low vitamin D or high inflammation markers. I just think getting that information will allow you to build a plan that's really well rounded, and then you're not having to search for something that doesn't exist, like the miraculous weight loss pill or something that doesn't exist.

The other side of the testing, of course, Taren, you're familiar with is the microbiome testing. Gut health is so vogue right now, and people are drinking kombucha like it's water. We're spending all our money on these gut potions and pills when we really don't know we need, so the testing will remove the guesswork and allow you to then develop exactly that, a personalised protocol to look after your health performance and longevity without wasting your money and pissing things down the toilet, pardon my French, because you don't need it. You need to understand what your body needs and have a plan that really has minimal if any guesswork involved.

Kim: Just, by the way, this is the Triathlon Taren Podcast. You can say pissing. We talk about poop. It's just everything goes here, particularly bodily functions.

Taren: We're from Canada. We enjoy toilet humour.

Kim: No, you enjoy toilet humour, specific.

Taren: I'm from Canada. I enjoy toilet humour.

Kim: Don't put that on me.

Taren: If you had your druthers, like take your pick. Doesn't matter where people are in the world, but they've got an unlimited amount of money. Actually, let's not say an unlimited amount of money. Let's say they've got enough money to do an appropriate amount of testing. What are the few tests that you get people to start with?

Steph: I always start with microbiome testing if possible because if you think of it this way, someone could come with bloods, and they've got a iron deficiency or low ferritin or some kind of anaemia picture, but what's the reason behind that. Unless they're a vegan, of course, dietary change would only do so much. If there is an underlying, root cause issue in the gut, so we try and go there first if possible. And the gut test that we have access to would have cost half a billion dollars five or 10 years ago, and now they cost \$349. This is Australian dollars, so do the math. But it's so cheap considering your long term health, but I think your investment in your health now is avoiding having to pay for sickness in the future. And then, of course, that 349 is going to stop you buying all the pills and potions or seeking that magic weight loss pill when there's going to be issues to treat in your gut. That's what I'm so passionate about.

Taren: Well, a lot of people may or may not have heard the term. It seems to be around a lot more, but all health begins in the gut. All illness begins in the gut, right? That's kind of, especially in the natural and functional communities, that's where everybody starts because that's where you have to start.

Steph: For sure. Absolutely. And so, of course, there are people with financial constraints, and I get it, but what we can then do is start with whatever bloods they're able to get either through Medicare or whatever their system is. There might be a small out-of-pocket expense. It might \$500, so we just work with the budget and start with what they're able to start with. And then, oh, hello. And then we add on from there.

Taren: I told you he'd bark. I could have called that. His arch-nemesis was out front barking.

Kim: Our listeners know by now we do the podcast in our house, and yeah.

Taren: And Petey enjoys barking.

Kim: Yep, so anyway.

Taren: But let's put that gut test into perspective, even if it is \$350. The one that you prescribed to me that was, I think, 150 US dollars, that's a third of what I'm spending on a pair of Nike 4% shoes.

Steph: I know. Right?

Taren: And let's say I don't even get the super expensive shoes. I just get an average pair of shoes. It's the same price, and a healthy gut is probably going to make me faster for many more years than a pair of shoes that are going to wear out in four months.

Kim: I'll jump in and say I know that it is hard for people to wrap their heads around it. Again, we've talked about this on the podcast in the past. I'm at the tail end of a 10-year-long health journey myself, and at the beginning of it before I was even diagnosed-

Taren: You should explain to Steph why.

Kim: ... it turned out I got Lyme disease and went undiagnosed for six and a half years. I'm a stubborn person, and I wasn't willing to give up the quality of life I used to have. So I just persisted and spent every dime I had on testing, but not at the start. At the start, I just didn't follow through, didn't finish bottles of supplements that I was recommended by my naturopaths. They'd say, "ooh, maybe we should do this testing." They'd tell me the price. I'd say, "Oh I don't know about," and then I wouldn't do it.

Turn around now. I don't spend any money on anything but my health because once you become sick, you realise that's the only important thing. I do hope that people listening, I know if you've got your health today, you're thinking, "Well, why would I want to spend my money on that?" But I tell you what, it's not hard, especially in this day and age of chemicals everywhere and our food quality's not as good as it used to be, and yada, yada, it's not hard to become ill. As soon as you lose it, you realise the importance. So please, people, try to do what you can not to lose it, and if that gut test ... If you have to sacrifice one frivolous purchase, it's worth it.

Steph: I couldn't agree more. I mean, triathletes easy spend 10 grand on a new bike to go faster, when they could just lose five or 10 kilos. Like, come on. We've got to get our perspective right. I think, yeah, have a look at where you can tweak the budget if that's where you're at because you should be able to prioritize that sort of money considering their significance of the results and what you can do with that.

Taren: Exactly how are endurance athletes guts compromised? And what happens?

Steph: Oh my goodness. How much time do we have? No, I'm kidding. I think if we start from the top, the first thing we need to look at is a bit more historical. So maybe even before we were an endurance athlete, what was our antibiotic exposure like? Because I haven't taken antibiotics in 20 years, but as a child, I was probably prescribed it every winter for tonsillitis. My gut's great now, but many of us haven't done anything to correct what happened historically.

Even taking a further step back from that, there's a huge difference whether you were a natural-born or C-section baby. Natural-born babies get the seeding when they come through the vaginal canal, so they've already got their mother's microbiome. A C-section baby is basically born sterile, and so how much work you have to do depends on, literally, your entry into life. And then there are things like stress that impacts the microbiome, and of course, inflammatory foods, like our gluten, poor quality dairy, trans fats. None of that really has anything to do with being an endurance athlete, but then we on top of that, we add the stress of a poorly prescribed program, too many refined carbohydrates to fuel, whether it's our training or our racing, and we've just got a lot of things that we're dealing with in this day and age that can impact the gut: any pharmaceuticals, the oral contraceptive pill in females.

I'm not trying to make it sound dire, but we've just got to understand what our barriers could be and that having a focus on offsetting some of those things we're exposed to is so important. Like the sugar that you consume each day to get through your training is destroying your gut. It will shift the balance from beneficial flora to a pathogenic overgrowth.

Taren: And what does that end up resulting in? So if somebody is listening to this and being like, "I don't care if I've got a pathogenic overgrowth, Steph," what does that result in long term?

Steph: Well, the first thing that happens is that you just lose the capacity to digest and absorb your food properly. Even if you're spending all the money on really amazing, high-quality food, and you've been doing LCHF for years, if you can't get the nutrients out of the food that you're eating, your body can't use that energy for your day-to-day goals, your performance, your training, and racing, right? You are what you eat, but you are what you absorb. I think that's what's really important to understand at that top-level point of view. It's about getting the most out of the nutrients that you're providing your body.

But then, of course, those nutrients you need for recovery, right? So one of the things that we see in athletes with any kind of gut issue is how poor their recovery is, and then, of course, the opposite is true when we start to fix the gut and absorb more of our nutrients. We recover better. What's the secret to greater performance? Consistent training. How do you be consistent? You recover better, and then, of course, you avoid injuries.

Now, a lot of triathletes are carrying these long term injuries, which are inflammatory in nature. Where does inflammation come from? One, the food that we eat. Two, a dysbiotic gut. So fixing the gut is not what someone thinks about to treat their injury because they'll default to their physio or to their foam roller, but fixing the gut and

managing that inflammation is critical to remove these long term inflammatory injuries, which of course then gets you training consistently. Of course, you're recovering better, and so your performance is going to increase. To me, it's not rocket science, yet we're searching for this magic performance pill externally when it's actually internal.

Kim: It's interesting because there are a lot of people that you look to who are ... they look lean and fit, and they're pretty fast. They're putting out really good times, tons of training, and yet you find out their diets are heavily carb-based, and they're not avoiding the sugar. They're sorta eating all the things that now we're starting to understand are maybe the food pyramids stuff and not the stuff we should be choosing.

Taren: I've got a question about that. So I've got two friends ... Sorry to interrupt here, but-

Kim: Well, there are who I was thinking of. I know who you're thinking of.

Taren: Yeah, so I've got two friends, one of which he lives on pancakes, is a fantastic triathlete, performs really well, looks really fit, in his 40s, has an eight pack, works hard, but-

Kim: But doesn't have to work hard to work hard, like it's easy for him.

Taren: Yeah, doesn't have to work hard to work hard. And then another guy, who's more like into weight lifting, and he drinks like 40 beers a week, back when he was younger, fast food. Again, ripped. How is it that people, some people, can get away with that, look like that, and meanwhile if I overeat for-

Kim: Three days in a row for Christmas.

Taren: Yeah, I've overeaten for nine days since the last race of the year going into off-season, figure I'd indulge a little bit with not paying attention to calories, and I'm up like eight pounds.

Steph: There's a few things to consider here. I mean, genetics does play a small role. It's not as large as we once thought, but, of course, there's going to be a genetic predisposition to how you tolerate, specifically, carbohydrates. And then, of course, we look specifically at what you're current carbohydrate tolerance is. Remember how I said before that LCHF is that spectrum between 50 grams of carbs a day and 150 grams of carbs a day. Where we sit on that spectrum actually comes back to our carbohydrate tolerance, so if we have good carbohydrate tolerance, we can tend to be up at the 150 grams of carbs a day. If we have poor carbohydrate tolerance, we are down at about 50 grams of carbs a day. How do we work this out?

Well, there are at least three blood tests that can tell us more about our current level of carbohydrate tolerance or intolerance, and Taren, yours might not be great right now, which is why you look at carbs and put on weight. I have a few clients like that, where we tend to have to go deeper into the gut to understand more about what the balance looks like because that's where you're going to get the long term benefits to your body compositional goals. Because you can't just forever eat more, put on weight, eat less,

lose weight. That's not a long term strategy. We've got to go deeper than that and root cause.

One, looking at if there is a degree of carbohydrate tolerance or intolerance, and I've asked you to get those bloods. And then, two, treating the imbalance in the gut, which is probably why you're susceptible to more of that inflammation. Because you can lose the weight quite quickly as well, so you're a fast responder on the other side. To me, that sounds like you're probably holding on to more inflammation, which is what you'd lose straightaway. It's not body fat or weight kilograms, necessarily, that you're losing straightaway. It's water weight, of course, which comes when you cut carbs, and then inflammation that comes from those previous food choices.

Taren: What are those three tests?

Steph: Blood glucose levels, so BGL.

Taren: Yeah.

Steph: HbA1c, your glycated haemoglobin, and then fasting insulin.

Taren: Hmm. Am I doing any of those? I know I'm doing fasting blood glucose. Is that fasting insulin?

Steph: No, they're different.

Taren: Okay.

Steph: I'm pretty sure you're doing all three.

Kim: I'm not sure if we regularly test for the fasting blood insulin, but we do the HbA1c and then the fasting blood glucose. So you'll be getting those. He's going to the doctor on Wednesday. I've sent him.

Steph: Yeah, cool. Feel free to add fasting insulin if they'll let you. It's just not one that's probably ... It's less routine, let's say that, but it's worth that conversation, for sure. I'm just looking at the list I gave you. IGF-1, let's put fasting insulin based on this conversation.

Kim: Okay. I'll write a note for you.

Taren: Kim, it's on ... Yeah, Kim takes care of ... See, you prescribe my food. Kim takes care of the food and me.

Kim: Yeah, I'm his scheduling manager and chef.

Taren: Yeah, I'm more into the bikes and YouTube sort of thing.

Kim: So, I guess, the question ... We talk about, I guess, depending on whatever your carbohydrate sensitivity levels are could be why you could live on pancakes and be a lean, mean triathlon machine. But on the same token, you go to any IRONMAN race, and you'll see a lot of triathletes who are training 10 to 20 hours a week. They are training for an IRONMAN. They're not lean. In fact, some are objectively overweight. How does this happen when people are exercising that much, and they're not super lean, and you'd expect they would be?

Steph: Well, you can't out train a bad diet. It's as simple as that. So that's the irony when you're doing endurance training and you're a sugar burner, you have terrible appetite control, so you eat all the food. Like, Taren, you've been there. You cannot stop grazing. You cannot stop thinking about food. You're eating every two hours. You're craving carbohydrates. Whenever you eat too many carbohydrates your body produces insulin. It's a fat-storage hormone, so too many carbs equals too much insulin, equals fat storage. It's quite simple when you look at it that way. When we identify what most endurance athletes eat, well, they eat too many carbohydrates.

The other side to it, of course, is stress because for many people if they're doing a lot of high-intensity training in a program that's not been well designed, then that endurance training is a huge stressor on the body. And stress does a very similar thing. It tells your liver to dump glucose into your bloodstream, which is just like you ate sugar, which is more insulin, which is more fat storage. So endurance athletes that are sugar burning, especially those that are training with too much intensity, are definitely if not already overweight, walking in that direction because they really need to change what they eat, and I definitely think change their training program because too much intensity is not how you become a good endurance athlete. Full stop.

Taren: Agreed.

Kim: Mm-hmm (affirmative). Well, that is, I mean, that's what you preach, right, Taren? A lot more zone two type work.

Taren: Low intensity.

Steph: Totally.

Taren: Lots and lots of low intensity.

Steph: Exactly.

Taren: Sprinkle in a little bit of high-intensity, a little bit.

Kim: And people freak out, though. People freak out and say, "I can't. How could I do a race if all I've done is this slow stuff?" Or-

Taren: Am I going to be prepared? They're always worried about that.

Kim: Yep. Totally.

Steph: How do you get fast? All those sorts of questions. We tend to follow Phil Maffetone's work. It's 80% low intensity, 20% high intensity, but, of course, it depends on what time of year, as well, because you need an off-season.

Taren: Yeah. Well, and people, I think, they look at when I refer to that 80/20 quite regularly, too, and they say, "Well, okay, does that mean every workout is 80/20 and every week is 80/20 and every month is 80/20?" You're like, "No, it's 80/20 over the course of a year," so that means you're loading up on basically 100% low intensity in the off-season, the base-building season, and maybe it's more like 70/30 come race season or 60/40. But over the course of a year, the vast majority of your training is low intensity. Yeah, and people they freak out. We had-

Steph: They're very literal, aren't they?

Taren: Yeah. Yeah, it's not as simple.

Kim: Well, because they've also never really heard it before. They've only heard maybe old-school thinking or very-

Taren: More pain, more gain is what they hear.

Kim: Right, and so that's all people know, and they think IRONMAN means it has to be horrible and hard, or any triathlon has to be horrible and hard all the time, otherwise it's not an IRONMAN or it's not triathlon.

Steph: Yeah, for sure. But we've got to change that message because too many people are either stopping triathlon because they're burnt out, exhausted, injured, they have got some kind of a chronic health issue, and a lot of that could be avoided if they just looked at things through the lens of what we're talking about. So changing how you eat, changing your training. It can be quite sustainable. We all know there's nothing too healthy about an IRONMAN, but you can train really well, and you can look after long term health.

I'm all for performance, don't get me wrong, but we need to have a longevity goal as well. We can't just neglect all of that, so your two friends that you guys have been mentioning, good on them. I'm glad they've got an eight pack. I love that they're fast. Great. Can they do that forever? That is the question.

Kim: Are some people just outliers, though? Are some people just, for whatever reason, they're outliers, and they will be able to do that forever?

Steph: I'd need to do their bloods. I don't really look at health as a measure of your eight pack, sorry. But I would look at their bloods and look at any nutrient deficiencies, any signs of inflammation, any of that blood sugar dysregulation, like we said those magic three, so BGL, HbA1c, fasting insulin. I'd need to have a good look at their more long term health

parameters before. I'm open to it. I think they could feel better and perform and recover better if they cut the inflammation.

Kim: Well, and I guess that's where you have people who they are endurance athletes of whatever type. Maybe they're marathon runners, really lean, fit, young, and all a sudden they have a heart attack, and everyone's shocked. "But they were so healthy," and I guess we don't see their blood, so we don't know. Maybe they weren't that healthy, right? They looked it, but-

Steph: Exactly.

Kim: ... like you say, you don't base it on a six-pack or eight-pack.

Steph: No. Definitely not.

Taren: Let's talk about calories here because this was the thing that you floored me with the last call that we had.

Kim: Yeah, he was really upset.

Taren: Oh. Yeah.

Kim: Steph, he was so upset.

Steph: What are you mean? That you ate too much?

Kim: That.

Taren: Yeah, when you said, "You eat too much," so I was eating about 3,500 to 4,000 calories.

Steph: Too much.

Taren: And I thought, "Well, here I was." See, I've maybe, okay, maybe perhaps this was a-

Kim: Wake up call?

Taren: Like the food industry creeping into my psyche, where I've heard of these stories of athletes that hire some nutritionist, and it's more like body-builder nutritionists, and they increase their calories to 5,000 calories a day to lose weight because they're under eating. Then there's now this stigma, danger of athletic starvation. You say 2,600 to 3,000 calories, and like, "Oh, my. She's taking my calories away."

Kim: What am I going to do?

Taren: So fill me in. How do we figure out what an appropriate amount of calories are? I mean, you can use me and whatever you figured out to get to that range for me as an example if you want because I'm curious.

Steph: Yeah. Yeah, I mean, it's an interesting question because we've looked at all for so long we've plugged our weight and height and activity into an online calculator, and it spat out for us calories and macros. We've got to stop looking at biology as being maths. It's not. It's quite a complicated process, of course. The physiology behind whether it is just looking at digestion or looking at fat loss specifically, so I actually go ... I look at your training, of course, your output and how much you weigh to get that sliding scale, but I actually look more specifically at what nutrients you need. So how are we going to get you to be LCHF, so that lower carbohydrate, healthy fat, but then where do you need to sit on that spectrum?

So you can recall I gave you 15% carbohydrate, so I was looking more at, all right, how can I give you enough carbohydrate to burn fat, because you've got a body comp goal, but also to fuel your training. Because especially when we started working together, this was before your race, right? So you weren't in the off-season.

Taren: Mm-hmm (affirmative).

Steph: So then I look at, all right, if you're having this much carbohydrate, we know I gave you 20% protein, which falls into that moderate protein description of LCHF, and the rest was fat. So it's 65% fat, so that tells you how many calories you need per day. Does that make sense? Because we know that in one gram of fat, there's nine calories. We know that in one gram of carbohydrate, there's four calories. In one gram of protein, there's four calories. So I go from the macros up to calories.

Taren: Okay, so that makes sense. That math makes sense. I'll play devil's advocate here and ask you the question that has historically been what the assumed correct thing is that you said you want to get away from that. But why do you want to get away from, say, my basal metabolic rate for Taren just to exist is 2,000 calories, and then I burn one to 2,000 every day in heavy training? I was under the assumption, "Well, somewhere in between three and 4,000." Why didn't that work? Why was I putting on weight doing that?

Steph: Because weight loss doesn't occur from eating less, so it's not about burning more and eating less. It's about controlling your hormones. You can eat very low calorie and still not lose weight if you're making the wrong food choices, like too many carbohydrate, too many inflammatory foods. And then you can also eat, eventually, more calories. So when you've got better blood sugar control, when you're a better fat burner, when you've got no signs of carbohydrate intolerance, you'll be able to eat more calories as long as your carbs are still low to burn fat.

So with you and what you've shared with me around your history, how you were eating quite frequently, your relationship with food, your energy levels in the afternoon. There's lots of signs that we've got to fix the underlying metabolic stuff first so that we can set up the meal-to-meal windows to make you an even better fat burner, even though, of course, there are signs of that already, fix what's going on in the afternoon for you and look at longevity in the picture as well.

So what I prescribed you in terms of calories is not forever. It's likely to change when we fix the underlying issue, but you were eating too much food because you had symptoms as well as I still think that you were yo-yoing too much. We've got to get you to the point where you don't really yo-yo. You might be able to put on one or two pounds in an off-season, but eight or nine or more, it's just showing you there's something that needs to be fixed under the hood.

Taren: Hmm. That's interesting the way that you say that because why I've tried this Fast Mimicking Diet now that I'm in the off-season, I've got a small window where I'm not really training at all. I thought back to when I did it last year, and it felt like I got reset and I felt more like that guy with the eight pack, where if I did eat bad food on a weekend the one night that we would go out, I wouldn't put on weight. I felt like I didn't have to eat constantly, like it reset, I mentioned in Instagram today, it reset my association with food, and I feel like what happened in between, that was June 2018 and now a year and a bit later, it's just slipped. I guess the diet that I had up to June 2018 led to me being in that position where I needed a Fast Mimicking Diet to reset, and then I had a similar diet afterwards. So it's more like I needed to revisit that as a reset because I'm still living in modern society where a lot of things-

Kim: Tempt you.

Taren: ... tempt me and a lot of things get to my gut, and I train very hard, so that stress comes up. I don't know. I just thought about that in the way that you explain that. It's like I feel like right now I need a reset to set things straight.

Kim: But what she's saying, I think, is you shouldn't need this annual reset if things are all working properly under the hood, as you put it.

Steph: I mean, I like an FMD for lots of reasons. Many people need to reset because of reality, like we tend to go off the rails a little bit for want of a better description, but it's more about not everyone eats what you eat and puts on that much weight from it. So I think there's more to the underlying stuff, like in your physiology, that could be fixed to make this more of a long term strategy, so you're not having to try a new diet. I think we can find a plan for you that works forever with iterations based on where you are in your season, and obviously, how your body responds.

Kim: I love how calm you sound about this. I think this is great. It's like, "Yeah, this is just pretty straightforward." I think that's fantastic, but, again, I know you're also coming from a place of test, don't guess, which is another great phrase that I love. Guessing isn't really going to get anyway. You want to test them, so that's going to help. Not to stay too focused on Taren, specifically, something I wanted to ask because we get this question all the time, can you lose weight in season? Should you try to lose weight in season? Or is weight loss really meant for out of season when you're not training so hard?

Steph: Yeah, that's going to depend on how much and where they're coming from because if someone's eating quite an inflammatory diet or a very Western food pyramid, then

simply by focusing on real food, which is going to be great for them to do in season, they're going to lose weight, and that would be a good thing. And then if someone's already doing LCHF, they're eating reasonable calories, and their macros are pretty good, if we were tweaking their carbs, say, lower, but they were in the peak of their training with more intensity, getting closer to race-specific stuff, then I wouldn't be doing that. I'd be waiting till the off-season for something more specific like that. So it's really quite individual. It depends on how big the changes are, and, of course, where they're starting from with what their current intake looks like.

Kim: Okay, I know I'm just looking at the clock here, and we've taken quite a bit of your time already. We have a couple more questions yet, but one thing that I definitely want to ask you for our female listeners, I mean, obviously, there's going to be a difference in what they do versus males, particularly in regards to our hormones. And women of reproductive age specifically need to be very careful, I guess, that I'm assuming the diet would look somewhat different. Again, I know individual to individual, but just on an overall basis, it's a little different for women. We need carbs a little bit more? Question mark?

Steph: Yeah. Correct. Yeah.

Kim: Okay.

Steph: So I would always prescribe more carbohydrates for females of reproductive age, as you say, so not so much menopausal. So slightly more carbohydrates. They're usually having less calories, of course, relative, slightly less protein, not in percentage, just in grams per day, which is again relative to body weight. In most cases, I'm giving them a little bit more of a gut health focus around, say, resistant starch for them to increase their carbohydrates without impacting their blood sugar. Because, of course, we still want that low-carb model to give someone great blood sugar control, craving management, and things like that, the opposite of what, say, a more low-fat approach has done to their metabolism and to their daily blood sugar control.

Kim: All right.

Steph: So I'd say the main difference is that more carbohydrates as a percentage.

Kim: Okay. Again, I know we've said probably a good bet to go to someone qualified like yourself or other holistic nutritionist type folks who can run this testing, make sure that you know what you're dealing with before you jump in. Unfortunately, a lot of people won't do that. They just want to ... They'll hear someone on the internet do something, and then they just do it. So if some folks are going to do that, we just want to get some of those basic facts out there to make sure that they at least have the basic idea if they're not going to go ahead and test, that at least they have a sense of it.

Steph: Yeah. For sure.

Taren: We could talk for-

Kim: Ever, clearly.

Taren: ... a long time about this because there are so many nuances, and this is such a big topic. But let's say we've got people on board with the idea of addressing their health in general, and let's say it is somebody that maybe they don't know if they want to go vegan or they want to go low carb, high fat or they want to go down the testing route. Just where would you suggest people start? They're bought into it, but they don't even know where the start.

Steph: So if they're fairly new, I would say the mantra is JERF, just eat real food, so you focus on food that comes out of the ground, off a tree, or from an animal. I think we focus on, as a result of that, we're cutting out packets, boxes, and food with a mascot, and we're shopping the perimeter. So rather than going into the aisles, we're shopping the perimeter for fruit, veg, eggs, meat, etc, or better still, we're going to farmer's markets and a local greengrocer if that's what they're called over your way. Because I just don't think we need to be supporting big food, and if we try to do it in a commercial supermarket, we'll end up with some kind of an excuse like, "Eating healthy is expensive," when that's just how you're shopping. You can do it really cost-effectively if you shop well, like at the markets or the greengrocers, as I mentioned, and it really is about keeping it as simple as real food.

Kim: Or as a friend once told me, one-ingredient foods. For example, broccoli. There is one ingredient in broccoli. It's broccoli.

Steph: Exactly.

Kim: So I was like that one ingredient. Awesome.

Steph: Yeah, you don't need to know anything about reading labels.

Kim: No, exactly. They typically don't have them on broccoli.

Steph: 100%.

Taren: What about your site? You have a ton of info with podcasts and books and all kinds of things. Where should people start if they want to go to your site?

Steph: Thank you. My online home is thenaturalnutritionist.com.au, and a lot of what we've spoken about today is in my book, *Low Carb Healthy Fat Nutrition*, so you can check that out online. My podcast is called *The Real Food Real*. There's hundreds of episodes available for you to take a deep dive into, and hope to see you over there.

Taren: She's such a pro, Kim.

Kim: I know. That was good.

Taren: Holy smokes.

Kim: I know which podcast I'm going to be subscribing to and binging over the next few days. Steph, one last really, really quick question because we actually do get this quite often, where does veganism fall into the spectrum of this because we definitely get-

Taren: Oh, she did so well. She didn't get onto really any hot button-

Kim: Controversial topics.

Taren: ... controversial topics.

Kim: I know. I know.

Taren: And now you hand her this-

Kim: At the end.

Taren: ... gem, right at the end.

Kim: Just a quick word on this. Because we get asked so often, we'd be remiss if we didn't just touch on it.

Taren: And we should acknowledge, like I said, we were largely vegan eating, not vegan, but 80, 90% of our meals were plant-based-

Kim: Well, yours. Mine not so much.

Taren: ... for a good two years.

Steph: Yeah, I think we can all acknowledge the importance of plants, so most of what I prescribe comes from non-starchy veggies. Like people are having two, four, six, eight cups a day, depending on how much food they're eating, and I think the one good thing about the conversation around veganism, or one of the good things, is how much we're really focusing on the significance of vegetables and plants. That's really important. I think if you're going to be a vegan, you need to learn more about how to not fall into the trap of relying on carbohydrates like grains and quinoas and buckwheats and looking at how you can get lots of non-starchy veggies, where your proteins are coming from. Often you need to combine proteins, obviously, to get all of your amino acids, and you can still get lots of plant-based fats. You can do LCHF vegan.

It's going to be slightly higher carbohydrate in terms of your macronutrient percentages, but you've got to avoid that more conventional vegan, which is really high carb. And, of course, avoiding fake meat because they are not food. They are food-like products, and they all have very questionable ingredients, including soy and even gluten and wheat. So be a real food vegan, but do your homework, and of course, take a B-12 supplement because you can't get it from food when you're a vegan.

Kim: Nice. Well encapsulated in just a moment. I just had to throw that in there.

Steph: That was my summary.

Kim: Perfect. I'm sure we can and should do a part B with you somewhere down the line, Steph. Maybe we can update once Taren's a little further into his new eating lifestyle with you, but thank you so much for joining us today. This was so educational. I know our listeners are going to love it, so really thanks so much for joining us.

Steph: Thank you. It was fun. I can't wait to come back for part two.

Taren: And thanks for taking care of my gut, Steph.

Kim: Oh, yeah. That, too.

Steph: You're welcome.

Taren: It felt good in those few weeks before the race before I turned into a sugar burner on race day, but to go through that and all of a sudden not feel like I had to eat every two hours, that was a change.

Steph: Yeah, that's awesome. Signs of more positive things to come. I love it.

Taren: Exactly.

Kim: Thank you.