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FOOD ISN'T MEDICINE

*Challenge Nutribollocks & Escape the Diet Trap*

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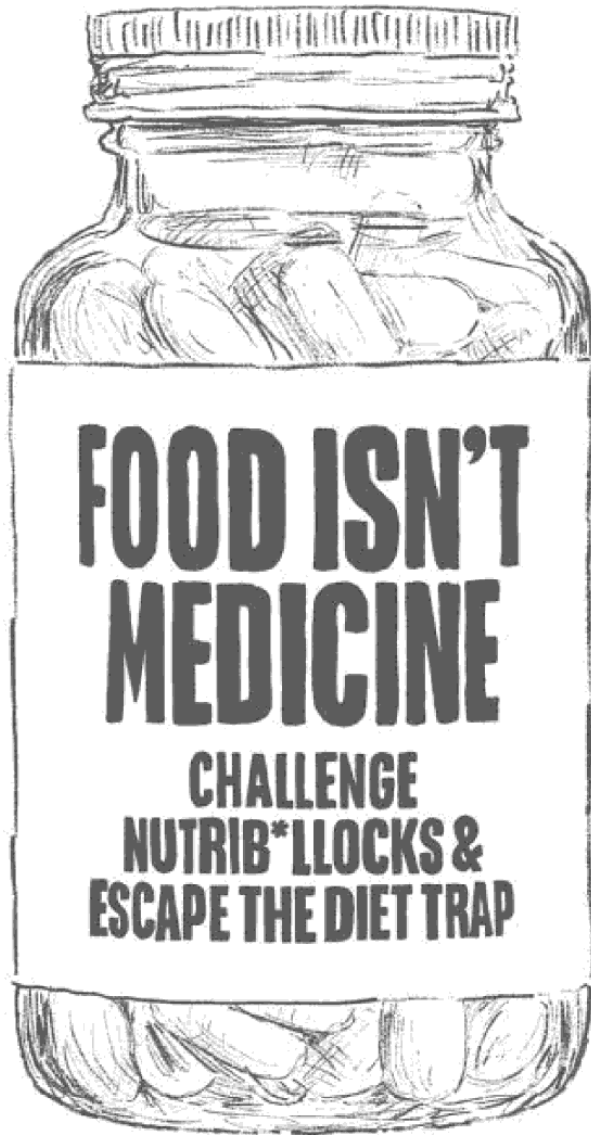
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## About the Author

Dr Joshua Wolrich is an NHS surgical trainee and nutrition MSc student who is not only setting the record straight when it comes to spurious nutrition advice, but aggressively fighting weight stigma and campaigning for healthcare to become weight-inclusive, spreading the message via his podcasts and his 350K plus followers online. He follows a Health at Every Size® approach and encourages his patients to have a healthy, happy relationship with their bodies and food.

For those experiencing weight stigma:  
please know you deserve so much better and  
I promise not to stop until you get it.



## Preface

*'You are completely entitled to opinions that are not supported by evidence, but the moment you spread that opinion as fact, you are a liar, and if you spread it as fact knowing that it's not supported by evidence, you are both a liar and a fraud.'*

**OCCAM'S BARBER**

On the 16th of August 2020, Justin Bieber and I became friends.

Okay fine, he publicly told me to ‘fuck off’ for challenging him in front of his then 144 million Instagram followers, but that’s basically the same thing, right? Friend, acquaintance, mortal enemy ... what’s the difference?!

I’ll explain how that all came about in a second, but first let me introduce myself. I’m an NHS junior doctor currently in the middle of a postgraduate master’s degree in nutrition. I’ve grown increasingly frustrated over the last few years seeing how some medical doctors have become bolder in believing that they understand nutritional science. Let’s be clear right out of the gate; the scientific study of the relationship between diet and health is *not* the same discipline that we get taught in medical school, otherwise my current academic study would be a waste of money. Doctors are first and foremost biomedical scientists, meaning that we focus on learning how the human body functions in order to understand and treat disease. There’s less overlap with nutrition than you might immediately think and an ignorance of the fundamental differences between the two disciplines has resulted in a truly terrible slew of books being written and published by doctors way out of their lane.

Of the top 100 bestselling books on nutrition in 2018, guess which profession made up the biggest percentage of authorship? You are four times more likely to pick up a nutrition book written by a doctor than you would by a dietitian or nutritionist<sup>1</sup>. If this were the other way around and medical books were being overwhelmingly written by people without a medical degree, I can guarantee you that doctors would be up in arms.

Not only that, but the nutritional advice found in these books varies widely and is often completely contradictory. Eat carbs, don’t eat carbs; eat fat, don’t eat fat; go vegan, or is it carnivore?! They promise weight loss and disease cures. We’ve reached a point now where both traditional and social media are awash with so much nonsense that it’s almost impossible for anyone to figure out what’s actually true. Oh ... and don’t get me started on books that claim to explain why ‘everything we’ve been told about food is wrong’. Burn them all.

Nutritional science actually knows an *incredible* amount about food and its impact on our health, but facts like ‘eat more veg’ aren’t exactly sexy, are they? It’s much more exciting for someone to claim they’re ‘challenging the status quo’ and dogmatically promise a new solution to health and weight loss, even though those two categorically aren’t even the same thing. We’ll get to that.

### **Food Isn’t Medicine**

In my humble opinion there is one simple truth that I believe would solve a lot of the difficulty sifting through the misinformation when it comes to nutrition: *food isn’t medicine*<sup>fn1</sup>.

The vast majority of nutrition books rely on the opposite being true, despite the fact that you’d be hard-pressed to find anyone with formal training in dietetics or nutrition who uses the phrase. That alone should really tell you something.



The fact that food isn't medicine is not a bad thing by any means; it's actually a really *good* thing that it's not! Our health is too often sold as something we have complete control over, and treating food as medicine only serves to encourage this rhetoric of personal responsibility. We need to stop shaming people for what they eat and implying that an illness was their fault for not making better choices.

Recognising that food isn't medicine doesn't mean I don't believe food can have a positive impact on someone's health – this isn't an either/or situation! Not only can the way we live our lives have a big impact on chronic disease, but helping people come off medication they believed to be lifelong is a wonderful aim. Ironically, accepting the differences between food and medicine leads to this pursuit becoming more realistic and attainable.

Hang on a second, didn't Hippocrates, the so-called 'father of Western medicine', say to 'let food be thy medicine and medicine be thy food'? Sorry to burst a bubble right at the beginning of this book but Hippocrates never actually combined the two; this is simply a nice-sounding misquote<sup>2</sup>. Although Hippocrates was ahead of his time back in 400 BC about many aspects of medicine, it's a little problematic to be using things that he said (or supposedly said) as instruction on how to practise it today. For example, he believed that you could stop someone having a period by applying 'as large a cupping instrument as possible to the breasts'<sup>3</sup> ... but no one is quoting him on that one, are they?

This obsession with wanting food to be medicine has resulted in increasing numbers of doctors playing identity politics with their dietary choices. Their social media handles now include phrases like 'low-carb' or 'carnivore' as a badge of honour. When diet infiltrates someone's identity it can all too often lead to bias and closed-mindedness. When shown evidence that puts this new part of who they are into question, do you really think they're going to take the time to genuinely explore it? We are all perfectly entitled to choose to eat a certain way, but as doctors we *have* to keep this from being projected onto patients during a consultation.

### **Back to Bieber**

I'd come across a post that Justin had made on his Instagram with the words: 'The Right Healthy Food Is Actually Medicine'. The caption underneath doubled down and read: 'If you are feeling anxious or depressed a lot of it has to do with our diet! Try changing up your diet! It has helped me so much!!!' I had a feeling that the Beliebers wouldn't take kindly to me challenging him on his messaging, but I couldn't let something like that just exist without trying to add some nuance, especially when it was by someone with so much influence. I left the following comment underneath:

'The intention behind this post is good, but unfortunately the potential outcome is quite harmful. Food is many, many things but it's not medicine. That's not to say it isn't important – it provides us with nutrition and energy to thrive, but it has its limitations. Anxiety and depression are very rarely as a result of food intake. Mental health is complex and boiling it down to the privilege of food choices is incorrect and stigmatising for those who struggle with it on a daily basis. For any of you who read this and felt a sense of guilt that if only you changed your food you wouldn't struggle with mental health ... please know that's not accurate. You are doing a fantastic job – do not compare yourself to a celebrity with all the capacity for change and privilege in the world.'

My purpose here wasn't to specifically get Bieber's attention (it's rarely ever about the original poster in these kinds of situations), but instead to provide some reality to those members of the public who might have read his post and been misled. What I couldn't have predicted was the fact that he put my comment in his Instagram stories and said: 'Bro literally [sic] fuck off lol'.

While fending off the subsequent slew of hate messages from his followers I ended up chatting to him over direct message for about an hour. He quoted the dictionary definition of medicine to me (a common argument) and then claimed that food can 'heal your frontal lobes' (a less common one). After quite a bit of back and forth in which I said things such as, 'of course everything can be taken out of context but that's not an excuse to ignore the impact our words can have', I noticed that he'd actually changed the caption on his post very slightly to add some nuance. Instead of saying, 'If you are feeling anxious or depressed a lot of it has to do with our diet', it now read, '... it can often have a lot to do with our diet'. Movement in the right direction, however small, is movement nonetheless.

The last thing he said to me was, 'the tone of my fuck off was meant to be cheeky not mean'. I'm taking that reassurance to imply we're now friends. My DMs are always open Justin.

### **Not another diet book**

This book has been a labour of love and I really hope that you find it useful when navigating the current state of nutritional discourse. I want this to be an encyclopaedia of nutribollocks that you can refer back to time and time again after the first read through.

**nutribollocks** /njʊ 'trɪbɒləks/

*noun* VULGAR SLANG • BRITISH

nonsense nutrition advice with little to no scientific evidence; promotes disordered eating habits.

'drinking apple cider vinegar in order to lose weight is complete nutribollocks'  
early 21st century: blend of nutrition and bollocks

I want to empower you to be able to filter through diet culture and come out the other side with a more relaxed view on nutrition and your health. I want you to be able to confidently challenge it not only when Katy Perry tells you to bathe in apple cider vinegar and Novak Djokovic tells you to drink celery juice, but when your best friend tells you about their new fasting regime that they want you to do with them. I want you to understand why the 'food is medicine' rhetoric is misguided so that you find it easier to avoid the nutribollocks it encourages.

There is a *lot* of nonsense that we could go through but I've chosen the topics that I believe come up the most frequently, and also cover the most bases possible. To note, this *categorically isn't* a diet book claiming to show you how to lose weight. I'll explain why that's the case in the first couple of chapters.

I wish I had a book like this a few years ago when I was trying to sift through the conflicting information available online. Searching for answers on Google doesn't really help unless you know what you're looking for and it personally led me down a path of bro-science and bodybuilding forums. I started demonising carbs and buying books that proclaimed food was medicine, the latter of which now sit gathering dust

on my bookshelf; I don't particularly want to regift them and risk someone else being misled. My hope is that this book either saves you from a similar fate or acts as a lifeline to help pull you out. Remember, there's absolutely no shame in changing your mind on something you thought was true.

### **Scientific cheat sheet**

In order to address the nutribollocks in this book we need to have discussions about research and different types of scientific studies. I'm aware that academic language can mean very little to some, so to try to address that problem I wanted to include a cheat sheet of sorts right here at the beginning.

Hopefully this will be something you can refer back to if need be and should also serve you well for understanding more of what you come across online.

<b>Anecdotes</b>	Stories from personal testimony. This is the lowest form of scientific evidence as it is heavily influenced by things like bias. While that doesn't mean we should automatically disregard someone's experience as incorrect, it's incredibly important not to draw wider conclusions from it.
<b>Association/Correlation</b>	A link between two things where one may or may not be as a result of the other.
<b>Causation</b>	A link between two things where one has been proven to be as a result of the other.
<b>Cohort Study</b>	A study following one group of people over a period of time, usually consisting of individuals who are at risk of developing a specific disease. Different behaviours and factors are noted throughout in order to investigate the cause of the disease if/when it occurs.
<b>Case-control Study</b>	A study comparing two groups of people, one with a condition and one without. They are usually retrospective, meaning that researchers look back in time to see if different factors can be identified between the groups.
<b>Randomised Controlled Trial (RCT)</b>	This is an experimental study where people are randomly assigned to two (or more) groups and then given different interventions. One of these groups is usually given a placebo to be able to compare against. This is often considered good quality evidence.
<b>Metabolic Ward Study</b>	This is a tightly controlled study where participants live full time at a research unit. They are monitored 24/7 with everything from food to exercise and sleep being controlled, measured and documented. If designed correctly these studies can be incredibly reliable.
<b>Meta-analysis</b>	This is a way of using statistics to combine the results of multiple studies to try to find if a conclusion can be drawn. This is useful as studies looking at the same

	topic can often show conflicting results when analysed individually.
<b>Systematic Review</b>	This is a review of all the available research on a particular subject. Studies that are of poor quality are often excluded. This is usually combined with a meta-analysis as the way of analysing the research.

1.

## Pringles and Ice Cream

To give you some context as to how I became passionate about nutrition and challenging diet culture, it's probably best to start right at the beginning. The privilege of growing up in a household where I enjoyed home-cooked meals the majority of the time contributed to me gaining a love of food from an early age. My father had always cooked as a hobby, and after finding himself assuming the role of the stay-at-home dad, my two younger siblings and I could always count on an interesting evening meal from a multitude of different cuisines. How could disordered eating have reared its ugly head from that seemingly peachy situation?

After losing his mother to pneumonia and a brother to suicide within days of each other, my father's relationship with alcohol became even more challenging for us. My memory of the full timeline is a little hazy, but there are several things still vivid to this day; ones that I feel probably affected me more than my parents' subsequent divorce.

### **Food insecurity**

As the years went on, evening mealtimes became increasingly difficult. Usually I'd get food, but my father's once impeccable judgement of appropriate spice levels went steadily out of the window. Punished if I didn't eat it, I grew a tolerance to chilli like no other child in my white, middle-class neighbourhood. Unpleasant as that was, it was still better than the other days when I'd be sent to bed without any food at all. Arguing never worked.

I decided that my only option was to have food stashed away so I didn't have to wait until my mother got home late from work to eat something. As a pre-teen child I wasn't exactly rolling in pocket money, so I resorted to slightly less legal ways of ensuring I didn't go hungry.

There was a corner shop on my walk home from school that I would frequent for sweets and the like. Of the two aisles in the store, the one furthest away from the counter had a blind spot that I may or may not have used to get really good at pretending to look for something in my backpack, while simultaneously knocking a full tub of Pringles off the shelf into it. I honestly can't believe I never got caught. I still feel guilty about it to this day but I'm happy to report that my brief stint as an accomplished thief didn't continue into adulthood (just to clarify).

Was the act of eating an entire tub of Pringles straight after school good for me? Probably not. Did my relationship with food take a hit during that period? Definitely. May it have even led to me overeating on a regular basis since I would still ask my mother for dinner when she got home? Sure. Is the act of eating when you're not actually hungry always disordered? No, but to do it as a child based on the fear that I wouldn't have dinner definitely was. It taught me to rely on food when I needed to feel in control – often a valid coping mechanism, but one that has great potential to become dysfunctional if relied on long-term.

I will spend some time talking about just how complex the factors influencing our weight are in the next chapter, but childhood experiences like the one I've just described likely contributed as to why I grew up a larger kid than most. The first time I remember it making a difference to my life was during junior school.

### **Body image insecurities**

There was one kid in my class who always found something to pick on me about: my hair was too long or too short; my nose was too big; I didn't have any friends (or I had the wrong ones); or my clothes were shit. It changed weekly. At times the unpredictability became all-consuming as I tried to work out how to get through the day without giving him something new to bully me about. Having said that, there was one reason he could always consistently rely on: my weight.

There is always an element of insecurity and cowardice with those who bully. I'm ashamed to say that I ended up being one myself the following year after changing schools and both of those elements rang true with me then. I'd left one place feeling small and unimportant, while believing there was only one method of making sure I didn't start the new one the same way. People who abuse others for their size as adults are no different. Add in the anonymity of the internet and it can embolden those who may not dare to discriminate face to face.

From those early years, until relatively recently, I spent a large proportion of my life trying to lose weight. My worth as a human became intrinsically linked to what I looked like and the number on the scales; I had it in my head that I was neither attractive nor worthy of love unless I was slimmer. These same insecurities continued even when I was in my first long-term relationship and ended up playing a major role in its eventual breakdown. It made me a possessive partner, which, completely reasonably, resulted in being dumped. At the time, my lack of insight simply led to a doubling down on my weight-loss efforts in an attempt to be attractive enough not to be dumped again. Retrospect is a wonderful thing eh?

### **Being a doctor sounded cool**

Growing up I had a real mixture of different career goals, from being a chess grandmaster or professional chef to being a singer. How different life would have been if I'd have succeeded in my audition for S Club Juniors! Despite doctor never featuring on that list, I came home from school at the age of 16 and told my mother that I was going to study medicine at university. The careers counsellor had been in that day and I remember being given this thick career book to pick from. The thought of being a teacher didn't sound fun as I knew how difficult my classmates and I could be; the broad title of scientist just made me think of working in a lab; but the last 'match' was doctor, which I thought sounded cool. I can still hear my mother's understandably sceptical response to this day, along with a raised eyebrow:

'We'll see.'

With no doctors in my immediate family, I arrived at medical school relatively naive as to what the job would bring. Being a doctor can be really emotionally draining, from fighting against the government on changing job contracts to working long hours during a pandemic without adequate protective equipment. It's not a job you would stick at unless you really loved it; I hope I continue to love it as much as I do now for the rest of my life.

Disordered eating and eating disorders can be thought of as a spectrum. All eating disorders exhibit disordered eating, but not everyone with disordered eating will go on to develop an eating disorder. Our normalisation of dieting within society certainly doesn't help. Dieting itself damages your relationship with food, whether you realise it or not, and may even increase your risk of developing an eating disorder.

Still clear as mud? Let me give you a personal example that might help (TW: those of you currently dealing with an eating disorder may want to skip the next two paragraphs).

With my continued use of MyFitnessPal, I started finding less traditional ways of reducing my calorie intake. Some of my favourite things to eat include anything with raisins, sugar and spices, but during this period of my life I cut them all out. No Eccles or fruit cakes. No oatmeal and raisin cookies. No hot cross buns. The restriction led to repeated bingeing on these types of food items as I found my cravings for them had amplified. My absolute favourite and the one that I struggled with the most was mince pies.

As Christmas time approached, I developed a new behaviour. I would eat a mince pie, but before swallowing each mouthful, I would spit the chewed-up food into the bin. In my mind, this seemed to make sense ... yet it filled me with shame. I was always very careful to hide it, never doing it around anyone and always repositioning items in the bin so that no one else would see them. I remember one time my housemate walked in on me as I spat into the bin, so I pretended to choke so they wouldn't suspect anything.

If what I'm talking about resonates with you, please reach out and talk to someone who can help. Don't ignore it. Either your GP or the Beat ED Charity is a great place to start (see page 256).

### **Who knew that ice cream could be so inflammatory?**

Let's get back to my Instagram account, which I initially chose to call @unfattening. I went as far as buying customised running trainers with that word on the sides and was even considering getting it as a tattoo. Thank goodness I didn't.

A couple of years after starting the account I'd somehow managed to convince over thirty thousand people to follow me despite only posting pictures of food and the occasional transformation photo. I even had the phrase 'evidence-based fitness' in my bio. Cringe. My world revolved around weight loss and diet culture and having lost a fair bit of weight at that point I thought myself an expert; a common theme among those online from Z-list celebrities to healthcare professionals.

Unbeknownst to me, it would be a random conversation about ice cream that really started to shake things up.

Hands up who remembers when Halo Top was launched in the UK? It was sold as a 'guilt-free', high-protein, low-calorie ice cream – one where you were literally encouraged to eat the whole tub. I placed it on a pedestal and sang its praises on my Instagram, tagging the company in my stories in the hope that they would sponsor me so I didn't have to keep paying the extortionate price it was sold at. I did get some free samples at one point, probably in an attempt to stop me hassling them.

It had become commonplace for my followers to send me screenshots of content online to ask for my thoughts or for me to debunk something. In 2018 I was linked to an Instagram story by Laura Thomas (@laurathomasphd), a registered nutritionist and intuitive-eating counsellor based in London. In it she seemed to be bashing Halo Top for encouraging bingeing and asking why anyone would want to choose it over the real



thing ... or that's how I remember it anyway. I remember feeling attacked, almost personally, so much so that I felt compelled to send her the following message:

'Except it tastes almost IDENTICAL to regular ice cream and means that I can eat a decent amount without cramming empty calories and sugar into my body!!! I get that diet culture can be a bad thing, but why attack the premise of making a high-sugar, high-calorie product better for your body and your health? I don't get it.'

I really didn't. I didn't understand why a low-calorie alternative could be anything but a good thing. Laura could (and probably should) have just ignored me at this point, but she was kind enough to send the following in reply:

'Well I think we have to be careful about calling ice cream an empty calorie, it can be a source of vitamins, minerals and protein for people. It's really the marketing that's problematic here; it's not even a suggestion but an expectation that people will eat the entire tub because it's "healthy". It's also a lot less satisfying so you end up eating more than a scoop or two of the regular stuff. That will leave people feeling bloated, cramping and potentially running to the loo (based on high soluble fibre). This type of product lures people into a false sense of healthy as opposed to developing a good relationship to food (which means eating a wide variety of foods without feeling guilty or "bad" for the occasional bowl of ice cream).'

I had never heard anyone speak about food in this way before. What she was saying made sense, but the mindset I was in at the time wouldn't allow me to admit that it did. It challenged things I believed about food: even the simple statement of being able to just eat a scoop or two of ice cream was something foreign to me. At that time, I was refusing to buy food items that I enjoyed but considered 'unhealthy' as I ending up bingeing on them. That internal conflict made me want to know more and led to a response that I think even surprised myself:

'I greatly respect your experience and expertise and I would honestly love to meet up and chat with you ... I want to be medically accurate with the advice that I give out and would honestly love to pick your brain.'

Laura very graciously agreed to meet me. The following month I travelled on the train into central London and took up her entire afternoon asking question after question. I left even more conflicted, but realising that even if just a *tiny* amount of what she'd told me about weight, health and dieting was true, I needed to do some more digging. It was my first step towards the concepts of weight inclusivity and 'intuitive eating', and it was a game-changer.

### **Willing to be wrong**

The next ten months were interesting. I read research I'd never been exposed to before, listened to hours upon hours of different podcasts and followed a whole slew of new faces on social media. I can imagine that the non-diet accounts on Instagram were probably very confused as to why someone called @unfattening was suddenly interested in their content! It's really telling looking back on my feed during that time, as I can see the conflict in my head that I was struggling to put into words. The longer

it went on, the more I realised that a lot of the things I was promoting were not only full of contradictions but incredibly problematic.

After I stopped actively encouraging weight loss, I began to be challenged about the appropriateness of my Instagram username. I resisted. Like, *seriously* resisted. I liked that @unfattening felt catchy and I didn't want to let go of it. I convinced myself and anyone who would listen that the reason it was okay for me to keep using it was because it attracted the perfect kind of audience I was wanting to reach. I disregarded the harm it could cause, because in my head, the end justified the means. My ego got in the way.

In January of 2019, ironically peak 'diet' time, I finally bit the bullet and changed my social media name to @drjoshuawolrich. This turned out to be a massive weight off my shoulders. Since then, my presence online has evolved into one challenging weight stigma, health inequity, nutribollocks and fad diets.

I'm hoping there are going to be things in this book that challenge what you believe to be true about your health and nutrition. Changing someone's opinion on a topic usually requires a level of trust not often reached through pages of text, but I'm confident that my candidness so far will have helped to build the necessary foundations. Let's get started.