

Weight loss & LCHF diets

Dr Ombiga talks about his approach to weight loss through the Low Carbohydrate Healthy Fat (LCHF) diet. This is usually in the context of patients referred for management of Non-Alcoholic SteatoHepatitis (NASH or Fatty Liver), and strategies to assist in obesity related reflux (which is the majority of cases in our community).

Does this sound familiar? You've switched to a low-carb (LC) or Keto diet for management of fatty liver disease or type 2 diabetes and metabolic syndrome. You'd read all about the benefits others have experienced — namely weight loss, increased mental clarity, more energy, better digestion —and you were eager to get started.

Nevertheless, after a couple of days, you started to feel terrible! You began to experience the “keto flu”—fatigue, crankiness, decreased physical performance, cramping, and brain fog.

This is all too common in our patients who adopt low-carb or Keto diets. Does that mean you should start eating more carbs? Sometimes it does. Low-carb and Keto diets are not for everyone. However, other times, adding carbs back in is not the answer either.

What can help? Electrolytes.

When you switch to a low-carb diet, you are probably eliminating processed foods from your diet, which contain high amounts of sodium. What's more, low-carb diets make the kidneys excrete electrolytes at a higher rate. This is normal and not something to be worried about but it is important to replace these electrolytes. This means that many people who adopt low-carb or Keto diets, end up with a deficiency of electrolytes—magnesium, potassium, and especially sodium.....and this is what causes the “LC/keto flu”.

Over the last 50 years, we have been hounded to reduce our sodium intake yet recent studies have shown not only that sodium restriction is ineffective in reducing the risk of cardiovascular disease, but it may even increase the risk! A 2011 study published in the Journal of the American Medical Association found that people eating two grams or less of sodium per day experienced a significantly higher risk of cardiovascular events than those eating five grams per day. This is double the amount of sodium recommended by groups like the American Heart Association, and this study was performed in people following a typical diet, not low-carb or Keto. Of particular relevance is if you are physically active. Vigorous exercise can lead to sodium loss (through sweat) as high as 3,500 to 7,000 mg per day!

How do you fix this problem? Drinking Gatorade or other sports drinks is not the answer. These products are typically high in sugar and woefully lacking in the electrolytes you need to replace.

For example, Gatorade has 29,000 mg of sugar (!), but only 230 mg of sodium, 65 mg of potassium, and 0 mg of magnesium. A simple electrolyte drink can be made with one scoop of magnesium powder, ½ teaspoon of pink salt, ½ teaspoon of cream of tartar (Potassium citrate) in 600-800ml of water. Some people add a tablespoon of apple cider vinegar for taste.

Remember keys points in protecting yourself from COVID19 are by improving your metabolic health, reducing insulin resistance and optimising your Vitamin D levels.



About Dr John Ombiga

Originally from Papua New Guinea, Dr Ombiga completed his Gastroenterology training at Liverpool and Nepean Hospitals in Sydney as a Specialist Physician. Dr Ombiga holds a Fellowship of the Royal Australasian College of Physicians in Gastroenterology and Hepatology. He spent two years of further research and training at the Fremantle Hospital in Perth as a Fellow in Inflammatory Bowel Disease. He has a large volume of experience in treating viral Hepatitis, chronic liver disease, IBD, and interventional endoscopy.

Contact

Cairns Gastroenterology
Suite 3, Level 3
120 Bunda Street
Cairns QLD 4870

Ph: 07 4041 2877
Fax: 07 4041 6135