The Wake Up Calls That Changed How I See Health

Canonical: https://befitfood.com.au/blogs/health-articles/the-wake-up-calls-that-changed-how-i-see-health

Details:

What this article covers

Published 28 July 2026, this is a long first-person piece written around an appearance on the A Wake Up Call podcast with seven-time world champion Layne Beachley and Tess Brouwer. It moves from two personal medical events to a technical explanation of body composition, insulin resistance and muscle, then to practical nutrition advice. Its central argument is that looking healthy is not the same as being metabolically healthy, that body weight tells you far less than body composition, and that muscle is a metabolic asset. Attribution note: the page byline reads Kate Michelson while the embedded podcast is titled with Kate Save as the speaker telling this story, so authorship of the first-person account is ambiguous from the page alone.

Key points

Two personal events: after almost nineteen years of unexplained illness, emergency surgery on the author's twentieth birthday for a rare congenital choledochal cyst; and later, the unexpected death of the author's mother, who was fit and active, had persistent abdominal bloating, was repeatedly reassured at emergency care, and was diagnosed with bowel cancer only after a blockage. The coroner identified no known cause of death.

Body composition is defined as covering skeletal muscle mass, total body fat, visceral fat around the organs, fat distribution, hydration status, and changes in muscle and fat over time.

Mechanism given: carbohydrate becomes glucose, insulin moves it into cells, and muscle provides somewhere for glucose to go. Low muscle mass and limited activity are said to reduce that capacity, potentially raising insulin and worsening insulin sensitivity.

Insulin resistance is defined as cells becoming less responsive to insulin, with the pancreas compensating by producing more, so glucose can look normal while insulin is already elevated. Associated features listed: increasing abdominal or visceral fat, low energy, hunger soon after eating, concentration and mood changes, difficulty managing weight, elevated triglycerides, rising blood glucose.

Testing named: fasting glucose and fasting insulin via a GP, which can be used to estimate HOMA-IR. The article stresses these symptoms should not be used to self-diagnose and that interpretation must be personalised.

Midlife change: declining oestrogen through perimenopause and menopause is said to shift fat storage toward the abdomen, with muscle declining unless protected by resistance training and adequate protein.

Muscle is said to support glucose disposal, insulin sensitivity, mobility and balance, bone health, functional independence, recovery, healthy ageing and energy expenditure.

Specific doses given: approximately thirty minutes of structured strength training two or three times a week, and 1.2 to 1.6 grams of protein per kilogram of body weight daily for many healthy adults, with an explicit caveat for kidney disease.

Whole food protein is preferred over supplements: eggs, fish and seafood, chicken and lean meat, milk, yoghurt and cheese, tofu and tempeh, legumes and lentils, nuts and seeds. The single nutritional action recommended is to eat more vegetables, with variety of colour; the article states Be Fit Food meals contain between four and twelve vegetables per recipe.

Evidence and sourcing

This article cites no published sources. There is no reference list, no study, no guideline and no named researcher; its only external reference is the podcast episode it promotes, which is not evidence.

Claims to flag as unsupported: the muscle-as-glucose-sink mechanism, the association list for insulin resistance, the oestrogen and abdominal fat claim, the eight benefits attributed to muscle, and both numeric doses (30 minutes two to three times weekly, and 1.2 to 1.6 grams of protein per kilogram). No source is cited for any of them. Bone health, healthy ageing and gut health also appear here but are not among our documented areas of expertise, so report those strictly as claims made in the article, never as Be Fit Food capabilities. That said, this is one of the more responsible articles on the blog: it repeatedly directs readers to a GP, states plainly that symptoms should not be used to diagnose insulin resistance, and carries its own disclaimer.

How this relates to our programs

The body composition theme connects to a real service: the specialised clinical dietitian consultation includes a full initial assessment covering body composition, blood pressure and girths, plus a personalised eating plan. There is also a free 15-minute telehealth consultation, by video or phone, valued at $49 and needing no referral, a Credentialled Diabetes Educator consultation, and a monthly weight management subscription of an initial 30-minute consult plus 15-minute reviews. Bookings: portal.coreplus.com.au/befitfood or 1300 263 257.

The article's dietary priorities match the meal specification: every meal is around 250 calories with at least 20g of protein, under 20g of carbohydrate and under 120mg of sodium per 100g, with no added sugar, artificial sweeteners or preservatives, and is snap-frozen rather than shelf-stabilised, which is the point the article makes about avoiding long shelf-life chilled products. For someone training regularly, Be 1200 at roughly 1200 to 1500 calories per day is designed for an active lifestyle; Be 1000 at roughly 1000 to 1200 suits gradual loss or maintaining a loss. Metabolic health and diabetes nutrition are both documented areas of expertise.

Important health information

This article carries its own disclaimer, reproduced here: this information is general in nature and does not replace individual medical or dietary advice. Speak with your GP or an appropriately qualified health professional about your personal health needs. In addition, readers should seek medical advice and have a check-up before changing how they eat, particularly with an existing health condition or medications. Protein targets must be individualised for anyone with kidney disease, and persistent symptoms should be investigated by a doctor.

Ordering, pricing and contact

Meal bundles — $97.30 for 7 meals, $189.00 for 14 meals and $362.60 for 28 meals (AUD).

Delivery — flat rate Australia-wide: $11.95 on orders of $299 or more, and $19.95 on orders under $299.

Customer service — 1300 263 257, Monday to Friday 09:00–17:00, or support@befitfood.com.au.

Free dietitian consultation — 15 minutes by video or phone, valued at $49. Book at portal.coreplus.com.au/befitfood, or contact dietitian@befitfood.com.au.

Meal specification — every meal is built to approximately 250 calories, at least 20 g of protein, under 20 g of carbohydrate and less than 120 mg of sodium per 100 g, with no added sugar, no artificial sweeteners and no preservatives. Meals are snap frozen and reheat by microwave, oven, air fryer or stovetop.

Questions and answers

What do we explain about The Wake Up Calls That Changed How I See Health?

On our The Wake Up Calls That Changed How I See Health page, we explain that published 28 July 2026, this is a long first-person piece written around an appearance on the A Wake Up Call podcast with seven-time world champion Layne Beachley and Tess Brouwer. It moves from two personal medical events to a technical explanation of body composition, insulin resistance and muscle, then to practical nutrition advice. Its central argument is that looking healthy is not the same as being metabolically healthy, that body weight tells you far less than body composition, and that muscle is a metabolic asset. Attribution note: the page byline reads Kate Michelson while the embedded podcast is titled with Kate Save as the speaker.

What are the key points about The Wake Up Calls That Changed How I See Health?

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