

# Pros and Cons of the Elimination Diet with Jennifer Fugo – Insatiable Season 7, Episode 1

[INTRO]

[0:00:09.0] AS: When you're fed up with fighting food and your body, join us here. I'm Ali Shapiro, creator of the Truce with Food® program and your host for Insatiable; where we explore the hidden aspects of fighting our food, our weight and our bodies and dive deep into efficient science and true whole health.

Fair warning, this is not your parents' healthcare. This is a big rebel yell to those who crave meaning, hunger for truth and whose lust for life is truly insatiable. Believe me, freedom awaits.

[INTRODUCTION]

[0:00:47.4] AS: Welcome everybody to Season 7 of Insatiable. Today is Season 7, Episode 1; *The Pros and Cons of the Elimination Diet with Jennifer Fugo*. This season, **our theme is hunger** and taking a fresh look at different approaches to satisfying our hunger. To be physically and emotionally hungry is to be vulnerable.

As Dr. Brené Brown says, vulnerability is uncertainty, risk and emotional exposure. To have physical hunger, or to acknowledge our emotional and soul hungers is choose to be open to the daring risk of being fully satisfied. We will be exploring various diets and approaches to satisfying our holistic hungers.

Before we get to our first guest today, during our transition episodes to season 7, I had hinted at something about if you love the conversations we have here and are all about exploring and experimenting, defining the radical truth for every body you have, being physical, emotional and soul, I have something exciting to share with you.

Drum roll. Introducing the Insatiable membership community. This community is designed to help you take action around the topics we discuss here and support you to find your radical truth. I wrote it out privately last year to clients new and old, and the results have shown me there is a real need for community, where we can trust ourselves, learn from each other and as we get healthier, want to take more daring risks to make our life choices potent, healing medicine.

I'm now opening the community up to Insatiable listeners. In that show, it's a community where there are no gurus and we learn from each other. Once a month, we have a mastermind topic that helps you gain clarity and have group to support and learn from wherever you are on your path. Once a month, there is also a Q&A call with me where I coach attendees to get inspired, unstuck, and clear on your next step. We start a fresh new season of topics in March, will be focused on a fresh renewed look at our hunger. You can find more details at [alishapiro.com/ic2019](http://alishapiro.com/ic2019).

Okay, now on today's show. We have my friend, truth teller and clinical nutritionist, Jennifer Fugo on to discuss the pros and cons of the elimination diet. Personally, I have known Jen for maybe a decade now and I just admire her integrity and mastery.

A little bit more about Jen; she is a clinical nutritionist empowering women who've been failed by conventional medicine, to be chronic skin and unending gut challenges. Because she's overcome a long history of gut issues and eczema, Jennifer has empathy and insight to help her clients discover missing pieces and create doable integrated plans.

Jen just launched [skininterrupt.com](http://skininterrupt.com) to interrupt the failed conversation about chronic skin problems with helpful alternatives that you aren't being told about, right? On this podcast, it's a lot we talk about. It's the stories we're not hearing that are affecting us just as much as the ones that are.

She has a master's degree in human nutrition from the University of Bridgeport and is a certified nutritionist specialist. Her work has been featured on Dr. Oz, Reuters, Yahoo, CNN and many podcasts and summits. Jen is also an Amazon bestselling author and the host of The Healthy Skin Show.

Thank you so much for dropping by Insatiable, Jen.

[0:04:06.7] JF: Well, thank you for inviting me. I love having these conversations and it's – I love the perspective that you bring to it as well. It's very thoughtful, which you know, it's just nice, because think about how many of these conversations online are not thoughtful. It's like slinging mud or pie at one another.

What I appreciate about your is you're really into digging in and understanding it from different perspectives that allows the listener to make a decision for themselves that is intelligent, that they can speak about it in an articulate way. I think that you're elevating the conversation and I appreciate being here with you.

[0:04:50.2] AS: Well, thank you. I think you value that, because you're a truth seeker yourself. Speaking of mudsling or pie-slinging, right? I feel like many people, we hear the elimination diet out in the ether now, right? It's become mainstream. When you and I first started out, right? We've met. I mean, you're in Philly, we've known each other for years, I feel like this elimination diet was this new concept. Now as more people adopted, do their own spin on it, it gets wider down.

Many people turn to the elimination diet when they have a hunger to get relief from fatigue, skin issue, stomach, joint pain, right? As well as also to feel satisfied with food. If you have gut issues, it's hard to feel full, satisfied, or if it gets really bad you start to fear eating, because of what pain it may cause.

As a result, many people these days are just blanketly recommended doing elimination diet. It's not a one-size-fits-all approach. You had this really meaningful post that really got me to one of a nuance specifically. I mean, you have such about that knowledge, but about how this has quickly evolved into people just eliminating more and more foods as if the elimination diet is the end and not a tool.

I want to first kickoff with can you define the elimination diet for us? Because it's gotten so watered down.

[0:06:04.5] JF: Yea. Elimination diet is basically a diet where you would remove specific foods. Ideally, there are medical reasons why, or some goal to improve symptoms, actual symptoms. It's not just because like, "Well, I heard that eggs are bad for you, or gluten is bad for you." No, it really is a tool as you called it, which is a good way to describe it.

The problem is that at some point probably about 10 or 15 years ago, I think the industry, the book industry began seeing that there was real success. I mean, we've all known, like these health and wellness books have been around a long time, but we've seen – I don't know, it seems to me that there are more and more and more and everybody has their own diet, everybody has their own approach.

Every single health and wellness book now includes recipes and meal plans. It's like you have to do it, even if you don't really ever do any cooking or anything, or a particular approach. For some reason, that's a necessity.

What has happened is that we have led people in a sense to believe, that's not untrue. I mean, I'm a product of this and I also have to take responsibility for the fact that I probably too have contributed to this idea that if you remove certain foods, you're going to feel better. Yes, that may be the case.

I came to this because I had severe diarrhea. Just going to put that right out there. We should go there right away. Guys, we only know each other for five, 10 minutes already, throwing poop into the conversation. I deal with this all day, you know what I mean? I try and got to keep that in mind.

Anyway, so I had severe diarrhea, terrible gas, horrible bloating. I had started gaining weight and I definitely was an over exerciser for sure. No matter how much I cleaned up my diet, it wouldn't go away. Eventually, I found somebody to listen to me and she said, "Hey, I think gluten is making you sick." I was like, "I don't know what that is."

Well, this started me on this journey of taking out gluten, dairy, eggs, cruciferous vegetables, the cashew family. For months and months, I didn't have any of these foods. Eventually, I started adding them back in, but I did experience that sense of loss, of grieving, of being empowered and then yet at the same time, hiding the shame that I felt in sitting there watching everybody eat, except for me. I'm feeling, I don't know, I guess like a loser. Why can't I just eat like everybody else? Why is this happening to me? You experience this broad range of emotions.

The problem that I have now and I realize is that the elimination diet is easy for us to promote, because it really does tap into that sense of a person, who they hit this point where they're fed up with what their current doctor or health practitioner is offering them. They feel in this moment empowered, what else can I do?

Elimination diet has become this really easy tool to essentially sell someone that if you do this, if you take these foods out, you're going to feel better. You may, but there's a consequence to that. I will leave my response there.

[0:09:29.8] AS: Well, I think one of the things that you're – first of all, Carlos and I laugh all the time about recipes, because he works for AARP, their Spanish side. They will do these amazing features, like these in-depth Latinos changing the world, right? When it gets traffic, the beet salad. We're like, everybody has to do recipes. I love that you're bringing how the marketing aspect of wellness is interfering sometimes with the more nuanced conversation. That recipes alone are not going to solve this, right?

I think it also plays into the narrative that we have around health being you have to restrict yourself. right? There are times to your point about the loss, as you're working through this, but ultimately if it's a tool, you don't have to restrict yourself forever with certain foods. If you're actually getting better by getting to the root cause, you shouldn't be having to live in this restriction forever.

As part of you, you said you'll leave that there, but is that – I think that's part of the con is that people think the root is the peanuts, or this nightshade. Whereas, can you go into what see as the root cause?

[0:10:40.2] JF: Ali, let me also just point out something here to everybody. If you have a legitimate allergy, like you're going to go into anaphylaxis or you have allergy syndrome, or something, that's a different conversation. I just want to clarify that, because I don't want someone to listen to this and go, "Well, so you're saying I can heal my almost death-like experience to exposure to peanuts?" No, no, no.

This is a different thing. This is where you develop a sensitivity. That's also a different type of reaction to foods. A lot of people use the term sensitivity and tolerance and allergy inter – as if they're the same thing and they're not at all.

[0:11:19.1] AS: Yeah. Will you define those for people? That was one of the questions that I wanted you to answer.

[0:11:23.2] JF: Yeah. That's why I wanted to say that now, because I don't want somebody to listen to the stewing and being like, "Well, she's misspeaking. I can't ever eat peanuts again. I will die or my child will die. I can totally and completely respect that allergies are a very serious thing and they're not something you mess with. You really, really don't. I oftentimes find that I have clients who have actual allergies to things and they don't take it nearly as seriously as they should. I'm the one urging them, "You to go get an EpiPen. You need to go speak with your allergist. You need to go get this done, because you could end up in a life-threatening situation. I don't want to see that happen to you."

A true allergy is where you your body has developed IGE antibodies. The reaction to this would be something like hives, swelling, itching. We all know somebody who's probably eaten shrimp or nuts or something and their mouth swells up and their tongue gets really swollen and their face starts to swell and you're like, "Oh, my gosh. You need Benadryl." Benadryl is the easiest thing to take, but that sometimes isn't enough and it may be where somebody needs an EpiPen, where they need to go to the emergency room ASAP, because it could be literally life or death. That's an allergy.

If anybody is listening to this saying, "Well, I have a gluten allergy." Please stop saying that. You don't have an allergy. You have a wheat allergy. Some people and I think it's slightly debatable, but the research right now is showing that gluten, you can't have an allergy to gluten, at least that's where we are right now in 2019 and that's how it's been for a number of years.

There can be degrees of a sensitivity. However, sensitivity is where your body develops IgG antibodies to a food, but that comes through exposure via the gut, not from

touching it. I could touch gluten all day. It's not going to bother me, but if I ingest it, yes, I'm going to have a problem. I'm probably going to get diarrhea that we talked about a moment ago.

Your body in order to develop these sensitivities to foods for example, that has to come through a state where your gut, specifically your small intestine becomes permeable due to a variety of factors. Your body in an unnatural fashion becomes exposed to proteins and these foods develops these antibodies and there is a separate cascade effect that will cause inflammation and all sorts of symptoms that don't necessarily make sense, that could even happen days after you were exposed.

It's not an immediate exposure like, I'm allergic to peanuts, I touch the peanuts, my face is blowing up now. It's not that simple and that's why it is often confusing to people. Whereas, an intolerance is a lack of your body having an enzyme in it to be able to break that particular thing down. The best example, pretty much everyone is familiar with is lactose intolerance, where your body doesn't have the enzyme lactase in order to break it down. Then it causes symptoms that look like a sensitivity, so maybe gas, diarrhea, bloating, whatever, but it's actually not a sensitivity nor an allergy.

[0:14:35.1] AS: That is so clear. Allergies, yeah, are definitely in their own category. Whereas okay, that's in my mind not reversible, right? You've got to be very vigilant about those. Now would you say sensitivities are more environmentally driven, or as a product of nurture of how we live and in tolerances are more genetic, or is there something genetic that then the environment triggers in terms of intolerances?

[0:15:02.2] JF: I think to some degree in tolerances, could slightly be more on the genetic side. I mean, you do see that certain cultures, people that are of Asian descent for example, have a very difficult time breaking down dairy. That is possible. I would



say yeah, it's probably along the lines, but I'm not exactly an expert in that. I would say it's probably more along the lines of something that's more genetic than anything else.

Sensitivity itself – I mean, you say environment and when you say that, most people are going to thank their environment like in their house and walking around, the air we breathe, the water we drink, but they forget that there's also an environment inside of their body within their gut that also contributes to inflammation and dysfunction that can happen to this one-cell layer thick barrier that lines your small intestine. It's literally one-cell layer that separates the inside of this digestive tube and you.

When that becomes compromised, we have problems and that can happen for a variety of reasons. NSAID use, so non-steroidal anti-inflammatories. If you're taking Ibuprofen every day, or – By the way, you can look this up. There are tons and tons of studies that show that NSAID use, especially chronic NSAID use can lead to increased – see, we call it leaky gut in this world.

[0:16:37.3] AS: Yeah, in the biz.

[0:16:38.5] JF: Yeah, in the biz. I know. In reality, there's no such thing as leaky gut. It's actually gut permeability. That's how it is described in scientific research. Not only that, it increases your risk for ulcerations, for bleeding, for really serious problems. That right there is an issue. Stress can certainly be a factor. If you've been exposed to antibiotics over the course of your life, especially multiple times, that is certainly a factor.

Then also to Dysbiosis, a lot of people don't understand what that is, but it's essentially saying that the population of gut bugs that you have living inside your colon are not necessarily in the balance that is most favorable towards your health. If you have too much *Candida Albicans*, or other fungal organisms, or you might even have opportunistic bacteria that normally should – that they are actually a part of what we could describe as commensal bacteria, but they're in too large of a quantity. They can

cause issues; gut infections and include parasites, viruses and bacterial infections can also be an issue. There's so many factors to this. Hormones play a role. It's a complicated web. That's why it's oftentimes difficult for people to figure out what the heck is going on themselves.

[0:17:57.3] AS: Yeah. I love that you clarified that environmental term, because I'm such a metaphor person, so I thought of the internal environment, but also the external. I'm glad that I think most people forget that our gut has a internal environment. Yeah. In Truce with Food, I always say how miraculous is it that a lot of times, because it's only one-cell thick deep. It's miraculous that more stuff doesn't go wrong and it's also not surprising that we're having so many problems, right?

[0:18:24.9] JF: Yes, it is. The other piece of it too is that we're so fixated upon. We'd like to look online and we like to say, "Oh, well. I came across this blog and this girl has the exact same symptoms as me. I'm going to do what she did, because if that works for her, I know it's going to work for me." Inevitably, people forget a number of things. Number one, those stories are all streamlined, because what looks like a relatively streamline. You and I both know is not.

They always, always leave out a lot of the gory details and the pitfalls where they made mistakes and sometimes you just honestly forget. Number three, they include oftentimes these very restrictive diets. What I think is sad is that it misleads people to believe that there's always going to be this hope if I just take out more and more and more. Well Jen did this, this worked for her. Or Ali did this, this work for her, so it has to work for me.

I can appreciate that level of hope and that wanting to do what you can and within your power that you feel no one is able to help you with. I completely understand and appreciate that, but what it forgets or leaves out is that you are your own unique being. You come to this moment in time with a very unique circumstance that no one

else on this entire planet experiences. You have genetics, you have however many years of being alive and that includes all the big traumas and the little traumas you have experienced in your life. It includes your relationships, that includes the mental patterns, that may or may not contribute to stress. It includes various exposures, some of which we don't even know how much we're exposed to, because our government constantly seems to shift the rules on how much of what is allowed in our water and the air, or a number of things.

[0:20:29.2] AS: Seriously.

[0:20:29.9] JF: Or what's sprayed on our clothes. Just the things that we are exposed to and it's not just food. It could be lurking behind your walls, it could be a chemical that is in say the building equipment that was used to your brand-new house. I hate to say that, but some people have sensitivities and allergies to formaldehyde, for broponopol – oh, goodness. This is one of the things. Broponopol, I think that's how you say it.

There's all these chemicals now that we don't even realize could affect us, or mold. That's why I say you have to remember that what works for one person may not work for you. It's important to take a step back and say, "Okay, great. If I do this elimination diet, what's the end goal? How am I going to do it for?" Because there's some serious pitfalls that I think we should discuss that you should consider whether you're on one now, or you're in the middle of one, or you're considering doing one.

[0:21:35.6] AS: Yeah, and I just – I mean, what you said was so great. I think that one of the key takeaways that I want people to really emphasize is if you have to keep eliminating more and more foods, you're probably not addressing the gut Dysbiosis that Jen was describing that could happen, or there could be something else. It doesn't mean that you may need to eliminate those foods for a little bit. I remember when I figured out that my gut issues were caused by the chemo. I mean, I had been

having issues forever. I had to take out dairy. I mean, gluten I never eat, but I had to take out dairy. I had to take out tomatoes.

It was all – even eggplant, I couldn't do. Now I can do those, right? I still don't love raw tomatoes, but that's one of the ways that I knew I was healing was, and I still shouldn't do dairy, but sometimes I take the hit, but I don't get sick the way that I used to. I used to be up at night with IBS symptoms and almost want to vomit with heartburn and all that stuff. I've healed enough that I've come so far, I guess is – my gut has actually healed and I've gotten to the root cause.

I think sometimes I've seen people just feeling like they have to eliminate another thing, another thing, another thing. I just want people to realize that's not the root cause is whatever food you're eating. It's this underlying stuff that Jen was saying.

[0:22:51.9] JF: Yeah. I actually described food sensitivities flat-out as being a symptom.

[0:22:57.3] AS: Oh, I love that.

[0:22:57.9] JF: It's not a root cause. Look, I take responsibility for what my part and whatever I have played in us getting here. I had a website since 2011. It was gluten free school and it was all about teaching women how to practically live their life without feeling they were missing out, because they couldn't eat gluten.

I've certainly played a role, not because I looked up to a lot of the people out there that talked about the evils of gluten, how gluten is so bad for you. I've come to realize that by placing this, or actually by creating an evil character out of these foods, we somehow feel empowered when we take them out and we can stick to this. When in reality, we're just never getting to what's actually – whatever actually caused those sensitivities in the first place, because sensitivities as I said don't just happen.

Something has to cause the gut to become leaky, in order for those partially undigested food proteins to sneak into your system.

Otherwise, with the exception of gluten, gluten is the only food protein that has the capacity to increase leakiness in the gut. It's the only one. You could say, "I ate like me. I'm Italian. Jen, I ate like you did. I eat pasta and bread and pizza and all this stuff." That's great, but it's still usually not quite enough. Plus there's genetic factors and stress and all sorts of things.

The reality of it is I think it is very short-sighted to just blame food, because we got in this place like you said, where we start – "Well, she took out eggs, so I'm going to do that. I feel maybe a little better, I'm not sure. Maybe I'm going to try dairy now. You know what? Nightshades are next. Nightshades are going to go. Oh, I read that salicylates are really bad, so I'm going to get rid of salicylates. Oh, you know what? I got to get rid of GMOs now too. Oh, I got to do a nickel-free diet on top of it."

[0:25:03.2] AS: I haven't heard that one yet.

[0:25:05.4] JF: We could go on and on and on. One of the best examples of this that I can give is I have a client right now that she had IBS diagnosed almost 20 years ago. I don't even know how long she had this severe diarrhea even before that. Seen multiple doctors, tons of testing done and they really couldn't figure out what the heck was wrong with her. Her labs, her blood labs were off on multiple values, especially her blood cells, which were showing that there was nutrients depletions as a result.

She had taken out gluten, she had taken out some other things, but at a certain point just given up. She would she would do the bare minimum, but she was just – she's like, "I guess, I'm just resigned. This is the way the rest of my life was going to be." When she came to me, I flat-out told her, "If you're here to have me give you an elimination diet and restrict your diet any further than it is now, we can just hang up, because I am

not interested in doing that. I don't think that's going to make you better. I think you're blaming food for what is actually a non-food problem.”

She was like, “All right. Look, I'm at my wit's end. I'm willing to trust you.” We number one, looked at her digestive function. She didn't have enough stomach acid, number one. Again, if you're not breaking your food down properly, that's the first problem you've got to address. She wasn't absorbing food well, so we needed to get some good nutrients back in her. Within a month, not only did her diarrhea go down to a point where she only had it twice a week and this is going from 5, 6, 10, 12 times a day traveling for work, which makes it more stressful, using Imodium A-D, to a point now where she can go to the gym, because she has enough energy to do that.

Her stomach is not getting sick. She's feeling great. Her mood is stabilized. We didn't even get to actually dealing with what was in her gut. We just focused on getting her feeling better and pooping like a normal person. I can't even tell you, for somebody who has gut dysfunction, just being able to poop like a normal person is a really big win.

[0:27:19.0] AS: It's bigly, it's bigly.

[0:27:20.4] JF: It's bigly. Yes. Yes. She said, the biggest surprise to her was that I didn't ask her to cut anything out, that we were able to get her to that point without her needing to remove any food. It turned out she had Dysbiosis. She had a bunch of organisms in her digestive tract that were not friendly to her. They were gobbling up all her nutrition and basically, she had very expensive poop because she wasn't absorbing it. Then those bugs were throwing off tons of toxic waste products, which they normally do overwhelming her liver and creating this very highly inflammatory situation.

We addressed that. We balanced that and we're working on getting her through this last stage and I'm very hopeful for her. I can't even tell you how many times a week I have the conversation with somebody about they're now afraid to eat. I don't know what to eat, because everything makes me sick. Then it's a challenge to coach this person, because everything that they have read has convinced them over and over and over that's just the more food you take out, the more likely it is that you will get better.

Even for, like a friend of mine, Mickey Truscott, she is really well-known for the AIP diet. She is wonderful. I've asked her a number of times, I said, "Mickey, AIP is pretty restrictive." She's like, "It is." I said, "What happens if after 30 days, 60 days, 90 days you don't feel any better, do you keep going?" She's like, "No. It means you have to go ask for help. There's something going on in your system that is not food fixable. At that point, there is nothing that's going to correct that."

The dangers here is that by pushing the elimination diet model on people, we number one allow people to make decisions about what they should and shouldn't eat that aren't based on their best interest. It's based on how they feel and how they perceive the journey should be based on what they've read online about what somebody else did. That tends to lead to increasing just general fear of food. It also increases their risk of nutritional depletions and nutritional insufficiencies and that can be a really serious thing. You will not feel better if you are not absorbing food.

That means two, people will also start cutting out macronutrients. You see that with – Look, I have nothing against the keto diet. I don't really work with it at all, but you see people that are like, "Oh, well maybe I should be low-carb." They're so confused about what to do because there's so many different diets now are just stripping the body away of macronutrients that they're like paralyzed and they start making decisions that don't take into account, that they're actually pretty sick. Your body needs to nourish itself. It needs support, not stripping.

Last but not least, you're not addressing the actual problem. If you take all of those foods out, the issue is that the gut just doesn't heal itself. It's not some magical thing where you snap your fingers and then seven to 10 days or 30 days you're magically better, you can go back to eating those foods. That's not the case. If you have digestive function issues or you have a microbiome that's really out of balance, you have to do something about it that takes it to another level, that is oftentimes very difficult for someone without any type of background in diet theory, or working with people clinically to be able to handle.

Just one last point, I'm just going to forewarn you that elimination diets that are opposed as cleanses or detoxes, where they cause you to have extreme symptoms, like lots of diarrhea, are very, very unhealthy. They are incredibly disruptive of the microbiome. Every time you have diarrhea, that is literally a flush of your digestive system. You lose nutrients, you disrupt the microbiome, so you're flushing out the good bacteria and the bad and the bad come back a lot faster. I just would caution everyone to be very, very careful of when you do things like that and for how long? If you're not feeling any better after 30 to 60, 90 days at most, ask for help.

[0:31:43.8] AS: You just said so much good stuff. I want to circle back to and ask you a couple more questions. First of all for listeners, AIP is the autoimmune protocol. If you aren't familiar, it's a type of diet that as Jen was saying is pretty restrictive, but it's to try to reduce autoimmune symptoms. Then macronutrients are your fat protein and carbs. That's what we consider macronutrients in the nutrition world. What Jen was saying is sometimes people want you to cut out whole groups of macronutrients, which to Jen's point, build up your body; the building blocks of nourishment.

One of the things that really struck me that you said about cleanses and detoxes is I think our culture, we conflate health and weight so often that we see these supermodels, or these celebrities, right, who naturally thrive on maybe – they can



thrive on a vegan or vegetarian diet and we think, "Oh, because they're beautiful and their skin is glowing and because they're thin and they're doing this," it's unconscious but we think like, "Oh, that's what health should be," right?

Again, it plays into this restrictive, it's about weight loss, versus you could really damage yourself if you're cleansing and detoxing, especially if you are in a compromised state. Your body cannot – You almost have to pace yourself with say for example, to Jen's point about the bad bacteria. When that dies off, you have to pace yourself and support yourself as that happens, as that bacteria – that bad bacteria dies off. It's no joke, right?

[0:33:18.2] JF: No. It's funny you say that. One of my podcasts that I released some time, I think it was this past fall. I talked about how I don't believe in liver detoxes at all. For those of you who don't know, a lot of the ways we talk about detoxing is not rooted –

[0:33:39.9] AS: Bullshit?

[0:33:41.5] JF: Yeah. Sorry, I didn't know.

[0:33:43.3] AS: Yeah, yeah.

[0:33:44.9] JF: Yes. Yes. It's utter nonsense. It's not based on science. Your liver has two separate detoxification pathways. Detoxification is a biochemical process, okay? There's legit science here that goes on. It is like a chemistry set. There is two phases; phase one and phase two. What phase one does and I'll just give you the brief overview here, phase one takes toxic chemicals and it converts them to even more toxic chemicals. I was like, "Wait. What?"

[0:34:17.0] AS: Tremendous.

[0:34:18.2] JF: I'm like, "Okay." Then those chemicals need to go through phase two. Now to be fair, not all things go through phase one. Some can just go straight through to phase two. Let's just take a step back and remember for those of us who may have been familiar with the show I Love Lucy. The moment where – or the show where Lucy and Ethel are at the Chocolate Factory.

[0:34:40.8] AS: Oh, my God. That's iconic.

[0:34:43.3] JF: Yes. Basically, they're sitting there and the boss is like, "All right, you have to wrap all of these chocolates, or you're fired. Don't let one through." They're like, "Oh, my gosh. Okay, we got to be really good with this." Initially, the chocolates start coming down the line and they're wrapping them no problem. Then I don't know what happens, but the chocolate line speeds up so quickly that they can't keep up and all the chocolates are falling off and they're stuffing them down their blouses and in their mouths and they're like, "We can't let them see them." In their aprons and all sorts of stuff.

That's essentially what happens when your liver detoxification gets overwhelmed. It cannot handle how much stuff is being thrown up at it, because now you're saying, "Okay, well I want to kill off and rebalance my microbiome." Well, the bad bacteria and the yeast and all that stuff, they're already producing toxins, but they themselves as they die off are also going to produce a tremendous uptick in toxic waste.

That's where the chocolate belt starts speeding up and your body can't keep up with it. All of these toxins, right? I said, phase one produces more toxic waste. You got phase one and then stuff that hasn't yet gone through phase two all pulling up, because your liver for phase two requires specific ingredients in order to detoxify those chemicals and make them less toxic to be excreted out of your body. Those types of ingredients include glycine and glutathione. Two things, the glycine is an

amino acid, glutathione is an antioxidant that is made or should be made in your body under ideal circumstances.

The problem is that a lot of times what we call a Herxheimer reaction is your liver being way overwhelmed by what is going on, so the protocol is again why I don't – look, I understand if people are on a very tight budget, they're trying to do things themselves that these are the factors that I spent – and I'm not saying that I'm smarter than anyone. I still have tons of stuff to learn. I learn new things every day. That's how this works. I spent three years understanding and studying biochemistry and the processes in the body that I had no idea, even though I was a health coach for many years before that, had no idea existed.

That's why I began to realize that our approach about this detox or cleanse is quite harsh. It again emphasizes and goes hand in hand with this idea that we just have to eliminate, eliminate. It's really cool this attitude that we have, that we have to restrict and strip. All this stuff, instead of supporting our body of saying, “Hey body, can I tune in and listen to you and say okay, maybe these symptoms and these cravings and all the things that are going wrong are your way of communicating with me and it's in a language I'm not quite sure of and I don't quite know how to translate it, so I'm going to try and get some help because I mean, that's what you do. If I go to Japan, I'm going to hire a translator, right? Because I don't know Japanese. I don't know how to plumb, do the plumbing in my house. I hire a plumber. I hire somebody that has more experience than me to help me see this through.”

To say, “Okay, what is my body trying to tell me? Then how can I support it through this process, whether it is an autoimmune process, or chronic skin rashes, or just gut stuff and do it in a way that makes sense and that is respecting your body's timeline, how fast it can go with things, what it needs in order to thrive?” Instead of putting more undue stress on it, which at the end of the day is just cool.

[0:38:28.6] AS: I love that you said it's – when the body is working right, it can do all of this stuff for us. I think the Puritans really screwed us over, man. They found that – They were like, “Discipline. Sacrifice. Then you will get your reward in heaven.” No, no, no. You should not be in pain. Take it slow.

One of the things that you said that I also want to circle back to was it made me think of. Do you know Alana's Pantry online? Her website, her name's Alana. She has MS and she's celiac. She does everything to the T right with food and she was having symptoms and she had built this environmentally. She's really into environmental sustainability and stuff. She had built this home, this brand-new home with her husband and it was gorgeous and basically, a lot of her autoimmune symptoms came back. It turned out, they had wired their home for electronic, so everything. It was the EMFs.

Now she talks a lot about EMFs, but I think that's part of the con of the elimination diet is that we get so focused on food because it's so overwhelming to eliminate so much stuff. You can't eat food out. You can't buy any barely packaged food, right? All of this stuff that it gives us this hyper focus on food and we get blind spots about what else might be happening. I think again, I'm always looking at the cultural myths that give us these blind spots, but we very much believe in it's the individual in America, right? It can't be anything out there that maybe some people call them government regulations. I think of them as protections, because someone probably got screwed or got sick as a result of these right things of you need to pay attention to, but we don't have a very protective culture or government.

I think about – I don't know if you saw the New York Times article about how the craft and all these packaged foods, they have different ingredients in Europe, because Europe will not allow the ingredients that our government allows in our food, right? Because we have piss-poor regulations here, which I call protections. It's just a point of I think for people realizing, it may be something outside of your environment like Jen

was saying; the mold, or EMFs. I'm really into EMFs and light and that whole thing right now. That's blowing my mind, right? From a nutrition perspective, I have to be like, "Wow. Nutrition matters and it's not the only thing that we have to pay attention to."

One thing I wanted to circle back, because some of this stuff can get start to get pricing everything. I was just curious what you think about sensitivity testing. People will call it allergy testing. My whole MO, when I work especially with private clients, some will come – I often come to people when they may have been told like, "You need to eliminate 12 foods, right?" All this stuff came back and I'm so overwhelmed, and so I don't even know where to start.

My whole philosophy has been like, "Look, as we get your gut healthier and especially with my clients start to alleviate some of your stress, some of these foods are just not going to be – you're not going to be sensitive to them any more. It's going to take some time." I've always just told people if you're in a budget, or feeling overwhelmed, start with some of the bigger ones like gluten and dairy, but you don't need to worry about celery or asparagus.

I'm curious about your perspective on some of these. I know allergy, or I should say sensitivity tests which are billed as allergy tests, right? This is another confusing thing for people, but based on Jen's definition, they would be – and the true definition, there would really be food sensitivity tests. How do you approach both, whether people should invest in them and then what to do with the results? Because I also tell people, is this going to change your behavior? Because if it's just going to overwhelm you, focus on the big stuff and get your gut back in order and your hormones and blood sugar. I'd love your perspective.

[0:42:13.0] JF: Yeah. One thing that I would say is that I don't encourage people to just blindly invest in tests. If you want a true allergy test, you have to go to an allergist and

they'll do a skin patch test, or they can – even actually your regular doctor, they can run blood labs looking for those IgE allergy antibodies to foods and all sorts of stuff.

If you do find that you're constantly having issues, you could legitimately get that covered by your insurance, whereas the food sensitivity panels, typically you're going to pay out of pocket for. My concern with large ones is that oftentimes, so much comes back. People like you said Ali, get – I don't even want to do with this. I basically can't eat anything. I'm like, "Okay, slow down."

Before I used to think, a couple years ago I was like, everybody should get food allergy testing. It's really helpful. Actually, I don't know what got me away from it. It may have been more that a lot of my clients are somewhat budget conscious. I mean, they're willing to spend money on their health to a point, but they also don't want to just throw money at the problem.

As I listen to people more and more, one of the big things that I realized was that if you ask questions, like I have a 10-page intake. Then from there, I'm looking at their regular labs and I'm looking at whatever, if they've had any "functional labs," like a food sensitivity lab would be considered a functional lab. I'm looking at all of those before I even talk to them and I'm like, "All right, now it's really dig." If they put down diarrhea, constipation, or gas, or brain fog, I'm going to question them about it.

I know it sounds silly, but we're going to dig into every single symptom. When does it happen? How often does it happen? What pain are you experiencing? I want to know all of these different things if a lot of people don't ask. Most of the time, I will say 90% of the clients I work with, don't ever need food sensitivity testing, because I can tell from their symptoms whether it's likely looking like SIBO, whether it's a systemic issue that probably one urine test, it's looking at a bunch of different systems could show us if there's nutrient depletions in conjunction with some very traditional labs that can be run through insurance.

Or if it's really severe gut issue, it's like hey, let's just focus the money on that stool test. That way we can get actionable results and really start resolving dysfunction and what's happening in the microbiome and nutrient levels, as opposed to fixating on taking all this food out. Oftentimes, people can – they'll say, “Look, I can tell when I eat eggs, I end up in the bathroom in five minutes.” I'm like, “Okay, let's just part ways with eggs for the time being.” I think that's the easiest way to do it, because that was one of the symptoms for me. I would eat eggs, five minutes later I had a date with the toilet. There's some you can figure out.

A lot of times if you're properly digesting food, that right there can start correcting issues. I mean, this sounds really simplistic too, by the way. This goes out to all of you fast eaters, eaters in the car, eating while you're talking, you shovel your food in your mouth, any number of things. You can eat in five minutes or less, you got to slow down, because there are no other teeth in your digestive system. They just [inaudible 0:45:50.4].

The teeth are not just there to look pretty when you smile. They serve a legitimate function in helping us break food down. Your body cannot absorb big chunks of food. The bigger the chunks are, by the time they make it down to your stomach, which frankly if you are gobbling or inhaling your food within minutes, your stomach doesn't have enough time to secrete stomach acid.

The pieces that end up in your stomach are not even small enough for whatever stomach acid ends up in there to start breaking them down. There's not enough digestive enzymes. Those little particles then end up going down into the digestive tract and again, creating that very expensive poop that nobody wants, because they can't absorb those pieces and they're feeding the bad bacteria, the unfriendly bacteria and yeast, etc., instead.

[0:46:54.5] AS: You're thinking you're literally flushing money down the toilet.

[0:46:59.2] JF: It's expensive poop. I don't know how else to say it. Even if you do chew your food really well. You're like, "Jen, I chew my food. I take 30 chews a bite. I'm really good about that." Well, that doesn't mean that you don't have low stomach acid. A lot of people do. You can have no symptoms whatsoever and have not enough stomach acid. If you don't have a gall bladder, that's a major lifelong digestive dysfunction problem that has to be addressed with the supplementation every single time you eat. It's non-negotiable.

They'll say, "Oh, you don't need to worry. Your body's still putting out bile. It just squirts into the small intestine." Well, that's great, but that completely ignores the fact that your gall bladder is there to concentrate and store bile, so that when you eat and the food makes it to the stomach and it ends up in your small intestine, the bile is contracted, squeezes out the bile and it now solubilizes the fat. It's trying to wash grease out of a pan with no soap. You need the bile and the soap in order to get everything washed and basically put away. In order to absorb fats, you need your bile.

These are the different pieces. It's just digestive function that we're looking at right here. Not even what's happening in the microbiome. To me, if you want to take a step back and say, "Do I need to spend money on a food sensitivity test?" The thing I tell most people at this point is don't waste your money. They can be helpful. Sometimes they can provide false negatives. If you haven't been eating the foods for a really long time, you can just about forget it, because if you haven't eaten them in probably I would say a few months, your body may not even show antibodies to it, but it's just because the exposure hasn't been there. It's a waste. It's not reliable.

You also, if you did have it done, you don't need to worry about mild sensitivities. Those are just foods that you're exposed to on a daily basis. You really have to worry more so about severe and moderate. Those should be, if they do flag up and you



know that you seem to have an issue, they should be removed while you do a gut rebuild. Again, to be honest with you, I so rarely suggest it. Look, if a client really wants to do it, be my guest, that's fine. I can't even tell you the last time it was actually really valuable. They came back being like, "Wow, it didn't really show anything." I'm like, "Nope, because I told you it's not the problem."

[0:49:25.3] AS: Well, I think it comes – I always with any test say to a client like, "Is this going to change your behavior?" We think, "Oh, if I get the data, it'll motivate me, or it'll give me more of a clue." I actually think connecting, if you start to feel gradually better, right? All paths lead do we want you to get to feel better? If that test is just going to overwhelm you or what not, it's not really going to change how you feel about things per se. If anything, it may be more of an emotional toll, because then you feel, "It was more than I thought," when really again, which I hope people get from this episode and you've done an amazing job is these sensitivities are a symptom, rather than all that stuff.

When you were talking about chewing your food, it took me back to this February. I mean, we're recording this in January, but when this episode goes live, it will be officially my 12<sup>th</sup> year in practice business [inaudible 0:50:14.2]. Yeah, and I remember one of my first clients. She had been on heartburn medication for maybe 15 years. This is when I was really focused on food with people. I mean, I still focus on food, but it's much more like, "Okay, here's how you learn – here's how you discern what foods work for you based on gut health and blood sugar." It's not as in-depth as what you do with people.

I remember chatting with her and one of the things we were working on was just her slowing down, because she was like, "I don't even feel satisfied with my food." She's like, "I have heartburn." I had learned about – this was the early days of when I was studying functional medicine back then of like, okay usually you have heartburn when you don't have enough stomach acid. Obviously, I never touch people's medication or

tell them what to do, but I said, "What if we just try you chewing better and slowing down to see if you feel more satisfied and whatnot."

When you know it, it stopped her heartburn and her doctor was perplexed. I was astonished, because at this point I still thought doctors knew everything and I felt this hippie, crazy hippie. We were both shocked together. I was like, "Oh, my God." It's these simple things that we have to learn to do for longevity of our health. I love that you brought up just chewing, because I've seen it work miracles for people.

Even I remember, a client lost 2 pounds in a couple of weeks just chewing her food less. She's like, "I'm just so much more satisfied with my food." I was like, "Yeah, funny how that happens." Because to your point, you get all those enzymes in your mouth when your teeth break it down and then you get more satisfied and you can actually absorb your food. You're going to feel your hunger go down the more you absorb and metabolize.

[0:51:58.2] JF: Absolutely. A lot of times when you are constantly hungry, it can be a sign that you're just really not absorbing the nutrition. I mean, you're hungry. That's a thing. It's we think we're hungry for food. The reality is our body is hungry for nutrition, for nutrients. When you're not getting those nutrients, it can be mistranslated in a multitude of ways. I think, the one thing as I'm listening to you talk and it sounds like you're very interested in encouraging your clients to tune in more, because I think we tune out so much that we forget that we're worth it. We're really worth it to pay attention to.

It reminds me of this one client that I worked with. I don't know, it's about a year or so ago and this I guess is again that red flag of being overly committed to the process and not to getting better and doing what your body needs in order for it to – I cringe at using the word heal, because in our industry, we have to be very careful, because

that can apply a promise, essentially. Really, how well you improve depends on a variety of factors.

This woman came to me and she had been really sick for a long time and she had read a bunch of diet books on autoimmune issues. I think she had celiac disease. By the time she came to me, I wish I had shared this in the beginning, Ali, she was eating a pound of ground beef, two cups of spinach and a cup of pomegranate seeds every day. That was it. That's what she had whittled her diet down to.

I tried in many ways and a bunch of attempts to explain to her that this was not healthy. We needed to expand the diet and slowly she started to expand out to avocados. Then it was a pumpkin. It was slow, but she was seemed open to it. Then eventually, she just hit a wall and really couldn't go any further. She was more committed to the idea of doing elimination diets to get better, than she was doing what her body needed in that moment.

I think as we're like – I know we're winding down to the end here, I just want to leave people with a thought that whatever your values are, whether you're a vegetarian or vegan or you believe in the keto diet or whatever your belief is around diet and how you should eat and show up as far as food is concerned, if you're ill, you have to throw a lot of that out the window. You have to be present to what your body needs. You have to be more committed to doing what your body needs to get better, than you are married to any specific diet.

The reason is that if you're not, it's going to be really hard to make changes because you're constantly fighting this ideology that you hold so true, instead of being present to your body. If your child needs something, you're probably at a certain point going to be like, "All right, we got to do this. We don't have any other choice." You're more willing to do it for a child than you are for yourself.

I've had clients that were a vegan or vegetarian and they're just like, "You know what? I realize now, I need to put this on pause for the moment." I'm not saying anybody here that is vegan or vegetarian should eat meat or whatever, but the reminder is always just to say, "You know what? I need to do what's best for my body in this moment. It's not necessarily forever. I'm going to ask for help and support when I need it and I'm going to be open to suggestions and change, because I don't know everything. At the same time, I'm willing to show up. I'm willing to do the work and I'm willing to communicate, because it's the only way that two people working together are ever going to get down that road." I just want that to be a reminder to everybody, because you can't oftentimes just go with alone.

[0:56:03.5] AS: I think that's so beautiful. I often tell my clients, especially the ones who come to me and are just tired, right? They're finally they're open to something different. I was like, I don't know if our – I mean, my process is very powerful. It's research-based. Someone has to be willing to question, right, everything that they've learned about their willpower or discipline or lack thereof.

I honestly think that's part of the success rate that I have is people are just ready to suspend some of that stuff, suspend some of the beliefs that they've been told. I think you just said it so beautifully about being present to what your body feedback is giving you. Are you getting better when you add meat? Are you getting better by adding – healing your gut rather than taking things out, right?

That's what I think I love, especially about how adults learn is adults once they have the real tangible experience, they can progress really fast. We need that experience. It's just opening yourself up to the information to then get that help, rather than, "Okay, I need an elimination diet and I know this is what I need," right? It's what other information might I need and I think you've done such a great job of explaining to us when it makes sense. I do think the elimination diet can show us the power of nutrition

and they can tune us into maybe more subtle things and when it doesn't make sense for us.

Is there any anything that I – questions I haven't asked, or pros or cons that you want to add before we wrap up?

[0:57:29.9] JF: I would just say that if you do an elimination diet and say you know for sure what's going on with digestive function and your microbiome, and you're assuming that an elimination diet is going to fix them, that's not the case. You have to look at both. Those are factors that you may need help with, you may need some guidance with. It's okay. I mean, at the end of the day, I don't want you to continue suffering forever. I don't think you do.

I mean, there's a certain point when I can appreciate people going off and doing research on their own. I mean, I don't know. I'm not going to be looking into my eyes and being like, "Oh, I need cataract surgery. I'm going to go to an ophthalmologist. I'm going to go to somebody that's schooled in that." I totally understand and appreciate budgeting and whatnot, but there are different ways to work with practitioners. I will also say this, don't be afraid to say, "Look, do you have some other way in which I could work with you? I know that I need help, but it really is beyond my budget. If you do have budgetary issues, is there some other way that I can work with you or some guidance or some help?"

Because it's sad. I do to some degree realize that our healthcare system is not set up for helping people become well. It's a symptom management system that milks the cow for as long as you are alive and it's very sad. I have some concerns about the way that even the functional, "functional system" is set up as well in that there's not a lot of regulations about who can call themselves functional and what that really means.

There's a variety of different standards out there, so it can be difficult of who to trust and how to get that type of help. At the end of the day, if you try things and you feel you're not getting better, it's time to ask for help and figure it out. Be more married to the idea that you can find a way than you are to any of the negative reasons that come up in your mind for why you can't do this, or why you're not going to be able to afford something.

When I had severe Candida and adrenal fatigue back in 2009, my husband had just gotten laid off from his job. We lost two-thirds of our income. I had every reason in the book to be like, "I just can't do this. I can't see these practitioners. Can't get the testing. I can't buy the supplements." I was so determined that I figured it out step-by-step. I am so inspired by so many clients of mine that have done that in whatever circumstance they're in. They just want to offer that to you as do not give up, don't be put off by things, figure it out. If one practitioner is not the right fit for you, keep on looking.

You never know, it could be the next stone you turn over that is the right place for you to land. Persistence pays off in the end. Just be very cautious. If you've read all these books that promise you you're going to get a world better just from removing more and more foods from your diet. By the way, anybody listening has skin rashes, same deal. A lot of times, you cannot get off those very strict elimination diets once you go on them. Yeah.

[1:00:50.0] AS: Well, I think that's very wise going step by step and breaking it down. I think even, we focus on some of the pitfall, a lot of the pitfalls of the elimination diet. If your first step is to try something, start with gluten one month and see if you notice a difference. Start with dairy one month. Don't think you have to do everything at the same time.

[1:01:10.4] JF: Clean up your diet. I mean, that's a first. If you're drinking soda, stop drinking soda. Right there. As soon as you – Do you really want to pay somebody \$500 an hour for them to tell you to stop drinking soda? I mean, do that basic stuff on your own. That will really help you save money, if you just start making those changes now. Then once you get to a point where you're like, "All right, I've maxed out my – I'm going to ask for help now."

[1:01:38.7] AS: I love that you brought that up. Yeah, because there's all – I think that's one of the things sometimes when I'm trying to explain how Truce with Food is different than other coaching, because it's really different. I just want people to know, they can get so far. You can get so healthy. You can get so far, right? That's part of my excitement. I don't know. I mean, Jen you had a lot of health issues and I did too. I had just accepted such a low level of health for so long. I'm so angry that I didn't even know what was possible.

[1:02:09.4] JF: It can always improve. You know what? I totally just remembered Ali, I'm such an awful interview today. I just completely remembered, I have this great article on my website that's all about low stomach acid. If anybody who was listening to this like, "Well, how am I supposed to test if I have low stomach acid?" I'm happy to share that.

[1:02:25.5] AS: We'll link it in the show notes.

[1:02:26.3] JF: Yeah. That way, you can go and read about why so you can break it down further for you and then it'll explain to you how to do the test, which is free by the way, so you can figure out whether you have low stomach acid or not.

[1:02:39.8] AS: Oh, I love that. Yeah. We'll link that, as well as all the places you can find Jen and everything in the show notes. Thanks. Yeah, I had low stomach acid for a while and I had to use enzymes and eventually just raw apple cider vinegar helped

me in the later stages of healing. I'm glad that you have that article for people, because that will solve a lot of issues for people.

[1:02:58.9] JF: Yes. Like I said, just correcting that can oftentimes make a massive improvement. If you do have low stomach acid, I would say you got to probably give it about two weeks to maybe four weeks and just track your symptoms and be like, "Okay, these are the symptoms I have now and I eat." Then start comparing them once a week, not every day and just notice, are they getting better? That can be really helpful and just all of the digestive symptoms and even other symptoms that aren't even in your digestive tract. It could be brain fog, or energy, or tingling in your fingers and toes, whatever. Just so that you can see that how the body is reacting to one single change.

[1:03:39.7] AS: Wonderful. Jen, thank you so much. Where can people find more of you?

[1:03:44.2] JF: Yes. They can find me over at my website, which is [jenniferfugo.com](http://jenniferfugo.com). I also have a brand new website as you shared in the beginning, called [skinterrupt.com](http://skinterrupt.com). That is dedicated to people that have chronic skin rash conditions. I also have a brand new podcast called The Healthy Skin Show. We're diving deep into that to really help show people the root cause approach in resolving these chronic skin issues, because like I said I had eczema and it's awful. To me, it's like hell having skin issues. I just don't think that we're doing good enough in that realm to really help people thrive and find a better way forward.

[1:04:25.7] AS: I love that, because people probably have no idea that their eczema is caused by their gut, or hormonal issues. Dermatology has definitely not advanced that conversation.



[1:04:37.8] JF: No. No. Forget about the fact that – let's not forget that there is so much money wash from pharmaceutical companies in the dermatology world. Why on earth when you could give somebody a medication for life that cost them, I don't know, \$35,000 a year, \$50,000 a year. Why would you want someone to get better? There's really not that much of an incentive.

[1:05:06.6] AS: Oh, my God. You're totally reminding me of an article of Goldman Sachs reporting to pharmaceutical companies that it's not in your best interest to cure people. Keep them chronically ill. I mean, this is public knowledge, people. I'll share it on my Facebook page. It's sick to me, because to me – okay, if you want to swindle me on a car that I don't need whatever, it's money out the door. My health, we got another thing coming.

Thank you, Jen. This was fantastic. I love your level of mastery and detail and root-cause resolution, which is what we're all about here. Thank you so much for your time, everyone. Oh, and you're on Instagram too, aren't you? Do you do social media?

[1:05:43.9] JF: Yes, yes. Social media. I'm on Facebook, but Facebook was just weird these days. I prefer Instagram. You can find me [@Gfreeschool](#), or just look up my name Jennifer Fugo and it will pop up, or from any of my websites. Yeah, I have a pretty, pretty, I don't know, I know I guess fun is not the word. I really try to be informative and a little provocative. I want to change the conversation and make sure that people who have these chronic illnesses are really being heard and that they're finding the answers that they need to in order to move forward effectively and efficiently without going broke.

[1:06:20.0] AS: I love it. I love it. Fugo everyone is F-U-G-O. We will also list all of Jen's links and her article on how to test if you have low stomach acid in the show notes at [alishapiro.com\podcast](#). Thank you, Jen.

[1:06:34.0] JF: Thank you for having me.

[END OF INTERVIEW]

[1:06:38.9] AS: Thank you, health rebels for tuning in today. Have a reaction, question, or want the transcript from today's episode? Find me at [alishapiro.com](http://alishapiro.com). I'd love if you leave a review on Apple Podcast and tell your friends and family about Insatiable. It helps us grow our community and share a new way of approaching health and our bodies.

Thanks for engaging in a different kind of conversation. Remember always, your body truths are unique, profound, real and liberating.

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