DM: Dr. Joseph Mercola
PP: Dr. Pamela Peeke

DM: Sugar can be an important component of food addiction and your ability to follow a healthy diet. Hi, this is Dr. Mercola, helping you take control of your health. Today we are joined by Dr. Pamela Peeke, who is an internationally recognized expert, physician, and author of the New York Times bestselling book, *The Hunger Fix*. She’s with us today to talk about how sugar and other foods can literally become an addiction, and go into some of the science of it and, more importantly, some of the simple measures that you could implement to make a dramatic difference in your ability to follow a healthy diet.

Welcome and thank you for joining us today, Dr. Peeke.

PP: Thank you, Dr. Mercola. I’m so looking forward to this discussion.

DM: Well, we had talked previously, and you explained to me that before you started to embark on this venture in natural medicine, you were working actually at the National Institutes of Health (NIH). For those who don’t know, that’s the premier and prestigious institute in the US. That’s federally funded, of course. That coordinates a lot of great, great research. Maybe you can share some of the details of how you first started your journey in studying this area.

PP: Well, what’s really interesting is that I’m a physician. That means I got no training in nutrition in American medicine. Oh, gosh.

DM: Right. That’s by design. That’s not accidental. That happened over a century ago.

PP: I know. I don’t even want to go there. It’s just, ugh…

DM: So, people think, “What? Are they ignorant or foolish?” No, there’s a carefully orchestrated plan to eliminate that from the curriculum.

PP: You know, it’s pretty crazy. The good news is, though, I’m now teaching as an assistant professor of medicine at the University of Maryland because they’re more open-minded about all of this. They also have a really hot office of complementary medicine there, too.

Going back to the National Institutes of Health, I actually came there after years in critical care and trauma where you have to know nutrition because you’re putting in these big, central lines and feeding people. I had to learn basically through the school of hard knocks since I certainly didn’t get it through medical training. Then I went back and became a Pew Foundation Scholar in Nutrition and Metabolism. I did this at the University of California, Davis, which is one of the premier doctoral programs in nutrition and metabolism in the United States.
From there, I came to the National Institute of Health where I really set up a laboratory with my wonderful mentor, Dr. George Chrousos looking specifically at the relationship between stress and fat. We were the ones who actually laid the first golden egg in trying to put together what happens when you’re undergoing toxic stress: ongoing high levels of stress associated with helplessness, hopelessness, and defeat. When we started putting this together, we discovered that no wonder you’re packing on a lot of belly fat. I’ve become kind of known as “the belly doctor.”

And then at the same time all of this was going on – this was in the National Institute of Child Health and Human Development (NICHD); you know, we have 17 institutes – lo and behold, the Office of Alternative Medicine (OAM) was being established first time in the National Institutes of Health’s history. Just by sheer serendipity, I happened to have been on a panel with the first director of that office, Dr. Joseph Jacobs, who asked me to come onboard and help him as a senior research scientist, to help him look at issues as they pertained to nutrition, because I was physician who is also trained in nutrition. Wasn’t that cool? I was one of the first, sadly, but there I was.

From there, I started really peering into this whole relationship between specific kinds of food and what they do to the body. That’s when I stumbled upon refined, processed foods, especially what we now call “the hyperpalatables”: sugary, fatty, and salty food combinations that seemed to hijack the reward center in the brain, and literally, have it undergo changes that are absolutely identical to the changes that happen in all addiction, including drugs, alcohol, and other processed addictions. Over time, we were building, slowly but surely, enough scientific evidence to be able to say, today, as I sit here talking to you, Dr. Mercola, that food addiction is real.

That’s why I wrote The Hunger Fix, which is a first consumer book on this. Happily, it came out one month after the first textbook on the subject was published by Oxford Press called Food and Addiction: A Comprehensive Handbook. This was edited by my colleagues, Mark Gold and Kelly Brownell. [There are] 66 chapters on everything, from basic science, clinical science, to psychology, even public policy.

Sometimes there’s an author, and you just get lucky. Boy, that was a one-two punch. First, the textbook, and then my consumer book. Now we have a program that I’ve developed as well to be able to address this issue. There you have it, quite a journey from the National Institutes of Health.

DM: Yes, indeed. You had mentioned that there’s quite a bit of correlation between food addictions and recreational drug addictions. Maybe you can review some of that now, because I think you did mention in your book that it involves this neurotransmitter called dopamine.

PP: Absolutely.

DM: A critical player. Why don’t we expand on that?

PP: No problem. This is what was found. This actually follows a very interesting course that I think you’d find enlightening and entertaining. The current director of the National Institute on Drug Abuse (NIDA) is Dr. Nora Volkow. She’s one of my neighbors, because I’m very close to the NIH here in Bethesda. One of the things that she found about herself (she’s an addiction psychiatrist) was that for years and years, she was fascinated with the fact that...

Well, she’s kind of a chocoholic. She’s reed thin, as she is someone who is a runner and who run six miles a day, but was always fascinated with this sort of interesting pull. A lot of people don’t know that much of great science begins with an investigator who has a little something personal there like, “Hmmm,” and always smile when an investigator says, “I wonder what would happen if?” That’s exactly what Dr. Volkow did.
Dating back to the late 1990s – and her first published piece was in 2002 – she was able to actually piece together exactly what’s going on in the brain. She also broke up a bunch of myths about the reward center in addiction itself. She was able to do this, because for the first time, we had brain imaging. You talked about this all the time as well.

These are functional magnetic resonance imaging (MRI) and positron emission tomography (PET) scanning, very colorful and beautiful scans that we use when we inject people with certain radionuclides, little chemicals that kind of light up parts of the body, and then, we can really study it closely. No longer was the brain a black box.

Dr. Volkow started publishing data that showed the following: She said that one of the things that we’ve always wondered about is what goes on in the reward center of the brain when you are experiencing true addiction met by criteria. This is what she found. In the brain, when you feel pleasure and reward – it’s really important that everyone understand this – the reason that you and I today, Dr. Mercola, are having this conversation has to do with two types of reward that are totally primal. One is sex (I’m not dealing with that) and the other one is food. If we didn’t procreate or if we didn’t eat, well, we wouldn’t be sitting here right now.

Here’s what this is all about. She looked inside the brain, and she figured something out. You can secrete dopamine, which is that neurotransmitter in the brain that is secreted under reward and pleasure, looking at a picture of your grandchild, your partner, a beautiful sunset, or anything like this. But you have to understand, you will feel no pleasure and no reward unless dopamine binds with its receptor. The receptor’s called D2 receptor, like dopamine. That receptor is located all throughout the reward center in the brain. Now, when it links, all of a sudden, you go, “Ah!” You feel pleasure and reward.

What happens in addiction? Well, if I’m eating an apple (very primal), I feel pleasure, and I feel, “Wow, this is wonderful. I’m very satiated.” The last thing on my mind is, “I’ve got to score a hundred more apples. I’ll become an apple head. I’ll go hide in the closet somewhere and do apples.” It sounds ludicrous, right? Well, that’s because the brain has a software that’s geared very primal to sort of an apple level of pleasure.

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Does this mean that it goes completely out of control when you have a birthday cake? Well, no. If the birthday-cake-type experience, which is something that involves something far sweeter than an apple, takes place, your brain can actually handle it. It’s like asking someone who walks pretty briskly every day to kind of run a mile, and that’s all I’m going to ask you to do. You know, you’re not going to feel particularly comfortable, but you’re going to do it, and then life is okay.

What happens with birthday cakes that are available 24/7? Now we have a problem, invulnerable brains. That’s the code now for people, especially those who have experienced trauma and abuse in childhood and adolescence. People who have mood issues that go along with this, and people who have a history of addiction in themselves or family, traditional addiction, these people are much more vulnerable to now developing an addictive-like eating behavior, especially when they consume what we now call “the hyperpalatables” – refined, processed sugars, fats, and, of course, salt can be thrown in there as well.

These are what we call uber-reward, way over the top. The brain was never geared to deal with big levels of drugs like heroine, methamphetamine, even Adderall, and cocaine. Now, you’re going to be giving it very high levels of refined sugars, obviously the saturated fats, etc. When this takes place, the brain in an invulnerable person undergoes the same changes that take place in anyone with typical addiction.

I’ll tell you exactly what happens: the brain will listen. The brain and the body, as you know, Dr. Mercola, the number one prerogative of the human mind and body is survival. The body will go through
some interesting changes to survive. So, this is what it goes in the brain’s reward center when you hammer it with too much of uber, uber, uber stimulation. The brain says, “You’re overstimulated. No, this is not good for you. What are we going to do is we’re going to take away your sense of pleasure and reward so that you won’t be so overstimulated.” You guessed it. It gets rid of most of the D2 receptors. It’s called downregulation of the D2 receptors.

Uh-oh, now we got a problem. Here’s the problem: now you don’t feel as much pleasure and reward when you have your fix, whatever it may be – whether it’s refined sugar (what I call science fair projects, all the processed food), a drug, alcohol, or another processed addiction, like gambling or sex addiction. Now, what happens is when you’re exposed to that, you don’t feel anywhere near the original reward. You guessed it. Now, you want more and more and more and more. You’ve just developed tolerance.

Dr. Volkow, through her extraordinary work, was the one who published the first pieces that actually showed that the reason why people who have addiction continue with their addiction has very little to do with the pleasure or reward they’re getting out of it; it has to do with the pain and the angst of withdrawal, and they don’t want that. Now, we have this issue.

When she did PET scans, which I’d love to share with you... There’s one that I always show. It’s sort of her most famous one. It’s gorgeous. It’s royal blue, and you could see their reward center light up. She actually compared a normal brain, meaning a non-addictive brain, with that of a full-on addictive brain, and then she put people who have met the criteria for food addiction. That’s called the Yale Food Addiction Scale (YFAS). It’s in my book, The Hunger Fix, the short version and the long version.

What you actually see here is it is indistinguishable. The changes that take place in just traditional brains of addicted people and those who have food addiction, what you see is a downregulation, meaning that you see almost no D2 receptors. You inject these people with the radionuclides that lights up where the dopamine links with its receptor, guess what?

In the normal brain, you see a beautiful red-orange because it’s all lit up. You show them a sunset or something pleasurable, and you can see beautiful binding going on completely normal. What do you see in the addictive brain? Well, what you see is not a whole lot, almost no orange there. For that matter, those D2 receptors are so low that these people are in angst. They want more and more and more of whatever that fix is.

What Dr. Volkow was able to show were: 1) food addiction is real and 2) that the changes that take place in the brain’s reward center are identical across the board. It doesn’t matter what the addiction is so long as it’s truly an addiction and it meets criteria. This is huge. She also showed, by the way, that 3) the reward center is just one brain center that is affected. The other one is the frontal cortex, right behind the forehead. That means that you have an impairment of the CEO of the brain in its ability to maintain impulsivity – in other words, not to maintain but to rein it in.

To be able to rein in impulsivity, irritability, impatience, and all of the things that are associated, especially with withdrawal and addiction, you can’t stay vigilant. It’s hard to pay attention. You can’t be mindful. You can’t plan, organize, or strategize. Basically, you’re out of control. Now, you have an out-of-control CEO of the brain and you’ve got a hijacked reward center. What you have, Dr. Mercola, is an addiction full on.

DM: Wow. Well, thank you for explaining that. Maybe you can just expand on why it’s so important to address the mental, physical, spiritual, and biological hunger of food addiction as opposed to just eating less and moving more, which is the traditional and conventional recommendation that’s typically prescribed by most physicians.
**PP:** Dr. Mercola, I can’t thank you enough for bringing that up. Because this “Eat less, move more”… We call it ELMM: eat less, move more. Well, come on, this is so much more complex. Now that we know that food addiction is real, well, there you have it, why do you think...

**DM:** Well, that will work.

**PP:** No, no, no. I understand.

**DM:** But it’s more complex than that.

**PP:** Yes. That’s what I’m saying. I’m saying that as a base, there’s no question. We’re looking at energy expenditure. We’re looking at calories in, no question. These are fundamental elements in trying to achieve optimal weight management, health, and wellness. However, now we’ve added more players to the picture making it more complex.

There’s a reason why I called my book *The Hunger Fix*. Because you’re absolutely right. I was addressing a heck of a lot more than just what you consume as food. I was looking at what you really hunger for in life, that whole psychobiological mind and spiritual fitness that we really want to be able to include in this entire program.

What does this mean? Well, I’ll give you an example. Dr. Susan Mason at Harvard University, working with the Nurses’ Health Study II (this was gender-specific, with women) was able to find (she published this in September of 2013) back-to-back studies showing that women who would have had the highest levels of abuse – it could’ve been bullying, emotional abuse, physical abuse, or sexual abuse, it was all thrown together – during their childhood adolescence, trauma basically, (get this, this is extraordinary) had an increased incidence by 90 percent in food addiction.

That means that what they were doing was self-soothing. There was neglect, abandonment. There was betrayal, lack of attachment. All these things that are so important for our mental and spiritual foundation in life, especially during a very, very formative time, not just of the frontal cortex, which finishes its development by the age of 25. But in my book, I talked about epigenetics, because there is a sweet spot especially between the ages of eight and 13 when you really have a vulnerable genome, an epigenome.

That means that each of your genes has almost like an on-off switch, dimmer switch. You’re turning things on and off, and leaving molecular markers based upon what happened to you. A lot of these then influence how you self-soothe and whether or not you’re self-destructive.

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These follow you into adulthood, which is precisely why it’s so terribly important to remember that you need to address all of these issues. You’re not a robot. You can’t just say, “I’m not even going to consider any of this. I just want you to go, eat less, and move more.” That’s why you have to look at the mental, spiritual, and psychodynamic of all of this. Once you see that, there lies so much of what goes on.

For instance, Dr. Volkow, herself, says that as much as she has very, very, very high levels of self-regulation, she’s compulsive, and she’s an exquisite scientist, when she’s stressed and when she is sleep-deprived – there are the two S’s – when you’re stressed and sleep-deprived, guess what? She’ll cave to the crave. Those cravings will just sing to you.

She also showed (which was very important), that, believe it or not, it’s not the consuming of the food that actually results in the highest levels of dopamine release in the brain; it’s the cues and the triggers. This was one of her earliest papers in the early 2000s. She was able to show just by showing people pictures or getting them triggered, putting them where the person, the place, or the thing is that tends to
trigger them. They haven’t even done the fix. They have very high levels of dopamine secretion. The thing is when they consume, once again, they’re not even getting the reward back and forth.

So, getting back to your original question, you have to now realize how complex this whole issue is, and that it is ubiquitous globally. We have now found that we’re looking at now the evolution of new epidemiologic studies in North America and otherwise. We have found that it’s upwards of 1 in 10 to 12 are affected with addictive-like eating behaviors. That is especially true when you look at its relationship to mental health, especially if you’re stressed. In my laboratory in the early 1990s, I spelled out the word “stressed,” and then I spelled it backwards, and it’s “desserts.”

DM: Yeah. That’s great. Thank you for putting that frame and perspective on the numbers of people who have this challenge, because we have a third of the population... Well, actually two-thirds of the population struggle with overweight. You’re saying 10 percent of the population or essentially one out of six people who are overweight have this food addiction issue.

Now, it’s been my experience with seeking to assist people lose weight, that insulin resistance seems to be the metabolic core. When you have that going on, the mechanism to catalyze the burning of the fat, metabolisms are just impaired, and you can’t go forward. I’m wondering how you integrate... I mean, it seems that the vast majority of people, at least from your last comment, don’t struggle with this food addiction, which is essentially a real disease. How do you differentiate between the two, and how do you integrate your strategy into processes to address the insulin resistance?

PP: Well, you know, one of the things I want to back up here and look specifically at the epidemiology that I just mentioned, we are looking specifically at whether or not you meet the criteria for the Yale Food Addiction Scale. There are actually a huge number of people who are almost there – there’s actually a great set of books that was published by the Harvard University called The Almost Effect, Almost Addicted, and then almost this and that – who don’t perfectly meet the criteria but are the mass majority.

The reason why I bring this up is there is a huge correlation between binging and addictive-like eating behavior, because when you binge, it’s not exactly on arugula; it’s almost always on the hyperpalatables or large amounts of other things like bread and butter and back and forth for a combination. I throw that out there because the numbers are not quite clear yet. We’re just now in the process of collecting this and trying to get our arms around it.

I just want to be able to bring that up to say that this is a moving target right now, and it’s important and special when it comes to binging. The vast majority of people who subjectively binge do not meet the criteria for actual binge-eating disorder. I think there’s large, large number of people out there struggling with addictive-like eating behavior, and some actually meet full on criteria for food addiction. So, just sort of trying to reframe that a little bit.

DM: Well, the reason I asked is, from personal experience, I noticed that most of my life I’ve sought to eat what I thought was healthy foods at the time, but I would regularly engage in non-healthy eating behaviors or what might appeared to be a food addiction to certain foods until I realized that I could use a lot of improvement in addressing my ability to burn fat effectively, because I gained a little extra body fat.

I realized through the people I was interviewing, the experts, that this intermittent fasting was a phenomenally powerful tool. Once I engaged in that and got my fat metabolized and enzymes activated again, those cravings disappeared. I mean, they absolutely were gone. There was no craving at all. I did not desire junk food. Would it taste okay? Sure. But did I need it? Did I actually have to have it and go out and seek it? No. It was just gone.

It wasn’t hard and required absolutely no discipline. That’s what I’m trying to differentiate, you know, how to help people distinguish between that craving as a result of metabolic dysfunction as opposed to
some other more deep-seated emotional issues that really won’t respond to this intervention like intermittent fasting.

PP: I think that we haven’t tested intermittent fasting as it were, specifically for people who meet the criteria for food addiction. It’s obviously very, very provocative and compelling. I, like you, have been following the literature on intermittent fasting. No question. But as you’re well aware now, the thing I love about this whole field is that it’s so marvelously complex.

For instance, we looked at people who are ingesting, good heavens, 500 to 800 grams of refined and processed sugars on a daily basis. One can only imagine what’s going on in the microbiome, let alone the brain that sits in our cranium, or let alone what we’ve done to tee it up for insulin resistance, and the entire metabolic syndrome.

One of the things we have found, as I have established and I write about this in The Hunger Fix, a platform for being able to get a better grasp of how to eat better, do your physical activity, do your spiritual checking-in, meditation, etc. One of the things I like to do is just say, “Okay, let’s take a breath here. Make it simple,” right? The grand majority of people out there are just lost. As you know and I know, they’re just getting hammered with temptation, cues, and triggers for self-destructive eating.

In a way, the cocaine thing, I say this very euphemistically, is a bit easier. You’re either on the bus or you’re off the bus. I’m not giving you a moderate diet of cocaine. We’re done. We’re done. That’s it. Whereas when it comes to foods and beverages, it gets a little bit more complex, especially since refined sugars are fairly ubiquitous. They’re in salad dressings. They’re in ketchup. They’re everywhere. You have to be much more vigilant, and you have to pay attention.

DM: Well, and they’re also effectively advertised in almost every media we’re exposed to.

PP: Oh my goodness.

DM: So you’ve got that challenge. And it’s not just advertising; it’s incredibly effective advertising, because they’ve invested tens of millions, billions of dollars in understanding what motivates people.

PP: Well, you know, in Michael Moss’ book – he’s a Pulitzer Prize-winner who wrote – Salt Sugar Fat: How the Food Giants Hooked Us, he looked at corporate America and the food industry. He was able to tease out something called “the bliss point.” Millions and millions and millions of dollars have been spent trying to figure out what the bliss point is. That is, for every refined, processed food out there, which one can most rapidly ignite the reward center in the brain? That is why so many of these foods melt in your mouth. Why wait for the stomach? You know, let’s just get them their reward center immediately.

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One can only imagine and probably name at least 20 of those foods you can remember that are still out there to this day. Whereas if you eat a carrot, well, it takes a while. You kind of chomp, chomp, then, down into the stomach it goes, and then it’s got to get to work. It’s a very different thing, the bliss point. Timing is so different.

One of the things I’d like to gift all of your wonderful people out there and anyone listening to this podcast is this: if you really want to understand and start getting a feeling about what kind of food products and beverage products – I can’t even grace half of the stuff of the word “food”, so I call them either “the science fair projects” or whatever, so let’s just call them “products” – or whatever is sitting in front of you, ask yourself these two questions. This is sort of a synthesis of the Yale Food Addiction Scale.
1) If I consume this, will I feel loss of control? Now, you know, epigenetically and otherwise, that in your brain, you remember. If you’re not dissociated and if you’re telling your true truth, you’ll be able to say yay or nay.

2) If I consume this, will I feel shame, blame, and guilt? Because overeating and binging especially are highly associated with feelings of shame, blame, and guilt. Therefore, if you say yes and yes to whatever’s sitting in front of you, one of the things you have to do is just say these simple words: “It’s just not working for me. It doesn’t work for me. I don’t know what it is, but it doesn’t work for me.”

Take it and put it in a virtual shelf. We’ll come back and revisit that when your smarty pants part of the brain, which is the CEO, the frontal cortex, is more enlightened, educated, and has had more practice at being able to work with whole foods, with natural foods, and with better ways of eating, whether it’s intermittent fasting or whatever else. But you’re going to put more tools in that frontal cortex toolbox.

At the same time, guess what? Remember, I said the D2 receptors were downregulated and the population came down? Well, I got great news for you: it grows back. You’re able to actually feel more reward when you look at the sunset or you have a relationship with someone, because people with full-on addiction have almost no joy and almost no feeling of reward or pleasure with anything. Within, gosh, the first six months or within the first month, you’re able to feel it starting to come back again, and it feels really good. That’s part of the healing process.

When you do things like physical activity, which prompt neurogenesis and neuroplasticity, what you’re actually doing is allowing a more rapid healing to take place in the frontal cortex as well as in the reward center. Meditation has been shown epigenetically to be able to turn off the inflammatory gene groups, and turn on instead our ability to increase neurogenesis and to be able to facilitate the healing in the frontal cortex.

Now, this is all going hand in hand with healing in the microbiome and the gut. This is going hand in hand with healing throughout the body to be able to reduce insulin sensitivity, to be able to decrease all of the signs and symptoms of the metabolic syndrome and reverse them. When you do what I love to call “mind, mouth, and muscle,” those are the three pillars that I use when I established this program in *The Hunger Fix*, what you’re able to do is an integrative more holistic approach.

In the mind, it’s checking in with one’s self, being able to really, really augment the mental capacity to be able to say yay or nay. Organize. Strategize. To be able to decrease impulsivity, irritability, and impatience. To be able to heighten vigilance and mindfulness. Mindfulness is king here. When you’re mindful, you take it hour by hour, moment by moment, so that what you’re able to do is stay on track. People who have addictive-like habits tend to want to just speed it along. They’re like, “Come on, let’s get this over with.” You can’t do that. Take a breath. You can do this.

With physical activity, getting up with every step you take, you’re able to change gene expression all along the entire spectrum of the metabolic syndrome to be able to augment brain health and brain healing from the entire addictive process. At the same time, hey, guess what? You’re able to feel better. More energy. Better sleep. You’re also able to deal with stress so much better. Stress resilience is heightened when you do this.

Now, with nutrition, there’s no question, you absolutely can’t keep hammering yourself with these products for which you say yes and yes. Loss of control. Shame, blame, and guilt. Instead now we’re going to take what I call the false fixes like “Everything is going to be okay. I’ll get to it tomorrow morning,” you know, the usual addictive eating behavior-type thing, and then you’re able to substitute with healthy fixes.
I have a program in which I’m working with the country’s largest addiction group called Elements Behavioral Health in Malibu Vista as well as Promises, a very famous addiction group out there, and Lucida in West Palm Beach and throughout the entire Elements system. What we’re doing now is we’re saying no.

We’re going to take all of the food that we prepared. We have chefs and culinary nutritionists – these are registered dieticians who are also chefs – who are preparing foods that will substitute for all of this. There is no refined or processed food, instead delicious whole food options. We’re going to duke it out with all the false fixes, we’re going to compete, and we’re going to say, “Ah, ah.” For every one of the false fixes, I’ll give you three options.

I’ll give you an example. Soda, you know, the sugary soda thing. Oh, well. So many people who have addictive-like tendencies tend to really scarf up a lot of those sugary sodas. You know what we did? I kind of use this as stealth health. What I did was I got rid of all the sodas everywhere, because this is residential as well as out-patient. Instead, I replace them with beautiful glass decanters, very large, that have floating fruit in them. You have fruit-infused water. You could buy these actually anywhere. We have sort of the bigger ones, and they’re gorgeous.

Visually, it’s beautiful. You see all these sweet, beautiful fruit. Blueberries. We’ve got mint. It’s just gorgeous. People see this, and they say, “Wow, this appears to give me a little natural sweetness. It’s refreshing because it’s cool water. I’ll try it.” Well, out went the sodas because you couldn’t get enough of this stuff. It shows that if you just put a little creativity into this... Everyone can do this at home. This is why in The Hunger Fix, I have, oh, gosh, more options than you can count. Because we’ve been experimenting with this for so long, we want to make sure that we’re dealing with this.

This also helps us with cross-addiction. If you’re coming off smoking, if you’re coming off anything – whether it’s drugs or alcohol, another process addiction – you oftentimes hop onto what you think is a legal high, which is you guessed it, the hyper-palatable foods. At least no one’s going to arrest you, and in your mind, you think, “This is not that bad.”

Really? Come on. Dr. Mercola, you and I both know now that hopping on to the hyperpalatables – sugary, fatty, and salty food combos – is just a slow death. Instead of OD’ing on heroin, you’re just, oh. You’re packing on the pounds. They’re going in your belly. You’ve got the metabolic syndrome, insulin resistance further afterwards, and by definition mental impairment. So, come on. We’re helping people to decrease, if not eliminate, cross-addiction as well.

We’re trying to hit it at multiple levels. It’s just been so exciting. We’ve been featured on the TODAY show. We’re really doing a lot of work to be able to show people, “Listen, you’re not alone. Addictive-like eating behaviors are ubiquitous globally, and there are options.”

DM: Thank you for expanding on that. I’m wondering if you’ve explored the use of imagery, because I just want to share an experience I actually had yesterday.

One of the leaders in the Health Liberty Movement, a really important activist in this country who impacts literally tens of millions of people, is struggling with non-alcoholic fatty liver disease (NAFLD), which, of course, is related to fructose ingestion and typically a desire for these processed foods and which I’m sure is based on food addiction. I’m mentoring this person. I’m really passionate about having this person survive because if this person dies prematurely, millions and millions of lives will be negatively impacted because of the inability to address this issue.
I suggested that when he sees these foods, he imagines a skull in crossbones. I said this a few months ago, not even realizing that I had mentioned it. I got feedback yesterday, an email saying that it had worked magnificently, that he lost 30 pounds, that his blood pressure was normal, and that all the liver enzymes were going back were they should be. It worked like a charm. I’m wondering if you use that, if you’re familiar with this approach, or if it may be a useful strategy for others.

PP: There’s no question about that. Imagery is incredibly important. For years and years, I’ve used this. What I tend to do is customize it to the individual. Some people do well with positive imagery; some people do well with negative imagery.

DM: Interesting.

PP: It’s really interesting.

DM: I don’t know why, but I just went to the negative.

PP: I don’t know. Maybe it’s because you’re a guy. Who knows? No, but really, one of the things I found was that I had a smoker guy, who was an executive and who was smoking, good God, almost up three packs a day. By the time he came to see me, he’d put on 25 pounds already because he got off the cigarettes. But he didn’t really get off the cigarettes, because I said, “What are you doing?” He said, “Well…” I looked at what he was eating. What he was doing was every single time he was used to smoking, he was eating a boat-load of food instead.

Now that he’s disgusted with cigarette smoking, because he got read the riot act, he now has a visual that I used with him. For instance, he would come home at night time and he would have a pound of grapes. He just eats them in addition to other sweet things. I said, “Whenever you feel like doing that, I want you to visualize a nasty ash tray with all the butts in it and back and forth. Because what you’re doing is you’re actually smoking your food. You chose food to substitute for your smoking. But you’re basically still doing the same habit. You’re smoking your food.” He laughed like there was absolutely no tomorrow. It actually worked like a charm.

Whereas I had another woman who in her case took on a very positive thing. She used to be very physically active. She’s had some trauma in her life, flipped it around, started developing some self-soothing behaviors that got her into big trouble with addictive-like craving and eating, and packed on some weight. What she does is she keeps pictures of herself when she was much more physically active, and she has a goal: she wants to be able to get back to her running. She’s got a 5K picture that she keeps everywhere.

I’ll tell you, she thinks to herself. It’s like a prefrontal cortex practice here. She says, “Do I want that or that?” Her answer right now is, “Hey, I’m going for the running every single time.” She enjoys now a more… It’s more pleasure, thinking about that. She says, “Look, do I want this or that?” And her answers are pretty correct these days because she’s shedding the weight beautifully. I like to customize it, just like you did.

DM: Is there a strategy you can recommend for individuals to create their own imagery that might be effective?

PP: Actually, that is a wonderful question, Dr. Mercola. What I do is I ask every single person to sit down and to develop something I call “the power why.” Why do I want to do this at all? Why don’t you just continue whatever addictive behavior you’ve got? Why? What’s “the power why”? And you got to dig deep. You can’t just say, “Well, I want to be healthy.” That’s all special, and of course, that’s there. That’s an overarching thing.
But what else is important in your life? You want to be here to do what? What is so terribly gnawing at you? You really need to take a moment. Close your eyes and go deep. It’s very interesting. People listen to their physicians and they go, “Blah, blah, blah. You got to drop weight. You got to get in better health.”

DM: Right.

PP: It goes in one ear and out the other.

DM: Yeah. That’s the challenge. That is exactly what is happening.

PP: All the time. You got to go deep.

DM: We need these tools. Right.

PP: You got to go deep. I’ll give you an example. One of my most successful women is a woman who is pushing 300 pounds. She’d hurled the whole thing back and forth. One day, she was told she was going to receive a reward for the work she had done in the community. She’s a huge, huge activist in the community. She was going to be on stage to receive the award with her entire family there. Huge, huge gathering. Thousand people. This and that.

It was going to be a year from then. Something clicked in her brain. She said, “I want to be proud of myself. I want to walk the talk. I want to be on that stage. If I’m promoting health and well-being, I got to live it.” That’s what did it. Oh, my gosh. You’ve never seen anybody flip it like… I mean, it stuck for years. I watched the power of the mind in something like that.

There’s something else that I wrote about in The Hunger Fix. When I write books, I like to make up words as I go along. I’m like, “Ah, what the heck,” you know?

DM: Why not?

PP: One of the words I came up with is how about an “epiphaMe”? There’s an epiphany about you, and it’s very personal. Sometimes these things happen. She had an epiphaMe about her life and what it meant to her when she got the award. Everyone needs to sit down and really be introspective.

Get help with this if you need it. But sometimes, if you just close your eyes, go to a quiet place, take a long walk… I’m a firm believer in walking and thinking. It’s really important. Because when you walk, when you’re stimulated by something as simple as a walk, a physical activity, it is so healing and it allows you to be more creative. You get those creative juices flowing in the pre-frontal cortex. All of a sudden, it’s like wow. And don’t try; just let it come. Just say, “What is that power why?”

DM: I couldn’t agree more. It’s something that isn’t promoted enough, I think, largely because of the misunderstanding or ignorance of the calorie burning in walking. But most people and I think most professionals don’t realize that you burn the same amount of calories walking a mile as you do running a mile or sprinting a mile, because it’s force times the distance. You can sprint a mile a lot quicker, of course, but you’re still going to burn the same.

For 40 years, I was running long distances, about 40 to 50 miles a week. Now I’m walking long distances. It takes a lot longer, but I’m able to read. A lot of people’s schedule won’t allow that. Walking is a beyond-magnificent strategy for people to implement to assist their metabolism to get it up. Really, it’s a phenomenal form of exercise. It gets you moving. It’s actually in some ways better than running, because it has less stress, less trauma, and you’re moving longer, because the key is to move throughout the day.

PP: As you get older…
DM: It’s more important. Right.

PP: You want to reduce injuries.

DM: Absolutely right.

PP: It’s so terribly important to realize. Also, if you look at all the great studies of the centenarians, basically Butler’s work at the National Institute on Aging (NIA), and the work that’s been done at the centenarian project up at Harvard with Perls, Silver, and others, this is what they found: honey, it wasn’t Olympic boot camp that was keeping these little happy campers going all these years; it was actually walking. Many times we’ve actually put the dominos on these happy campers when they’re 70, 80, or 90 years old, and they’re cranking out the steps. I don’t know where they’re going, but they’re cranking out the steps. That’s what you need more than anything else.

In the studies of neurogenesis in the brain, there’s one I could think of right off the bat where they looked at the hippocampus of the brain, which obviously helps us with memory as well as cognitive learning. One of the things they found was they took people who are 60 and over and had them do nothing more than accrued (notice) walking for an hour a day. That’s all they did. They didn’t change anything else. That was the one thing they changed, the intervention.

Over the quarts of a year, they were able to increase the size of the hippocampus by somewhere between three and five percent. Hey, sign me up. I want more gray matter here every single day; whereas stress does exactly the opposite. Out-of-control toxic stress does precisely the opposite, which is why whenever I have people, you know. When I wrote The Hunger Fix, I wrote it as a three-stage detox and recovery program, because I want you to get off the refined, process junk, the crap, and all the rest of it, and get into a beginner recovery and then a master recovery. One of the things I asked right off the bat was to take those three pillars – mind, mouth, and muscle – and begin to put them to work immediately. Small steps. Nothing overwhelming.

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But one of the things I asked people to do is assume the vertical. Get moving. Now, that also includes yoga, Pilates, martial arts, and all the wonderful mind-body therapeutics and modalities that I just love and I have found to be so helpful in the entire mental, spiritual, and physical healing process in anyone with addictive-like behaviors.

Remember, there’s a huge spectrum. There are people like yourself who have the cravings, who used to have the cravings and the rest of it, and who were able to correct it by doing specific things. People have full-on compulsive, addictive behaviors, because they also have very powerful genetics for this. Maybe epigenetics was really tough on them. They had a really tough childhood, adolescence, or early adulthood, which is compounding this entire situation.

What I love to look at is the entire spectrum. There are many resources out there. I like to cherry-pick them. You can do a 12-step like in Overeaters Anonymous (OA) or Food Addicts Anonymous. You can also use psychotherapy, cognitive behavioral therapy, etc. You can do spiritual healing. I tend to like to have a cherry-pick of a lot of these.

For instance, the 11th step is meditation. It is fabulous. A lot of people think, “Oh, gosh, meditation,” and got the eye-roll thing going. Sometimes, I don’t even say the word; I say, “Have you checked in with yourself?” You check in with your best friend, with your co-worker, with the guy next door, but do you check in with yourself? Have a little self-dialogue. Start very simply. Spend 30 seconds doing it. How did that feel? Sixty seconds. Start building it overtime. Ritualize it, because if you do, you’ll be rewarded in
countless ways, which also include keeping stress hormone, cortisol, under check throughout the entire day.

We already know that practicing yoga does this. There’s a spin-off of almost eight to nine hours of better controlled cortisol if you did that yoga practice in the morning. You can’t just do it erratically like once a month and expect to be able to get great rewards; you’ve got to do it as much as you can consistently. Even if you just have a five-minute or 10-minute, just something to start with, and then it kind of excels itself. Because Dr. Mercola, it feels so good to finally get that peace, finally get that ability to feel that you’re now in control, not this out-of-control mess you’ve got going on in a brain that’s just been hijacked right and left.

DM: Absolutely. It’s good to know these types of discipline and the walking that you mentioned earlier – actually we know without question; no one would dispute the fact that they – contribute enormously metabolically to weight optimization. But the big issue is would that also help the food addiction, which is really a completely different mechanism. It’s good to know that they work synergistically.

PP: Absolutely.

DM: We’re getting close to the end. I’m wondering if there’s anything you’d like to emphasize or another point that you’d like to bring in to expand on what you’ve already discussed.

PP: I just want people out there to know that they’re not alone. When I wrote The Hunger Fix, it was so interesting, within five days, it was on the New York Times bestselling list and stayed there. You know what’s interesting? The people through social media who contacted me. Everything from Twitter to Facebook and all the rest of it, what they said was, “What took you so long? We’ve been out here thinking we’re going out of our minds.”

I’m saying, “No, you’re not.” This is a very common phenomenon, because quite frankly, it’s a battlefield out there when you’re trying to stay on track and trying to avoid refined processed foods. This is when you need a frontal cortex that’s just really vigilant on top and is basically in top performance. In The Hunger Fix, I’ve laid down that little program.

I have just had a wonderful time with you, Dr. Mercola, sharing this message with so many people out there using evidence-based science to tell them, “Yeah, there’s not just hope; there’s a plan, and it’s working.”

DM: That’s great. I’ve actually adopted walking and walk about two hours a day. Because of that, I’m able to read books. I certainly read The Hunger Fix. When I read it initially, I was a little concerned, because it was a book on how to optimize health or weight, that intermittent fasting wasn’t in there. But when I called you about it, it was just of the timing of the book and when you wrote it, and you were in total agreement with it.

The reason I mentioned that is it’s a phenomenal book. I agree with pretty much everything you say in the book. If you’re a person who suffers with weight and you resonate with what this discussion was about and you feel that food addiction might be an issue, then I couldn’t recommend and endorse more strongly to pick up a copy of this book, because obviously, there’s 10 times more information in the book than what we discussed in this interview.

It’ll really be worth your time, effort, and energy to pick up a copy and learn what Dr. Peeke is teaching in the book, because I think it has a phenomenal ability to make a significant impact and let you really lead the life you discover. Because it’s not just about knowing the foods; it’s about having the practical interventions and strategies that allows you to apply that knowledge.
So, thank you for everything that you’re doing. I appreciate it.

**PP**: Thank you so much. One last little point: it’s not just about weight. Some of my toughest addictive-eating behavior people are very small people. What they do is they struggle every day. Addictive-like eating actually covers the entire gamut of the weight spectrum.

**DM**: Yes. You can have essentially metabolic syndrome being lean.

**PP**: That’s right.

**DM**: That’s not common, but it certainly is possible and still related to the same behavior. Thank you for mentioning that and thank you for everything you’re doing.

**PP**: Thank you, Dr. Mercola for your marvelous work and message to so many people out there.