LET’S “TALK” ABOUT
GUT HEALTH

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From the entire HealthMeans team, thank you for downloading these transcripts -- we hope you learn a lot from them!
Dr. Masley: Well, welcome to the Healthy Heart Summit. I'm your host Dr. Steven Masley. And this is your opportunity to hear from world experts on how you can better prevent and reverse heart disease.

And I feel very fortunate today to have a long-time colleague and friend Brenda Watson here. Brenda Watson for 20 years has helped people achieve vibrant lasting health to improve digestive function. She's one of the foremost authorities in America today on optimal nutrition, digestion, natural detoxification, and herbal internal cleaning.

Brenda's book Heart of Perfect Health: The Startling Truths About Heart Disease and the Power You Hold to Stop It was released in 2012. And it's an awesome book. I've read through it. I really liked it. It goes through about the relationship between your digestive health, chronic disease, and heart disease.

Brenda is a fully engaged communications channeled with many, many forms. She's on radio. She does national speaking engagements, TV appearances, health columns. She's published 8 books, including the New York Times bestseller The Fiber 35 Diet. And she's been on PBS with multiple programs.

I've been very fortunate to get to see many of those.

So, Brenda, very, very thankful for having you here today!

Brenda: Thank you, Dr. Masley. I'm very excited to be here and share information that hopefully can help people change their lives.

Dr. Masley: So I think it would be fair to say you're considered the Diva of Digestion. Why did you write a book about heart health? I know it's important. It's the number one killer. But let's go through that link. Why did you do this?

Brenda: Well, I think the first interest in heart health for me personally was because so many of my family members had... My father died of heart disease and my husband a lot of problems with cholesterol, triglycerides and my sister has the beginnings of heart disease. And because I've been a long time in this natural healing field almost 25 years and like you said centered on the digestive system, I realize the relationship between what we call inflammation or silent inflammation and the digestive system.

In my teaching or the way I've been teaching for years is the gut is the core of your health. So my natural instinct was, "Well, let's take people through and show them how the gut contributes to silent inflammation." And silent inflammation, of course, as you well know, contributes to heart disease. So I think my interest came from personal.

Dr. Masley: Well, it sounds yes, between father, husband, sister. And that's most people. Most people have a family, whether it's a grandparent, a parent, a sibling, heart disease is the number one killer in America today for men and women. So who doesn't have that connection? But it sounds like yours was pretty strong.

And you know I invited you to participate in this because I wanted to explore the connection between the gut and cardiovascular health because I believe that connection is very strong and very important and often overlooked. So that's why you're here. I wanted to hear this. I wanted all of our listeners for the Healthy Heart Summit to get this straight from you because I think of you as the expert so give me your background. What is that connection between the gut and cardiovascular health?

Brenda: Well, of course, the digestive system runs from the mouth all the way through the end of the colon. And the GI tract is where we actually digest foods—digest and absorb foods, actually. Most people don't realize that it's really the beginning if it's out of balance of where inflammation starts. And let me explain that a little bit.
We have a long tube inside of us like I said. We have a small and large intestine. And that is filled with what we call bacteria, friendly bacteria, unfriendly bacteria, and neutral bacteria. And in that tube, we are digesting foods, producing B vitamins, doing all sorts of things, and contributing to nutrition.

Now, ideally in someone who is very healthy, we have something along the lines of the digestive system. The lining we call it or the epithelial cells that line the digestive tract. And they're there to be what we call semi-permeable meaning it's like the screen on the window of your house. You want it to be a fine mesh screen.

So once you digest proteins, starches, and fats, you want those to be able to go into your bloodstream as nutrients. So what happens is you break down these nutrients into tiny particles. And the gut lining opens up and allows these to enter your bloodstream.

But unfortunately, many people develop inflammation along that long tube. And what that means is that the screen on the window of your house no longer has a fine mesh on it. It gets holes in it. We call that leaky gut.

**Dr. Masley:** Yeah, it leaks.

**Brenda:** Yeah, it leaks.

**Dr. Masley:** So it's food and all sorts of things start leaking into your bloodstream that never should have been there.

**Brenda:** Exactly. Now, your immune system, of course, responds to that. And your good bacteria is your first line of defense in your digestive tract in your gut. So if you have plenty of friendly bacteria, if you're producing plenty of digestive enzymes, then, of course, you're digesting foods and you don't produce the inflammation and the gut lining doesn't become leaky.

But what creates leaky gut are things like too many antibiotics, too much sugar in the diet, food sensitivities. We have people taking what we call proton pump inhibitors or what's called acid-blocking medication. That disrupts all of that. Too much even over-the-counter things like ibuprofen, things like that. So this gut lining becomes compromised.

And think about this. You now have large molecules that are just basically circulating through that whole bloodstream. And they're going to create inflammatory conditions wherever they happen to go. And in many cases who are predisposed or even not predisposed to heart disease, they're going to begin to produce things like problems in our arteries and cardiovascular.

**Dr. Masley:** Well, if we're inflamed, right, we grow more artery plaque, especially for women. Some people would say that for women, inflammation is more important than the whole cholesterol profile and predicting are you going plaque or not. And the surface area, I don't think you said this, but it's huge. The surface area of our gut, if we lined it out, it's like a football field, right?

**Brenda:** It's the size of a tennis court.

**Dr. Masley:** Okay. Tennis court, so at least a tennis court. I was going to say half a football field, but a tennis court. It's this huge surface area. And if you have bad bacteria in there, if you don't have a healthy gut that could markedly increase inflammation levels. We're not talking a little bit. We're talking you're going to have achy joints, maybe brain fog. You're going to feel tired. You might gain weight. And you're going to grow plaque on your arteries. So it has a huge impact on your health if you don't have a healthy gut.

**Brenda:** That's exactly right. You know what the problem is most people don't feel it at the beginning. Most people think, “Oh, well, if I have an inflammatory problem in my digestive tract, I would feel it. I would maybe have gas and bloating or I might have constipation or IBS or something like that.” But a lot of people do not have those symptoms. They can have an inflammatory gut and they have leaky gut without ever feeling a GI problem. So that's a little bit where it becomes elusive that they think that if they had inflammatory problems in the gut that they would feel it. And many times they do not. They do not know it's going on.

**Dr. Masley:** But the gut is probably the largest source of inflammation for most people. If you looked at single sources and you looked at how could we lower inflammation so we're less inflamed, less achy, less joint pain, better heart health because you're less inflamed, would you agree the gut's probably the first place we need to look?

**Brenda:** The very first place. I see people. And in 25 years of being in this field seeing people who work on their gut through their diet, of course first, then with supplementation and lifestyle, if they get their gut back in balance, it does sometimes happen overnight, but over time, they will begin to get better and better and better. And so we see a total turnaround in health, especially when they focus on the gut first.

**Dr. Masley:** In my clinic, we order high-sensitivity CRP. It's also called cardio CRP—C-reactive protein—because it's a matter of cardiac inflammation. So when
I see high inflammation levels, I always have to think, “I wonder if they have a gut issue, if they have a gut inflammation?” Now, if silent inflammation can start in the gut. And as you said sometimes it’s silent. They don’t have gastric intestinal symptoms. Can we stop it there in the gut?

**Brenda:** Yes, we can start stopping it there in the gut. So again, that’s the first place. So what you would start doing, of course, the biggest...I mentioned some things like antibiotics and things like that. But I will tell you the biggest contributor to this is going to be diet. And as you well know, the diet of the average person out there is not very good. So sugar is a major contributor to throwing this gut bacteria out of balance.

So take this scenario. A person takes a round of antibiotics. People don’t realize. They think, “Oh, I take antibiotics. And then my bacteria goes back to normal.” They have found that one 7-day round of antibiotics can keep a gut out of balance for up to 2 years because people don’t know to put back in probiotics.

**Dr. Masley:** Well, yes, in our clinic the good news is everybody gets put on a probiotic. If someone has pneumonia and they have to be treated, hopefully not used unnecessarily, but always we put them on a round of probiotics because that’s just a basic thing we should always do right. If someone’s on you have to be on antibiotics. You’ve got a kidney infection. You’re going to always need probiotics to help build that up afterwards.

**Brenda:** Absolutely! And so what happens is... So let’s say the person takes antibiotics, does not take the probiotics and they’re on a high-sugar diet or high simple carb diet, lots of processed foods. Then that really contributes to the overgrowth of this negative bad bacteria and also to the overgrowth of something called yeast.

Yeast lives in all of us naturally in small amounts. But yeast loves to eat sugar. And that’s mostly why people that do have a lot of, especially bloating and in the upper digestive tract or the upper area of the abdomen, they usually have an overgrowth of this yeast that’s contributing, of course, to other conditions besides heart disease like non-alcoholic fatty liver disease. But yeast is a big problem. And it’s fed by sugar.

So sugar, I would say for me in terms of the way I feel as a practitioner as helping people with nutrition is the biggest problem that we have in the diet.

**Dr. Masley:** And when we say sugar, you’re not just talking table sugar. It’s corn syrup in beverages. It’s refined white flour, white bread, white rice, all of those things—

**Brenda:** Yes.

**Dr. Masley:** —Are really just forms of sugar?

**Brenda:** Right. And so once we lower that load of sugar on a person, we get them on a good diet, like you said put them on the probiotic. And another very important factor that we’ll talk about is fiber because fiber is the food that your probiotics and friendly bacteria need to feed themselves and multiply. So once we do that, then we see people getting better.

And, see, you can repair the gut lining. We talk about the leaky gut. You can repair that very easily. All you do is you build up the good bacteria and you stop feeding the negative bacteria and negative yeast. And then that good bacteria can line up on the, like your little warriors, they line up on the surface of that gut lining. And they’re the ones that fight for you and fight for immunity and fight to keep your health and fight to help you digest foods.

**Dr. Masley:** So how about tell us about your teaspoon tracker and why that’s important?

**Brenda:** Well, that started actually, I said that a lot of this was personal for me. And I have to tell you a story. Everybody wants a story. I have to tell you a story. I had problems with my weight as I was going through menopause in my 40’s. And I gained weight—a couple of pounds a year. Anyway, but got it quickly realized. It got back on track.

And my husband had always been a yo-yo person with weight—up and down—and also very, very high cholesterol. And I’m not talking... And I know we’re not looking at total overall cholesterol as being the major problem, but his was in the four and five hundred range, which is pretty high.

**Dr. Masley:** Well, that’s a problem. Yeah, I don’t normally think of elevated cholesterol as...It depends on the size of your LDL and the types of LDL, HDL, and are you inflamed and all sorts of other things are probably much more important. But a cholesterol of 400, yeah, you’d get everybody’s attention.

**Brenda:** Right. So one day I would leave. I traveled a lot. And so I’d leave. And I would always take everything that was negative out of the refrigerator like sugar and things like that. And when I’d come home, it’d be back in there.

So one day, I said, “You know what? You really have to do something about your weight and the biggest problem you have is eating sugar.” And he said, “Well, I really try.
But I've never seem to hit on a program." So what happened is—and this has been 4 years ago—so his cholesterol at that time I think was 550.

And I said, "Well, I want you to see someone at this point and time and let them help you." Because you don't ever want to help your husband or your wife. That's probably not the best person to coach you sometimes, right? So anyway, we started learning about tracking his teaspoons of sugar. And that's what we did. And he lost 40 pounds. And he has now had it off for about 4 to 5 years.

So a teaspoon tracker means this. Let me explain it. Inside our bloodstream, we have about 4 liters of blood, I believe. Is it 4 liters or 7 liters of blood? And at any given time, Dr. Masley, we need 1 teaspoon of sugar in our blood at any given time in order to keep us balanced. So what he learned was that during a day of time, if he kept his teaspoons of sugar...And I'm talking now in terms of not just like a soda or a cookie. I'm talking about sugar that was in fruit and sugar that was also in any type of carb.

**Dr. Masley:** Mmm hmm. Vegetable, beans, fruit, any of those.

**Brenda:** Right. Right. So what he did was he would track his teaspoons of sugar. And we had these actual graphs. And we actually have these in the Heart of Perfect Health book. We show how much sugar is in a half-a-cup of berries. How much sugar's in a papaya, a serving.

So what he did was he began to read labels. And this is what's fascinating about labels. They're so much hidden sugar in carbs. If you go into the grocery store and you take a label. Let's take pasta for example. If you look at the label of a pasta, a serving size is 2 ounces. I know very few people who eat pasta that would eat 2 ounces, but 2 ounces of pasta. If you look at the carbs in the average label, I'll say about 43 grams of grabs. And usually a serving has about 3 grams of fiber. So if you minus the fiber from the 43 grams of carbs, you get 40 carbs. If you divide that by 5, you get 8 teaspoons of sugar. So, for example...

**Dr. Masley:** And that's a small serving of pasta is 8 teaspoons of sugar is your point?

**Brenda:** That's my point. And so what he began to do was look at things like we think are healthy like almond milk. Well, he realized very quickly that he was going to use almond milk. But almond milk had to be unsweetened almond milk.

**Dr. Masley:** Yeah, 30 calories instead of 90.

**Brenda:** Yeah, and no sugar.

**Dr. Masley:** The difference is no sugar.

**Brenda:** Yeah. So he began to do his teaspoon tracker on every label. But mostly, as you well know, Dr. Masley, when people begin to eat healthy, they eat less of things that are processed. There's less going through the middle of the grocery store. You're eating more of the periphery of the grocery store.

**Dr. Masley:** Yes, in the fruit and vegetable section.

**Brenda:** Exactly. But he knew that he wanted to keep his fruits because he was in such a situation with sugar and cholesterol, he wanted to keep his fruits to the low-sugar fruits. So he mostly had berries and things like that. And he ate 12 lean portions. And I'm talking ounces of lean protein. So he ate every 3 hours—3 to 4 hours. And in every time he ate, there was lean protein.

So he had some type of whether it was turkey or fish or he could have some beans or things like that. And so he kept his teaspoons at about 8. And in the book, I tell people to stay between 8 and 10 a day. The average Americans are on about 40-something a day—teaspoons of sugar. So it's very dramatic. And if a person eats fast food every day and goes through the drive-thrus, they could be up to 86 teaspoons of sugar. One order of French fries is an enormous amount of sugar.

**Dr. Masley:** It's three-fourths of a cup.

**Brenda:** Yeah, it's unbelievable. So he began to track his teaspoons of sugar with that. And well, guess what? He lost weight. Within 6 weeks, literally 6 weeks his LDL went down. His HDL went up. His particle size got better. And his overall cholesterol went to 172 from 550 in 6 weeks.

**Dr. Masley:** Wow!

**Brenda:** Yeah. It's amazing.

**Dr. Masley:** Wow! Yeah. So markedly improved his cholesterol profile and I imagine his blood pressure got better at the same time, too?

**Brenda:** His blood pressure is totally so slow, it's unbelievable, not, too, low, but just unbelievable. And he was very, I would say, committed to 30 minutes at least on some type of an elliptical. We have ellipticals and some type of exercise.

But what I try to let people know is if you have elevated cholesterol and your cholesterol, HDL and LDL numbers and particle size are off, your blood sugar is high. And that's another, I guess, area where people are confused. And if your blood pressure is high, you have silent inflammation. You have it!
Dr. Masley: Well, that’s the blood sugar that’s inflaming your arteries and makes your blood pressure go up. That’s part of that process.

Brenda: Exactly.

Dr. Masley: So a big part of hypertension, elevated blood pressure is inflammation. And a lot of that comes from eating sugar. But it also comes from gut inflammation.

Brenda: Right.

Dr. Masley: How about testing? You do testing for stool bacteria?

Brenda: I do.

Dr. Masley: So it’s interesting because that’s associated with both inflammation and cardiac risk. But it’s also associated with weight.

Brenda: Mmm hmm. I’ve been doing stool analysis for about 20 years. Not in the last, I would say maybe 4 to 5 years, have we known the relationship between bacteria and stool testing and weight. Before, of course, I was testing mostly for good and lactobacillus bifidobacterium levels, which are the friendly bacteria and any type of pathogenic organisms.

But the stool analysis are very complete because they will give you a profile of how are you digesting your protein, starches, and fats? Do you have too much fat in the stool? Is your pancreas producing enough enzymes? Is your live, gallbladder putting out enough bile to digest? So the stool analysis is a wonderful marker of...

Dr. Masley: Is that like a GI function test you’re describing?

Brenda: Yes. There’s many different kinds. But the one I use is a really good one because it’ll show us inflammation. If a person has food sensitivities, like I said, how are they digesting their proteins, starches, and fats? What does their stool look like? Do they have enough fiber in the diet? So you get a good marker of a person’s general health with a stool analysis.

And one of the things that we know today is that some bacteria’s levels are more associated with people who tend to be lean. And some bacterial levels when people are obese, they have more of another group of bacteria.

And that started, of course, the human microbiome project that’s been going on now. And that particular study on those groups of bacteria began back in 2004. So they began to put the bacteria from fat mice into lean mice. And the actual lean mice became fat.

And just recently in Science Daily, they had an article where they did a fecal transplant. Now, they’re doing fecal transplants today for people who have C- difficile, which is an antibiotic-resistant bacteria to heal it. And they take the bacteria from one person and a doctor actually transplants it in another. And they took it from a mother to a daughter. And the person who got the transplant was lean and the person who gave the transplant—the fecal sample—was overweight. And the person who got it became overweight. Isn’t that amazing?!

Dr. Masley: But the contrast is true also. If you can change that bacteria, it helps people lose weight, right?

Brenda: That’s right. That’s exactly right. When you change the bacteria balance from what I call “too much of the fat bacteria,” and you begin to develop and build more of what I call the “be skinny bacteria,” then people’s weight begins to change. And they begin to lose.

Dr. Masley: Yeah, so it’s not just that helping your healthy gut bacteria lowers inflammation is good for your heart. You could actually help your weight loss at the same time?

Brenda: Mmm hmm. And that’s what I found. I tested a group of people over a period of 6 months. And I stool tested them with a baseline and every six weeks retested them. And they all had this out-of-balance groups of bacteria. And once I changed their diet, number one, I’m a big diet person in terms of food is the best piece of it and, of course, supplements...

Dr. Masley: Food is medicine.

Brenda: Yes. And once we begin to change the diet and we added in some supplements, they began to lose weight.

Dr. Masley: Now, you’ve mentioned fiber several times. And people have heard me say that if you only change one thing in your diet for your heart, I would say eat more fiber because it fills you up, decreases your appetite, you lose weight. It’s good for your cholesterol. It’s good for your profile. It’s good for your blood pressure, slows aging. But tell us how fiber’s good for your gut because these healthy bacteria can’t survive without it.

Brenda: No, fiber’s actually a miracle nutrient even though it provides us really with no vitamins or minerals. So that’s a really interesting thing. We think of it like it seems to have no benefit other than people will think, “Well, it gives me more bulk and I can have a better elimination.” But fiber is very, very important because it basically is a food for the friendly bacteria.

So what happens is it’s called a prebiotic. We now have prebiotics
and probiotics. Prebiotics I say is like a fertilizer. So the friendly bacteria take that fiber and use that fiber as food and help themselves multiply and gain more space in the digestive tract.

So fiber is very, very important in raising your levels of good bacteria, especially soluble. And soluble fiber is the type of fiber that if you had it in a supplement it would mix up clear. It would be the type of fiber that's the inside of the apple. The outside of the apple—the peeling—would be the insoluble fiber.

Dr. Masley: I like vegetable, fruit, beans.

Brenda: Yes. Yes. Those are all very important. And but they're really important in people because fiber helps manage blood sugar. And like you said it's an appetite suppressant. So when people have fiber...And really the reason—and I don't know if people know this—one of the reasons that it is an appetite suppression is that it releases a hormone called CCK when you eat fiber. And what CCK does is it tells your brain that you're full. So it's a very important part of any, I would say, good healthy eating program. But anyone interested in helping their heart prevention wise or reversing anything that you have.

Dr. Masley: In our clinic, we looked at 500 people. And we measured their arterial plaque growth. One of the number one predictors of whether you are growing plaque or not was whether you ate enough fiber or not. Very powerful.

Brenda: But it's really interesting about people because they'll say, "Oh, I get enough fiber in my diet." And in reality, the average American gets about 12 to 15 grams. And what happens is people associate fiber with the frequency of elimination. And that's not the correct way. It's the amount that you eliminate when you eliminate.

So if you take the colon, it's 5-feet long. If you eliminated a third of it, which would be let's say from your splenic flexure down, the last third of your colon, you would have a bowel movement or elimination about a foot-and-a-half long. And most people...

Dr. Masley: Every day.

Brenda: Every single day. But most people think, "Oh, well, I went to the bathroom 2 or 3 times today." But really, the issue is how much did you go? Did you have enough fiber in your diet? And when you were eliminating, were you eliminating enough to actually know that you had enough fiber in your diet? So there's a big confusion out there with fiber.

People go to the drug store, for example, and they purchase a fiber supplement for constipation. And many times, the supplement that they're purchasing is more of the soluble fiber—the kind I said that mixes up clear—when really the kind of fiber that increases your bulk and gives you more of a bowel movement is your insoluble.

So there is a big confusion about fiber. You need both of them. So it's important that you have both in your diet.

Dr. Masley: But if we just ate more vegetable, fruit, beans, and nuts, we would get that?

Brenda: We would. And one of the ways that I talk about in the Heart of Perfect Health...And I give a lot of recipes, I probably have 75 or 80 recipes in here. But one of my big, big things is taking a Vitamix or a Ninja or a Blendtec—and I do this every day myself—I drink myself every day 2 full quarts of blended vegetables. And by blended, I mean I'm not taking the fiber out. So I'm not juicing them. And I'm...

Dr. Masley: Right. Like in a Vitamix or a power mixer or something like that, you add unsweetened almond milk, vegetables, push blend?

Brenda: Yes, I do. I actually do celery, cucumber, parsley, kale. And I do a half of a granny smith apple for flavoring and lemon. And like I said...And you know with that...

Dr. Masley: And I do a shake every day, myself. So I'm totally into it. And what do you use for liquid?

Brenda: With the Vitamix, if I put the liquidy vegetables at the bottom, then it makes its own liquid.

Dr. Masley: All right. And if there's tomatoes or something, of course.

Brenda: Yeah, of course.

Dr. Masley: And do you add any protein to yours?

Brenda: I don't add protein because I have some protein when I eat.

Dr. Masley: Okay. You have your protein in other ways. I put protein in my shake. But you're getting it elsewhere. You don't need to add it.

Brenda: And I do, too, sometimes. Sometimes I do, too.

Dr. Masley: Okay. All right. So we mentioned fiber and how that's so strongly associated with good heart health and gut health. But there's another mineral out there that I think off. In our study, the most powerful nutrient besides fiber that predict...We have hundreds of people who have shrunk their artery plaque by 10 percent over time.

And the number one predictor is whether they've got their
magnesium or not. And I'm curious what your thoughts on magnesium because I know it's so helpful for blood pressure, for blood sugar. It's associated with shrinking plaque. It helps prevent migraines. But let's talk about how does magnesium help your gut?

**Brenda:** Oh, it's marvelous! You know we don't store magnesium in our bodies. So we have to have it taken in every day either through food or through supplementation. And so magnesium, potassium minerals are very important in the function of the gut. And also, one of the things that's very important that people might not know is having the adequate amounts of magnesium is helpful in your absorption of vitamin D. So magnesium is a very important nutrient for the gut.

We have to think of the gut when we think of digestion of foods, we have to remember we think sometimes we chew things up, we swallow them, and we just think they magically convert to nutrients and magically enter our bloodstream. But, unfortunately, they don't. It's really what we absorb is what we are in terms of what we eat. So some of the very important things, of course, absorption wise is magnesium and also vitamin D.

**Dr. Masley:** Now, that's interesting. So you've mentioned almost all... So in our study, the key nutrients that were associated with shrinking arterial plaque over time, you've mentioned almost all of them: fiber, vitamin D, magnesium, you said potassium. But vitamin K, you said that indirectly with all those green leafies you mentioned.

So you basically hit on all the most powerful nutrients we identified that were associated with shrinking plaque are the ones you mentioned for gut health. And that just, I think, strengthens this whole gut-heart connection that a healthy gut is totally compatible with making your heart healthy at the same time.

**Brenda:** Exactly. And probably, I don't know about you, but I think the other one that's really important is omega-3. I think that would be...

**Dr. Masley:** We clearly saw a relationship with omega-3. Fish oil omega-3s lowers inflammation. They decrease heart arrhythmias. How do you see omega-3 for gut health?

**Brenda:** Oh, omega-3 is anti-inflammatory. So what we've seen—and actually they've done studies on IBD, which is inflammatory bowel disease—with fish oil and found that the patients that they put on it, in particular, enteric-coated because you want to make sure it gets down into the digestive tract...

**Dr. Masley:** To the stomach.

**Brenda:** Yeah. So fish oils have been studied in reducing very, very critical bowel issues when you get into all colitis and Crohn's, so very, very important anti-inflammatory for the digestive tract.

**Dr. Masley:** Agreed. So how about fat? We talk a lot about fat for heart health. What kind of fats do you like for the gut?

**Brenda:** Oh, well, the good ones. I love avocado, healthy nuts. I love walnuts and almonds and nuts like that. And then, of course, I use a lot of times different kinds of oils like olive oil or grapeseed oil or some of the good oils. I do also sometimes use the coconut oil in cooking. I do like it. It's a nice oil.

But I think the healthy fats from fish, from those types of foods are very important for us.

**Dr. Masley:** Well, they have hormonal balance and they also lower inflammation, I think most of the oils you mentioned.

**Brenda:** Yes.

**Dr. Masley:** So yeah, again that connection of if we can lower inflammation from more fiber, from meeting our nutrient needs, for vitamin D, magnesium, potassium, vitamin K, get healthy fat, and don't forget those probiotics.

So now, what kind of doses do you like for probiotics? If someone's on an antibiotic and they need to be on it, I would say usually for 2 months, or give us the other example of somebody who hasn't been eating fiber for a long time and they're starting to eat healthier, how much probiotics do you recommend and for how long?

**Brenda:** I call the probiotics the multivitamin for gut because probiotics do so many things. We've talked about inflammation, producing vitamins B and K, helping lower the toxic load that we have from eating foods with pesticides and things like that.

So I am very, very specific that I think you should have a high culture count. And by that I mean the amount of cultures in a single capsule is best. People get sometimes pill-fatigued when they take too many pills. So you want to look for a probiotic that it's at least 50 billion to 100 billion cultures per capsule is very important. And I'll tell you why.

I have been to the universities, the American Gut Project in Colorado State, MIT, looking at some of the studies that are being done with probiotics. And we're now going to find that because we have more bacteria in our gut than we do cells in the body, so we're 90 percent bacteria and 10% human cells, we need high culture count in probiotics. Your strains are interesting. And by strains, let me
clarify for people, that’s the strains of lactobacillus and strains of bifido.

Lactobacillus bacteria mostly resides in the lower part of the small intestine, the ileum. And you have all of your bifidobacteria is the main friendly bacteria in the colon. So what we know is just with simple aging, bifidobacteria decreases with age, forget all the other things that’s going on just with aging.

So you typically want to look for a formula that has more bifido strains than lacto, even though lacto’s important. And I like to have something at least with 10 strains and to give you some kind of information on this for people out there. We each individually have over 200 strains or should have about 200 strains of bacteria in each of us.

Now, what they’re finding in science and with this Human Microbiome Project is some of these strains are beginning to disappear. The average person right now probably is down to about 180, so by putting more of strains of the bifido and the lacto in in a formula, then you can get more of what we call diversity.

So what we’re trying to do is get more diversity. We want more of the friendly bacteria and more different kinds. And that way when you purchase a probiotic supplement, if you have something with 10, 14—they’ve got them up now to 40 strains—you are going to be able to help more people because every strain doesn’t really resonant with every person. Do you know what I mean?

Dr. Masley: Oh, yes, a big variety and more. Most people think, “Billions, are you kidding?” But no, five billion is barely any. Five billion a day is what you get from eating a yogurt. And that’s going to have a very small impact. And I’m actually for eating Greek organic, unprocessed yogurt. But that’s only 5 billion. And you’re talking 10 times that dose. And most people can’t eat 10 yogurts a day. So if you really want to build up your probiotic and make your gut healthy and lower the inflammation, you’d need much more than you can get from a yogurt itself, I think is an important take-home message.

Brenda: I do, too. And also, you can look for one with a delayed release capsule because one of the issues people into, I’ve counseled them over the years, is they want to know when to take something. And I’m, “Well, what’s happened now is companies have come out now with delayed-release capsules because you want it to bypass the acid in the stomach. The acid in the stomach is the big thing that can affect probiotics. So if you find one with delayed-release capsule, then you’re going to get it down in the intestines where you need it.”

Dr. Masley: Well, this has been really great, very informative. I was hoping you would help slam home that message that if you want a healthy heart, you need a healthy gut. And I really appreciate that you’ve done that.

Do you have any final take-home message for our listeners here that you want to wrap up and share with them?

Brenda: Well, I want to say that I am truly committed to helping people have a better health because my belief is if you don’t have health, you don’t have anything. And I think that my take-home message is again diet is the most important first step to change. And along with that, you need supplements.

And I have a little thing called the HOPE Formula that I, back in 2001 when I was writing the book called Gut Solutions and looking at the different health conditions, I looked at as I was doing the natural solutions for different gut problems, it was always the same thing over and over again, just like what you were just talking about with heart health.

And what I found was something that we have an acronym called the HOPE formula. And it stands for high fiber. The H is high fiber, meaning a high-fiber diet and if you need supplementation, then you should do that, omega-3 oils, probiotics, and enzymes. Digestive enzymes to help you with breaking down your foods better because as we get older that becomes compromised.

So I want to say if there’s a take home for this, think about the HOPE formula. It is in the Heart of Perfect Health. And I’m very, very committed that the HOPE formula, if people did just that, along with eating a healthy diet, they would get better. And I see it every day.

We have a non-profit organization. And what we do is we give people the information about changing their diet and we give them the HOPE formula. And the feedback we get is phenomenal.

Dr. Masley: So how can people learn more about your program? Do you have a website that they can go and visit because I think has been really great information? But some people might want more.

Brenda: Yes, they can go to BrendaWatson.com. And the name of the book is called the Heart of Perfect Health. And that’s The Startling Truth About Heart Disease and the Power You Hold to Stop It. And you can order the book there. But also on the website, you can get a lot more information.

Dr. Masley: Well, thank you so much for joining us here today!
Now, for our listeners, if you've enjoyed this interview and you'd like to add it to your library or share with a loved one or if you've missed one of our other presentations, please click on the banner below so you could access all of this information. This is your chance to hear from world-leading experts. Today, we're really blessed to have Brenda Watson here with us. And I'm really thankful for her time.

And so I look forward to joining you on future interviews. I'm Dr. Steven Masley your host. And I wish you the best in health.
Sara: Hello! And welcome to The Metabolism Summit. I'm Sara Vance, nutritionist, author of The Perfect Metabolism Plan, and your host for this exciting event where we're helping you to understand how to regain control of your metabolism, reach a healthy weight, and achieve the vibrant health you deserve. I'm thrilled to be joined by Christa Orecchio who's going to share with us her five-step process for healing the gut today.

Christa is a clinical and holistic nutritionist and Founder of TheWholeJourney.com. With ten years of experience, Christa's dedicated to helping people heal by identifying the root cause of health issues instead of addressing individual symptoms. She helps thousands of others improve their gut health with her Gut Thrive program.

You might have even seen Christa on TV. She's the San Diego Fox 5 nutritionist where she has a weekly segment about how to use food as medicine. And she's the co-host of the nationally syndicated health talk show called The Randy and Christa Show: News That Makes You Healthier. Christa, thank you so much for being here with us today. I'm really excited to talk to you about these five steps to healing the gut.

Christa: Oh, it's my pleasure,

Sara: You know we're metabolism buddies and also FOX buddies.

Sara: I know!

Christa: Sharing food as medicine. It's always nice to be able to get the message out to people who can benefit from it.

Sara: One thing I know about you, Christa, is that you just really come from a place of caring. And your passion and all of that just really carries through everything you do so thanks for all you do. I love one of the things that refer to treating the gut as like the first base to healing your whole body and changing your life because it really is the foundation of our overall health.

Christa: Yeah. I mean I think that we're all kind of in agreement now. Hippocrates, the Father of Natural Medicine, 3,000 years ago said all disease begins in the gut. And now it seems like we're coming full circle, and we're starting to understand that. It's not what we eat; it's what we absorb. But we also have to go way beyond that and look at the gut and the bacteria as the foundation for our health and our immune system and really our metabolism.

Christa: Yeah. I mean I think that we're all kind of in agreement now. It's really nothing new. Hippocrates, the Father of Natural Medicine, 3,000 years ago said all disease begins in the gut. And now it seems like we're coming full circle, and we're starting to understand that. It's not what we eat; it's what we absorb. But we also have to go way beyond that and look at the gut and the bacteria as the foundation for our health and our immune system and really our metabolism.

Sara: Yes. And I think the thing about it, it's tough because even though Hippocrates said that so many years ago, medicine has kind of lost that. There's so many people that are out there that just think that they have to live with these gut issues. At least one in five people are currently suffering today. And they just think that's who they are. They have to live with it. They're not getting answers at their doctor's office. Even some of them will be going to GI doctors and not really getting the answers.

Christa: Yeah, I completely agree with you. And that's why the power of the Internet and all of us getting this information out, and I think that we all live in a human body. And we have to take health into our own hands so that we really understand this bio-computer we're born inside of and that you don't have to just live this way and manage symptoms for the rest of your life and that the body wants to heal. Give it what it needs. Take away what it doesn't need. It will heal itself. I know you have the same philosophy. That's been the premise of my practice for the last decade.

Sara: I love that philosophy, and I love your way of helping people to get that control back. I think so many of us have thought, oh, we just hand over our control to our doctors. They have our best interest at heart, but they may not have all the information they need to heal you.

The thing about the gut I think a lot of what really matters here is it's not what we're eating. We could be eating this amazing diet, but if our gut is not able to absorb and convert those into useable nutrients...
and deliver to our cells, our metabolism's not going to be able to do the job that it can effectively. And so it creates this cascade of health issues. What are some of the things people can connect to their gut? It may not even be digestive, right?

**Christa:** Sure. Thyroid problems begin in the gut. When we're talking about metabolism, you have to look at the thyroid. You have to look at the adrenals. You have to look at the liver. And all of that comes back to the gut. If the gut's not functioning well, you can't convert your thyroid hormones. You can't convert the inactive thyroid hormone T4 to be active T3 to then feed the thyroid and rev metabolism.

The really simple things we've got just a litany of gut infections. Well, we all have bacteria and viruses and protozoa and the whole mixture of pathogens within our gut. We should have 85% good guys and only 10-15% bad guys that inform our immune system, but I think you know as well as I do, Sara, that in today's world that ratio is actually reversed. And it's really working against us.

So our gut bacteria is preventing us from losing weight and having a balanced metabolism and from being able to think clearly. And we have brain fog. And so many different autoimmune conditions stem from the gut. We work with everything from Hashimoto's to alopecia to eczema, psoriasis, even MS. Things like that you can really, it's first base. I'm not saying it's going to take away all of your health issues, but it's first base to truly recover and get on a different path towards genuine healing.

**Sara:** Yeah, so important. So let's get in there then. Let's talk about these steps you have to helping people regain that control of their gut health and their overall wellbeing.

**Christa:** Yeah, so I've distilled it down to five steps to heal the gut from a genetic perspective. And I think it's really important to point out because if you can do this from a genetic perspective, you're changing the course and the direction of your life by basically improving your DNA going forward and teaching your body how to do this without relying on crutches going forward.

**Sara:** So can you tell us a little bit what you mean by the genetic perspective?

**Christa:** Sure, so we're talking about the microbiome, which I'm sure you have addressed in the perfect metabolism summit. And so the microbiome is defined as the collective genetic material of all the microorganisms that are within a specific place. And in this case we're talking about the gut.

So we're not just looking at one that we hear, “Oh, you have candida, or, “Oh, you have H. pylori or heavy metals.” We're looking at the entire genetic code. And we're looking to turnover that entire genetic code to make it way more positive than negative so that it can work for us instead of against us.

And when we can really do that, that's when we get into this new and emergent field of epigenetics which says we can basically change our genetics because we have on/off switches of genetic expression. So just because your family or ancestor has a history of whatever it be, thyroid problems, high cholesterol, that through turning over the genetic code, you can then turn off those switches so those genes don't express themselves in that manner of disease.

**Sara:** I love that. I think so often people think oh, this runs in my family. And you just feel as though you're a ticking time bomb. You're just waiting for it to happen, and I love that we can feel so much more in control again of our health. That's amazing.

**Christa:** Yeah.

**Sara:** Let's jump into the first step then. What's the first thing we need to do or you're working with clients doing?

**Christa:** All right. Yeah, so I've distilled it down to five steps. And after a decade of practice, as I'm sure you can relate to, there were times where I had to learn this the hard way where I would do one step before the other. If you do them out of order or you don't do them all, you don't get that long-term, lasting healing from this genetic perspective like we're talking about.

**Sara:** Yeah, people will get a little bit better, but not 100%.

**Christa:** Exactly. Exactly. So the first step is to slash inflammation. We know that inflammation is a silent killer and that so much of the problem that we have in modern day disease and disorders is inflammation. And so we do that using really carefully crafted dietary strategies and also different types of supplements that are working to address the root cause and then heal from there.

So this is the point where we're getting rid of the five most common food sensitivities, which are gluten, pasteurized dairy, corn, soy, and for some people they remove eggs. Many people are fine with pasture-raised, high-quality eggs. They're actually, the people that have sensitivities, a lot of them are sensitive to what the chicken ate which is corn and soy.

So we're getting rid of the five most
common food sensitivities. We're really taking all of the sugar out of the diet, and we're tightening it up. And we're adding in much more foods that are life-giving and life-sustaining and whole foods so we can remove that burden from the body of having to consistently basically build up antibodies to fight with a slow form of poison. So we want to find food sensitivities and remove them to take the burden off of the immune system and really work to help the body digest again.

So using three different types of enzymes where we're using digestive enzymes to take the burden off of these hard-working organs that basically never get a break- the liver, the digestive system, the pancreas, the gallbladder. We want to kind of put them on vacation or give them a rest. Send them to Hawaii for a little while while we're really strengthening up and tuning up the system so that by the time they come back they're refreshed and they can take over again with a vengeance. They're happy to be there. They're focused. They're ready to go.

So digestive enzymes used appropriately can really help with that, and they can also help absorb the nutrients in our food while we're healing and then feed the thyroid and can help make quality blood and that contributes to metabolism.

And then we also use hydrolytic or proteolytic enzymes. We can use that term interchangeably is we're really looking to start to break down what's called biofilms within these pathogens that don't belong. And so just like humans need shelter, and they have to build homes, pathogens also look to build protective forts for themselves.

And they all really like to live as a community together. It's not that bacteria lives in one house and protozoa lives in another and heavy metals. It's where they all live in community so they build these biofilms. And we have to go in very gently instead of let's say with an antibiotic approach. We have to go in very gently, and that's why we use these hydrolytic enzymes. And that just means water.

So they basically break apart chemical bonds with water. So they can start very gently doing the clean up work. And as you're digesting better, and these enzymes also help to clean up the blood. So when you're doing all of this, you're really able to get a handle on inflammation. And it's kind of like, sometimes I clean up, I find myself cleaning up before the cleaning lady comes over.

I don't know if you've ever done that before. But you can't really get in there and do your deep clean up work if there's stuff all over the floor. So you have to pick it up and organize before you can get there. And that's what we do in step one. We slash inflammation before we move into step two, which is the nitty gritty. And that's what's called the pathogen purge.

Sara: That's great. Yeah, I know. I love that idea of giving your gut a little bit of a vacation and just helping it along. And the whole idea of inflammation, when the body's inflamed, I always think about when you get a cut and that redness and that swelling, imagining that throughout your whole body. It's really impossible to be healthy when we've got that kind of systemic inflammation. So, yeah, quieting that is so important to the metabolism and overall health.

Christa: Right. And it's like obviously the body's response to an injury is inflammation, and that's very healthful and a very appropriate response. But never, ever, ever were we intended to live in that state. And somehow it's become the norm in our mainstream health community that it's okay that we live in that state, which is crazy. So we need to take a vacuum cleaner and really clean everything up and calm and cool the system.

Sara: That's so amazing. I love that. So then once you've kind of quieted all that down and you're supporting the gut to digest its food and deliver those nutrients, then what's the next step?

Christa: Yeah so the next step is now you're ready to do the deep clean. And so that's what's called the pathogen purge. And so what we do in our Gut Thrive program is we use it's taken us two years to put together these algorithms that rival lab work when we've done them with before and after lab work for two years.

People fill out an assessment, and they get put into one of four buckets, which is their heaviest pathogenic activity. That could be SIBO or FODMAPs. That could be protozoa or parasite. It could be yeast or fungus or candida. It could be H. pylori. So we try to get an idea of how to customize and figure out where they are. We address all manner of pathogens with a heavier bent on one of those four. And then they move into what's called the pathogen purge.

And so what's different about this strategy over the years is I used to use botanicals, heavy-hitting botanicals, which I think a lot of practitioners would use, but then it's this war philosophy. It's this attack philosophy. And it's no different than attacking with, let's say, antibiotics. And so we know now. We know that that doesn't work, and that you have to do clean up from that. And some people aren't strong enough or healthy
enough to be able to bounce back. And it can make it worse.

The microbiome is kind of like open warfare so I use those analogies in that bombs, when you drop bombs, you’re going to kill innocent civilians and you’re going to destroy the land. And that’s just a by-product of getting the job done of getting the enemy under control. And so that’s the equivalent of antibiotics or heavy-dose botanicals.

But so now what we do which has to be much gentler and afford for much less die off and more comfort throughout the process to respect that the body and the immune system know what to do, that when in proper communication, the gut and the immune system are a powerhouse of a team. What we do instead of bombing, we interrupt quorum sensing. And that is a big scientific word for we figure out how all these pathogens talk to each other.

They have this cell phone technology. And because their cell phones are so strong, they can proliferate and grow and share their genome. So what we do instead of trying to bomb them is we just clip the cell phones wires. We take away their reception. Now they can no longer communicate. They can no longer replicate and share their genetic code. And now we start changing the environment to make it less hospitable for them.

Just like when you start to gentrify or clean up a community. If there’s riff raff in there, they start to disperse because it no longer matches what they’re looking for or where they’re looking to live. So by creating an inhospitable environment, taking away they communicate, they start to then leave on their own. And now you’re getting changing your health. Now you can start to think straight. And the bloating goes away. And you’re losing weight without doing this uphill battle.

And I think that is the kindest, gentlest way to not only approach the pathogens but the human body because this program what I wanted to create and this concept is about the human being coming into harmony with the microbial world because we have ten times the amount of microbial cells than we do human cells. It would really behoove us in life...And this also deals with the mental emotions. Anxiety, depression is dramatically improved when you improve the health of the microbiome and you create harmony between the two. So that’s the pathogen purge.

And we do that by using very low dose, high-quality, and a lot of different anti-pathogenics. And we don’t use too much of any one because we don’t want to bomb. But we look at the synergistic effects of who does what with which immune cells, who does what in the gut. And so we’re using everything from pau d’arco to goldenseal to echinacea to something called [inaudible], which is a black, wild carrot, oregano oil.

And we’re also using combinations of things that will get rid of metals like high-quality clay. I use something called diatomaceous earth, which is a white sludgy substance. They’re old, tiny fossils that don’t harm the human body. But they act like little razor blades to the biofilms or the forts or whatever we didn’t clear out with the enzymes that I was just speaking about. Now we can go ahead with a little bit deeper of a cleaning crew and start to take down the structures and the biofilms, those little forts that aren’t meant to be there anymore.

Sara: Yeah, it’s so interesting with the diatomaceous earth. If you mention that around here, we are in San Diego, people are like I put that in my pools. And so yeah, very careful to find the food grade, right?

Christa: Oh, 100%. Yeah, they use it to clean pools. Or people use it in gardening. But not a lot of people still know about using it as a way to build and boost gut health.

Sara: Yeah, that’s great. Well, I love the idea of going in more of a gentle approach because I think one of the downsides to doing detoxification is just feeling terrible. And I think one of the things that can happen is people are really sick, and I think that can be sometimes a fear of even trying to heal is you just don’t have the energy to go about everything you need to do to go through this. So it’s good to know that you can approach this in a more gentle way.

Christa: Exactly. And this is what we have to do for modern day healing. And that’s why this was forced to be created because if you’re afraid to heal, you’re kind of stuck. You’re sick and tired, but you’re too sick and tired to get well as well. And so that’s why this is an approach that has to be a strategy. And you have to build the liver and the adrenals and the thyroid in your step one before you go into purging pathogens.

We have in our last Gut Thrive group over 94% of them did not experience their die off was just mild. They could still work. They could still take care of their kids. That’s the type of healing we have to work within people’s lives so that it doesn’t have to stop.

Sara: That’s awesome. What are some of the ways you support the adrenals and the liver throughout?

Christa: I’m a huge fan of desiccated liver. So they’re taking that most of the time. And that’s
probably, I think, the single most important supplement for metabolism because it's working on strengthening your own liver. It's giving you this really high quality B vitamins, easy-to-use iron to support the thyroid, to support the adrenals.

And then obviously what we're doing to change their diet is building them up and recycle their carbs and their fats and their proteins so that we can give the adrenals a lift and then use castor oil packs, the oil that heals, it's so amazing, to prep the liver for the journey it's about to go on.

**Sara**: And are you also doing probiotics at this stage or is that coming later?

**Christa**: No! No! I'm so, I guess, counter-cultural in that I always say you can't plant flowers in the junkyard. And so we have to do our cleaning work before we do our reseeding. The same thing as you wouldn't plant flowers with a bunch of weeds. You have to do your weeding first. You really have to start to till the soil if that seed is going to take root and grow new life.

So I keep all bacteria out because so many people are struggling with bacterial overgrowth. And we know now this is the age of super bugs. And good bugs can turn into bad bugs and so until you don't have a volatile environment in the microbiome, you don't really want to add any bugs until you know that when you add good bugs, they're going to stay good bugs and they're going to proliferate because there's too much confusion, especially with people with autoimmune disease to be messing with that, in my opinion. So the reseeding of the gut and adding probiotics, seeing how much probiotics somebody can handle comes to step three. That's the third part of the strategy.

**Sara**: So we're at about seven weeks. And hopefully they've been through the pathogen purge, and now it's time to reseed, plant those flowers, right?

**Christa**: Yep. Yes, step three is the reseeding and healing of the leaky gut or intestinal permeability so here's where we bring in probiotics and we see how well someone can do. And we give them in different ways. So if you're on the SIBO plan, we don't know if you can handle any bacteria. We test out a low amount, and we actually which might be scary for many people, we do it via enema because we only want to keep it in the small intestine. A big problem these days is we have the colon's microbiome mixing with the small intestine, which is a giant no-no. We need a good border between those two countries, so to speak. And then everyone else we're starting to add in eleven to thirteen different strains of probiotics to use as almost like a starter log.

So here's where the genetic component is continued because based upon wherever we're from genetically - Asia, Africa, Europe- we have anywhere from 150 to 500 strains of bacteria that are unique to our genetics. There is no way we could take all of those strains in pill form or through fermented foods. So what we want to do is give the right type and amount of probiotics so that we can then turn over the power to the body, say here's a starter log. Now you know what to do. These seeds are growing. You keep planting seeds on your own by way of making new strains that you need inherent to your genetics from the food that you eat and the water that you drink and the air that you breathe.

**Sara**: That's great. And so are there specific probiotics that you use? There's so many different strains. You've got the bifido and the lactobacillus.

**Christa**: Right. Yeah, so the three I cannot live without that must
To make a lot of your own nutrients, food that you're eating and to extract more nutrients out of the food that you're eating and to then teaching your body to put these probiotics to contribute to your gut health.

And then also these probiotics are like talking about dog breeds or something like that. There's so many different types of lactobacillus. So we’ll start off using three or four different strains of lactobacillus.

And if we go back to the military analogy for a second, Sara, I just think it helps people make sense of it, the lactobacillus, they're going to be the guys with the boots on the ground. And they're the soldiers, and they are shepherding out. Their job is to shepherd out the bad bacteria. The lactobacillus can also inform the immune system. So you think if you're getting rid of a bad pathogen (in a war analogy), and it's almost like converting a prisoner of war to the other side. Now if this bacteria is willing, you can figure that out, then it's willing to share and show its genetic code to the immune system. The lactobacillus can help with that so that the immune system is like, ah, okay, I got it. I recognize your genome, and now I'm like protected if I see it again. So it learns to protect itself if it sees it again.

And then we come in the bifidobacterium, really important. They are like the army corp of engineers so they contribute to rebuilding the lining of the gut. They close what's called the tight junctions. If you think of the lining of your small intestine like a brick wall, we need that mortar really nice and thick and full and the tight junctions they need to be closed so we only let good stuff in and bad stuff out. And so the bifidobacillus are going to be like going in there and putting caulking and mortar around the bricks to contribute to your lasting gut health.

And then also these probiotics are then teaching your body to extract more nutrients out of the food that you're eating and to make a lot of your own nutrients.

This is the thing. This is where we create a solid foundation within a human so we don't have to be a walking pill factory, taking all these supplements. We say okay, I want my body so strong that it can now manufacture the B vitamins I need. It can manufacture the vitamin K I need. It can manufacture certain fatty acids that we didn't think the body could make on its own. So that's the important of those.

And then I always use bacillus because bacillus would be the equivalent of Navy Seals or Army Rangers. When you think about the branch of the military, these guys do not ever seek to be comfortable. They're like a different species of human, these renegades. They're on the front lines. And so bacillus can live with or without air. Bacillus is like the powerhouse. It can live in the most volatile conditions. It doesn't seek to be comfortable.

And bacillus can then fight the bad pathogens that are coming in and go toe- to-toe with them. So this is like your protection, then the ones that shepherd them out, and then the ones that rebuild. So that's the idea of using right type and strain of probiotics to contribute to lasting gut health in the right amount, which has to be customized to where you are.

**Christa:** That's amazing. I think it's incredible all the knowledge that is coming forth now and all the research that's going into the microbiome and its effect on everything literally. I mean everything. It affects our brain and our immune system and the interesting thing is we're more bacterial in cells than we are human. So yeah I think it's great that people are able to really heal that because it's so important.

**Sara:** That's true.

**Christa:** Yeah, this is a path to an entirely different form of health care, an entirely different experience of life for human beings, and really a way to reverse dis-ease or it's just incredible to see people. It is a process that can air lift someone from a path of sickness and disease to a path of health.

But ideally, in a perfect world, we would just have this as a general way of practicing for everybody to rejuvenate their microbiome once a year. So an ounce of prevention is worth a pound of cure. We don't want to have to get so far out of balance down the path of disease that we have to do these extraordinary efforts to come back.

**Christa:** Yeah, it's covered on insurance panels in Germany. It's normal. This should be normal. It shouldn't be alternative or something like that. It should just be healthcare maintenance.

**Sara:** And when you hear the word “parasite” in the United States, people are like, oh, parasite! Oh, no, we don't have those here. Those are in third-world countries. And that's not true.

**Christa:** Oh, my gosh! I know. I'm getting ready to write a blog on that. It's like if you have pets, you sleep in the bed with your dog or your cat or even you have pets or you eat sushi or there's so many different ways just to get pathogens, parasites right here. They didn't wash the tomato, and they put the tomato next to the chicken on the cutting board at a restaurant.

And a lot of us are just compromised from genetically modified foods and from we have...
Sara: Well and that leads us into your step four, which I think is so important is the HCl evaluation, hydrochloric evaluation. Can you talk a little bit about that step?

Christa: Yeah, for sure! So you're exactly right, Sara, we were talking when we first started is like if you don't finish off the process, then you don't get better for the long-term. The next time a pathogen comes around, it gets in the body and we have to do this whole exercise again.

And so that's the idea is that hydrochloric acid is our first defense against foodborne pathogens. And if you have strong hydrochloric acid, then you are really good to go to not be susceptible for parasites and pathogens coming in. And so hydrochloric acid, now, let's go back to step one just for a second because we're taking enzymes. We're tonifying the digestive system. And we're giving the cells in the stomach called parietal cells a break because now it's time for them to come back on.

Those parietal cells, they will make hydrochloric acid. They will also make something called intrinsic factor, which helps us absorb our vitamin B12. This is why we're taking enzymes and the liver, we're trying to give the system a break, but now we bring it back online and we see okay, how much hydrochloric acid are you producing?

And then that tells your body okay, how much HCl is it producing. And then once you get a burn, you start to back off by one pill. And you keep backing off until you don't get a burn anymore. And then your body learns to maintain its own amount. You re-train it how to make HCl in right amounts for your system with that. So that's really important.

Jack Tips, who's a clinical nutritionist who I know you're interviewing for this summit, he's a big part of our Gut Thrive program. And he always says, “Good fences make good neighbors.” So by building your hydrochloric acid, you're able to create a really good fence between the bad pathogens that may want to come back in.

Sara: Well, and like you were saying earlier, that hospitable environment. You're making it very uncomfortable. They can't live there when you have the good acid and then again you're breaking down your foods and absorbing them. I think that's such a huge issue. And as we age we produce less and less naturally.

Christa: Yeah, and that is always a very interesting debate. I talk to Tom O'Bryan about this a lot. Is it because we've never rebuilt or balanced it? If you don't do anything for it to love your hydrochloric acid, of course age is going to be a by-product of depleted HCl. Or maybe you have an H. pylori infection you've been living with for decades or something like that. And so yeah, the studies show that after age forty, you start producing less and less HCl. But is that really the reason? We don't know.

Sara: Yeah, good point because I know a lot of people say, well, once you hit forty, your metabolism slows down. It's like well, is it really just that age or is it all of the lifestyle things that you've been doing leading up to that age.

And I think you're right. It probably is more of the choices and the stress that we have. There's so many things that insult our gut from stress to GMOs and antibiotics and all of that.

Christa: All of that. And stress, I think in our culture is the biggest, and think about the decade of your thirties. I'm sorry to digress, but that's the time when people are at the peak of building their career. They're having children. And they're dealing with older and aging parents. And so it's about life's responsibilities, and it's that consistent stress.

And that's why people, like they say, once you hit forty, you're producing less HCl because the more stress you produce, your body's forced to secrete HCl. And right this is why we say, oh, my stomach hurts when I'm stressed. I'm going to get an ulcer, that type of thing. You're wasting all your HCl on stress almost instead of digestive health.

Sara: And you brought up a good point there with ulcers. This HCl challenge, that's something you don't want to do, right, if you've got an active ulcer?

Christa: Yeah, for sure! So that's why healing of the leaky gut comes before the HCl evaluation. So when we're talking about this within the stomach, just like if we're talking about, let's say, a wooden deck. If I
poured battery acid on a deck, that acid's going to eat right through the wood.

And so exactly that's what would happen to your stomach. But if you put a sealant and a protectant on that deck and you put the acid on, it's going to roll right off. Where in this case, that acid's going to go to digesting your food and to be able to sit all day long in the stomach without causing any pain. So if we want to remove the root cause of the ulcer, which in this case would probably be H. pylori, we build. Then we go ahead and build that mucosal lining, create a protective barrier. Now, is the time we can add the hydrochloric acid in without causing major problems. So anybody, yes, with an ulcer, gastritis, anything like that, you're going to make sure you rebuild that mucosal lining before you start messing with HCI.

Christa: Yeah, so this is the concept of Rome was not built or destroyed in a day and neither was your gut health and so the idea of terraforming comes from Star Trek. It basically means to create new life on a barren planet, to inhabit new life, to change the entire terrain so that now it's this self-sustaining thing.

And so it takes about three to four months to terraform, to have all of these things really gel in place. Just like it takes like four years to go through a university to get a degree before you can really pull it all together, that's the idea of terraforming because a lot of people, there's so many foods they haven't been able to eat. Now's the time to reintroduce them and create a body that's going to adapt and survive because now foods that maybe formerly weren't good for you or damaged you, your body can now start to process them and actually use them as medicine.

People who have issues with asparagus, and they have issues with garlic. And they can't handle onions. And this one can't have oranges, things like that. Usually it's a manner of what the intestinal problem was. And then you fix it and just like a baby, you have to introduce new foods three, four, five times it will spit up and then you give it the food the next time and its system learns how to use as fuel. And so that's the idea that terraforming can take three to four months to really anchor it in into a new way of being and the genetic shift and all of that.

Sara: Yeah, I know it seems just so common place that more and more people are having these very limited diets. And the idea of being able to reintroduce some of these foods and be able to enjoy a wider range of things is amazing.

Christa: And that's what leads us into step five which is how do you maintain that. It's the 80/20 maintenance is that we should, we're hardwired to adapt and survive. We should be able to tolerate a little bit of junk without taking two weeks to get back on board. And like you said, Sara, a lot of people are painted into a corner with the fifteen foods they don't react to that they can eat until they can eat until that's all they eat and then they react to those.

So we're really creating a full and varied diet and a lifestyle and a strong microbiome that when you go out and you have your French fries, your wine, or whatever your 20% is going to be, it's not the end of the world. And your body's like okay, I can handle this. I got this.
made sense to me. The light bulb went off, and it was about creating peace within the body and peace within and balancing the systems because if you can change an individual, then you contribute. You show up in life differently. You're going to do something different with your career. Your relationships are going to change. This is the stuff that really changes the world.

They say one person that changes their life and gets healthier dramatically impacts the seven people closest to them just by nature of improving themselves. And so that was a turning a point for me of it seems like I'm going in a totally different direction but really I'm not. It's still about contributing to peace.

And then this whole Gut Thrive has been my baby for the last year and a half because it really comes down to how you get that peace is you create peace and balance and harmony between the microbial world and between the human world. And to me that's just, it's just so powerful. And then it becomes this self-sustaining thing.

**Sara:** That's so cool. What are some of the people saying to you after they've come out of this program?

**Christa:** Well, it's changing lives in terms of how can you show up to be your best self if you have a pounding migraine every day? You're probably going to be snapping at other people. Even from aesthetics, let's say alopecia spots where you're missing your eyebrows and part of your hair, even an eight year old little girl getting made fun of at school, if you can reverse that within ten weeks or painful psoriasis or have clear thinking, have energy, feel good about yourself, lose weight, start to reverse your metabolic syndrome, people are like, “I can't believe my thyroid antibodies are dramatically slashed,” or in a lot of cases reversed. They start to understand the power of healing and hope and a totally different life that they can live. It's freedom.

**Sara:** That's awesome. Well, it's amazing what you're doing and all the people that you're helping. Thank you so much for sharing some of the information with us today so people can really understand this process and have hope. I think that's another thing that is so big because I think a lot of times when you've had chronic health problems for so long and you've run around to many different experts who should have the answers for you, and you end up losing some hope sometimes so it's so great to know that there really can be a light at the end of the tunnel.

**Christa:** There is a light! So you guys listening who have just done what Sara's described, you've been to so many practitioners. You've spent the money on lab work. You can't sort it out. You're giving up hope. Just trust the process. And trust that your body knows what to do when you've got the pieces in place in the right order.

That also means addressing the mental/ emotional aspects of who we are. That's really important. We talk about that in gut thrive as well. It can never just be physical. A path to health can never just be physical.

**Sara:** Oh, and it's so connected, the gut and the moods and the mental health and the brain. And it kind of goes back and forth, it's like the chicken or the egg thing. Which came first- the anxiety or the gut problem? And they feed each other.

**Christa:** Yeah, well, and thoughts affect us so dramatically. There's proof. We have, and I don't want to go off on too much of a tangent, but we have good bacteria. We have bad bacteria. But what we didn't talk about, Sara, is the neutral bacteria. They're called commensals. And just like impressionable teenagers, they can be turned good or bad. And so the thoughts that we think can influence them to go good or to go bad.

**Sara:** That's amazing. That's a whole other.

**Christa:** Yeah. I know. All day long.

**Sara:** Well, thank you so much, Christa, for being here with us and sharing your infinite wisdom and your five-step process and for everything that you're doing to really just change people's lives. I really encourage everyone to head on over to check out TheWholeJourney.com. Christa's got amazing articles and recipes and videos and success stories and also I love your product recommendation section too.

**Christa:** Oh, thank you. Yeah, our product reviews. Just try to break through the hype a little bit.

**Sara:** Yeah. Well, Christa, thank you so much for being here with us today.

**Christa:** It was my pleasure. Thank you, Sara.

**Sara:** And thank you, everyone, for joining us for The Metabolism Summit. I'm here and your host for Sara Vance. I'm so passionate about this topic because I've been on the other side of health. And I created this summit to help you get the information you need to regain control of your metabolism and weight and get your energy back.
Building a Better Microbiome: Gut Bacteria and Detox

Deanna Minich, PhD, CNS, IFMCP with Frank Lipman, MD

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The purpose of this presentation is to convey information. It is not intended to diagnose, treat, or cure your condition or to be a substitute for advice from your physician or other healthcare professional.

Dr. Minich: Hello, everyone! Welcome to The Detox Summit. This is Deanna Minich. And today I am interviewing a wonderful special guest, Dr. Frank Lipman.

Dr. Lipman is an internationally recognized expert in the field of integrative medicine. He is the founder and director of the Eleven Eleven Wellness Center in New York City, where for over twenty years his personal brand of healing has helped thousands of people reclaim their vitality and recover their zest for life.

So Dr. Lipman is very much focused on sustainable wellness and uses a blend of many different things: acupuncture, nutritional counseling, vitamins and herbs, relaxation techniques, physical therapy, and body work. So truly integrative.

So in 2010 he developed Be Well by Dr. Frank Lipman, which is a line of leading edge supplements and health programs. And he’s the author of Revive: Stop Feeling Spent and Start Living Again and Total Renewal: 7 Key Steps to Resilience, Vitality & Long-Term Health.

So I’m seeing a lot of R words here: reclaiming, recovering, reviving, renewal, and also relaxation. Don’t want to leave that one out. So I’m sure that you’re already getting a sense of who Dr. Lipman is.

So welcome, Dr. Lipman, to The Detox Summit!

Dr. Lipman: Thank you for having me.

Dr. Minich: Oh, it’s so great to have you as part of all of these experts. You have so much to offer our listeners.

So what I’ve been asking all of our experts to do is to start us down the path of understanding a little bit more about you. Who you are, and how did you come into this whole area of integrative medicine, and even with a bit of a focus on moving out of toxicity and into this place of replenishment and renewal?

Dr. Lipman: I qualified as a physician in South Africa in 1979. And my first exposure to non-traditional medicine was the Sangomas, who were traditional healers in South Africa. And I noticed even then that sometimes when we couldn’t help patients, the traditional healer would help. That sort of opened my mind a little bit.

But then I went to work in a private practice after I had finished my training. And people were coming to me. They were feeling tired. And they were constipated. And they were bloated. And they were having headaches. And I had no tools to help these people. I mean, I got trained like every doctor in crisis care medicine. I'd been trained in the hospitals to take care of acute medical emergencies, surgical emergencies, trauma. But I was never trained to take care of these people who were coming in to see me.

So I went to the doctor I was working with. And I said, “Paul, what do I do?” And he said, “Well, people get better in spite of the medicines we give them. Your job is just to be there for them.” And I thought, “There’s got to be more than that.”

And I was working in this very hip practice in Johannesburg where most of the clients were these “lefties” and artists. And the whole alternative world of Johannesburg was seeing Paul, a very cool guy. And many of them were seeing homeopathies because homeopathy was a big tradition in South Africa. There was one acupuncturist. And what I noticed is they would come in. And the people would say, “Well, I went to the homeopath. And I’ve got better with this. And I went to the acupuncturist, and I got better with this.”

I started realizing that they were going to these quacks—people who I thought were...
And it was very obvious then that they were getting better with things that I couldn't help. So that's just sort of the beginning of me opening up my mind to, “There's got to be another way here. Or I need to expand my training.”

And we then left South Africa for political reasons. We didn't want to live under apartheid. And Paul Davis, the doctor, gave me a present when I left. And it was A Barefoot Doctor's Manual. And he said, “Go study acupuncture.” And it was meaningless for me at the time.

I landed in New York. And I got a job in the South Bronx. And I was told to do a residency in internal medicine because no one does family medicine, which I was interested in. Anyway, I started my residency. And two weeks into my residency, I realized, “I don't want to be a doctor here” because the medicine in America is very different. It's all about looking at the blood tests, looking at the EKGs, not taking a good history, but studying for the next day to present to the professor.

And the things that I loved about medicine were not there, like talking to a patient just getting a really good history. I said to my wife, “I can't be a doctor here. I've got to do something.”

And there happened to be an acupuncture clinic attached to the hospital, which did acupuncture detox. And I took a walk over there. It's a very long story. But long story short, I fell in love with acupuncture. And I started learning acupuncture at the same time as I was doing my residency. And I spent more and more time at the acupuncture clinic.

And it was very obvious then that the two types of medicines were actually helping two completely different types of patients. At the hospital, once again, I was helping acutely ill patients and medical emergencies and using antibodies for acute bacterial infections. And I'd go to the acupuncture clinic and we were helping people who were tired and were constipated and had irritable bowel syndrome and had headaches.

And I saw then—and this was like 1994, 1985—that the future of medicine would be this combination of Eastern and Western medicine because they both were good at different things and they're weaknesses were the strengths of the other. And that's how it all started.

And then I at last—you know I would have to shorten the story. I've only got forty-five minutes. But I started working at a clinic downtown where I started doing acupuncture because I got my acupuncture license when I came out of my residency. There was a nutritionist at the clinic that I was working at. And this was 1987. And she said, “Well, have you heard of Jeff Bland?” And I said, “No.” And she said, “Okay. You've got to come. He's talking in New York next week. You've got to come with me.” This was Susan Luck.

And she took me to a Jeff Bland lecture in 1987 or 1988—one of these years. You know what happens when you hear Jeff Bland for the first time. So the lights went...I had this “A-ha” experience when I've heard Jeff because Jeff was articulating exactly what I was feeling. He had taken the physiology and biochemistry of Western medicine and combined that with the philosophy of Chinese medicine about improving function and creating balance. And he had sort of melded these two worlds together for me, this Eastern philosophy, which was completely different to Western philosophy. And that was my entrance into functional medicine and my expansion into the world of nutrition and how I practice today.

Sorry, I had to really shorten it. But that's basically the gist of it.

Dr. Minich: Oh, that's a beautiful overview. I think it really gives us a good sense of why you are in what you call an integrative medicine practice.

And so I'm curious because I happen to be married to an acupuncturist. And so we have lots of great conversations. And within TCM—traditional Chinese medicine—there are different ways to contextualize conditions. And so I'm curious about your mind. When you see a patient, are you thinking yin deficiency? Or are you thinking more Western terms? What goes through your mind when you're first seeing a patient? How do you bring together the East and the West as you are seeing people in clinical practice?

Dr. Lipman: Well, that's a great question because it took me many, many years to actually combine them because you get taught it's a completely different way of looking at the body, a completely different language. And I was always caught in these two worlds. I either had to put on the Eastern hat or the Western hat. And what Jeff did for me—I mean he's probably not even aware of it. Or he probably is, but he doesn't really talk about it—but what he did for me was help me understand how to think from a Chinese perspective, but actually think from a Western physiological and...Because it's very hard to get trained as a Western medical doctor and to start thinking yin deficiency, chi, and all that. So how he helped me was actually
really starting to understand how Chinese medicine thinks, but put it into the Western context.

So most of the time I'm actually thinking functional medicine and Western contexts. But it's often at the back of my mind or sometimes, especially when it doesn't make sense from a Western perspective, I start thinking yin deficiency or the yang deficiency. But over the years, it's just become easier and easier for me to just see it more from a functional medicine perspective. But I'm always bringing in and sometimes adding Chinese herbs. "Do I need yin tonics? Do I need yang tonics?" But now it seems to be much easier to sort of meld the two worlds together.

Dr. Minich: Well, I think that's what makes you so unique relative to the other speakers as part of this summit. And I'm wondering if you can give us just a little bit of a clue further into traditional Chinese medicine. How would TCM view toxicity? Or when we have an overload of things like heavy metals or persistent organic pollutants in the body? Within the Chinese medicine system, how do things like toxins...Is there a language to talk about toxins and TCM?

Dr. Lipman: Well, actually let me say I have learned so much from Chinese medicine and their way of thinking. And I am blessed to have brilliant Chinese medicine teachers. Efrem Korngold and Aaron Banfield are my main Chinese medicine teachers. But I do think—and I have this argument all the time with them—I do think there is no language in Chinese medicine. It was developed so long ago for all these toxins that we have today.

The problem a lot of Chinese medicine practitioners have is the liver in Chinese medicine is very different to the Western medical liver. The organ systems are very different.

They are sort of functional units. And I can't or I don't understand toxicity really from a Chinese medicine perspective. So to me, when I do use Chinese medicine, it's more I'm thinking, "Get rid of the toxins. Help the liver eliminate the toxins. Clean out the gut because that's a huge source of toxicity." And then I overlap that with a Chinese medicine perspective. "How can I support digestion? These are herbs that can support digestion. What's the constitutional imbalance? What is their constitutional type? What's the type of person I'm dealing with? Is he a fire type?" I'm a fire type. "Is he a water type?"

So that's how I think. I've never worked at how to get the toxicity concept, the modern toxicity concept into the Chinese medical model. I really don't think it's there, although the Chinese medicine people will say it is. I don't think it's there. I'm a heretic in their world.

Dr. Minich: [Laughs] No. It's good to get your view on it. And I'm even thinking about the traditional medicine in South Africa. And I've had the pleasure of being in South Africa some years ago and did get to visit with the Sangomas.

And I'm just curious. So since you have such a steep tradition of really the traditional medicine combined with your Western medicine, are there other streams of traditional medicine systems that you also have incorporated? Do you bring in any part of the South African traditional medicine that you've learned? Do you bring in any of Ayurvedic medicine? Any others?

Dr. Lipman: Yeah. South African medicine, I really don't...When I was exposed to the Sangomas, I was so young and naive. And I was more fascinated by it from a cultural perspective than a medical perspective. I thought it was absolute nonsense. Although, I did notice that they were helping people sometimes that we couldn't help. But it made no sense to me. I didn't even try and understand it in those days. We're talking the early eighties. So I really can't talk to that. And I have no real understanding of it except that they talk a lot about spirits and getting rid of spirits. But I can't really relate to it. So that's hard for me.

But I have over the years, steeped myself more into the Buddhist traditions and Tibetan medicine a little bit. So I think I bring a little bit of Ayurvedic and Tibetan medicine, in particular, into my practice because I really see the mind and our emotions and how we see the world as key in someone's healing. And we spoke at the conference last week about stress as toxicity. So I think the mind and what we do with our mind and our thoughts, that I can sort of see as a toxic stress to the body. And it's something that we don't really address that well in Western medicine, but the anger and the worrying and resentment as toxicity.

So I think from that perspective, I'd probably bring in my love for Tibetan medicine and Buddhism and their understanding of how the mind works, their deep, deep understanding of how the mind works. I try and bring some of that. I mean, I have a very limited understanding. But I try to bring some of that into my practice.

Dr. Minich: You're bringing up something that's really making me think down different paths here, especially with respect to the mind and to thinking.
Our society, the Western society values intellect to a large degree. Many times you're judged based on your IQ or your cognitive capacity. And I'm just wondering, why do you think it is that Western medicine, which already values the mind, doesn't go to the mind first when it comes to illness and really treating the thoughts and really looking at the brain as perhaps being a sick organ? And I know that our thinking is not just limited to the brain. But it's just interesting based on what you said that many physicians don't tackle their patients' thoughts when they're treating them.

**Dr. Lipman:** Because we don't really get taught that. And I don't think Western medicine has a really good understanding of the workings of the mind. What we do in psychiatry is actually, I think, criminal. We just hand out these mind-altering drugs that I think harm a lot of people. I'm not saying there's no place for them. But for various reasons—one of them being the pharmaceutical industry—they so over-prescribe. And I see how people's minds get altered by these drugs and how hard they are to get off them. So I think we've just gone down this path of giving a drug for mind problems, head problems.

But what I do see clinically—and I think what I have seen help—is we hold a lot of resentment and anger or we worry a lot. And if you can tap into someone realizing that, it frees them up so much. It's basically like detoxing them. I've seen so many patients when they become aware of how much anger they're holding towards their spouse or towards their buds or something, and they learn to let it go and release it or they learn to change the way they see situations and not worry so much or don't get angry so much, I see blossoming.

And in similar ways, I see when people do a detox and we clean out their gut or we support some other organ system. So I do see that as a powerful, powerful tool that we're not really tapping into. And not that I'm a therapist, but if you can just make people aware and either hook them up with a therapist… Or I feel just making people aware of how damaging a lot of these toxic emotions are to them and especially women. Men are actually a little bit harder. But women, when they become aware of it, it's actually often extremely healing.

**Dr. Minich:** Well, that's interesting to hear. So for women that could be a way to unlock a lot of the toxicity around them.

I'm just curious. It's almost like a circle or a feedback. I'm just wondering. Do you think that toxic thoughts lead to toxic choices? If we're kind of in the dumps in our mind, will we just make dumpty choices? Or do our toxic lifestyles propagate and create these toxic thoughts? It's almost like, which one comes first?

**Dr. Lipman:** Exactly! I don't know which one comes first because they definitely work together. It's the same as what we all the time with the gut and the brain and the gut being the second brain. What I find absolutely astounding—I still to this day—is when you clean out someone's gut, when you do a detox...And I'd say at least seventy-five percent of people that I see have some type of dysbiosis as some type of imbalance in the good and the bad bacteria. And when you get rid of that toxicity that's emanating in the gut, people become less anxious. They become less stressed. The mind toxicity resolves or gets better. Now, I'm not all the time. But I'm continually amazed at how much better people get emotionally when you clean out their gut.

So it's hard to say which one comes first because I think when you have the toxic thoughts and toxic emotions, it affects your gut and infects your body, as well. But I always say to people that it's much easier to actually help or heal the physical body. And when you heal the physical body, when you get rid of the toxins and you change your diet and you take a few supplements, you become much more resilient.

And it's much easier to overcome the emotional toxicity and the toxic thoughts. So it's usually easier for most people to deal with the tangible and the physical. And with that, it is easier than for them to deal with the more intangible toxic thoughts, toxic emotions.

**Dr. Minich:** That's very well said.

I'm just wondering can you explain for the listeners whether an Eastern or a Western explanation why cleaning up the gut has anything to do with our moods or how we feel or can even change our thought process? I don't know if everybody fully understands that interrelationship. So can you explain it from the Western and also the Eastern side?

**Dr. Lipman:** Sure. Let's start with the Eastern way. I was always taught when you don't know what's going on, you treat the gut. And that's apparently in almost all herbal traditions. If you're not sure what to do, you treat the gut.

And in Chinese medicine, the center, the earth element is the spleen, which is your digestive
system. So you always, not always, but often are treating the earth’s element. And when the earth element’s off, everything’s off. That’s the center. So that was ingrained in me to really treat the earth, to treat the center. And when you’re not sure what’s going on, you treat the gut.

From a Western perspective, we know that all the neurotransmitters that are made in your brain—the serotonin and that all the neurotransmitters—are made in your gut. In fact, you make more serotonin, which is the happy neurotransmitter or the antidepressant neurotransmitter. I mean that’s a whole other naive understanding. But still, you have more serotonin in your gut than you have in your brain. So that’s why the gut is called the second brain. You have all these nerve endings. You have this whole nervous system and all these neurotransmitters secreted in the gut. So when you correct that imbalance, it helps the brain. It helps all the neurotransmitters in the brain.

And I’m not one who follows the research. That’s more your department, Jeff’s department. But I’m seeing more and more research coming out where psychiatrists are realizing this and saying, “Don’t treat anxiety before you treat the gut.”

**Dr. Minich:** Yes. In fact, another of our Detox Summit experts, Dr. David Perlmutter, had said that, “The gut may very well be the first brain.”

**Dr. Lipman:** That’s interesting! Yeah. It could be. What I do in my practice almost everyone I’d say or at least eighty percent of people, I’m treating the gut. And next, the one thing—and I think it’s probably changing—but when I first started doing detoxes, it was more about improving liver function and supporting liver function as the main detoxification organ. And what I realized clinically over the years is if you don’t treat...And this is where my Chinese medicine sort of understanding came in. And then I started understanding it from a Western perspective.

But when I started combining antimicrobial herbs to treat the gut or supporting digestive function, I saw my results get much better. And now I understand it. I treat the gut. I give antimicrobial herbs. I sometimes give anti-parasitic herbs, anti-yeast herbs. But I treat the gut because I found if you don’t treat the gut, you’re not going to have a good detox.

So I’m sure it’s changing somewhat in the functional medicine world. But you have to treat the gut. And most people have some type of dysbiosis. So my experience has been get rid of that dysbiosis and people detox much more easily.

**Dr. Minich:** So how do you work on the gut? You mentioned antimicrobials. Do you have a certain process for how you take somebody down the path of healing their gut? Is it in a staged progression? Or do you just...Yes?

**Dr. Lipman:** Well, what I found after twenty odd years—twenty-five years, thirty years, who knows—many years of clinical practice and just watching people and seeing how they respond because I’m really a clinician. I don’t really follow the research. I follow Jeff Bland and whoever tells me about it. But I don’t scour the literature. I’m observing patients and seeing what works.

And what I noticed is once I started treating the gut, people starting getting better quickly. And the other thing I noticed was if you can get someone to feel better quickly, then you’ve got them. I don’t have to convince them that they need to take this supplement, that they need to change their diet, that they need to do anything except listen to their body because in the old days it was much harder. It was a much harder process for people. And they really had to believe in you.

Now what I say to them is, “Give me two weeks. If in two weeks you’re not feeling a lot better, then I’m probably wrong. And then we can talk about what needs to be done or you can go down your own path.” But if I can get someone feeling much better in two weeks, then I’ve got them. Then they believe me. And then they’ve got to listen to me.

So the two things was one was to get people feeling much better quickly. And I noticed that long ago from acupuncture. But it was very hard to do that with diet and nutrition. So I can get them feeling better quickly. And I can clean out their gut. When I get them to feel better quickly, I’ve got them. So I developed a cleanse where I not only support liver function, but more important, I used mixed antimicrobial herbs to kill the bad guys in the gut. And I also used digestive enzymes, which I don’t know how important the enzymes are. I think it’s those antimicrobial herbs that do the magic.

While at the same time, I’m removing the foods that could be triggering the toxicity or the inflammation: the sugar and the gluten and the dairy and the corn and the alcohol. And now what I’m seeing is more and more people sensitive to grains, in general. So I’m taking more and more people off the grains, and especially people with autoimmune diseases. I’m taking
Dr. Minich: Absolutely! And this is also consistent with functional medicine and everything that you're describing, kind of this general flow through a protocol like this.

Maybe you can share with us a little bit more about the antimicrobial herbs. Do you find that you have to use different herbs for different people? Are there certain herbs that you always stay with and work most of the time for most people? What can you share with us about the herbal aspect of the antimicrobials?

Dr. Lipman: That's a great question because different people respond to different herbs. And sometimes we actually have to use antibiotics. That's what I find interesting, as well. I have a whole array of different herbal formulas from different companies with berberine and grapefruit seed extract and olive leaf extract. It's a whole mixture of herbs. But, yes, I have a generic formula that I use, which works a lot of the times. And if that doesn't work, I'll try some other herbs. And sometimes, I actually use antibiotics.

And the problem is it's a crap shoot. You're guessing. And I'm not convinced that the stool tests actually are that helpful. Sometimes I do a SIBO test. And if that comes back positive, I'll use a cephalexin. But sometimes I've just guessed. And if nothing's working, I've used tetracyclines or another antibiotic. But I usually start with tetracyclines. And I've seen incredible results with that.

So it's so hard, Deanna. There's no one right way. A lot of this is just guess work, trial and error and hoping that the patient's going to respond. I wish there were more accurate tests, but I don't think there are. And it's also harder for us in New York because we aren't allowed to do some of the tests that many people all over the country can.

Dr. Minich: Yeah, that's true.

So if we go back to the Rs—the reclaiming, and the reviving, the renewal—when I'm thinking of the antimicrobial, I'm thinking of removed.

Dr. Lipman: It's removed. Absolutely, it's removed! I have a classic story. And he's a well-known chef. He talks about it all the time. So I can use his name, Seamus Mullen.

He came to me. He was so sick. He had rheumatoid arthritis. But he was really, really sick. He could hardly get out of bed. He was struggling to work. And he had been in ICU a couple of times. I mean he was sick and on many, many drugs. And over a six-month period—it took a long time—but we had to first treat the parasites. Then we used herbs. They weren't working. And then I just took a flying guess and we started using tetracycline. And eventually we got it right.

And that's a typical example. It took at least three months of playing around. And now in six months, he's getting vital. But now there's no more rheumatoid arthritis. The rheumatoid factor is negative. He is such a jock. The guy's lost twenty, thirty pounds. He's becoming the suit. He's just done a five-day bike ride in Hawaii. It's just so interesting to see. And a lot of that was the gut.

Now, he has turned into more of a Paleo eater because he can't eat grains. He stays away from the grains completely, not only gluten. But a lot of it was trying all different herbs on his gut, anti-parasitic medications, tetracycline. And eventually we got it right. But it was trial and error. And luckily he had the patience and the belief in me, and was getting better incrementally all the time. And he knew there's got to be a better way than taking these toxic drugs.

And I sort of see a variation of that story a lot. A lot of times, you're lucky and you get it right with those herbal antibiotics. But sometimes you've got to go further down and use many different ones and sometimes antibiotics. But most of the time, you've got to get that balance in the gut. You've got to treat that dysbiosis.

Dr. Minich: So when you're talking about treating the dysbiosis or the imbalance of good and bad bacteria, is the reason why everybody that you're seeing with a lot of these different conditions has issues with the gut because they don't have that balance? Is it really about the dysbiosis? And that's creating the environment for things like parasites and bacteria and other issues, fungus and such to come in?

Dr. Lipman: Yes. You see that is definitely my belief because some people think well other parasites from outside. And that may have triggered the whole thing. But I believe we create this environment in our gut because of the foods we've eaten for years and the genetically modified foods and the antibiotics in the meats. Antibiotics we've taken over the years. I think an environment is created in the gut. And then you're more pre-disposed to the yeast and the parasites.
I same story happen all the time. A couple will go somewhere. Both will get violently ill. But one will remain with a parasitic type of infection and one won’t. So, yes, I do think that the environment starts somehow in the gut and then you get these secondary things that occur. And you mentioned yeast. Actually, yeast is also [inaudible] sometimes when you need to use Nystatin and sometimes we need to use Diflucan for two weeks or sometimes four weeks. So it’s a really tricky area because it’s very hard to diagnose these things properly. A lot of the times, it’s just a clinical diagnosis.

Dr. Minich: Exactly. But it seems like it’s pretty safe to address the gut in many ways. And that can even start with probiotics.

Dr. Lipman: Absolutely. Absolutely.

Dr. Minich: Can you talk with us a little bit more about establishing a good healthy microflora with something like a probiotics and even fiber? How do we get fiber if we’re not eating grains?

Dr. Lipman: One thing about grains that I’ve realized—and I’ve realized it on myself, as well—some people, I think, and more and more people are becoming carbohydrate sensitive or insulin resistant and do better on less grains, in general, even if they’re not sensitive to the grains. I’ve just seen more and more people...And now I’m veering off track here. But what I am seeing clinically is more and more people doing better on more of a Paleo or the diet that David Perlmutter’s promoting or an old Atkins diet or Paleo diet, call it what you like.

But I’m seeing more and more people, and myself included, doing better and having lower hemoglobin A1cs and just generally with their health all around on a low-carb diet. And I think that’s because we’ve all become so insulin resistant or carbohydrate sensitive. And I’m a typical example because my diet is really not that bad. And I was obviously eating too much fruit because when I did my blood recently, my hemoglobin A1c was higher than I would have liked it to be. And so I think I’m seeing—maybe because I’m more aware of it myself—more people who are carbohydrate sensitive.

And this notion that we need to have a lot of fruit, for instance, for fiber or a lot of grains for fiber, I think is wrong for those people. People like me who are insulin resistant. And I don’t have metabolic syndrome. I’m not overweight. I don’t have high blood pressure. I don’t have any other symptoms except I noticed that my hemoglobin A1c was going up. And I notice that I feel much better now that I’m not eating as much fruit. And my weight has gone down. Not that I was overweight, but I still have lost weight. So I think I’m seeing more and more of that clinically.

Sorry, a bit of a detour. But to get back to the question was fiber and what happens when you take the grains out. I think we can get a ton of fiber from the vegetables we eat. When we talk about a low carb diet, I’m not telling people just to eat protein and fat. They need to eat tons of vegetables. I have a shake every day and I put tons of chia seeds in. So there are lots of other ways to get fiber than what’s stuck in your grains.

I think people maybe misunderstand a low-carb diet because I think Atkins in his day had to come across really encouraging people to eat lots of bacon and fat and whatever, which was fine. And people were thinking that they were forgetting about the vegetables. But I think the diet that seems to work for me and most people is cutting out the grains, but still eating lots and lots of vegetables where you’re going to get lots of fiber.

Dr. Minich: No, it’s wonderful. In fact, it made me think of asking you what your famous or favorite smoothie recipe is. You mentioned chia seeds. Are there other different...

Dr. Lipman: I’ll give you the one I have almost every day. I’ll have chocolate whey protein from grass-fed cows. I put about a quarter, sometimes even more of an avocado in. A scoop, sometimes two scoops of chia seeds. Some ice. I used to use at least a cup of berries. Now, I’ve cut it down to a half a cup of blueberries. What else do I put in there? And MCT oil and ice. And sometimes a little bit of almond milk.

Sometimes I put water and almond butter. And that’s it. And I make it thick. A lot of ice. And it comes out. It’s like having a self-serve. I love ice cream. So it’s like having an ice cream for breakfast. And it’s absolutely delicious. Sometimes if I need to I add a bit of stevia. But I often don’t. It’s absolutely delicious! And kale. Sorry, kale. When my wife makes it, she adds kale, which also adds another level.

So that’s what I do for breakfast every day when I do have breakfast. Sometimes when I’m working, I actually don’t have any breakfast and I just have—I’ve been turned on to this—have you heard what a Bulletproof® coffee is?

Dr. Minich: No, I have not.

Dr. Lipman: The Bulletproof® coffee, I was turned on by Seamus Mullen. I think he learned this
from the Paleo world. So what I'll do if I don't have breakfast... And I'm not a coffee drinker. But I'll go into the office. And in my Vitamix, I'll make an expresso coffee. I'll take one to two tablespoons of grass-fed butter and about a tablespoon of MCT oil. And if I don't have MCT oil, I'll take one to two tablespoons of coconut oil. And you mix that together. And that's called a Bulletproof® coffee. It's basically a coffee, some coconut oil or MCT oil, and some grass-fed butter. And it comes frothy. And it's actually delicious.

**Dr. Minich:** So is something like that healthy? Is that something that we'd want to have on a detox?

**Dr. Lipman:** Oh, no. That's not on a detox. Sorry. No, I don't recommend that on a detox. That's when I'm not detoxing. And I don't usually use the whey protein when I'm detoxing either. But that's what I do on a daily basis. Sorry, I know we're talking about detox. So I got off track here. But that's what I'll do on a daily basis.

**Dr. Minich:** Okay. Yeah. Wonderful. Well, actually that does lead me to a question for you about coffee. And I've asked some of our other experts, as well, what they see as a role for coffee in detoxification, especially because we know it does modify some of the liver enzymes. So what do you advise for patients following your detox? Do you have them refrain from coffee? Can they do decaf if you don't want them to do caffeinated?

And what's your overall view on coffee?

**Dr. Lipman:** Well, for the detox, I take people off coffee. But people who really are addicted, we try tapering them off. And if it's really bad, we'll let them have one cup of coffee a day. I'm sort of on the fence about coffee. For someone like me, I tend not to do it. If I just have a coffee, I get very jittery. If I have an expresso, a pure expresso it's better. And when I have the Bulletproof® coffee, I'm actually not jittery. But someone like me doesn't generally do well with coffee.

I'm sort of on the fence. I try to get people off their coffees. A lot of people actually have found when they stop their coffee even in the morning, they sleep better. So we generally try and get people off coffee. But if it's a real problem, we'll let them have one cup of coffee.

I'm not that fond of the decaf coffees because of the toxins in the decaffeination process. But I suppose if you get water processed, it's not the end of the world. So I'm not a fan of coffee. But I'm not that anti-coffee. Although, for people like me, it's probably not the best thing.

**Dr. Minich:** Right. So it sound like what you're saying is that it's more of a case-by-case basis, depending on the person and as long as we're not using it in more of a crutch fashion where we need it.

**Dr. Lipman:** Exactly. If it's not a drug. Yes. If it's not a drug. And I think let's define people as maybe slow metabolizers of caffeine, which I'm definitely a slow metabolizer just over the years experimenting. I can have an expresso, which may not make me jittery. But then I can have it lunchtime and that will definitely affect my sleep at night. And I think there probably are a good number of people that are slow metabolizers. And sometimes a half-life of coffee can be up to seven hours. And I'm sure I'm one of those people. And I see quite a few people out there. But if that's not the case, it may not be the end of the world.

But I don't know enough about coffee enemas. But I'm quite intrigued by coffee enemas in detox. Hopefully, someone speaking will be addressing that with you.

**Dr. Minich:** [Laughs] I have asked that question. Yes, we'll definitely address that.

So I suppose, Dr. Lipman, in our final minutes together, what I would like for you to convey to the listeners is what makes your detox perhaps different? Or what makes your approach to detox unique because there are so many detoxification protocols out there? Are they all created equal? Should they be ten-day? Twenty-one day? Thirty-day? Twenty-eight day? What are the elements of your detoxification program? And what makes your program more novel or just different?

**Dr. Lipman:** Right. Well, I'd be arrogant to say that I have the answer for everyone. But I think what I have found is a simple way for people to get better quickly. So I use antimicrobial herbs. I think those should be an essential part of any detox. I feel strongly about that just because I've seen the results with and without. Now, I'm not saying that's unique to me, but I use that. And I think that should be part of a detox.

The other part that I've found to be really helpful is if you can support people through the process—and I have now seven health coaches I've trained—and we actually really have a great support system and with lots of resources. And they can call anytime. And if you can help people and make it easier for people and know that they have someone supporting them and helping them through the process, that helps a lot.
You see, in the old days, when I first learned this from Jeff in the late eighties, it used to be, “Okay, do two scoops of UltraClear® in the morning, two scoops at night, and the same old diet.” Now, I put it in packets for people so they can travel with it. So I make it very easy for people. And I support them through it. And I think that’s really helpful because as I said before, if you can get people to feel better quickly, you’ve got them.

And my feeling is some people may need to do more than two weeks. But within two weeks, you can get people to have their cravings for sugar maybe not go away completely, but decreased radically. You can get them over their addictions to gluten.

So I think I chose two weeks because over the years doing it for three weeks, four weeks, a week, I found that two weeks is sort of that middle way where people will still do it. It’s not too severe. Three weeks may be a bit too long for people. But within two weeks, I can get people to feel that much better, and then continue because to me a detox is just an entry point to a healthy lifestyle. The detox is not the onset to the health problem. It’s just an entry point.

Now, the next stage may be continue on a variation of a detox, maybe killing more bacteria or yeast, maybe supporting the liver, maybe supporting digestive function, in general. So to me, the two-week detox is just an entry point to a healthy lifestyle to get people to say, “Ahh! I feel much better. I want to feel like this. Tell me what I need to do?” That’s it.

Dr. Minich: Fabulous! Wow! How enlightening and inspiring. And I really do appreciate you taking us through the journey of your own personal story and really blending together the traditional medicine aspects in with the Western and functional medicine. So it’s been great because you have really unified a lot of different concepts talking about stress as a toxin. We covered the thoughts and emotions and even got into some food and antimicrobial herb aspects, so truly an integrative conversation.

Thank you so much, Dr. Lipman, for being with us. Did you have any final words for the listener? If there is one takeaway that you want everybody to remember as they walk away from this conversation, what would it be?

Dr. Lipman: I think it would be that a detox is really just your entry point. Most people don’t realize how much better they can feel by just tweaking their diets, watching their thoughts, learning to move better, and probably, most important, learning to love and including loving themselves. So making all these little tweaks in their lives on all levels: their diets, taking certain supplements, watching their minds, watching how they move, and creating loving relationships in their lives. I think that sort of will help people live an easier more healthy life.

Dr. Minich: As Dr. Mark Hyman says, “Food plus love equals health,” right? So it sounds like there’s a large package there.

So thank you so much. And if you can just let the listeners know how to find you.

Dr. Lipman: You can find me at DrFrankLipman.com. I have a free newsletter. I’ve great blogs. I’m on Facebook. I’m on Twitter. Hope to see you there.

And, Deanna, thank you for doing this. I think this is a very really important topic. It needs to become even more mainstream than it is. And I think there are so many misperceptions of what a detox is and cleansing. So I think you bringing light to the subject is really important. So thank you for doing this.

Dr. Minich: Well, thank you for being part of this movement. We really appreciate it.

Dr. Lipman: Thanks, Deanna!
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