

(TC: 00:00:00)

Dr Hazel Wallace: Hello and welcome back to Season 6 of The Food Medic Podcast. I'm your host, as always, Dr Hazel Wallace, medical doctor, nutritionist, author and founder of The Food Medic. I have said that so many times that I feel like I really need to jazz it up for the next season. So, if you've any suggestions, please do send them in. So, it's our final episode of the season which is always very sad because one of the best bits of my job is getting to host this podcast and speak to incredible people all around the world about wide-ranging topics. However, we are going out with a bang as I have an incredible guest, Stephen Manderson, better known as Professor Green, joining me today for a very deep and insightful chat discussing everything from mental health to gut health, to his death row meal, to when he started rapping, being a new dad. It's just a really great conversation and I personally loved listening to Stephen and just chatting with him. So, I hope you do too. If you haven't heard of Professor Green, where have you been? Firmly established as one of the crossover superstars of British music, the Hackney-born and raised rapper has released two top three albums and amassed a career tally of over 2.5 million combined sales in the UK alone.

He has completed five headline tours and performed on the main stages of countless festivals, such as Glastonbury, V Festival and Wireless. Over the past couple of years, Pro Green has presented five critically acclaimed BBC documentaries and his first documentary series for Channel 4 called 'Working Class White Men' in 2018. He's also published his autobiography 'Lucky' and continues his ongoing work as patron of the anti-suicide charity CALM. He's also an ambassador for myonlinetherapy.com and has also founded the supplement company, Aguulp. Before we get into the podcast, I do want to share a trigger warning as this conversation discusses suicide which may be upsetting for some. Without further ado, ladies and gentlemen, it is Stephen Manderson, Professor Green.

[AD break]

So, I guess, like, the reason that I wanted to get you on the podcast and have a chat was, I guess, we connected over a shared interest in gut health initially and also houseplants because I think you asked me for some advice to keep your plants alive.

(TC: 00:03:12)

Stephen: Yes, I saw a post that you put up and just realised how healthy all of your houseplants looked and I've got a rubber plant that's still struggling.

(TC: 00:03:23)

Dr Hazel Wallace: Is it still struggling?

(TC: 00:03:23)

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Stephen: It is still struggling. It's not dead yet and it seems to be growing from the top exponentially but it's just the bottom that I'm struggling with. But, yes, gut health, definitely something that I have a very keen interest in.

(TC: 00:03:36)

Dr Hazel Wallace: Yes, and so we chatted briefly and I know you've spoken about it publicly but do you mind, kind of, taking us back to your history with gut issues because they started from a very young age, right?

(TC: 00:03:50)

Stephen: Yes, it's a long way back now because I'm on my way to 38 but I guess I was born with gut issues. I was six weeks old when they discovered that I had pyloric stenosis. So, I had to have an operation when I was really young and then really some of my earliest memories and, as an adult I understand it to be a bit of a feedback loop and somewhat of a chicken and egg situation, but I would always go, 'Nan, I've got a tummy ache,' and because I'd had that operation it was always straight to the doctors, I'd have cameras down me, up me, ultrasounds, everything you can imagine, to look for some, sort of, further defect or something that was wrong physically and ultimately nothing was ever found until much, much, much later on and so, I was told that I had IBS from a really young age, about five or six.

(TC: 00:04:41)

Dr Hazel Wallace: Wow, that is a very young age for IBS.

(TC: 00:04:44)

Stephen: Yes, and I guess at that age, and also thinking back to the fact there was a generation gap between my grandmother, who brought me up, and me it wasn't-, like, anxiety wasn't spoken about. So, my tummy ache, which I now look at as a knot in my stomach, which I understand to be anxiety, I never had the language or the tools or the understanding to go, 'Hey, I'm anxious.'

(TC: 00:05:09)

Dr Hazel Wallace: Yes, 100%. And I definitely want to touch on that, like, the gut-brain axis in a little bit. But where are you now in terms of your gut health and do you feel like you have a good understanding of how to stay on top of your symptoms?

(TC: 00:05:24)

Stephen: I do, yes. I had a pretty problematic-, actually, the operation went really well but this is a-, excuse me if I'm seguing, this might take a little while for me to get to the point, it often does take me a little while, but I started getting symptoms of, like, my lips were burning and my tongue was burning and, you know, I was doing all the Googling in the world and I'm sure you know and have encountered 'Dr Google' in many patients. It's the worst doctor in the world, but I was like, 'Is it a B12 deficiency?' And that is actually something that I do suffer from but I assumed that it was stuff being acidic on the way in so I was like, 'Maybe I should stop drinking cider. Maybe I should ease up on the spicy food.' But because I didn't have heartburn or any of the obvious symptoms of a hiatus hernia it took a long time to get to a point where they diagnosed the fact that I had a hiatus hernia. Along with that, you'll probably know this better than me, I had

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something with my duodenum. I can't remember the proper name. I had gastritis, I had Stage 2 esophagitis, Stage 3 being irreversible. So, it was quite severe and then trying to fit in an operation for a hiatus hernia amongst the schedule that I had at that time was quite difficult and there was probably a bit of avoidance on my behalf as well. I ended up on prescribed medication for quite a while which had quite adverse side effects as well.

Omeprazole, Lansoprazole, obviously the Gaviscon wasn't prescribed as you can buy that over the counter. But that went on for about two years until I eventually got to a place where I couldn't function so I had to have the surgery. I had the surgery and the surgery went well, this was in 2017, and I left hospital as they said I would a day, or two days after and then I remember I left in the afternoon, so when I got home it was the evening and slept. I woke up the next morning and I looked like I was pregnant with triplets and the birth was about three or four weeks late. I had my surgeon's number and he said, 'If there are any difficulties or any questions, anything you have just text me afterwards.' And so I messaged him a picture going, 'Is this just gas?' And his response was, 'Get in a taxi immediately, don't wait for an ambulance.' And it turned out I had distended. So, I had distension, ileus, a collapsed lung, pneumonia, not bacterial but I think from the surgery they said where they had to move my stomach which had caused them to move my lung or something, and so it was like going back to square one, you know? I was back where I was at when I was born and the options weren't that great.

It was have more surgery, which would've been a gastric bypass which I done some research into, didn't sound too fun to be honest and also it was the fact that I was more likely to have the same complications, only they would've been more severe a second time around, especially with that type of surgery or just wait it out and hope that things went back to normal. So, that was where I started to dive down every rabbit hole I possibly could to look into ways that I could help better my situation myself.

(TC: 00:08:22)

Dr Hazel Wallace: Yes, and I guess that journey has brought you to start your own company around gut health and supplements, right?

(TC: 00:08:29)

Stephen: Yes, so Aguulp was born of that really. I bumped into Kevin Godlington, my now business partner and fellow co-founder of Aguulp, and it started with us having a-, and not much ever comes from drunken rants really, everyone thinks they have great ideas when they're drunk and nothing much ever comes of them, they're a bit like making friends on holiday. 'Yes, we should stay in touch with each other,' and you never do, but this was the one that actually did turn into something tangible. We basically just sat complaining about the laborious routines that we both went through every morning in order to try and take care of our-, and throughout the day and the evening, to take care of, not just our guts but also our mental health. A lot of our conversation was around the link between the gut and the brain because-, and obviously there would've been a positive knock-on effect anyway because with my health improving obviously my mental health was better because I was happier and able to do more without being debilitated by my stomach issues. But I, sort of, noticed that the more I took care of my gut, the more consistent my mood was, the better my sleep was, the happier I was as well as all of the things that you would expect from taking care of

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your gut which is, you know, better digestion, more consistency in movements. I feel much less awkward about talking about that stuff now.

(TC: 00:09:46)

Dr Hazel Wallace: Yes, 100%. I mean you speak pretty openly about mental health and I know you work really closely with the anti-suicide charity, CALM, and myonlinetherapy.com. Where does this, kind of, passion stem from (TC 00:10:00) when it comes to mental health? Is it because of your own issues or is it just something that you feel needs to be spoken about?

(TC: 00:10:38)

Stephen: It was something I, sort of, stumbled into and I think as-, the genre of music I make, rap, especially at the time when I began talking about mental health issues, was not something that you'd expect a rapper to talk about, especially because of all the perceive bravado that comes with it. Albeit all of my favourite rappers were also very open emotionally and put themselves in their music and spoke about what they experienced and their feelings. But, for me, it was a bit of the slap in my face my introduction to mental health issues because when I was a kid there wasn't such thing as, and obviously, there was but to my knowledge and to most people's, there wasn't such thing as 'mental health'. It was, you know, 'mental' was just a word you called someone. The phrase 'mental health' wasn't something you heard in the way that people do now. My dad took his own life when I was 24 and that was a real, I mean as you'd imagine and not just because our relationship was fraught. I mean we could've had the best relationship and that would've been just as much, perhaps even more of, the slap in the face as it was and that, I guess, made me take a long, hard look at myself.

In the beginning, when I found out what he'd done, I went through a whole spectrum, you know? I was angry, thought he was selfish, which he definitely wasn't. It's selfish to think that people who end up in a place where they're so desperate the only way out they see is such a finite decision. But I wanted to, in the beginning, understand how it was that such a passive man could do something so violent, especially the method in which he took his life, he hung himself. And I quite quickly came to the conclusion that I actually don't want to know how he was able to do that because the only way in which I would be able to truly understand is if I was in the same situation myself which I never will be. And I wrote a song about it which ended up being my first, and to date, only number one. I never expected a song about my dad's suicide to become a hit which was, kind of, bittersweet, you know? But it opened up a conversation because then when I went into-, you know, I think the first interview I did was with MistaJam and it was the first time that I think I'd ever spoken about it because of what the song was about.

(TC: 00:13:00)

Dr Hazel Wallace: Yes, did you find that writing the song was therapeutic for you?

(TC: 00:13:04)

Stephen: Eventually, yes, but it's a weird one because I have to perform it over and over and over and I think the one thing I've learned from that, as well as through therapy, is that actually we quite often try and stifle things and push things back down when we feel them and shove them under the carpet. Stiff British upper

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lip and what I realised was the more I spoke about it, the more I was able to engage in conversation around that without engaging emotionally. Not in, like, a sociopathic way but just in that the more prominent those conversations were and those thoughts about what my dad did, the easier it was to deal with them because I wasn't pushing them back down and mostly what happens is you try and push things back down and they end up coming at you sideways and hitting you when you least expect it. So, for me, eventually, yes, it was cathartic.

Initially, it was quite painful because I didn't realise that when I wrote the song that I was going to have to talk about it so much and after having done that I was asked if I'd do a radio documentary with a psychologist, Dr Aaron Balick and a suicide survivor, which I did, which then led on to me doing my first TV documentary, *Suicide and Me*, which actually was meant to be a broad, or a broader, look at male suicide but ended up being about my own personal journey into looking into why my dad may have taken his own life which was quite a lot for me halfway through shooting. Because I knew what I'd signed up for but I realised that me throwing my toys out of the pram was part of me not wanting people to see me as vulnerable which is a huge part of the problem for me, I think, is having to be macho, having to be the archetypal man. I think applying behaviours to gender is a-, you know, it's easier said than done and it would pretty much take unpicking the fabrics of society to solve it, but I think we've caused a lot of problems by applying such specific behaviours to genders.

(TC: 00:15:10)

Dr Hazel Wallace: Yes, absolutely and different traits but I think we're definitely moving forward from that and having people like yourself on a huge platform chat about it when there's, I'm sure, a lot of young men listening who are still stuck feeling like it's a stigma to talk about how they're feeling or whether they're going through a tough time and unfortunately, the last year has just shown the cracks in our healthcare system and the services we have available for mental health in particular. So, right now it's even more important.

(TC: 00:15:43)

Stephen: Yes, definitely. I mean some people felt isolated prior to the last, what is it now? Going on eighteen months. And I think everyone, in some way shape or form, has been affected by what's happened. Respective of any positives that may have come out of it for people personally, I think it has been a terribly testing time.

(TC: 00:16:05)

Dr Hazel Wallace: Of course. And so, what are some of the fundamental things that you do now for your mental health?

(TC: 00:16:12)

Stephen: First and foremost is understanding myself, I guess, which is something that a lot of people avoid because, you know, it's not pretty unpicking things. I think you spend a long time learning things when you're a kid, you get to your twenties and you want to do everything you think makes you an adult and then you get to a point, if you're lucky, of self-awareness where you realise that actually you have to unlearn quite a lot to move forward and for me, you know, there were just behaviours and reactions. I was quite reactive,

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quite self-defensive which I think is quite common in people that come from the background I do and I wanted to change those things. You know, I didn't want my life to continue to be this perpetual cycle of the same things happening over and over and in order for that to change, it was me that had to change. You know, we always look at external things and this is where projection comes in. You know, whether it's to blame certain things on something other than ourselves, but if you're the common denominator between this thing happening over and over you, kind of, have to go, 'Okay, well maybe I'm the problem here.' Even if it's down to a choice you're making or a situation you're not extracting yourself from. Secondly, it's noticing when I'm making bad decisions. Bad decisions tend to beget bad decisions. It's just catching myself a bit earlier before I go too far down that path.

(TC: 00:17:26)

Dr Hazel Wallace: Yes, I love that answer. It's very honest because I think often when I have these, kind of, interviews with people it's very easy to say things like, 'Exercise.'

(TC: 00:17:37)

Stephen: Yes, go for a walk with the dog. And all of those things are so, so, so imperative, they're so important. And I think, like, listen. Some people obviously do need to be prescribed medication but I think, you know, the best prescription for anyone that feels at all low is all of those things, but it's also about delving into oneself and understanding why it is when everything seems like it should be fine that you still don't feel okay.

(TC: 00:18:04)

Dr Hazel Wallace: Yes, absolutely and I think often times that's best done with a therapist but if-, doing your own work as well is really important and, yes, I completely agree with you. I guess when it comes to therapy and self-care or whatever you want to call it when it comes to protecting your mental health, it's such a personal thing. There's never one thing that fits everyone, or one thing that people find works for them, but it sounds like you've come to a place where you can recognise what works for you and when you need to, kind of, catch yourself like you said.

(TC: 00:18:37)

Stephen: Yes, but I also think there's something to be said for-, we know how to build physical resilience and that's a healthy stress. Like, stress is always this-, there are so many negative connotations attached to the word 'stress'. It's always, 'Oh, that was stressful, I'm really stressed at the moment.' Without people realising. And people who exercise day in/day out will put themselves through a healthy amount of stress in order to improve their fitness without realising that there are-, stress can be a positive thing at the right level. Stress becomes a problem mentally when it's chronic. You know, we shouldn't encounter stress in all of the ways we do as consistently as we do throughout our day to day lives and that's where it becomes a problem. I think perception plays a part in that. You know, is it a problem or is it a challenge? But I think understanding that if you only use therapy at the point of crisis, you're probably only going to solve problems as they occur whereas using therapy, not being at a point of crisis, I think is the only way that you can develop tools to handle or better handle stress and trauma.

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And the only other way outside of that, like, the only way I learned resilience when I was growing up was through surviving things and that's an important quality to understand you have. Surviving things makes you powerful because as long as you're aware of it and understanding that you can survive those things and come out the other side, (TC 00:20:00) you know, resilience goes missing for the most part when people talk about mental health and openness and sensitivity. You know, all of those things are discussed but resilience seems to go missing and I think the only way really to understand your resilience and to improve it mentally is to use therapy when you're not at a point of crisis.

(TC: 00:20:20)

Dr Hazel Wallace: Yes, I think that's really powerful. And I guess now, like, what's life like for you now? You're a new dad first and foremost, congratulations.

(TC: 00:20:31)

Stephen: Yes, there's not much sleep.

(TC: 00:20:36)

Dr Hazel Wallace: I can only imagine. But has your career taken a bit of a direction, a change of direction? Has music taken a back-seat or is there something that you're doing but keeping under wraps?

(TC: 00:21:16)

Stephen: Not at all, music hasn't taken a back-seat whatsoever, quite the opposite. I've just been in a situation where-, listen, there's nothing worse than a complaining artist, so I'm not even going to go down the road of complaining about the stuff I've had to deal with label-wise the last few years but music has definitely not taken a back-seat and actually in the time that I've been dealing with all of that stuff, I've been able to focus on other things, such as, Aguulp and Giz n Green, which has been great. Gizzi Erskine and myself starting a business that came out of lockdown. You know, I was stuck in Morocco and she was teaching me how to cook everyone's favourite fast foods over a really dodgy internet connection, having an oven that had two temperatures which were too hot and way too hot. You know, it has been great to use that time to focus on other stuff but music has always been something that I've been working on in the background and I'm quite looking forward to getting back to it if they ever let us open clubs again.

(TC: 00:22:13)

Dr Hazel Wallace: Of course. Can I circle back for a second and ask you how and when you got into music in the first place?

(TC: 00:22:19)

Stephen: Yes, of course. It wasn't from my nan playing Jason Donovan and Kylie. It was really-, do you know what? I grew up in Upper Clapton in Hackney and at that time, like, DJ Brockie was from Clapton and jungle was what everyone or all the older kids were listening to. They'd come into the estate in their stolen Mini Metro's, you know, playing jungle tapes or walking back in after illegal raves with their eyes looking a bit strange and me not really knowing what was going on but-, so, the first type of music I got into was

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jungle and then after that rap music. I used to go-, I played street hockey and ice hockey when I was a kid. So, I used to go to roller-skating rinks and ice-rinks a lot and I remember hearing Biggie's 'One More Chance Remix' with Faith Evans and I didn't know who it was at the time. I was like, 'Who is this? What is this? I have to find out what this is.' And I did and that began my journey into rap and Biggie is still my favourite rapper to this day. But it wasn't until I was 18-, my mates had been making music from the age of, like, twelve or thirteen. I was quite shy.

(TC: 00:23:24)

Dr Hazel Wallace: I'm surprised by that.

(TC: 00:23:26)

Stephen: I don't know if I was shy or considered. You know, I would speak if I had something to say, otherwise, I'd stay shut up. But then I got put on the spot, they were all freestyling and we were at my pal Adam's house and I rapped a lyric. I don't remember what it was, but it wasn't terrible because everyone was like, 'What? You can rap, yes? What? What?' But I just went red in the face and wanted to hide under the table. I would've hidden in my belly button if I could've. And then from that point, I started-, because I'd never been-, I was quite academic, albeit I went from being offered a scholarship to St Paul's to ending up at a pupil referral unit within the space of two years, but I didn't really have any creative output. I didn't ever-, you know, I was never artistic in any way but from that, I started messing around with lyrics and I found that to be a form of expression which, you asked about if writing that song was cathartic, to be honest, the whole beginning to write music was because for me that was a form of therapy and I guess it aligns with journaling which is a cornerstone of CBT. For me when I started to write music, I was writing down how I felt, what I thought and my observations. And so for me it was always, without ever realising, a form of therapy.

(TC: 00:24:35)

Dr Hazel Wallace: Yes, I guess, like you said, it's like journaling. It's a form of reflection and really going deep.

(TC: 00:24:41)

Stephen: Yes, and you have something to look back on. You know, however you feel afterwards you can look back on stuff and I hear-, like, I'm not a fan of listening to my old stuff but occasionally something will come on shuffle, normally at a really awkward moment, but I'll hear myself say stuff and I'll be like, 'Woah, I thought that then but I wasn't putting it into practice,' and I think that's an example of-, and don't get me wrong, there's the other side to it where I hear myself say stuff and I'm like, 'Oh, yes, couldn't get away with that now.'

(TC: 00:25:07)

Dr Hazel Wallace: But that's growth, isn't it? Like, you grew up, you grew up in a public space where as you were growing I guess you were sharing how you felt at the time.

(TC: 00:25:17)

Stephen: Yes, and I think it's important to be open to contradicting yourself and to being a hypocrite. I don't think there's anything wrong in that. It's weird, you hear a lot of people say, 'I'm never going to change,' and

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that to me sounds crazy. You know, I don't want to be bound by what I felt my identity had to be because of where I came from.

(TC: 00:25:35)

Dr Hazel Wallace: Yes, I completely agree with that. That story is amazing though and I guess where you are now, you mentioned all of the other things you're doing and you mentioned your, kind of, foodie projects with Gizzi. Prior to lockdown, did you guys have a pop-up as well?

(TC: 00:25:51)

Stephen: Yes, so it was-, well, it was post the first lockdown I managed to get back from Morocco by way of Amsterdam, having been repatriated by the Dutch it was an absolute palaver. So, we'd been doing Giz n Green's Monday Night Fakeaways every Monday and we had the opportunity to open a pizza pop-up. So, we developed a menu and I was quite apprehensive. It was a large space which actually ended up working in our favour because we didn't have to change anything to socially distance, people were socially distanced by way of how the restaurant was laid out. We did it at Passo in Old Street. We opened the pop-up for initially a month, it ended up being three months and we pulled the plug on it luckily just before we went into what, I guess, was a second lockdown. But it was crazy. We done, like, 28,000 pizzas or something. It was crazy how well it was received and we've since gone on to open two, and we're about to open our third, delivery kitchen. We do East London, West London and soon to be South West London.

(TC: 00:26:54)

Dr Hazel Wallace: So, does this come as-, is it, like, a meal delivery kit where you make it at home?

(TC: 00:26:59)

Stephen: We do both. So, you can order the pizza kits to make the pizzas yourself or you can order in pizzas that come ready-made and ready to eat, normally on a hangover.

(TC: 00:27:09)

Dr Hazel Wallace: Yes, no, I mean it all looks incredible. Are you a big foodie? Do you cook a lot at home or is this Gizzi's influence and you're just excited by the partnership?

(TC: 00:27:19)

Stephen: No, I've always loved food. I grew up on a pretty beige diet. I mean my interest in gut health is hilarious when you think I was brought up on a lot of Iceland three for two. Oven chips and beans were a staple. But I was lucky, where I grew up was incredibly diverse culturally so when I went to friend's houses I was way too polite to say no and the first thing that growing up in a working-class community that you are offered when you get to someone's house is normally a plate of food. So, that opened up a whole world to me as far as food. Yes, it's always been something that I've loved and enjoyed and it's something that Gizzi and I definitely bonded over.

(TC: 00:27:55)

Dr Hazel Wallace: Yes. What would be your death row meal?

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(TC: 00:27:57)

Stephen: Roast dinner.

(TC: 00:27:59)

Dr Hazel Wallace: Really?

(TC: 00:28:00)

Stephen: Yes, yes, yes. I don't even have to think about that. It would 100% be a roast dinner.

(TC: 00:28:04)

Dr Hazel Wallace: I find that so funny. So many British people say that. I'm like it wouldn't-, I think a pizza would be mine.

(TC: 00:28:09)

Stephen: Really?

(TC: 00:28:11)

Dr Hazel Wallace: Yes. Like, a really, really good pizza.

(TC: 00:28:13)

Stephen: Yes, what defines a good pizza in your books?

(TC: 00:28:16)

Dr Hazel Wallace: The crust and the tomato base is, like, the most important bit I think. I do like a good sourdough base to be honest.

(TC: 00:28:24)

Stephen: You would love our pizza.

(TC: 00:28:26)

Dr Hazel Wallace: Really?

(TC: 00:28:27)

Stephen: Yes, because it's not fake sourdough. It's not a sped-up process which does make things quite difficult.

(TC: 00:28:33)

Dr Hazel Wallace: Love a sourdough. Amazing. Well, thank you so much for giving me your time. It has been a pleasure. And for opening up and being so honest about your past and the things that you've been through.

(TC: 00:28:45)

Stephen: Thank you for having me.

(TC: 00:28:49)

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Dr Hazel Wallace: Okay, team, that was Stephen. I am really keen for your feedback on this episode because, I don't know about you, but I have connected with Stephen a couple of times on social media. Obviously, we were chatting about how he asked me for some plant advice, but I found this conversation so insightful and I am very grateful that Stephen was so open and vulnerable and shared so much with us because I think those conversations are so important and I hope that it's helped some people. So, yes, thank you Stephen for an incredible season finale. So, yes, that wraps up Season 6. How was it for you? Because it was good for me. I have to say, I really, really enjoyed recording this season and I know I say that every time but, I don't know, there was something about this season that just felt like every episode was getting better and better. But for now, we are taking a little break. I don't want you to worry though, because it won't be long before we are back with new episodes. I can never stay away too long. In the meantime, make sure you do listen back through the seasons because I know a few (TC 00:30:00) of you are new around here and there are some great episodes to catch up on.

Also, if you're enjoying the topics discussed on the podcast, you can hear more from us over on Instagram, Twitter, Facebook under the handle 'TheFoodMedic' or head over to the website thefoodmedic.co.uk. If you did love this episode and if you are enjoying the podcast, I would love it if you gave us a review, a rating, hopefully, five stars and share it with your friends and family. That's all from me. It has been a pleasure being your host again and I can't wait to connect with you next time. Take care.

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