

EPISODE 95

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[INTRO]

[0:01:24.0] AS: You know battling food in your body doesn’t work. You want to love and accept yourself, and because you’re insatiable, you want results too. You bring the same intensity to your life, wanting to maximize your time, potential, and experiences you have here on our beautiful and wondrous planet Earth. Fair warning, it will be a rollercoaster. But for those insatiable, this is your primetime to thrive. Here is just saying yes to the hunger of wanting it all.

I’m your host, Ali Shapiro, who is dedicated to pioneering a saner and more empowering approach to health and weight loss.

[INTRODUCTION]

[0:02:05.4] AS: Welcome to episode 95 of the Insatiable Podcast; Healing Arthritis, with Dr. Susan Blum.

Dr. Blum is back with us today to talk about her new book, which is all about healing arthritis naturally and to discuss the research on the gut microbiome and the influence of stress and trauma and all sorts of autoimmune conditions, which arthritis is one.

What I found out is arthritis is not a condition just for old people, and it also affects women more than men. In today's episode we discuss the role trauma plays in triggering autoimmune conditions, like arthritis, and how stress can reactivate dormant symptoms.

We talk about the role resilience plays in both finishing the healing protocols we start and managing stress, including different types of tools to be able to see stress as resilience building instead of something negative. We get into a discussion about the gut microbiome enterotypes, which is the leading research edge about if we can heal our gut biome or not.

Dr. Blum is a true pioneer in functional medicine. She is the founder of the Blum Center for Health and is an assistant clinical professor in the Department Preventative Medicine at The Icahn School of Medicine at Sinai.

She has a ton of other credentials. As insatiable listeners know, you can learn more about her in our show notes. Dr. Blum's *Healing Arthritis* book can be ordered on Amazon and you can sign up for her free Arthritis Summit at the arthritissummit.com. Enjoy today's information packed episode.

[INTERVIEW]

[0:03:41.2] AS: Welcome insatiable listeners. Today we have Dr. Susan Blum back to talk about healing arthritis. I'm so excited to have her again. She was on the podcast a couple of months ago. So many of you wrote in how it was one of your favorite episodes. You shared it. Action-packed. Today will be no different.

Before we get started interviewing Dr. Blum, I just want to remind all of you insatiable listeners that starting September 12th, my fall program, Truce with Food: Tapas Style, which will be a six-week introduction into my Truce with Food methodology will be open for registration. What we're

going to do in that program is figure out why when people turn to food, the stress and overwhelm is often why they turn to food and how can we turn that into more rewarding outcomes than food can provide, including with that dopamine hit that the junk food gives us.

If you're interested in that, alishapiro.com/truce-with-food-tapas-style, and there are hyphens in between that. We'd love to have as many of you as possible. Group size is limited because I give a lot of individual attention, because emotions and emotional overwhelm is a really — It's a powerful place to enter, and that's a lot of what I want to talk to you today about Dr. Blum. Thank you for coming back to the show.

[0:05:00.8] SB: Thank you for having me. I love chatting with you. We really get into some just great discussions.

[0:05:05.4] AS: Yeah. I got your book, and it's called *Healing Arthritis: Your Three-Step Guide to Conquering Arthritis Naturally*. Initially when I got it — I love learning from you. You have so much depth of a knowledge, but I thought, "Arthritis. Okay, I know some of my clients deal with it. We heal their gut," but then when I cracked it open I felt so moved in a way by a medical book that I don't think I ever have before when you mentioned the trauma section. All of the value that you really placed on that in the research that's in this book.

I just think for everyone listening, this is going to apply to all of you including — It also was basically the most updated research on the gut biome to me that I've heard. Thank you for putting this book together.

[0:05:54.5] SB: You're very welcome. Actually, there are a couple of reasons why I decided to write this book, because in 2013 I wrote the *Immune System Recovery Plan* which is an autoimmune, and there's arthritis, really, autoimmune arthritis. I addressed some of that in the book and there's a whole gut healing section of that in that first book too.

I wrote the arthritis book for a couple of reasons. One, the research on the microbiome has just exploded in the past and I wrote that book five years ago when it came out 2013, so it's five years, which is already a little dated considering how fast all that information is coming along. The gut arthritis connection has been really proven. I really can use that word, because the

evidence is overwhelming and I really wanted to sort of write the most up-to-date on the gut microbiome right now and what we know about how imbalances trigger system-wide inflammation. That was one reason that I wrote the book.

In addition to that, there's all these other research also about food. I know food is such an important conversation. The relationship of food in the microbiome and its ability — The single most influential aspect of determining your gut flora is the food you eat. I lay out all the research on the recent research on that, like demystifying things.

The second reason that I wrote the book was because I was seeing so much more arthritis. I think it's really an epidemic that people don't realize. Everyone thinks it's only old people, or older people, and there's an epidemic in younger folks with the epidemic of autoimmunity, but also of osteoarthritis and injury and arthritis in 40 something-year-old. There's arthritis everywhere now. The question is why, and I wanted to take it outside into its own separate phase to address that.

The third reason — I really wanted to tell people stories. It's a story which is hopefully part of what moved you. I really try to — I was seeing it so much, but I want to tell everyone stories and I want to tell the story of this connection with stress and trauma. I wanted to make sure that it was infused, that that wasn't given short shrift. It's so easy. As I always say, we also know about stress. It's like, "Uh! Stress." We know, but do we own that? How do you really own that and — To really help people understand the importance of how the external factors, things like trauma and things like stress and how pervasive it is around all of us and how it has a really big influence on our health.

[0:08:25.7] AS: Yeah. That's what I think my own healing journey has been equally important has been the emotional healing. The work that I do with clients, I felt like all of us were seeing in this book. Like you said, it was other people's stories. Again, for you to take the time and share some of the research, and we're going to talk about some of it today and really make the connection for people from a scientific perspective. I just feel like all of us who've been dismissed by the medical system, which sometimes it's emotionally overwhelming in and of itself when people tell you it's all in your head.

You're saying it's in your body, which for someone has well researched as well intelligent as on the cutting edge as you to say that. It just has a different type of weight. I want to thank you, because I know I think obviously the progressive doctors are right, but you get flack from the community I'm sure to save time.

[0:09:20.1] SB: I have to say that I'm a good team player, so my community is pretty supportive. Now the doctors in my neighborhood on my community — I mean Blum Center right now, I've expanded these six doctors here. We're just a whole team of people and we're really community player, right? I work as a team with the other doctors in the community. I don't think I'm looked at a leftwing radical anymore.

[0:09:44.2] AS: I always joke that the hippies were called radicals, but I thought they were actually conservative. They were like, "You go out there with all your techni-colored Gatorades and chemicals and we're going to go back to the land."

[0:09:56.7] SB: That's right in some ways, right? We're going to back to lens. I'm really not seen anymore and I think the point you're making about the research in the book, I'm practicing evidence-based medicine. I'm looking at the research. I'm being very conservative. I don't tell people to do really radical things. What I'm pointing out in the book and what we do in the field of functional medicine is it's just a different way of viewing what's going on. It's saying where are the root causes. Let's go upstream.

If you think about the river and everything originates up in the mountains and the river comes down and it ends up in the ocean. Well, in the conventional approach it's a disease model. You're already down where it's dumping into the ocean. You're trying to treat the symptoms all the way downstream. Whereas in functional medicine we're just going upstream to figure out where are the symptoms originating from. Where is the original sin? Where did it start?

There's evidence for that, and that's what I was trying — In the book, I really did the research about where's the evidence for where inflammation in the body starts. Where is the evidence for the role of the gut? Where is the evidence for if you treat the gut that the inflammation gets better? There is research for that. Where is the research on if you change your food you change your gut and you change your inflammation? All the research is there.

If you really head upstream, you can treat the root causes of the inflammation and treat the arthritis that way. I'm not really — There's no leftwing crazy treatment here.

[0:11:31.6] AS: That's kind of a conversation I wanted to ask you later, but we'll have it now. Because I'm so much into the psychology and the mindset, I was reading about if we looked at the psychological profile of a corporation, it is a narcissist. It's a narcissistic personality, and that it's driven to make money at all cost and it passes the costs on to consumers and on to the public.

I think about something like big agriculture or big food and they're driven to make money, and then we all suffer environmentally. Right now we're talking about Hurricane Harvey is on letting loose, which has been exasperated by climate change. You worked in New Orleans after Katrina with people who were traumatized by that and Haiti after the earthquake. I'm not saying all of these women-man-made disasters are all because of the climate crisis, but do you think that we inherently live in somewhat of just a chronic stressed culture because of how — I just think of how corporations kind of set the agenda politically. They set the tone of our culture. I think we're kind of always under assault in a way that we're kind of always kind of gas-lighted in a way.

[0:12:47.1] SB: If we step up to the higher altitude, so the way I say this is our environment has changed. What is the word environment mean? Our environment has changed. There's toxins, okay? Our environment has changed, our food has changed, and the environment meaning the stress path that we're living in and that we're growing up in and that we're a living on.

Depending where you live in the country, that's going to be different, and what you're doing, but our stress environment has definitely changed. What you talk about in terms of corporations, sure, that's a culture. That's part of what we're being bathed in, but there's also the electronics and the Twitter and being plugged in all the time. The go-go-go world. No one's unplugging anymore. It used to be in the 50s you worked 9 to 5. Who works 9 to 5?

In Europe they take off the whole month of August. Everything closes down. We don't do that here. Actually, there was some stuffy. I can't remember what it was, but it showed that people

had vacation, they didn't take it. Maybe at Google, people looked at Google, the company and they saw that people had — They weren't actually told how many — They were told they could have unlimited vacation. They don't have official vacation, but people actually don't take their vacations.

We have a cultural issue around being bathed in more stress. I think that one of the things that I talk about in the book and that I talk about with my patients, and I'm really big on this, is we have to understand more about that for each of ourselves and we have to learn to build resiliency. I talk about almost making yourself — You have to find a way to have a bulletproof vest to help yourself — There's something called stressors. These are all stressors that are potentially — They're the environment. That those stressors are in your environment.

The reaction your body has or how stress comes into your body, that you have control over, and I would say that you also have some control over choosing your environment. You can choose to overschedule yourself. You could choose to stay up to late. There are choices that we are making in some ways. You can change your stress environment, but you also have to be very, very mindful about how those stressors are coming into your body. That's where — You have to reframe it and understand that those things are two separate things and understanding and learning more about yourself and learning tools to make sure you protect yourself and build a resiliency within you so that you can whether those things.

We have this chronic low-grade, sort of background of stress that we're being bathed in and then we have trauma, which I know you and I both got off — We're both very passionate about that conversation and this whole idea of what is trauma? What is PTSD? Is it only people in the military or only people who have a natural disaster experiencing?

I would put forth that traumatic stress is really just something that's very intense in a short period of time more than just the background. Certainly, there are some traumas that are sound. When you hear them they're just — The magnitude and the intensity is greater or bigger, but the thing is that this thing called trauma that we talk about — Most people have something traumatic that's happened to them. I think that all it means is that you had an experience that was really intense, was fearful, that triggered an intense response in the body, and the word PTSD only really speaks to post traumatic stress disorder and that your body is it's still in your body.

When you think about what happened to you, you have a physical reaction and sometimes you have a fight or flight stress reaction and sometimes you have a freeze, we call it, where you just get paralyzed and actually freeze and can't respond. I see fight or flight and I see freeze in my patients all the time. It could be from childhood, being afraid of an alcoholic parent. It could be emotional abuse from another parent. It could be sexual, something from a cousin. It could be not even that stuff. It could be something being held up at gun point when they were younger. Someone broke into their house and they saw a burglar. Like we all hold stuff and unless you are mindful about it, it can sort of take a hold in your body.

[0:17:09.4] AS: Yeah. I love that you brought up the A's score, which I know if you know, but the way the A scores, which for everyone listening, it's adverse childhood experiences and it ranks how much trauma you had as a child. I'm not sure if you know, Dr. Blum, but that actual discovery they were studying in obesity clinic in San Diego and they thought they were setting obesity. Once people started to lose weight, the threat of being seen from sexual abuse, from anytime it was dangerous to be out there. That's how the A scores actually came to be.

What I thought was really fascinating that you pointed out that anyone who has a two or above on the A scores tend to have a higher risk of autoimmune, and specifically arthritis. One of those scores is a divorce, which everyone thinks, "Oh! That's not a big deal," and you really talk in your book about you can't compare drama to trauma, but to be halfway to more likely having an autoimmune just from a divorce.

I know so many people who come from divorce families. I think that's such a great — Like, "Wow! That's traumatic." You know what I mean?

[0:18:18.7] SB: Right. I think we have to understand the definition, like what we think of when we think of trauma. I do talk about the comparing traumas and I think that is important and I learned that when I was in New Orleans and I remember I work — I'm a passionate supporter and on faculty with the Center for Mind Body Medicine. Anyone listening should go and Google, go to cmbm.org. It's a nonprofit. It's just an unbelievable organization led James Gordon, the psychiatrist, and I started working with him in 1998 and it's the Center for Mind Body Medicine training health professionals, but one of the missions of the center is it's international — It's like

an international relief for trauma. It's a trauma treatment program. We go as faculty to places where there are traumatized populations and work with them.

I went to New Orleans, and I'll never get, I happen to have all women in that group, and it's a group model. I had 10 women in a group and we're going around in the circle sort of check in and the goal is I'm helping them learn some tools for bringing more balance into their system. For the meditation, drawings, imagery, shaking and moving, all sorts of techniques for treating PTSD.

People starting sharing their trauma. I remember one of the people in the group was one of the nurses that was on the roof deciding who was going to go to the hospital. Who's going to get rescued and who wouldn't? There was this terrible stuff, but as people went around in the circle I remember there was one girl who said, "God! I was date raped in college and I feel like embarrassed talking, even comparing that to what everybody else is talking about here." Another person described incest on one of her parents when she was a child. I couldn't believe going around the room how every single woman in that room had something that was big. That was clearly on the A's questionnaire. People putting voice to that they felt like funny hearing what the person next to have complaining about themselves. I think we do tend to do that.

What I want listeners to remember is your own experience of your traumatic stress, what it was, had as much of an importance for your own body as that person did for them. It is important and it does have a huge effect on your body at that time, but also if you don't sort of address in some way, it continues to have that effect on your body what is the word — Like I said, PTSD is after whatever happened, you're still triggered. Just a memory or maybe somebody says something to you or you find yourself in a place and you have an interaction all of a sudden it reminds you and your body goes into that same reaction that it had when that event happened. That's a PTSD.

Unless you shake that out — Look, I tell the story in the book about I went to Mexico City a year ago and I was held up at gunpoint. Did I tell that in the book? I think I did. I'm pretty sure I did, because it happened a year ago and maybe the book was finished at that point. I went to Mexico City, I was held up at gunpoint. My husband and I and another friend, and I'm telling

you, afterwards we were all okay. The guy took all my husband's stuff and ran away, but we're all okay.

I spent 24 hours in my hotel room. I didn't want to leave until we went to the airport. When I got home, every day, I did 45 minutes of shaking. That's a technique that I learned through the Center for Mind Body Medicine because that thing was in my body. I could feel it. I'd put on drumming and I stood up and I just — I did this intense shaking to drumming for 45 minutes every day. After a week I really did — I meditate. I'm a meditation person. I do sitting meditation most every day, but this is a different technique to move stuff out of your body. I'm okay and I know I'm not — Although I'm not running to go to South America still, so maybe I'm still holding a little bit of my body. I will say that unless you do something, this stuff does have the power to stay with you.

[0:22:18.1] AS: That's such a great example. What I also love, yeah, the stories. First of all, when I read that about the nurse in New Orleans who they had to decide who is going to live and who is going to die, I cried reading that because that's just a no win situation there and to have to go through that. Also the stories you shared yourself about growing up with a dad who was very violent and who is emotionally violent. I think what happens is you were able to recognize how important it was to address that, because I think a lot people don't and then when they get held up at gunpoint it's even more of a magnitude and that resilience was never able to develop, because you're right, resilience is so key to this. It's all about the context of the stress.

[0:23:03.6] SB: Right. I think it's really important that I like flipping it that way. I had such a great time interviewing people for the Arthritis Summit, which I interviewed 35 great people. During one of the interviews we talked about this and it just really stuck with me.

We all talk about stress management and, "Let's flip it. Let's just talk about resiliency building. Isn't that much more of a positive way to think about it?" What's the goal? The goal is to practice, to have some sort of practice every day. We're helping to build the muscles of your stress system so that you have resiliency. What are those tools? Those are the more mind-body kind of exercise where you drop in, you center yourself, you check in with yourself, because when you can quiet your mind, it's being mindful. It's some sort of mindfulness practice, and it

could be like the shaking I talked about. It could be moving. It could be going for a hike. It could be meditating quietly. It could be listening, following an app, downloading an app and doing a guided visualization.

The mindfulness piece helps you quiet your mind, so the noise, the thinking. You're just quieting the thinking a little bit and being in this moment so that you can check in your body and check in with yourself and feel what's in there and let things bubble up. Let some of that anxiety bubble up. See what that is. Let it move. Help it move through.

Yeah, I think that as a healer, I think those of us who are the most skilled healers are the ones who have practiced a lot on ourselves, and that's what I learned with Jim Gordon since 1998, and that's really where I really woke to a lot of these and understood about my childhood and understood what I brought to that end. Believe me, I'm still learning about my triggers. I have three sons and my middle son was this angry little kid, and he would explode and it would trigger me into like my father who is this explosive dad. This stuff, unless you're really mindful and dig in and do the work, you're not going to really understand how that stuff is informing your behavior or your own reactions now.

[0:25:05.9] AS: Yeah. I think resiliency. I know when I was — At 23 I was diagnosed with depression, IBS, all these stuff that I realized the chemo had probably destroyed my gut. Yes, I had to change my diet, but as I got stronger emotionally, especially building my own business and practice, I really feel like that was as important in healing my gut as like the emotional resiliency that I developed, because I had thought that I was tough for going through cancer, but no, I just did what I was told. It was just blinders on, get done, but the emotional fallout, I still had to really heal from. Now, these days I feel like a bad ass. It doesn't mean I'm not always like — There's always new challenges. Knock on wood. I'm knocking on all the wood.

It was developing the resiliency that makes everything else I think that comes down the pipe seem manageable rather than heading back into almost a freeze response, which is I think probably what happened to me.

[0:26:02.0] SB: Yeah. In terms of coming to people with chronic illness, arthritis, anything that they've been through or that they still struggling with, because arthritis can flare. I talk about this

— This was the other thing, really, the message that I want to tell in the book. I noticed that all of my patients, especially arthritis, what's great about arthritis is it's visible. The finger swells. They know it's happening, "My finger got swollen again." "My foot hurt again." It's very clear. You know when you're in a flare, right?

What we noticed was over and over and over and over, is that people would flare after something stressful. They would move, or they would get fired from a job or just between the summer — Or teacher, between not working in the summer and going back to school when the school year started.

It was so clear, this connection between something happened and I flared. That's the first thing I want to say about that connection between just stress and/or trauma, something big or even something little, but something like that.

I do want to then point out that I do believe one of the mechanisms for why that happens in the body, how it comes into the body is direct effect stress on the stress system and the hormones, because it will change your cortisol, and cortisol will change all your other hormones. Cortisol is in charge of inflammation, it does direct your inflammation system in general directly.

Stress affects the gut. It gives way, and so if we believe that the foundation of inflammation starts in the gut, the two most important influential factors on gut health are; one, is food; and two is stress, because we know that stress — The stress response. Let's just make sure we always say it that way, because there's the environmental stressors, but the same two people in the same environment, one might have the — Their gut is a mess because of the stress and the other one is not, because, one, it's coming into the — One person, it's coming in and the other person is not affecting them, right? You have to learn if stress, when stress comes in and affects your body. It directly changes your —

First of all, it acts in two ways. It releases cortisol, which is a hormone and there's a direct wiring into the sympathetic nervous system. There's the autonomic nervous system. There's this complete nervous system, and your gut, the whole lining of your gut, the whole length of it is hardwired throughout the whole lining of the gut. That wiring are your nerves. When you have a stress response the nerves fire nerve transmitters into the lumen of the gut and change your gut

flora, changes your motility, changes how well you digest and absorb your food, changes your secretion of stomach acid. It actually lowers your secretion — Eventually, the stress actually causes lower stomach acid, which increases bacterial overgrowth. This whole thing called SIBO, and the motility goes down and that's a predisposition for this thing called SIBO, small intestinal bacterial overgrowth, because you need to constantly be moving things, so all these effects on the gut.

I talk about that. Definitely, book one, I did a whole lot on that. I had a whole chapter in stress two as well, and I talk about it again here. There's direct-direct connection. When you yourself — As you were just sharing, that's what I sort of I thought about when you were just sharing about how you're aware about your gut, how rebuilding your gut and recovering was about stress as well and building that resilience. We build resiliency from the inside-out. Do you want to say something to that?

[0:29:29.1] AS: No. I was just going to say that's what I loved about this book, is you just drew — You connected all the breadcrumbs in a physiological way, which, again, then creates this believe about it and then you can start to see the connection. Because I think, again, a lot of people — I think the biggest challenge as you've said is we're all plugged in, go-go-go. People have normalized really unhealthy levels of stress and then they don't see it until they have a certain diagnosis. To your point with arthritis, or joint pain, it's kind of giving you instant feedback. It's a blessing and a curse at the same time depending on if you know how to manage it.

[0:30:07.5] SB: I think what happens, what I see over and over again is they might be doing well, everything is great, and then a rocky period comes along and all the self-care stuff is out the window, stop going for the walk, overstress, you're making choices. Not practicing, not going to the gym, not meditating. It's all the self-care. Not sleeping.

Oh my God! Sleep, if you have to start one place, you have to make sure you're sleeping and you're going to sleep and you have a bedtime. It's the number one your adrenal glands, which we didn't mention that word, but the adrenal as your stress gland. If you haven't started anywhere, it's sleep. All of a sudden all these self-care things start going out the window. Actually, by the time your joint hurts, your gut is already gone wonky. The microbiomes are

already out of balance and you might be down the road a little bit. It doesn't take that long to reverse it all. You just need three to six months and you really back — The joint pain can go away pretty quickly, but you have to repair. You have to go back and repair the gut. Again, when you have a flare, but you just see it. As long as you pay attention — When I talk about that, I actually was making a bunch of video for the book launch and I talk about how my finger was swollen and I was just like didn't pay attention, and now I looked at and I said, "Oh my God! Wake up Susan. You have arthritis. You need to do something about this. You know exactly what this is."

We have to pay attention. You do have early signs, and digestive symptoms are the first sign, although not everybody has digestive symptoms, and that's important to keep in mind as well.

[0:31:36.1] AS: What I really appreciated about the book and you and sharing your own story was about how almost — The way that I looked at it, it's like effort isn't lost. You had this big series of stressor events. Your dad unexpectedly dying. Oh my God! I wrote it all down.

[0:31:52.3] SB: My son had a traumatic brain injury. My other son got booted out of college — We had to pull him out freshman year. He was having issues. It was unbelievable.

[0:32:04.2] AS: And you were opening up the Blum Center and writing your first book. You were like it was good stress, but crazy stress. You had done all these healing, I think, and learned all of these stuff. I almost feel like life prepares us for each new departure and you had healed from Hashimoto's and you had been doing everything correctly or to keep yourself in order and then these all happens. Then you get yourself back in working order, but then I think it was like a month around the holidays where kind of like, "Oh, you slipped a little bit here and there," and I just appreciated that you showed as a doctor and expert and healer yourself, you don't get to skip the line of riding off into the sunset.

I loved how you talked about these people who are really online marketers but pose as health experts who kind of say like, "Hey! You do this and you're good to go." I just so appreciate your honesty. It takes time. I think — Yeah, I'll let you speak to that and then I wanted to talk about another thing that I think the book really brought up really well.

[0:33:02.7] SB: No. I'm happy to move on to the next thing, but the taking the time thing. That's the other reason I wrote the book. When you said that, it just was a reminder. I do speak to that, because here's the thing, we're all up there. I love all my friends and colleagues and I've been traveling this road with some amazing people that are have programs on the internet and everything and we all do. The jumpstart quick fix three-week, four-week things, we all start that way. I call that the therapeutic period, and that's really important.

The problem is it's what comes next. It's finishing what you started, and that's actually step three in the book, and I've insisted on you calling it that even though everyone kept saying that's a terrible name for step three. I'm like, "I don't care." I want to call it the six-month finish what you started program, because here's the thing, you have to finish what you started. You can't just do two months and think you're going to reverse this whole thing, and you need some life-long — And I really wanted to give life-long sane advice for what to do to not relapse, to not have a flare, how you could live by the 90% rule for some people.

What's a sane diet? Do whole 30 or paleo or these elimination diets, are you supposed to do that forever? Autoimmune plan. Nobody is supposed to live that way the rest of their lives. Once your gut heals and you're on a good path, you should be able to eat a basic good old Mediterranean diet with some food sensitivity things removed. If you're autoimmune you shouldn't eat gluten and things like that, but there is a way — And the research is really, really good for arthritis for food plans like that. Vegetable-based, the alkaline, Mediterranean-type food plan. It doesn't have to be, "I really wanted to debunk a lot of those myth about that you have to eat no grains, no legumes, and no —" What else is restricted on that forever.

I think those are healing plans. Those are plans for healing the gut. I think that's really, really important. Once you threw that, then you have to finish what you started and figure out a way to live your life that's long-term and build resiliency.

[0:35:04.7] AS: Yeah. I wasn't thinking of your colleagues when you said that I was thinking of the blogger who discovers "clean eating" and then all of a sudden is telling everyone like, "Oh! You just have to do this 21-day fix or whatever," and then people are like, "I didn't get the results," and they think it's them rather than there's some context and nuance.

One of the things you were talking about during this stress response, like stomach acid lowering and all these stuff, and I think one of the things that is really important for people to realize is that with western there isn't a free lunch. I talked about the proton pump inhibitors or the stomach acid medication, when people use that too much, that is a petri dish for SIBO, because you get small bacteria overgrowth. I think sometimes people think — Again, Western medicine has its place, but I think they think that Western medicine is the long-term fix, and I would actually say finish what you start, and this planner, gut healing is the quicker fix because it's preventing things down the road. There's a cost to medication that I think — There's a cost to everything.

I think about colonoscopies. Some people die during colonoscopies. I'm not saying people shouldn't get them, but we tend to ignore the risks of Western medicine and just say, "Ugh! This is going to take six months. Ugh! That's too long."

I was just wondering if you wanted to speak to that.

[0:36:32.3] SB: Yeah. A couple of things. Before we move no I just want to say about colonoscopy, is you picked a bad one to give as an example. Let's just say people should get colonoscopies, it totally prevents colon cancer.

[0:36:44.2] AS: Or early detection. What we say detection.

[0:36:46.1] SB: Yes, but a long pro-colonoscopy, so I am one of the cleanest eating, living people you'll know, but I only woke when I turned 40 and I'm not going to tell you how old I am now. I can. I'm 57. I have my adult. As an adult, I really woke up to maybe at 35, but certainly not as a child. I was like, "What do I need a colonoscopy for?" I was putting it off. At 54, I only went three years ago, and three years ago I go and in and I'm like — Because my friends and my husband, they were really mad at me, like, "Why aren't you going?" You're over 50. I went for a colonoscopy and I had a high risk palette and it needed to come out. Thank goodness it wasn't cancer, but it was dysplasia. I went back three years later, which was this year and I'm clean as a whistle and I'm good.

That's from my childhood. That stuff is there and it grows really slowly and left all by itself that would have turned it into something. Colonoscopies are good.

[0:37:43.9] AS: I wasn't saying it wasn't good.

[0:37:45.5] SB: The modern medicine knowing — No. People hear all sorts of different things when we say things, so I just wanted to make your — To be clear about that. That being said, it's a good example though of how you combine everything for a good treatment plan, because there are things that conventional medicine offers us. We'll call it modern medicine. Offers us that are helpful. When I'm treating somebody that's really sick, like I have an ankylosing spondylitis patient who just really has chronic pain. It's really bad. She's fused some of her bones. There are things that even I can't — The work that we do. Her quality of life has improved tremendously and her pain is much better and her hands have improved. There are a lot that's gone away, but there's some aspects of her disease that we need conventional medicine to be our partner with.

Depending on how severe — And especially in a flare. When we talk about a flare and somebody's in a lot of pain of there's a lot going on. Sometimes combining with conventional medicine is really okay, but at the same time — I want to emphasize what you said is, which is agree with, at the same time that the long-term play and even the short-play at the same time. You have to be treating the root cause of thing, because that's just treating the symptoms. That's just helping put out the fire. If you use the fire analogy, you have a raging fire. You need a fire house. you need a big hose in the moment, but at the same time you have to understand where all those embers are brewing and we have to go and find all those embers and address those. Otherwise as soon as the fire hose is done, the fire is going to come back. Then you'll be depending on the fire hose to manage everything. We want to not have to have the fires comes back. We wanted to — At the same time, you're using the modern medicine fire hose. We want to also be doing functional approaches especially lifestyle, building resiliency, treating the gut, making sure your food plan is anti-inflammatory and gut healing. That's going to help address all those embers so the fire doesn't come back.

[0:39:41.9] AS: Yeah. I'm glad you clarified that. You're right, because people hear certain things and they kind of put into —

[0:39:46.2] SB: You just never know how people hear it. I don't want anybody to ever think that we enabled them to think that they shouldn't get a colonoscopy, even though I know that's not what you said. I just don't want to — You know. It's just important. Yeah.

Actually, I didn't answer — Your thing about the six-month, that, "Oh, it's such a long time." To just speak to that part you specifically wanted me to. I took the chance on that, because no one wants to say that to people. My publisher just all said, "Oh! We just want a two-week program. That's all people want." I said, "Well, that's too bad, because you can't — We're not being fair. That's not good enough." I'm not practicing medicine and practicing medicine this way and doing functional medicine. I'm one of the people that have been doing this for almost 20 years. It's been 17 years.

I have a lot of experience working with people over a long period of time. I'm not just — We all have our sparkly tools when you first start practicing this way and you think a month is going to be all anybody needs. We're all good at doing the first month, but it's how do you really build resiliency long-term and how do you help people not have another flare? How do you permanently shift the terrain of the body into a healthy place, and that's a conversation that it's imperative that we have, because not setting up the right expectations. Like you said before, people think they failed or there's something wrong with them. The fact is you need to setup the right expectations from the beginning. Whether people like it or not, there is — You have to think of this as you will feel better quickly. There's a jumpstart piece to the program. I promise you'll feel better quickly, but you want to permanently improve things. There's permanent changes you have to make and you have to have some patients, so let those things go deeper and deeper into your body over the next six months.

[0:41:29.8] AS: I have a client who is in my Truce with Food program and she was following your gut healing protocol. Then, of course, I supporter her and we do a lot of emotional work in addition to blood sugar and gut health.

[0:41:40.8] SB: It's just great.

[0:41:41.7] AS: Yeah. It's totally holistically, but she just posted in the classroom that she just went — She has arthritis and some psoriasis and she just posted in the classroom today how she got blood results back and her antibodies are down, her joint — All her numbers are down and she's like, "I'm doing a happy dance with my husband in the kitchen."

[0:42:02.3] SB: Oh! Ali, that made me so happy. Let's celebrate.

[0:42:04.7] AS: Yeah. I want other listeners here because it feels so amazing when you're like, "I did what I could." I stuck with it and you feel so powerful. You feel like you can be a better patient, a better advocate for yourself. There's no other — I don't think there's any other feeling in the world especially because her doctor wanted to put her on all types of meds and she was like, "I'm going to try this on my own," which is you're like, "I hope it works," but then when you get the results it feels pretty amazing.

[0:42:32.3] SB: Tell her to bring the book to her doctor. People ask me what do I do to get my doctor on board. I'm like, "Buy them a copy of the book and bring it," because it's a book — The book, as you saw, my mother who — I talk about my mother in the book with her osteoarthritis, but my mother recently read *The Galley* and she said, "The beginning was a little rough. I had to like get through it."

[0:42:50.8] AS: I love that.

[0:42:51.2] SB: You're a scientist. My mother is —

[0:42:54.3] AS: Yeah, you're her daughter.

[0:42:55.4] SB: She's older, but she didn't want to read and she decided to read — At the beginning, I do all the — It's a medical, it speaks to medical professionals. There's rheumatoid. I go through all the different kinds of arthritis. The up-to-date research about them, what we know about the causes of them. There's some science in there, right? In lab tests you can have and what you should ask your doctor for.

There's medical. It's really much more medical. The second half, then it takes — There's stories in there too at the beginning for sure, but she said it was a little medical for me. I'm like, "That's okay," because a lot of people want the medical and I say at the very beginning, you don't have to read all of these. You can just read the kind of arthritis you have and skip the rest. She chose to read all that. That's just the first section of the book.

It's a book that doctors — The research is there for your doctor I guess is what I'm trying to say. You could definitely share this book with your doctor if you found it helpful, because let's spread the love. They will appreciate it, because it's really addressed to anybody.

[0:43:52.1] AS: Yeah. For those of you listening, I think a lot of people get overwhelmed with what tests do you need, what not — This book has all of that. It is so detailed and so comprehensive and it will just bring so much clarity to your path because a lot of people get overwhelmed and then they do nothing, but this is all the information you need so you can tell your doctors, "I need these labs. Let's check this out." I think it's hugely going — So many people are going to find that helpful.

I have a question, kind of switching gears to the gut biome itself. One of the things that I found really fascinating was you talked about how basically there is a thousand different bacteria species in the gut, but there's about a hundred of them that make up 99% of the gut biome and you talked about we're starting — The difference between what you eat can change your microbiome overnight.

I almost think of it like the weather, but then there's this climate, these enterotype that they're starting to have this hypothesis that there's three enterotypes of the gut biome. Can you explain those for listeners? Then I have a question that I'm dying to ask you, if you think — Connection with the enterotypes, but I want you to explain them to other people before I go off on my own question.

[0:45:06.1] SB: Yeah. Okay. As I say this, I just want to also, for people to understand, that you have — This is my new favorite terms. You have to hold this information lightly, okay? I'm saying it that way because it's still changing. There's so much research going on right now. This whole

thing I'm going to tell you, which is current search could be like a year from now it's like they change.

This idea, what we've been discovering as we're working, as people working in treating microbiome, how to change the patterns. How to influence the microbiome is that it appears that people seem to have a home-base, we can think of it. There's a sort of home-base pattern that they developed in their early years in childhood, first couple of years of life that the body wants to default to even though you might try to — You might intervene and you take probiotics, but you stop taking the probiotics and six weeks later you're back to your pattern.

They started looking at — The research really came out of the attempt to look at people with inflammatory arthritis, autoimmune disease, looking at different disease state and they've been looking at obesity and other diseases as well. See if there's a pattern that they could associate with different diseases. Rheumatoid arthritis is an area where there's a lot of work looking at typing the microbiome.

What research is putting forth is that it looks like there tends to be — They've broken it into three general, it seems, patterns that they fall into. It has to do with the balance of these big categories called bacteroides, bacteroidetes and firmicutes, and I think prevatello was the third one. I'm actually blanking out on the third one. Those are the big categories and that the balance between these three — The balance between all the microbes can be dominant. It's like bacteroides is dominant, firmicutes is dominant. What's the most dominant and then what's the balance of the other one? They labeled them this thing called enterotype.

I think that the take home to make it simple for everybody and like what matters here, what it spoke to me when I read about this and how I talked about in the book is that it might be that we all do have this home-base that our bodies are always trying to get to. That's the home-base, but you can change it when you change. You have this home-base. You can change it with your diet. Let's say you've been a carnivore and you've been eating animals mostly, like paleo, and you took paleo to the extreme and you eat 20% vegetables and 80% animal. Your whole microbiome is going to look one way and it will be dominated by, in general, bacteroides is like tends to be more dominated when you're eating so much animal, which is more inflammatory by

the way. It all shift and you'll grow more, because that's what the bacteria respond to food and the ones that like that food will grow more. You end up with more.

24 hours later or if you do it for three days, but even the studies show that after 24 hours you go back and eat, you become a vegan, the microbes will start switching within 24 hours. If you go back to your standard diet, you'll go back to the original enterotype that you started at.

What I do want to say is that even though there is this sort of home-base that your body want, will always fallback to, unless you keep up the changes that you make, and it's in lifestyle. It's in food. If you continue to change — This is where the research is, right? That might have been a confusing answer for you, so maybe let me restate that. It seems that there are these — Enterotypes are these home-based patterns that it seems that we all have in our microbiome and that we come out of childhood with.

Right now, research looks like there's three different enterotypes. They're trying to break people into categories with different patterns of the different microbes and saying this enterotype is more inflammatory. This enterotype is better. Trying to see if we can figure out if there are patterns in the gut that we can then define disease based upon the patterns.

Let's look at the enterotypes, let's look at your distribution. See if you fit in to one of these known patterns and therefore we can predict or decide what kind of a disease you have. This is this whole cutting edge of — I talked about in the book in the context of rheumatoid arthritis, because there's people out there trying to pattern the gut, the microbes to see whether or not they fall into one of these inflammatory patterns.

This idea of enterotypes, which is I guess your home-base sort of pattern or fingerprint that you might have, your original fingerprints in the gut, your gut fingerprint, the jury is still out whether or not you can permanently change it. Whether you're stuck with the enterotype from each childhood forever. This is something that I'm smiling as I say this because I think we're finding that we can for sure influence it, but that's why I talk about you have to finish what you started, because you have to have a permanent in your food. You have to have a permanent change in the way you let stress come in, because if you don't do that you'll go right back to your old gut

pattern as well. Food will change it, the stress in your life will change it, but those changes have to be permanent otherwise your body wants to fall back to your old microbial patterns.

To change the terrain — I call it terrain. I love this idea of the soil, like what's the foundational terrain of your body? This idea that maybe we really all have this sort of fixed fingerprint or microbial prints in our gut, microbiome print, imprint, that fits into these patterns and that the idea that — I hate the idea that we can't change it, but right now we're trying to all figure out how to change it. I think that that's a good way to sort of help people understand that this is — We're at the frontier of this whole medicine or trying to understand how do we really help someone change the microbiome in a permanent way, because the body does wanted to fall back always to its original imprints.

Is that a better explanation there? I think that second time around was better.

[0:51:26.5] AS: Yeah! I think — I often say to my clients, like sometimes they get — I give them clear experiments, but sometimes it's like I just want an answer. I'm like, "We're all learning. This is the frontier. You guys are the pioneers. Your own case studies. Really." Yes, we have as much literature as possible and yet certain foods just aren't going to work for you. There isn't — I always say like the elimination diet is the most accurate test. We can't blood test this yet. In sort of a very fine tune way.

That's totally — I really appreciate that explanation. The thing that I really wanted to ask you because I'm really big autonomic nervous system balance. We talked about how that your autonomic nervous system is the response. It's the fight or flight. It regulates heart rate, breathing, if your stomach clenched or not versus parasympathetic, which is rest and repair. Are you familiar with Dr. Nicholas Gonzales' work?

[0:52:22.8] SB: Yeah.

[0:52:24.3] AS: For those of you listening, Dr. Nicholas Gonzales, he picked up Dr. Kelly's work, who was a dentist. They really believed — If you've ever heard of the Check Institute, they believe in autonomic nervous system balancing, but it's this idea that some people do better — That you have to balance your nervous system nutritionally.

People who are sympathetic dominant, more aggressive, they do better on vegan and vegetarian diets, because that cools them off. People who, when they get stressed, tend to turn inwards and tend to be a little bit more relaxed. I feel like no one feels relaxed day, but they tend to be more inert. They do better with a more paleo diet, and then the people who tend to struggle with autoimmune do best with the Mediterranean diet and their nervous system is actually quite balanced between parasympathetic and autonomic. I'm wondering, do you think maybe that these enterotypes could line up with our nervous system type?

[0:53:17.8] SB: What I would say though about the nervous system type is that I think at any given moment — I guess I would ask you when you say nervous system type and even with the Gonzales' work, I think about the pancreatic enzymes that he used, his old cancer program, which is so fabulous.

Yeah, I remember seeing him lecture once and he had this whole intersection between with the whole autonomic nervous system, but in this moment there is, like myself, what's the tone of my autonomic nervous system in this moment? Then there's what's my type, if you're going to somebody.

I think that even if I had a type, I really believe you can influence your autonomic nervous system and have whatever your tone is in this moment is going to be more relevant than what your type might have been before you learned, because I actually really believe you have the tremendous ability to influence your autonomic nervous system through mind-body practices. That's the home-base for that.

Even things like going out in nature and earthing, being on the ground and camping, touching the earth and farming. We have our whole vegetables in the backyard. I was weeding this weekend. There are things that you do. Going to the beach and the ions, and the waves and the time shifting and the whole — There's all sorts of ways you can entrain yourself to a different level, these are all practices that you must bring to bring balance.

I would put the question back to you if you can clarify, because I don't believe in using necessarily food to balance your autonomic nervous system. I would really much rather work in

the mind-body sphere for that, but I will say that there are times when people — I think it's really important to follow your intuition with what you need. Sometimes if I feel very ungrounded and I need to eat some animal to ground myself, to feel more grounded, and people need to know what they feel best eating as well. I don't know that I believe in food plans specifically for a type.

In terms of the enterotypes, I don't know. I think if I was to guess, finding a link there, I would say enterotypes really theoretically form in childhood. For going back to early childhood and, really, if we really circle back, Ali, to the adverse childhood events discussion and you have — A lot of those things on the list are things like we're in fear or something, right? Any kind of fear experiences like both parents, emotionally and safe. Things that actually happen to you, being robbed, like all sorts of terrible things from childhood.

Those things come into the body and also the microbiome. This enterotype can have been formed, and maybe the autonomic nervous system as well got stuck in some sort of a place. If we're trying to connecting dots here and put a — We can create a story to put that all together. This whole idea, and enterotypes formed in childhood and autonomic type is probably formed in childhood too, unless if we agree that there is such a thing.

A tendency, I think of it as your nature, like your tendency, like did you run anxious as a kid. Did you run depressed? Did you run easy going? What was your nature? I do always ask people that actually as a new patient. There is some sort of either from the event or the environment in your childhood or from just your nature how you were born. This is sort of your tone of your stress system perhaps in childhood.

I don't know if you develop an autonomic type or you just are born a certain way, but the events of your childhood probably helped cultivate both of those, and so my guess is there's probably would then be a connection between whatever your autonomic type is and what the enterotype ends of being and maybe there will be a way to know exactly what correlate to what someday.

[0:57:04.0] AS: Yeah. For me to clarify, I definitely believe in nature versus nurture, like what you have naturally. Then the nurturing point that comes over you. I was thinking more in terms of not that you can't change, but I think about Ayurvedic or traditional Chinese medicine which is kind of trying to harmonize the conditions so that if you have the enterotype that's more

inflammatory, what do you need to do to bring that into balance that will be different than someone who has a different type of enterotype. That's more of like my line of thinking.

[0:57:36.0] SB: Oh! I didn't understand that 100%. That's why when we do the new stool testing, the new stool testing, we can look at all the — Not all of them yet, but we're getting there. We can look at the diversity in all the microbes in the gut and see which ones are more active. What's your dominant species? Where are you dominant? Instead of thinking of enterotype I sort of think of like what's dominating your microbial population?

I think there are definitely — When you see what that is, what your dominant, then you definitely need we can take a plan and address it to those people. Exactly. It has to. I don't know that — At the end of the day, dysbiosis, even balances in the microbes. Treating dysbiosis, you have to have balancing your autonomic nervous system as part of that, because an imbalanced autonomic, which is the fight or flight response, freeze, all those things we've been talking about, that's going to be a constant drive pushing things out of balance. Chances are whatever your imbalance is, that's where your drive goes.

[0:58:41.7] AS: Yeah. It's also fascinating. Yeah. That's kind of like I was dying to ask you that, because that's in my brain. I was like, "Oh! Will there be a connection? I don't know." But it was kind of —

[0:58:51.1] SB: Well, it's going to be your default. Let's say you are dominant — I'm dominant in bacteroides. That is where my gut always wants to go. I see it in my stool test. When I'm stressed or I'm out of balance or I'm not eating — If I eat too much sugar or whatever it is when I eat bad, I eat bad. Probably it's just too much chocolate is probably all I do or have an extra glass or wine sometimes.

When my body is not in balance, that's where I go. I think we all do have a place and if we can think of enterotypes that way too, we all have a place where when our body is out of balance, that's where we go. That's why it's a lifelong — You have to understand, is this lifelong need. That's why I call it some things need to permanent changes, because if you don't want to go there, you have to really stay focused on permanent changes in your life that will keep you in balance, which is it's all of it. It's the autonomic. It's the gut. It's all of it. That's why I'm pointing

to also remember there has to be a step three in any program you do, or a next step. You have to have permanent changes, because you'd go back to your old bad ways. You're going to head back towards that dominant enterotype or that dominant imbalance that your microbe just want to go in.

[1:00:04.0] AS: I love to that. To kind of extend that metaphor as someone who has studied change and adult development, they used to think adults couldn't change. The adult brain didn't change. We know all of that isn't true. We know your personality changes throughout your life. We know that adults can develop and they can change. I think that's kind of like a similar metaphor of what you're describing.

[1:00:24.8] SB: Yeah. It really is. This is why — I want to leave the listeners with just a final discussion about how to heal a gut, because this is the frontier, and I had mentioned my patient with the really bad ankylosing spondylitis. She had a gut infection actually that started everything in her life. Everything went after that and she's had inflammatory bowel since then.

She was eating raw seafood and like her life has been different since. That kind of thing. We spoke last time I saw her about a fecal transplant. Because it's been a struggle to really get her microbiome back. I have to say I've been working on microbiome repair for 15, 17 years now and everything I learned I put in the book. I would say for most people, using herbs and changing food and changing lifestyle is going to really work, with the idea of things have to stay as a permanent in your life

There are other things we're studying, that we're looking at. There'll be new ways that are going to come down the pipeline that three years from now my book hopefully won't be to outdated, but we knew things that aren't included, I'm sure. But I do talk about fecal transplants in the book as well. It's just not as robust and available. There's things we don't know about it yet, but it's used for treating *C. difficile* right now and it's really very promising and so we're hoping that you actually can — That that might be a way to change someone's enterotype maybe by giving them — It's just a transplant of your microbes.

[1:02:00.9] AS: Yeah. I think — As I as reading your book and all the new research, I'm like, "What are they going to find that we know about?" Because we didn't about the gut biome 30 or 40 years ago.

[1:02:11.1] SB: I know. They really, really are. The other thing that's just fascinating that I learned. I learned so much doing my research, right? One of the really interesting things is about probiotics. Probiotics are fabulous, but what are they? What do they do? They're imuno-modulators. They come in, and I gave all the research in the book about how they change your inflammation in your body. They have influenced your cytokines, the inflammatory release of chemicals and they modulate their flora and that's how they do that, but they're not like seeds that you plant and they're going to grow. They only live for six weeks and then they pass through.

While they're passing through, they're busy helping the other stuff grow. They're like fertilizer and they're imuno-modulators. They aren't really good, and the different species, which is why I always say get a product that has a lot of different species in it, because each species has a different effect on the immune system. In general, they're very anti-inflammatory and good for the immune system. Don't think of probiotics as seeds. Think of them as something that's going to tone and help your own population get into better balance.

[1:03:20.7] AS: For all of you guys listening, Dr. Blum lists her favorite brands in the book, which I really like, and I love that you pick different things from different companies because not every company has the best of everything.

[1:03:33.5] SB: I know. It's my own personal curated thing, but we use it here. Yeah.

[1:03:38.8] AS: Yeah. I love that you — I think just for people listening and to go back to what you were talking about, the benefits of nature. I think even though we're going to have all these research and new tools and we're going to continue to learn, coming back in concert with yourself and nature and natural foods, and that can always — You're going to have to do that anyways, so finish what you start.

[1:04:03.1] SB: Finish what you started, and you really have to — It's really just trying to bring some sensibility to the whole discussion. I just really wanted to do that.

[1:04:12.3] AS: I think common sense is really radical today though.

[1:04:16.8] SB: The problem is we have a quick fix culture, and so that's what people value. The problem is this is not a quick fix. We have to learn how to live in a way that we're in harmony with the world around us, our microbes in us and the microbes on our skin. I always think of the Charlie Brown — You're too young maybe, but the Charlie Brown Pig-Pen character, and in the cartoons, there's this buzz around him that he travels and walks around with. We actually have microbes that all live on us like that. Those are bugs. Those are microbes and we all have that. We have an imprint of what our whole aura. We have a microbial aura that is actually if you could see microscopically we have it. We interact with the world around us. Our inner ecology has to marry the outer ecology. That will be another podcast. We'll do it another day, is about the outside ecology and the agriculture in all of that and how those agricultural changes — the outer ecology has affected our inner ecology.

We have to live in harmony, and so it's lifestyles. Get a good night sleep, whole foods and make sure that you're not holding old trauma, old stress in your body. If you're not sure what to do about that, find a therapist or a somatic experience therapist, a healer, a body worker. There are craniosacral people that are experienced and moving trauma out of the body. Practice some sort of mindfulness. Practice every day. Build resiliency for yourself. Learn how to make sure that you build that sort of bullet proof vest so the stressors in your life don't come in. You'll find a way to live in harmony.

The last thing — I'm going to steal this book I'm reading. It's like a — Anyway, I'm reading a great book and one of the things is from a zen — I can't remember the name of the book, otherwise I would say it. It's a zen Buddhist who studied people who are dying. One of the things he talks about is recommendations to living life is to rest in the middle of things. This is a great thing. I've been sitting with that, because I'm launching a book right now. I just hosted — The Arthritis summit is going up, actually. It's like life. Registration, it's up in a month. I do a lot, and so I'm learning how to rest in the middle of things and to bring balance or take a vacation.

Make sure you don't work a couple of days a week on weekends. Find a way to find rest in the middle of the business, because the business is not going to go away. Rest in the middle.

[1:06:39.8] AS: That's so beautiful, because I was going to ask you your favorite mind-body tool, but I wonder — First of all, I want to say so funny you bring up —

[1:06:48.9] SB: Different tools for different things.

[1:06:51.1] AS: I love that answer. I love that answer, it's so contextual.

[1:06:55.0] SB: I told you I was shaking — After my trauma in Mexico City, I came home and I did shaking every day. My every day tool is sitting meditation. I learned Vipassana meditation, insight meditation. That's my favorite thing. But I also do — My meditation practice is married between zen, Vipassana and Hindu yoga meditation. I do everything, but it's my own form of — It's how I meditate every morning.

[1:07:21.8] AS: Love it. I just have to circle back to your Pig-Pen mention, because I use that with my clients but in a completely different context about once if their blood sugar off or they eat allergens or sensitivities, that life feels harder than it is, because it's like Pig-Pen with his dirt around him and I'm like, "Okay, the overwhelm and stress isn't quite what it feels like, but it's how they really start to not want to overeat," because they're like, "Oh! I feel like Pig-Pen. It's just like that." I totally use it, but in a completely different context.

[1:07:49.4] SB: Exactly.

[1:07:51.6] AS: Thank you so much, Dr. Blum. Can you tell everyone a little bit about the Arthritis Summit and where they can find it and we'll also link to it on the blog post at alishapiro.com/podcast.

[1:08:02.9] SB: Okay. Excellent. I'm really excited about the Arthritis Summit. You can go to thearthritissummit.com. It's a free seven-day free — Their video interviews I actually did with 35 leading functional and integrated people from around the country all talking about arthritis, all different topics, food stress, trauma, gut health, autoimmune, osteoarthritis, really amazing,

amazing. It's October 9th through 16th. It's going to run that week. Again, you can go to thearthritissummit.com.

For me, I have my new book coming out. It's called *Healing Arthritis*, and you can go to healingarthritisbook.com to learn more about that and to see — I have all these great giveaways on the website for downloads and really cool things for you to get if you want to go over to that website.

[1:08:50.7] AS: Yeah, I can't recommend the book enough. It is the most up-to-date information and just such detailed connections of our stress and trauma to healing our gut. Thank you so much, Dr. Blum.

[1:09:01.4] SB: Thank you for having me. This was terrific. Thanks, Ali.

[1:09:04.0] AS: Yeah, thank you.

[END OF INTERVIEW]

[1:09:08.3] AS: Have questions or reactions about the episode? Reach out to me on Instagram and Twitter @alimshapiro, or Facebook at [facebook.com/alimarieshapiro](https://www.facebook.com/alimarieshapiro). If you love this show, please leave an iTunes review and tell one friend this week about how to get the Insatiable Podcast on their phone.

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[END]