

EPISODE 40

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One of the problems with taking food out one at a time is that in my experience, it does happen that sometimes you have this direct correlation, but often things are multi-factorial. So headaches could be from gluten but it also could be from gluten when you’re not getting enough sleep.”

[INTRODUCTION]

[0:00:43.9] AS: You know battling food and your body doesn’t work. You want to love and accept yourself. And because you’re insatiable, you want results too. And wouldn’t you know, you bring the same intensity to your life, wanting to maximize your time, potential, and experiences you have here on this beautiful and wondrous planet Earth.

Fair warning, it will be a rollercoaster. But for those insatiable, that’s your prime time to thrive. We’re here to say “YES!” to the hunger of wanting it all. I’m your co-host, Ali Shapiro, a health coach who helps people end the losing battle of dieting and find a truce with food.

[0:01:25.4] JB: And I’m Juliet Burgh, nutritionist, fitness expert, and a co-owner of Unite Fitness Studio Franchise.

[INTERVIEW]

[0:01:33.5] JB: Welcome to episode 40 of the insatiable podcast, Should I go gluten free with Dr. Samantha Brody. Dr. Samantha Brody is a licensed naturopathic physician, acupuncturist, owner of Evergreen Natural Health Center in Portland, Oregon and curator at Glutenfreeportland.org. She also has an online business meeting with clients virtually across the globe.

When she's not seeing patients and clients, you can find her speaking and writing on health, stress and integrative medicine. She's definitely a powerhouse speaker and has been a featured expert in numerous publications and blogs including the Wall Street Journal, Shape Magazine, Live Strong, Huffington Post and much more. For news, resources and quick healthy recipes, you can connect with Dr. Samantha on Facebook, Twitter or sign up for her health tips. She has many free health tips on her website at www.dr.samantha.com.

In this episode, we discuss a new study that has come out from Columbia university that says gluten sensitivity is real. With Dr. Samantha Brody, we will discuss the top signs and symptoms to know if gluten sensitivity may be an issue for you, the difference between celiac and non-celiac gluten sensitivity and then lastly, why going gluten free isn't the silver bullet people often think it is.

[0:02:51.2] AS: Welcome everybody, I am so excited to talk about this subject, *Will you benefit from going gluten free?* And we have the best expert, Dr. Samantha Brody who is going to help us navigate some of the new research that's come out. I find this research very validating because I am someone who has non-celiac gluten sensitivity I guess is the official title of it. I was someone who had struggled with asthma as a kid, I also then had acne, hitched all this antibiotics, I cringe. I went on accutane, which there is now a class action lawsuit against and then I struggle with irritable bowel syndrome and depression.

And when I discovered that gluten made a lot of the symptoms go away, which was nine years ago, which there wasn't quite as much information or choices. I just went cold turkey without needing any kind of testing. Then it was interesting because two years later, my sister was diagnosed with celiac after two years of really extensive stomach issues. So she has officially been tested but I never was because I just didn't feel like I needed the test. So Dr. Samantha, we've got a lot to talk about because you as a naturopath, did you learn about gluten in naturopathic school?

[0:04:00.7] SB: So I went to naturopathic school a while ago. This is my 20th year in clinical practice, so when I was in school, we learned about celiac disease but not the same way as one would now in school, right? I got my degree in '96 and we're seeing the awareness is more

prevalent now and there are more people interested in it, which I think really drives a lot of what happens in the school, right? So I don't know what they're learning now because I'm not there. My hope is that there being way better educated than we were 20 years ago for sure.

[0:04:36.0] AS: Yeah, but you've definitely kept up with the research and I'm curious, what have you seen in your practice about — and maybe we should step back and define celiac disease and then gluten intolerance and gluten sensitivity.

[0:04:47.7] SB: Sure, let me actually start by defining naturopathic physician. So what my training is, as a naturopath in the state of Oregon, I'm licensed as a primary care provider. I have full scope of western medical practice except for major surgery and prescribing chemotherapy drugs and atypical antipsychotics. I really work as a general practitioner with an integrative slant. So I really work holistically, work with nutrition, I work with supplements, I work with lifestyle counseling and exercise. I try to support people to approach things from a more natural, just from a more holistic perspective so people can match their choices up with their values, right?

So that's what I do in my practice and I have a special interest in gluten intolerance and gluten sensitivity, I also have non-celiac gluten sensitivity, although everyone's symptoms are really different with this. Celiac disease is an auto immune condition where your body attacks basically your own intestinal lining and it's a very specific, very narrow disease that can have many different symptoms. So some people with celiac disease have only digestive symptoms, other type only neurological systems, others have only migraines, others have no symptoms at all.

Non-celiac gluten sensitivity is a reaction to gluten that causes other symptoms but not by the same mechanism that celiac disease does. So it's not auto immune, although I will say that I believe it's actually what we will find over the next number of years that it's a continuum and that there are a lot of different kinds of reactions to gluten, not even just the ones that are popping up now in the studies. I think to many different foods right? I think that gluten, we have a lot of focus on it right now so people are identifying it more.

[0:06:27.3] AS: Yeah, so for people who are listening, traditionally you've been diagnosed by celiac either by endoscopy or blood tests but they've looked for the small villa in your intestines

to be flattened. So I always compare it to a rug, right? The rug starts with the pieces of carpet are straight up and then if you celiac disease, those villi basically like the rug gets flattened.

[0:06:48.9] SB: They atrophy. So they actually get flatter and the surface area, so if you can imagine a blade of grass that's standing up, there's more surface area on that than if it was withered, right? And that's where the nutrients absorb. So it's damaged to the actual literal lining of the intestine.

[0:07:05.7] AS: Yeah, great. I love that blade of grass analogy and then a lot of people will have discovered they're anemic or osteopenia, at very young ages because they're not absorbing the certain nutrients in that part of the small bowel. But what this new research is finding with gluten sensitivity what Dr. Samantha was saying is that they think that gluten sensitivity presents elsewhere in the GI track where a colonoscopy cannot see and an endoscopy can't reach.

[0:07:34.7] SB: Kind of, so let me go ahead and talk a little bit about that. So a colonoscopy is when I take a scope and look up into your colon and an endoscopy is a test where they go down and look into your stomach and small intestines from the top through your mouth and to diagnose celiac disease, the actual really literal only way to diagnose it is to go in this endoscopy and take samples of the small intestines in six or seven different particular spots and look under the microscope for a very particular damage that we see with celiac disease and certain kinds of infiltrates also.

So it's a very particular pattern that they're looking for. This isn't even something that can actually see looking, they can see irritation looking but that may or may not have anything to do with celiac disease. The actual microscopic biopsy where they take this little sample of the small intestine and look at it is how they diagnose it. So what they're saying with non-celiac gluten sensitivity is that there is damage to the intestine but it's a different kind of damage and it's a damage that we don't really see on biopsy but that they're not looking for I should say.

But it's an issue more of a local response which then leaves to a systemic inflammatory response, the body producing certain chemicals in response of the gluten proteins damaging the local tissue. I also think that that, I know Ali has sort of leaky gut syndrome, it's when the

lining of the intestine is damaged and larger proteins and things get through into your blood stream that shouldn't and causes systemic reaction. So it's more similar to that.

[0:09:07.1] JB: You said that this is on a continuum. So if somebody has this gluten sensitivity, it's going to get worse over time as far as their symptoms and the damage that it's causing to the intestines?

[0:09:17.7] SB: Maybe, right? So when I say it's a continuum, what I mean is that the gluten sensitivity I think means a lot of different things. I think what will happen is some people who can't eat gluten, what's happening is this mechanism that they just identified on this recent study. I think we're having the systemic inflammatory response. I think for other people, the gluten has other impacts locally on the intestine, I also think my guess is we'll find other auto immune pathogens. So other different ways that we have auto immune response to gluten.

I think it's a lot of different things and I think there are all kinds of ways that we respond negatively to foods and with gluten in particular, I think it's hard on the system. We know it causes inflammation locally and any time you have inflammation in your gut, it's going to impact you systemically because that's where you absorb all your nutrient. It's the balance of the gut bugs that you have and it impacts your mental health, it impacts your physical health. So when I see a continuum, I don't necessarily mean it's going to continue to get worse. I mean, it's a wide variety of different conditions that we are seeing that is manifesting as gluten sensitivity, right?

[0:10:19.4] JB: I know that you talked about when you were in school, they didn't really teach a lot of this, they're teaching it more now or they have more information now than they did before but do you think that there is a difference between the gluten now versus the gluten then and the issues that people have, or have people always had gluten sensitivity, celiacs and we just didn't know how to diagnose?

[0:10:41.9] SB: It's interesting so, we're diagnosing more people now, there's no question about that. There is a lot of controversy about why that's happening, there are some people who say it's just because we're testing better and more. We have better ways to test. I will say that when I was in school, I used to take people off of wheat all the time because what I found was that almost always people felt better off of wheat and dairy. I actually, one time had a patient come in

who said that she had avoided coming in for a year because she didn't want to be told to stop eating wheat and dairy because so many of my other patients I had said that and she was friends with a bunch of my patients. It actually turned out that I didn't think she needed to do that, funny enough.

So I've been taking people off of wheat for years because they almost always felt better. I knew to look for celiac disease but I didn't know to look for gluten intolerance per se as opposed to wheat intolerance. Honestly I think there are some people who think they have gluten intolerance and actually do have wheat intolerance or they have a difficulty digesting a class of chemicals that we find in wheat and other foods. So I think that there are a lot of different things in there that we're looking at. Did that answer your question?

[0:11:44.9] JB: Yeah, and I think helpful for listeners who tend to think that gluten does mean wheat. There are differences between — gluten is not just found in wheat, right? I think we can get a little bit more into that for people to understand if you don't mind sharing that with our listeners, how we define gluten.

[0:12:04.8] SB: Right so gluten is in wheat, barley and rye and any derivatives of those things. There are also all grains have gluten like proteins in them. So some people for instance who have celiac disease also respond to the gluten type protein in say oats, which is called avenin. Or some others have the sensitivity to the gluten type thing in corn. But celiac uses very specifically wheat, rye and barley and it shows up in all kinds of places you wouldn't expect it to like most commercial soy sauce, the first ingredient is wheat, you wouldn't go there, right? It doesn't make a lot of sense to go there and they put it in all kinds of things that you'd see. They put wheat in tomato soup.

[0:12:49.0] JB: Lots of salad dressings.

[0:12:51.0] SB: Yeah, wheat starch. The reactions of people have were different and again some people, I've had people tell me, I remember being in a restaurant in Portland and asking about gluten and the waiter said, "Oh yeah, I was diagnosed with celiac disease as a kid but I don't have symptoms anymore. So I just eat it here or there," which makes me...

[0:13:08.7] AS: What?

[0:13:10.1] SB: I know, there are a lot of people like that, there really are.

[0:13:13.6] AS: That was one thing I want to get to later but we can get it to now, the compliance rate is really abysmal.

[0:13:20.5] SB: Right.

[0:13:21.9] AS: I guess the symptoms aren't bad enough for people that they want to give up their cake and...

[0:13:28.0] SB: I think a lot of times, first of all, celiac disease is a whole other — this is something that we had discussed discussing, right? Celiac disease is another ball of wax because any damage, there are no long term significant health risk associated with people with celiac disease who continue to eat gluten and it's really important to not have any at all, which is the reason I really push people to get diagnosed before they go off of gluten. I mean, there are going to be some cases where people do that but the compliance issue I find primarily is when people don't have a formal diagnosis to celiac disease, they know they feel poorly, they know they have sensitivity, they choose not to eat it but they don't worry about cross contamination, which is if you have something that's been on the cutting board with wheat.

But they don't worry about taking the bun off of the hamburger or something of that ilk, which is really not okay if you have celiac disease. It may not be okay if you have non-celiac gluten sensitivity, that's an unknown and I think part of that is about this continuum of things that we're looking at. My patients tend to be pretty compliant but I'm working with them one on one and really stressing the why and the how, right? So it's very difficult for people to be compliant when they're used to buying food at the grocery store and out of boxes and going out with their friends. It's really a retraining and issue of making sure that your choices are lined up with your own values around your health and there's a lot of education that goes with that.

[0:14:51.2] AS: Yeah. Dr. Samantha, you talked about there being neurological connections and arthritis. Explain some of the symptoms of non-gluten sensitivity because I think sometimes

people are noncompliant when they don't understand that, "Oh my god, this is affecting my ADHD or this is affecting my arthritis." Whereas if they'd had those connections of, it may not be damaging your villa and setting you off for osteoporosis potentially but your day to day aches and pains or even your energy levels.

[0:15:19.9] SB: Right, and sometimes people will think that they'll go off of gluten but at the same time I also happen to be going off grabbing crappy food at Starbucks or whatever thing that they're doing. It's actually cutting up the sugar that's making their symptoms better. But what I really do is first thing that people tested for celiac disease before we cut gluten out because again, you don't want to miss a celiac diagnosis.

Then what we do is say, "All right, we want to get you feeling better. Here are your symptoms. Let's try this combination of things whether it's supplements or lifestyle changes, getting enough sleep, all of that." And then see how people feel and then in certain cases they'll say, when it's an issue of irritable bowel or some kind of colitis or thyroid disease, I usually will say, "Going off of gluten as far as I'm concerned is kind of on your non-negotiable list unless you want to have some other kind of discussion with me that we're going to talk about why it's important for you to eat those things."

Other than that, what I typically will do is have people go off of whatever it is that I have them going off of and taking supplements and again getting their lifestyle in order until they feel better. Once they feel better then we try a range reduction and say, "How do you feel when you do this?" Truthfully, I prefer not to take people off of a ton of foods because it's an impediment for people social lives and logistically. That said, I'm not convinced that really anyone needs to eat gluten for instance. I mean there's no health reason that you would need to eat it, but it certainly I don't want to put a ton of restriction on people, especially when restriction can make people kick back and have emotional issues around food.

[0:16:58.6] AS: Yeah, that was also on our list. What do you think about — because I know for me, it took me nine months to be completely gluten free because I kept binging on Reese's peanut butter cups and York peppermint patties and I was still emotionally eating and then finally I was like, "This is ridiculous, sugars just as inflammatory as my gluten." But it took me a

lot of, like coming to it that I'm doing this for myself rather than from a restrictive place. So how do you help navigate that with people?

[0:17:24.5] SB: People coming from a perspective of binge eating or eating emotionally, it's a whole other ball of wax, right? There are layers that we address with people who are dealing with that. When there's something in particular and I really, again with people who are struggling with I'll say eating disorder, people who are binge eating or eating emotionally. I mean, everyone eats emotionally sometimes. I actually had a really interesting conversation with my husband and my nine year old this morning, we were talking about a patient of mine who was saying he just likes to eat junk food and so he's going to keep doing that.

We had a talk about what he might or might not want to do that and then my husband said, "Well it's okay to do that sometimes as a reward. To eat junk food sometimes," and I said, "No. It's not actually. It's okay to have a discussion with my child about how there's a difference between choosing to eat something sometimes versus using food as a reward," and we talked about kind of how the psychology of eating and we kind of diverged into this amazing conversation.

So my answer to your question is when we're looking at binge eating and emotional eating, there's this whole other piece that we have to pull in. We have to pull in why, what's underneath it and typically though, what I will do is people who are still — a number, from my experience, there are a number of aspects of what we're doing when we're bingeing. Part of it is just the food in mouth, part of it is the dopamine, part of it is habit, part of it is, "I'm going to do what I want," and it's different for everyone. So what I go to first with that is if you're going to continue to eat a bag of whatever, let's first make sure it's a bag of something that isn't going to make you feel crappy and undermine your health.

Because you can't always deal with all of those things at once. The overeating, the dopamine and the sugar, the escape, the stuffing of your emotions. Those are all different things that intersect there, right? So what we do is we first pull out if gluten is a significant issue where sugar and those two things often go hand in hand, right? We say, "All right, if you're going to overeat, let's have you start with something that's sedating to you emotionally, if it makes you

feel good that makes you feel good that doesn't make you sick like broccoli and cheese. Or like...

[0:19:30.5] AS: Tortilla chips.

[0:19:32.4] SB: Tortilla chips, right? So whatever the thing is that's part of the process where we're pulling out the threads because it's impossible to do it all at once for most people unless it's pathological where you're just wrapping or controlled around something else. Now I'd rather have someone wrap their brain chemistry and control around exercise or healthy eating than chopping or bulimia. But ultimately what we're looking to do is to find peace with those things that are driving us to make those choices and making the dopamine but in the interim, it's a path.

[0:20:07.3] AS: Well no, I like that. But it's also, you have a plan and a logical path. Because I think what's so challenging about food compared to alcohol or shopping, other addictions, is you have to eat. The very foods that you're allergic to are often giving you the high that you need to get away from. So to piece out what is what is so nuanced and takes time and...

[0:20:31.3] SB: So nuanced. Well that's the work you're doing, right?

[0:20:34.5] JB: Ali, when you were coming off of gluten and you said that you were bingeing on like Reese's peanut butter cups and all these gluten free treats, what was the thing that you felt like you were missing out on with gluten when you cut out gluten that you couldn't have anymore that was triggering you to binge?

[0:20:50.3] AS: Yeah, well first of all, it was nine years ago so there was not the options that there was right now. So when you go out to eat or something, there was no gluten free and now all of a sudden you're like, "Why do I have to be the one?" Or you go to a place and there's nothing you can eat and you're starving and it was more, and this is the psychological piece to it, "Don't tell me what to do," even if you're the one making the rules.

[0:21:17.5] SB: Sorry, can I talk for a second about compliance right there? That's exactly what we're talking about. I work with people very specifically, "All right, if we know you don't want to

eat gluten, you're going to have to bring a chicken breast in your purse to that wedding." Or whatever thing it is that they're doing, we make sure to set them up so they don't get into those situations.

[0:21:33.8] AS: Yeah. There's a big difference — I'm really big on this like research right now — adaptive versus technical challenges and technical challenges are where there's no one solution. Bring the chicken breast to dinner or make sure you eat beforehand. But the rebelling against your own rules or the own expensive health coaching program that you set up except for Truce With Food or the diet plan that you've signed up for is it's an adaptive challenge where there's no known solution and you have to work your way through it by experimenting and researching and figure out why you're rebelling against yourself.

The solution doesn't exist yet, you have to experiment and for me, this is part of why I went back to grad school because I was like, "How was I successful with this and food?" I know the last straw. What happened was, I would keep gluten out for a while and I would feel better and better and better. My skin look clearer if I've seen the benefits and then a situation like that would happen or I would rebel. But then it was finally was like, nine months later, I remember we were at a wedding in Costa Rica and I had been gluten free the entire time and the last night they were having pizza and I was tired and it was the whole situation was a little off.

I had pizza because everyone was having it, it was the only thing to eat and I was so sick on the plane, I feel like it's worse being on a plane ride than any other place and that was just kind of the final straw of like, "Oh my god, this is just — I can't do this anymore."

[0:22:54.6] JB: Not worth it to you?

[0:22:55.7] SB: Right.

[0:22:56.4] AS: But it took that adaptive approach of experimenting and saying, "Okay, what am I going to do?" And learning that stuff but then finally coming to a place where, "Okay, I'm doing this because it's just easier than dealing with being up all night with my old IBS symptoms all coming back. I can only eat so much." I always take peppermint supplements to calm my stomach.

[0:23:18.7] JB: With your gluten sensitivity, I would say that you're a pretty extreme case with IBS and asthma and all those things for not having celiac. But what about those out there who don't have those kinds of major, they're not majorly symptomatic? How can they know if they should be getting this checked out or should we just all cut gluten out? I'm also speaking for myself because I'm not gluten free and I've experimented with being gluten free in the past and then found that I didn't have any reactions from gluten and I have such a low gluten diet, I barely ever have it, it's like going out to dinner once in a blue moon, I'll have some bread. But in my daily life, I'm gluten free. So I think there's a lot of people that kind of live in that space.

[0:24:04.3] SB: I want to start by saying, Ali, correct me if I'm wrong but you said your sister had celiac disease? You went off of gluten, you were never actually tested for it, right? So if that is the case, I would think, my guess is that Ali probably does have celiac disease.

[0:24:17.6] JB: Didn't you say you got tested for celiac's Ali?

[0:24:19.2] AS: No, I didn't. I also think part of it was the chemotherapy I was on because all these symptoms got really bad after — the asthma was always there but I think I also had to heal my gut, that was one piece of this bigger issue. So maybe I should get tested but I also, Dr. Samantha, I heard that the blood test 50% of the time comes back inaccurate, is that true?

[0:24:43.4] SB: That actually isn't true. So the first thing I would say is, with how sick you get, you are not someone that I would put on — you'd have to be eating gluten for six weeks for the blood test or the biopsy to come up positive and with how sick you get, I wouldn't do that. If you were still eating gluten here and there, a couple of times a week or even once a month then not being dedicated to that, I would say that you would be a candidate to consider doing proper testing.

But the fact that you are already saying, "I don't touch gluten, I cannot eat any or all of that," you're acting as if you have celiac disease. People who suspects celiac and people are really acting as if, I don't push them to do the testing and I would never push someone who gets really, really ill to do the testing. There is a genetic test that can be done where 98% of people who have celiac disease have this genes. Not everyone who has the genes has celiac disease

but in your case, given what you told me, I would probably test for those genes. Then if you have them then I would certainly move forward assuming you celiac disease. But my answer in general would be, if you don't have health issues, you feel fine, your energy is good, you're eating gluten, you're on a healthy, good protein, whole grain, natural foods diet, I wouldn't worry about it.

I don't think there's really a need for everyone to stop eating gluten and I often will say, "Well try it, see how you feel." I mean, I go six weeks usually at least once a year where I will really cut out, I have a pretty clean diet just because I have to walk my talk to be able to teach this. But I will go six weeks of really hard core nothing from a box, no grains, I don't drink coffee or alcohol anymore but I would take those things out as well. Just do really clean diet for six weeks just to give my body a break from whatever things I'd been choosing. I don't like the term detox because I think it implies that we're — that's a whole other episode.

[0:26:38.4] JB: Yeah, definitely. Ali, write that down because we definitely can do that.

[0:26:43.6] AS: I can't believe we haven't done one.

[0:26:45.1] JB: Detox. Well we have but not in that way.

[0:26:48.0] AS: I think of it as an untox, it's not an official word but you're already relatively healthy, just giving yourself a little bit...

[0:26:54.8] SB: I call it a reset because even people who aren't healthy, I still don't like the idea of detox per se because I think a lot...

[0:27:00.9] AS: We need to worry the most because you can't detox when you're like a sludge pit.

[0:27:04.7] SB: Right, well that too, right. I'm also not sure that what we think is such a whole other discussion but as far as what detoxing means, what's actually happening in your body, what your body normally does with toxins, again, that's a whole other ball of wax. If you're pretty healthy say, "I'd like to take a break and give my body a chance to reset," but I see no reason

why people have to stop eating gluten entirely just because. There are lots of food that aren't great for you globally, if you eat it sometimes, you're very healthy and you feel fine and you've tried it and you don't notice the difference, I personally wouldn't push on that.

There are a million things, there's so many things you can do for your health that's good for your health. There's so many things you can't do them all. You have to cut your losses somewhere. What are the most important things for you right? What are your values, how do you want to feel? What things make a difference to that? What are your non-negotiables and what do you want to do? You can't do it all.

[0:27:59.2] JB: I mean, if you're eating a really unprocessed diet, you're not getting a lot of gluten in your diet because mostly where you're going to find gluten is in processed food, breads, crackers, pasta, that's why I don't have gluten really in my diet ever because I'm eating fruits, vegetables, protein and you know? Nuts and seeds. There's not even room for me, I'm not eating boxed food.

[0:28:21.5] SB: Right.

[0:28:23.0] JB: So when I go out to dinner and I have some bread, I don't notice the difference but that's happening very few far in between, it's not happening every day.

[0:28:30.5] SB: Right. I also will say, as we age, with the accumulation of stress on our systems increases. I don't know how old you are but my guess that it's nowhere near as old as I am and over time, we develop more of a burden on our systems just from having exposure to different things, from having more stresses and all of that. Maybe what doesn't bother you now may bother you in 20 years but for now, it sounds like your diet's amazing and that seems perfectly reasonable to me.

[0:28:56.1] JB: Yeah, you have to go buy the symptoms right? How you're feeling and then trying to adjust those things and seeing if all right, maybe if I try cutting out gluten, how long would you say for somebody they should cut out one thing at a time, right? So it's hard to tell sometimes, "All right, I'm going to cut gluten and dairy right? Which one is affecting me?"

[0:29:14.4] SB: Again, I'll reiterate, I certainly wouldn't, if you suspect gluten, if there's any chance of celiac disease, I would test before you cut off gluten and that said, typically, where I'd sit in my practice, I'll usually pick the things that I think are — the gold standard is elimination diet, that reset thing that I just told you about, that's really the best way to do it and then...

[0:29:35.2] AS: That's important for everyone to hear that the best test is eliminating gluten for 21 days and then introducing it.

[0:29:42.4] JB: 21, is that the magical number?

[0:29:44.0] SB: Not for me. So what I will do, again, I'm going to keep saying get tested first but what I actually do is have people go on this kind of reset until they feel better to see if the foods are impacting them and then they reintroduce classes of foods one at a time. Again, that's part of this kind of reset detox conversation that's a much longer conversation I think, which I'm happy to have with you either on or off the air.

21 days may not be enough for certain things. So for instance, let's say PMS, 21 days still going off with something isn't going to tell you how much better that is, you might need to do it for two months or if you have a rash or the other thing is, it's never — so one of the problems with taking food out one at a time is that in my experience it does happen that sometimes you have this direct correlation but often things are multi factorial. Headaches could be from gluten but it also could be from gluten when you're not getting enough sleep and you're premenstrual or it could be from dairy when it's summer and you're damper.

So it's often this kind of multi factorial cross over complicated things, which is why I say, well do — that's why the elimination diet versus pulling one thing at a time. Noe if someone is going to have a really hard time emotionally or logistically within elimination diet, I will say, all right, if you have eczema, I know the most common or chronic sinus issues, the most common trigger for both of those things is going to be dairy. I might just say let's try dairy first or diarrhea versus constipation or headaches versus — sometimes we'll pick different things and I look at what people's diets are and I say, "Wow, you're eating a lot of bananas." I have this one dude who I'm not kidding you, he ate eight bananas a day, seriously ate bananas a day which by the way, first

of all, is 30 teaspoons of sugar or more, or whatever that is. Even aside from that, that can't possibly serving you for whatever this reasons are. I sometimes will look at...

[0:31:48.2] JB: I'm laughing because my best friend, shout out to Shashana, she probably will be listening to this and she's fine with me saying this, she was eating three bananas a day and I remember I'd said to her, "No." Right is a lot but three is even a lot.

[0:32:02.0] SB: Yes, three bananas a day is a lot.

[0:32:03.8] JB: Even I don't even eat one a day because I do try to watch my sugars but...

[0:32:08.0] AS: I don't really even like bananas that much. I mean, everyone's different but...

[0:32:11.4] JB: Once she cut out eating those three bananas a day, she lost eight pounds.

[0:32:15.2] SB: I just looked it up, a banana has 14 grams of sugar and there's 4.2 grams of sugar per teaspoon, that's about three teaspoons of sugar per banana.

[0:32:24.8] AS: Three packets.

[0:32:26.5] SB: Right? So I like to think about that when I'm talking to people about the amount of sugar they're eating, they have zero idea, I had a friend once, she was giving her kitty yogurt and I said, "Hey look at the side of that and tell me how many grams of sugar are in there?" She was, it's like eight teaspoons of sugar, health thing that she thought was healthy that she was giving her kid. That's again also another podcast. So back to gluten.

[0:32:47.0] AS: Yeah. What are some of the everyday symptoms that if someone has chronically, they should consider during the reset, but specifically, here is the question since this is a gluten episode. You talked about sinuses being dairy but what are the most every day complaints you hear that are most associated with gluten?

[0:33:06.9] SB: Excellent question. I love that question. All right. So thing number one is going to be digestive issues, that's going to be irritable bowel and colitis. Crohn's disease, ulcerative

colitis and gastritis and any kind of gastrointestinal inflammation. The second would be migraines, very strong association with migraines and gluten, psoriasis, thyroid disease and then I'm going to go to anxiety and depression. If I can pick the top, I think that was five.

[0:33:34.2] AS: By thyroid disease you mean hypo or hyper or Hashimoto's?

[0:33:38.4] SB: Auto immune thyroid disease, which can be hypo or hyper often has in my experience will get better when we take people, it won't go away with your hypothyroid, most likely you need medication, don't just stop taking your medication, stop eating your sandwiches.

[0:33:54.8] AS: The word sandwich makes me laugh. I don't know.

[0:33:58.1] SB: It's a pretty funny word.

[0:33:58.8] AS: It is.

[0:34:01.1] SB: Autoimmune thyroid disease for sure, that's one of my nonnegotiable food, if you have thyroid disease, I do not think you should eat anything at all. With thyroid disease that isn't autoimmune, I usually recommend it but I don't push it as hard although that said, I suspect we have a lot of thyroid diseases either do, most often either do to this auto immune condition are idiopathic meaning we don't know why and I think that — We know so little compared to what we don't know. I think that there are a lot more autoimmune things going on that aren't being diagnosed as being autoimmune.

[0:34:33.8] AS: Under the thyroid umbrella?

[0:34:35.7] SB: Under all umbrellas but thyroid, yeah.

[0:34:38.5] AS: Under planet earth.

[0:34:40.8] JB: I feel like the anxiety and depression category could be a really tough one to sort of navigate with in elimination diet. I know that there is a lot of evidence that that helps, but I

think for people struggling with that, that can be a tough one to sort of differentiate, is this dietary, is this hereditary, is this situational? There's so many factors.

[0:35:02.7] SB: It's never just one thing, it really is — I mean sometimes it is but almost never. That was my experience with it. I had been off of wheat for many years and when I ate wheat, I was exhausted, ridiculously exhausted. That was triggered after I had mono and I was on and off of it, mostly off of it and then in, I'm going to say probably maybe 2010, I tore my labrum which is the lining of your shoulder that kind of hold your shoulder it's socket, I call it my style injury because I was in New York City and I was late for my plane and I was going down the subway and my bag was ridiculously heavy and I kind of got ahead of me on the stairs and it tore my shoulder.

[0:35:44.3] JB: Oh gosh.

[0:35:45.3] AS: Oh my god.

[0:35:46.7] SB: It didn't get better, it was months and months and I would wake up in the middle of the night feeling that someone had stabbed me, I couldn't lift my arm over my head, it was really horrible and I decided to go on a really aggressive anti-inflammatory diet to see if it would help with my shoulder. About four weeks in, my shoulder had zero change, it wasn't better at all but my husband said, I would like to talk to you, talk for a minute.

You know when your husband says that to you you're just like, "Oh no." He said, "I've got to say something, I don't know how to say it and I'm getting really anxious because my gosh, what is he going to say," and he said, since you've been on this diet, you're just kind of in a mullet, waiting on go normal.

[0:36:26.7] JB: Normal.

[0:36:29.8] SB: I mean you sit here just less anxious and you're less down and you just seem much better, you seem much more yourself and I went, my gosh, it was the gluten. That was the thing that drove me to make that change and it has not again, I don't have any other... I get tired from weights still but I don't have other symptoms from it and so right now I choose not to eat it

and that may not be a long term thing for me, it maybe that that changes, it may be that it's the combination of having a significant injury that was keeping me from my lifestyle and some other things that were going on in my life. I lost a cousin in an accident at that time also the gluten, that was all intersecting to a point where it pushed me over the edge and it was much better when I wasn't eating it right?

[0:37:16.6] JB: I think people need to realize like just cutting out gluten isn't necessarily the magical thing that's going to change everything in their life. It might be but conscious of, you have to be conscious about it — might not be that sort of major shift.

[0:37:33.5] SB: Yeah, on the flip side of that, it also could be that you cut gluten out even if you're sensitive to gluten and you don't feel better because the other things are still so big. Let's say that you're anxious because you're having a brain chemical imbalance and you're sensitive to gluten and because you're drinking eight cups of coffee a day. You can cut out gluten and you're still going to feel as crappy and as anxious, it doesn't mean that gluten isn't a problem.

What I really work with people to do is to identify all of the things, what are the stresses that we think are impacting you and whether that's a nutritional thing or whether it's a lifestyle thing or brain chemistry thing and we try to pull on that and see where the balance is. My science mind, Ali and I both have science minds, I don't know about you but we have science minds. I want to do one thing at a time, what does this do? What does this do? The problem with that is often it's the combination of things that makes the difference.

I will do more of the things and sometimes with depression that might even be medication when indicated right? If someone is having trouble making the changes they need to make and legitimate brain chemical imbalance. Whatever that is, there are cases where that's indicated but that we have to do as many things as we can to get them feeling better and then we say okay, now it happens if we add this back in or add that back in or say maybe you don't have to work out this much.

[0:38:53.9] JB: I think that's why it's so important for someone to see someone like you Dr. Samantha is like to take stock of everything that's going on with them and that kind of — you

can organize it for them because often times it's very challenging for people to think about all the different factors that are playing roles in their health.

[0:39:09.2] SB: Yeah, it's funny, the book I'm writing is actually a step by step process to do that.

[0:39:14.6] JB: Oh great.

[0:39:18.9] AS: We'll have you back on! I know in my experience, I so appreciate that you're saying things are multifactorial because I feel like everyone wants — people who are trying to differentiate themselves in the health space will be like, it's this one thing right? Then those of us who are like, well, the answer depends, it's like, I noticed for me, healing my gut was this — I didn't know what was happening at the time I had to Google to figure it out. It got like 50% of my IBS and depression.

It definitely cleared up my skin, my immunity was up, I wasn't getting sick but the other 50% and to get off my antidepressant then required me totally to change my life. The process of going gluten free gave me the energy to then tackle that.

[0:40:00.7] SB: Yes.

[0:40:02.8] AS: It was very step by step process, it took nine months to go gluten free but then it took like three years to retool my life.

[0:40:09.9] SB: Again, you don't have to do everything right? You will know, usually you go off of gluten and again, I'm going to say one more time, make sure you test for celiac first just because...

[0:40:18.7] AS: You're like me, you have disclaimers.

[0:40:21.4] SB: ...going off of, you know, my other disclaimer is this is not medical advice I'm giving, this is just informational and educational, please see your doctor. That was my formal disclaimer. People, if you felt better off of it, you usually would know that you feel somewhat

better and it also could be, you don't feel that much better and you try something different and then as the commitment to feeling better is doing all of this different things and it does take time and then another thing comes up, right? That's part of what being human and it doesn't mean that you have to spend three years doing all the things.

Everyone has their own bandwidth and what's going to work for them but ultimately we need to make sure that our choices are lining up with their values, right? So you have this incredibly strong value on health where it's hard for me to wrap my head around not having that as a top value because we need that to be able to do more work or whatever it is. Everybody's different.

Understanding what your values are and how you want to feel, that's how you make the decision about that and you'll know, you know when you eat sugar that you feel crappy, you won't people. It's when you pay attention, you know.

[0:41:27.3] AS: Yeah, I think too, one of the things, with meat also is that... I see with some of my clients especially who discovered that gluten is contributing to their depression, to their anxiety to different issues, there's this whole sense of agency that starts to be cultivated of... I remember when I was like, "Oh my god, I had tried like three different antibiotics as a teenager, went on accutane and still had this skin issue," and then it's like, "Wait, I have control of that? I've been going to the doctor's, I've had colonoscopies, they can't find anything and I'm taking antacids but I can actually control my IBS symptoms through food and stuff," and there's a sense of agency that increases that then also makes you realize, start to question that I think from a cognitive structure. The doctor will give me my answers and I take them, I got with my questions versus.

[0:42:20.3] SB: That's inherent in our medical system, right? It's specifically into circle to take having agency, right? They specifically say — I can't tell you the number of patients that have that their doctors, gastroenterologist doesn't matter what you eat, this has nothing to do with your diet which is mind boggling.

[0:42:37.7] AS: I know. I had to get a colonoscopy and my integrative physician recommended this gastroenterologist to me, I think you'll really like her and came back, had some pull-ups and she was explaining them and I'm like, "Wow, I'm really stumped." My mom had colon cancer,

she thinks because she hated her job, she's okay, they got it before it spread. Who knows? My mom I think is gluten but she's not. She's pretty much off gluten and she goes in and out but I said to her, "This is so perplexing because my diet is as pretty clean as it's going to get, I'm wondering, I wasn't working out at the time.

That will help but she was like, "Your diet doesn't matter, don't worry about that." I was like, "How can you tell me that my colon, which excrete, there's not a biggest but it takes all the crap that is going through your system, it's basically like the detox pipe is not influenced by pull-ups aren't influenced?" I was just like, granted she was an older GI.

[0:43:35.9] JB: I was going to say, how old was this doctor and are the GI doctors that are graduating now that would they say anything different?

[0:43:43.4] SB: It depends on the doctor, right? I work really hard, I mean, most of them are now saying, in my experience in Portland and again that may be different but what I'm hearing is that the generally they're saying that your diet can impact it but the standard thing they say is it's too hard to make dietary changes so we'll just give you this medication because they assume that people aren't going to be willing to do it and part of that was, they don't know how to do it and they don't know how to train people to do it.

I'm a foodie and I don't eat any dairy, I don't eat gluten, I eat almost no soy, I eat very little sugar and I eat an incredibly high end, gourmet, amazing diet. It's easy for me to do that because I know what to cook, I know where to go, I know. What I say to people is, "I would like you to try not eating these things." "What am I going to eat?" That's easy. Let's talk about the things you like to eat and then I'll explain to you how to treat that.

The gastroenterologist would have no idea, all they know is people try to go on diets and fail. That's paradigm that they're coming from as far as advising people around dietary changes. Not to mention, they don't have time to talk to you about that, even if they didn't know about it, they wouldn't have time to do that.

[0:44:54.3] AS: Well and many of them too, I find that doctors like you are super human with their stamina and their resilience and their intellectual capabilities and I feel like you as a cohort

also just have a different level of, not insanity, but strength that — so I wonder if food affects them as much as like, I feel like I'm so sensitive. I get — I need my sleep, I get worn out, I just do not have the stamina of many of my friends who are doctors.

[0:45:27.2] SB: That's interesting, I don't know the answer to that. I mean I think that there's a continuum of people's stamina. I'm very sensitive and if I don't get my sleep, it's troublesome and if I don't — what it is is that I know where my sweet spot is, what I need to do to feel well and I also, I mean, I've always done a million things at once right? I've always had several jobs and school and my hobby or whatever that is. I'm just wired like that.

[0:45:56.3] AS: Because you come through food and natural lens, that's why you prioritized food, which means you're probably even operating at a higher level.

[0:46:02.4] SB: That's what allows me I think to do those things, right? Because when I was doing them before and I wasn't in my sweet spot, I felt crappy all the time, I was overweight, I was exhausted, I wasn't doing what I needed for me and for my body. Those things just didn't work and what I did is because this is a priority for me, I pinned down what the things are that I needed to do, one of them happens to be not eat gluten but that's just my thing, right?

[0:46:28.0] JB: When you are eating a higher level diet, it does change so much, your energy levels and how you're feeling daily because I can go from six AM to nine PM and working all day doing a million different things and I don't ever crash. I never feel that feeling of my eyes are closing, I need to lay down. The only time I would ever feel like that is if my blood sugar is affected by something that I ate that I shouldn't have eaten or you know what I mean?

[0:46:52.4] SB: You're incredibly aware and most people are not.

[0:46:55.4] JB: That's the thing I was going to say is you have the awareness and that's the thing that people have to start to cultivate within themselves is the checking in with themselves and the awareness of how something's making them feel.

[0:47:05.5] SB: Right. I will add to that though, taking care of yourself is very different than giving yourself a bunch of crap for not doing what you think you need to do. So I think that is just

as bad, giving yourself crap, as it is not doing it. Maybe even worse. Identifying what you need to do for you to feel better but yet at the same time not using that as an excuse to judge yourself or feel guilty or to pressure yourself.

There's nothing worse than getting up everyday, "Today is the day I'm going to eat healthy," and then whatever drives you to not do that, whatever tools you don't have that leads you to not do that, now you're also giving yourself a hard time. So it's getting over that hump to a place where how do you get this as habit? How do you get this as your daily activity? How do you get this as getting clear about what's most important to you so you can do that and have that kind of energy? Like that's amazing.

[0:48:00.1] AS: Yeah. All right, wonderful. So before we wrap up here, do you have any crazy recovery stories? Just that people who were your patients or clients surprise themselves by going off gluten?

[0:48:13.4] SB: That's a really interesting question. I never just have people go off of gluten. My crazy recovery story is, every day, all week long. I see 40 patients a week and then another probably seven or eight Skype clients in my online business and it's almost all of the stories are remarkable because people are learning for the first time about what to do for their food and their lifestyle and also not giving themselves a hard time.

So I don't think, there are certainly — diagnosing celiac disease and getting celiac off of gluten, no question, those are the big stories. But other than that, they're every day and it would be hard for me to say going off of gluten to fix this thing for someone because I tend not to go to that just one thing that they do. I wish I had a better answer than that but...

[0:48:59.0] AS: Well no, I think that's important that it's not, I think so many people will think it will be a magic bullet and it's part of healing the gut of reducing inflammation.

[0:49:05.6] SB: Yes, for celiac disease too. Going off the gluten, your gut does start to heal, there are other things I do to help heal up the gut other than that as well because celiac is so damaging to the gut. But those are the miracle stories or the people that actual celiac disease who get off of it.

[0:49:19.3] AS: Give us one of those, the difference because I think a lot of people — I read one statistic, this was years ago, but it takes the average celiac 11 years to be diagnosed. I'm sure that has changed.

[0:49:31.4] SB: I don't think it's changed much actually, it really takes a long time. It's getting to be a little bit better, I don't know the actual statistic is but it's ridiculous.

[0:49:38.1] JB: Most children aren't being tested for celiac when they're really young.

[0:49:42.4] AS: In Italy they are.

[0:49:43.9] SB: Well they're just coming up with it. So that the typical blood test that they were doing often won't come up when the kids are positive when kids are really young, there's a relatively new test that we're doing called DGP, anti-DGP antibody which is actually much more appropriate for children. So if people need their kids tested for celiac disease, you need to insist on that blood test.

So one particular patient I am thinking about who came in and she was terribly depressed. She was so terrified to eat because she was so sick when she would eat. So she was eating just, I can't remember, like bread and corn chips and salmon or something. I mean it was unbelievable and she was 40 pounds overweight. She was depressed, anxious, very closed, very angry, feeling really, really poorly and I diagnosed her with celiac disease which she really didn't want to hear because she's like, "That's all I could eat," which is terrifying, right?

Because in her mind, that was her only option and so what we talked through with it and the importance of no-cross contamination and what that was going to look like and she was pissed. It was really hard for her and she cut gluten out of her diet. I insisted that each week, even though she developed this pretty big fear about eating, that she was introduced other foods and see if she could tolerate small amounts and then a little bit at a time and each time she came back and it disappeared. She was feeling much better, she lost about 20 pounds.

What was confusing for her is, “I barely eat anything and I’m 40 pounds or 50 pounds overweight.” And then I didn’t see her for a while and I was manning a table. I was well manning a table out of a gluten free conference I was speaking out and then I had a table where people could ask me questions afterwards and she came up to the table with her sister and she walked around and she gave me a hug in her sister’s jaw dropped and she said, “She never hugs anybody.”

She basically said, “You know, my life totally changed because of this.” I should mention too actually, I have a book, I don’t know if you know this? I have an e-book called *Gluten-Free Essentials* and people can get that. If they want to go to my website, they can get it. It’s dr.samantha.com/gfessentials and there will be a little place to put it in and download it. It has the basics like the difference between gluten sensitivity and celiac disease and how to get started and a lot of the questions that we talked about today actually.

[00:52:04.2] AS: Oh, I love that.

[00:52:05.4] JB: That’s great.

[00:52:05.7] AS: I was going to ask, what are your favorite resources to get started?

[00:52:09.0] SB: That’s my favorite.

[00:52:10.8] AS: Well no but I was going to say, I know your site has a bunch and you have breakfast like gluten-free breakfast ideas.

[00:52:16.5] SB: I have an e-book for gluten-free, that one is [/breakfastwithdrsamantha](http://breakfastwithdrsamantha) and then I have it on my blog which is drsamantha/blog. I have a gluten-free paleo snack thing, so you can find all of that on my website and I’ll make sure that you have those, that information as well.

[00:52:34.5] AS: Wonderful, yeah we’ll put it on the website and I should have asked this earlier but I’ve had clients that their diet — in *Truce With Food* we always start with blood sugar. So by the time we got to gut health, a lot of their cravings and everything had cleared up and then we

add in a lot of the gut healing stuff and then at the end I say, "Let's do an elimination." Because at that point, most of the halogens are out of their diet anyways.

A lot of clients notice, they're like, "Well my energy is just a lot better," and they'll notice they will lose a couple of pounds and they're like, "Does that mean I'm gluten sensitive?" The energy is only the real thing that they notice and I'm like, "Probably not."

[00:53:12.2] SB: Yeah probably not. So for me, gluten makes me ridiculous and we in particular but gluten makes me ridiculously tired. It is profound and so that's a little bit different and sometimes I see people's energy get worse when they do it because they are cutting out foods and they're not eating enough. So they have to be careful about that too but yeah, there are definitely people for whom the energy is the only thing that gets better. So certainly that's possible.

[00:53:38.2] AS: Yeah but usually not likely. It's probably, like you said, a lot of the stuff that when you cut out gluten, you cut out a lot of sugar too.

[00:53:44.6] SB: You cut up sugar, often a lot of grazing can make you tired too because your body is constantly digesting and it's putting all its energy into your digestion. So that can make you tired too. Certainly blood sugar issues but the other thing too is that sometimes your energy will be better when you're being more conscious about what you're putting into your body. It's just how it goes, whole foods and not eating stuff out of a box and all of that is going to give you better energy. So sometimes it's the gluten and sometimes it isn't is the answer to that I guess.

[00:54:21.4] AS: Yeah but I definitely think for everyone listening. If something resonated, definitely try it. I'm like you, I don't think everyone needs to be and I've seen a lot of people just experience and clear up things that they never thought was possible especially anxiety and depression and I think it's so easy to say, "Well it runs in my family," and I'm not saying that genetics don't count.

[00:54:42.5] JB: But we know it helps. Even if you do have genetic predisposition to anxiety and depression, if you cut out gluten or are on a very low gluten diet and you're eating more plant based whole foods, it will help immensely with your anxiety and depression.

[00:54:58.0] **SB:** It can. It won't necessary, it can.

[00:55:00.7] **JB:** It can for sure.

[00:55:01.9] **SB:** Yeah for sure.

[00:55:03.4] **AS:** Well thank you so much Dr. Samantha. Tell everyone again where they can find you and that you do Skype consultations. So even though you're not in Portland, you are available to the World Wide Web.

[00:55:15.1] **SB:** Right, I have clients, actually I am about to meet with someone who is in Australia for an appointment. So I don't have my full scope of practice but I've been consulting online, which gives me, you know, I do most of the things I do face to face. I can't draw blood or diagnose or prescribe but I see clients all over the world. My website is drsamantha.com and you can get to just about anything from there and you're also welcome, I have a contact me form on there if you guys have any questions. Feel free to contact me, I'd be happy to answer them for you.

[00:55:46.1] **AS:** Wonderful, thank you so much. I feel like I learned so much.

[00:55:50.8] **SB:** Yay! Thank you for having me. I was really excited about today.

[00:55:54.4] **AS:** Good, well thank you for coming on.

[00:55:56.7] **SB:** Yeah.

[END OF INTERVIEW]

[00:55:56.7] **JB:** Thank you so much for listening to the Insatiable Podcast. We hope you enjoyed today's episode. You can connect with us on social media. Follow me on Twitter and Instagram @julietunite and Ali @alimshapiro, M stand for Marie. Please feel free to also e-mail

us any questions. We would love to hear from all of our listeners. You can reach us on ali@alishapiro.com and juliet@unitefitness.com. We'll see you next time.

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