

*Stephanie
Dodier*

**The Beyond The Food Show
PODCAST TRANSCRIPT**



the
BEYOND THE FOOD
Show

WITH STEPHANIE DODIER

Podcast Transcript

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Stephanie: Welcome to episode 35. And today is all about emotional eating. We have our guest, Dr. George Ede, which is an MD and Harvard-trained psychiatrist and she is going to share with you five-part solution to emotional eating. But most important, she is going to dig into the roots of emotional eating and teach us how emotional eating goes well beyond the food.

Now this episode was recorded live and actually in Dr. Ede's hotel room at the LowCarbUSA Conference I attended in West Palm Beach. And it was a wonderful event and very powerful for me personally. I had a chance of meeting some amazing researchers and MD, all having a very open mind to take their practice or their research well beyond what we typically expect from traditional medicine or allopathic doctor. They start with nutrition in both their work and their research but it goes well beyond that.

Now, Dr. Ede is one of the first guests that I'm bringing you on but in show 37, I will also have Dr. Zach Bush which has blown my mind and will blow your mind with the connection of emotion, particularly fear, and craving.

I also had the pleasure of meeting for the first time, if you are a fan of Dr. Pompa, was my first time meeting him. And his lecture on cellular toxicity was amazing. And the influence of our environment in bringing toxin in our body and the impact of those toxin on our body. Yes, diet is important, but, if you are a toxic individual and you're continuing to toxify yourself, health will never be something that you can reach easily. So go check them out.

And Dr. Mercola was there. So, you probably all know Dr. Mercola. Number 1 health website in the world and he taught us biohacking beyond the food. So, Dr. Mercola taught me one thing that I want to share with you, which is LED lightbulbs. And how, yes, they are saving us energy but they are very dangerous for our health. I had no idea. Almost all of my house is LED light because I thought that was the right thing to do. But what I didn't know is that LED light actually produce a very powerful level of blue light. The same light that's emitting from our computer, from our iPad and from our phone. I knew that blue light from electronics at night could prevent the production of melatonin. And I'm a big fan of those blue light goggle glasses that I wear when I read my iPad before going to bed or if I have to do work.

However, I didn't understand the impact that it had all day long because of the LED bulbs that I had in my house. So, I'm right now looking for the traditional incandescent bulbs so I can replace my whole house. Because, yes, the best bulb for your health are incandescent, not blue light. And I have linked in the

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show note on an article that Dr. Mercola published on his site so you can have the whole background information on the lecture that he gave us. But something to definitely look into if you're looking optimum health beyond the food.

So, are you ready to learn everything about emotional eating? Let's do this.

Georgia Ede is a medical doctor and Harvard-trained psychiatrist with special interest and expertise in nutrition. She has over 10 years of experience in collagen mental health previously as a psychopharmacologist and nutritional consultant at Harvard University Health Services and currently at Smith College in Northampton in Massachusetts.

Her professional experience include two years as a staff psychiatrist at the Hallowell Center specialize in treatment of ADHD and other attention-related disorder.

Dr. Ede is the founder of Diagnosis: Diet.com, a website dedicated to its **[0:05:48]**, the scientific connection between food and all aspect of mental health and physical health.

She speaks nationally on a wide range of nutrition topic and write for Psychology Today and is a founding member of the Physician Ancestral Health, a group of doctor promoting the application of evolutionary dietary principle to the treatment of human health condition.

Dr. Ede particularly enjoy getting to the bottom of nutrition controversy and translating confusing scientific information into the common sense approach that everyone can use to make healthier food choices. Welcome, Dr. Ede.

Dr. Ede: Thank you very much for having me, Stephanie.

Stephanie: You're very welcome. We're currently at the LowCarbUSA and Dr. Ede's going to talk tomorrow morning. So it's going to be a beautiful talk. So I'm going to put the link at the show note for people to see your talk in the future. And I'm very happy to have you here and I'm looking forward to the interview because of your personal journey. And that's where I would like to start first.

Dr. Ede: Sure.

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Stephanie: I would like us to talk about of what as a doctor, what's your journey into taking this different approach to mental health and how your journey developed to get you where you are today?

Dr. Ede: Sure. I started off with a very traditional practice prescribing medications and offering psychotherapy to a people of adults of all ages in a community clinic setting and then a private practice. And then, a number of years into that when I was in my early 40s, I developed a number of health problems that were confusing my doctors and that they weren't able to help me with. At that time, I was working at Harvard. And I had access to a lot of very smart, very caring specialists.

The types of issues that I was having were things like symptoms of IBS and chronic fatigue and fibromyalgia and migraines and just all kinds of problems that were really making it difficult actually for me to work. And I recognized a lot of these symptoms in my own patients or two.

And so, these were the types of things I wasn't very good at helping my patients with. And, when I went to doctors, they told me that they really know what's wrong, but, of course, I knew something was wrong because I felt terrible.

So, what I decided to do because one of the issues I was having was stomach pain and IBS issues [0:08:06] well, food must have something to do with this. Let's see if I can try to fix it. So, I started to keep a food and symptom journal. And was trying to figure out okay, well, at least, which foods might be bothering my stomach.

And so, over a period of about six months trial and error. I gradually eliminated things that seemed to be bothering me. And by the end of that period of time, everything that I had been suffering with was gone. Everything. I'm not saying I understood at that time why, but everything I felt fantastic, actually better than I'd ever felt. Even stranger, the diet that I ended up with by trial error was a very unusual diet one that I had thought would kill me.

So, it was basically a mostly meat, not very many plant foods diet. So it was basically lower in fiber and had meat and fat and cholesterol and not much else. And just a few vegetables there were actually quite a few plant foods that it turned out I didn't tolerate very well. Oh, and by the way, I had already been eating low-carbohydrate and [0:09:13] low-glycemic diets for a long, long time to manage my weight and that eventually didn't work very well either.

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But in any case, I landed on the state that I was really concerned was going to harm me. I mean, it felt great, and interestingly, none of the doctors that I went to, not a single one of them, not even the gastroenterologist asked me what I ate, not a single one of them.

Stephanie: What a typical story.

Dr. Ede: I know. It's just boring, right? So, that's just what we expect. So, anyway, I became very curious about why this diet, which was kind of upside down, compared to the way we're supposed to eat, why this diet had been so healing for me. And even more interesting to me as a psychiatrist was I wasn't setting out to correct any mental issues. I was really concerned about my physical health. But my mental health was much better. I mean, my concentration was better than it had ever been; my sleep; my energy, my mood. So my mood would kind of slump in the fall and winter time or get anxious around certain things, all of that was so much better, I hadn't even realized that it could be better. So that got me curious because as a psychiatrist I wondered, "What's going on there? I want to understand this because if I can figure out how this diet helped my brain function, then, maybe I could help my patients."

And, so, I just started reading everything I get hands on about food, and mental health and physical health. And that's what eventually turned into this website. It's more of a project of passion and curiosity than anything else.

And, you know what I discovered was everything that we had ever been led to believe about nutrition was wrong. We'd scratch the surface of it "scientific paper" and there was no evidence to back it up. So, that got me even more interested in trying to understand if these papers are wrong, then, what's the truth?

So, it's been a really fasting journey. And over time, what I've learned and then continue to learn every day, I try to incorporate them in my work with patients so that they don't just have medications as options, that they also have a wide variety of dietary options as well.

Stephanie: Overall treatment option?

Dr. Ede: Overall treatment options.

Stephanie: Right?

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Dr. Ede: Right. That you have choices so you don't – you can take the medication if you like, but you don't have to or what if the medication doesn't work or what if you get terrible side effects of the medication or what if you simply don't like the idea of taking medication? Like I think everyone should be offered choices.

Stephanie: So, your own health journey, like me?

Dr. Ede: Yes.

Stephanie: Drove you to question the standard approach even though you're a trained physician with how many years of education?

Dr. Ede: Well, four years of medical school, four years of residency.

Stephanie: So, a good eight years of scientific training that's embedded in you. How was that change period? Was it difficult for you to go through accepting that what you were taught in school may not be the end of it all. There had to be something else. How was that transition?

Dr. Ede: Fast and exciting.

Stephanie: Good for you.

Dr. Ede: Because it got me thinking all of sudden. I had a flashback to a class in medical school. I remember the day that this happened. Medical student first year. Medical student we were learning about the science of the body before we went into actually patient care. And I remember the teacher saying that we didn't know what caused high blood pressure. And I was like, "Really? I came to medical school so that I could understand things like what caused this high blood pressure," and he was basically up there saying, "For the vast majority of **[0:12:38]**, we actually don't know we call it idiopathic hypertension.

Idiopathic is a word we don't know what causes it, right? And suddenly, I just sort of went back to my whole medical training and started wondering we never talked about food. We never talked about it. I mean, maybe two hours' tops of nutrition, if anything.

And so, I thought, well, I need to start from scratch now because my guess is that if I didn't know any of this stuff that nobody in medical school did either or they would've shared it with us. So, I need to start from scratch. And it was really exciting. So, maybe we'll get to the bottom of some of these questions that we

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were told we didn't have the answers to. And, of course, it's not that hard to do if you look in the right places and ask the right questions. So it's really exciting.

Stephanie: And the reason why I ask this question there's many listener right now because we have a patient-type of audience that is going through this because they're being treated by their regular doctor. And then they're hearing me talk about food and mind-body connection, and they'd go back to their doctor and their doctor's like, "No, no, it has nothing to do with everything."

They have to go through that same transition in their own head to reconcile that it is true that there's something else and that battle sometimes is immediate like you. And that's for other people that last years before they can accept that there is something.

Dr. Ede: It's incredibly difficult for a lot of people unless they have had an experience that shows to them it's true, it's really hard to accept a different way of thinking about it because we've all been taught the wrong things and it's really, really hard to unlearn them, unless you have your own epiphany or your own experience say, "Oh, wait a minute. I wonder why that worked. It doesn't make any sense."

So, yeah, and most doctors I don't blame them. They didn't get the training. They may not be interested in nutrition. They may be interested in doing surgery or, you know, implying scientific methods so they really enjoy doing procedures. And so, whatever it is that they're interested in, they may not be interested in nutrition and they don't have the time to learn it.

So, unless you want to learn it on your own, as a physician, you're not going to learn it because there isn't an easy way to do it without spending a lot of time and you really have to be interested.

Stephanie: Which is true in that I always say, "Don't blame your doctor. Just take charge as your own patient of your own health and seek the counsel of your doctor to give you one opinion. And then seek another opinion and a third opinion. And you make the decision of which opinion you will decide to choose."

Dr. Ede: Yes, shop around.

Stephanie: You don't live in a dictatory country that will force you to take one avenue. We're free to choose. So what could be an advice for you, for a patient that's going through that transition? How can they fast-track their process of helping see that there is other opportunity and accept that?

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Dr. Ede: One way is just to one of the things I love to say to my students/patients is, “You could change your brain chemistry with medication.” There’s no question about it. But the most powerful way to change your brain chemistry is with food because that’s where the brain chemicals come from in the first place. And that’s where all the components of the brain come from, every cell, the fluid that **[0:15:47]** the brain cells, not just the neurotransmitters.

We were kind of taught in psychiatry school, psychiatry residency, to think of the brain is like a bag of neurotransmitters that you just manipulate with drugs, like raise the serotonin level or let’s raise the dopamine level. But the brain is so much more complicated than that. And it’s not just about neurotransmitters being passed back and forth. It’s about the health of every cell and how well they’re communicating with each other. And they have to be made of the right kinds of **[0:16:14]** and they have to be – have the right amount of protein and they have to have not too much sugar and all that kind of stuff.

So, one of the things that’s just explain is the map basic concept and another is to just explain to them that like with any health problem, that you should really expect, we’ve been taught to expect everything to kind of fall apart over time. And that, you know, it’s normal for organs to explode, they need to be removed by surgeons or you know, it can’t possibly be the case that so many people are depressed and anxious because they have a Prozac deficiency. That just doesn’t make sense.

So, sometimes just appealing to their common sense, I think, that goes a long way. And I also use a lot of just sort of basic evolutionary principles to say, you know, that we didn’t evolve to need medication. We evolved to be robust and resilient and adaptive, so, it doesn’t make sense that more and more of us every year are becoming depressed and anxious and needing medication. It’s just not natural.

So, there’s another way of thinking about it.

Stephanie: I think it’s a brilliant way because often in the world of nutrition, when I was working a lot with patient **[0:17:19]** we talked about digestion, had their gallbladder removed. And so I just got my gallbladder removed and for me to rephrase that for people whomever you believe into the God of your name or the Universe has not created the human body to have an optional organ.

Dr. Ede: Exactly.

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Stephanie: So you just common sense, right? So that appeal of common sense so take your illness, your condition and approach it from a common sense perspective would be a great tip for them. So thank you very much for sharing that.

Dr. Ede: Thank you for sharing the perspective.

Stephanie: So, I want to explore the whole mental health, how you approach it, and particularly in relationship to emotional eating, food craving. And, so, what would be your tips or advice you would give, particularly your female patient that are. Because I'm sure you observe that it's mainly female that are emotional eater. How do you help your patient with that?

Dr. Ede: I love this question, but first, well, because I'm a woman myself and I know what it's like to struggle with emotional eating for many, many, many years I did. And I work at a women's college, and so, everyone I see, it's very, very common. Eating issues of all types, but, particularly, binge eating, emotional eating, and a lot of shame that goes with that. And that sense of lack of control is a really common problem and sometimes it can take a while for people to disclose that maybe because they're so embarrassed about it.

So, it's really common. I think that there are many, many factors that go into it. For me just say that I would simply about carbohydrates is ridiculous. And I know there are some people who believe that. And carbohydrates have quite a bit to do with it, but it is not the whole story. Because we grow up in an environment where we develop coping strategies for stress and dealing with emotions, especially if you grow up in a family where emotions weren't necessarily handled in a healthy way or may not have been fully accepted or acknowledged. There are a lot of ways that people, children and teenagers growing up will do to try to help themselves feel better and want very powerful thing, food is very emotional like when you feed someone else like giving love, giving care. So that's a way of caring for yourself when you're feeling bad is to feed yourself something that feels good.

So, it's not just about what you're putting in your mouth, but why and how you learn to do that. I also think there's a huge hormonal component so the two main in my opinion, the two main biological non-emotional drivers of overeating are too many of the wrong types of carbohydrates too often which put your brain and body on this rollercoaster that gives you these sort of appetite surges and then, soon, it gets a long story, but probably most of your audience already knows about that connection. And we heard at LowCarbUSA so we get that piece.

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But there's a huge hormonal component, too, especially for women whose hormones are cycling throughout the month, but not just estrogen and progesterone, but also cortisol, stress hormone.

So, the thing about hormones, they all talk to each other. So if you just look at one and you say, "Okay, well, this is all about insulin," well, okay, insulin is very important. But insulin is a hormone and it's orchestrating the levels of all of the other hormones, insulin raises estrogen levels. And estrogen raises insulin levels. And cortisol is the stress hormone that's raised by falling blood sugar. So, all of these things are connected. So if you just say that it's one piece of this, it's, a, it's not going to work; and, b, it's not going to be accurate.

So, it's really complicated and in order to help somebody who's struggling with emotional eating, you've got to address all the pieces – the emotional piece of why did they do? What kinds of triggers are there? When do they find themselves eating? And is it by when they're alone? Is it with other people? What are they feeling at that time? Where are they? What's going on? Is it a certain time of day?

Some of my students with trauma histories will identify a particular time of day that reminds them of something bad that happened to them or particular time of year like a holiday or anniversary of a death. So, lots of different things go into this.

So you really want to have a long conversation about it, and not assume that you know all of this is just we'll just try a low-carbohydrate diet and see how that goes. It does help a lot but it's not the whole story. So I don't know if that answer your question.

Stephanie: Yes, it answered. We'll go into more of that but I can't not agree even more than that because the low-carb will result the whole sugar rollercoaster.

Dr. Ede: Yes.

Stephanie: It will medicate some of the emotional issue, but the emotional eating that is deeply seeded or rooted in the individual due to trauma or things that happened in their youth, mainly in their youth, is not going to go away with a low-carbohydrate diet.

Dr. Ede: Correct.

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Stephanie: And then, hence, come the whole yoyo dieting situation. Lose, and then you gain, and then you lose, and then you're gaining because the whole willpower now will refer in the show note to my episode on willpower will get you thus so far. I'll get you for a year, maybe a year-and-a-half and at some point, the willpower is not there anymore. And then you go back to emotional eating and then you gain weight, and then you lose weight. And then –

Dr. Ede: And then you feel bad about yourself and you feel out of control –

Stephanie: Shame.

Dr. Ede: And shame.

Stephanie: And that's why just so [0:22:49] that you gain more weight the second time, it's the shame weight that goes along with that. So, am happy that you're saying the same thing as there's a rooted emotional component to trauma of some kind associated with that deep emotional eating. So what could be some of the solution for people listening to this that say, "Yeah, that's me," how can we work through this?

Dr. Ede: Great question. It really depends on the person. So it's really [0:23:16] literally you want to find out who they are, what they've been through, what kinds of things trigger them, how do they feel about food? Do they have particular cultural or personal attachment to certain kinds of foods? And are there certain foods that they already know trigger them? Are there certain foods that they know that they go to when they're feeling bad, but understanding all of that.

So, it can be very helpful if they could find a good therapist that they connect to that they trust and feel comfortable with if that's really the key [0:23:47], it matters less what that therapist's training is actually, what their areas of expertise are and more about that connection that the person can feel that that therapist is transparent and compassionate and authentic.

And, so, that you can tell your story and then you can maybe get some more insight into why what's driving some of these patterns for you and you have to feel safe in that environment to disclose what it's like when you're having these feelings and going to these behaviors. So, a good therapist can be very helpful.

And also, just sort of go through the history and say like, "What was that person's childhood like?" It sounds so cliché but it's really, really important. So, it's part of

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every initial evaluation I do is understanding the upbringing as much as I can in that first hour. And then continuing to understand it. So, that's important.

But then, I also tell the people that I see that there are lots of ways to change brain chemistry. Food is, I think, one of the most powerful ones. And medications, by the way, I do prescribe medication. I prescribe medication every day. I've seen it work miracles. I just don't think that it gets to the root of the problem often and I think there are many other avenues.

So, I like to recommend to people that they consider all the other way things that the brain responds to because the brain is listening and looking at and paying attention to everything. So not just what you're putting in your body – whether it's a pill or food, but, it responds to healthy relationships. It responds to sunlight. It responds to exercise. It responds to laughter and joy and, you know, so. Paying attention to all the other pieces of your life that also impacts your brain chemistry. So there are lots of ways to change it. Acupuncture, EMDR, exercise, yoga, relaxation techniques. In the case of my practice as a college psychiatrist, dropping a class that you don't like, you know. Or you cutting down your course load or changing your major because you really hate your major. It's just the one that your parents wanted you to major.

So, all of those things. So, there are lots of different ways that people can feel better.

Stephanie: So, looking at your entire environment which includes food. But all the other pieces that talks to your body through your environment. I think that was a brilliant recommendation. Now, when you talk about how food impacts the mood, what would be your, I would say, top 5 tips to help women stabilize their mood with food?

Dr. Ede: I love that question. So, **[0:26:15]** be more than one. I can say more than one. So, I think the top 5 things, and it's great that you say five because then people can choose what they may feel that they are willing to work on first.

So, I think the number one thing is getting rid of those refined carbohydrates, if you can. Reducing as much as possible because they aren't food. They aren't natural. They aren't healthy. They're very, very disruptive to brain chemistry, insulin levels and all of the hormones of your body are following your insulin level.

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So refined carbohydrates are very powerful mood destabilizers. And just working on that is hard, especially for college students, but really for anybody. They're very addictive, and they're inexpensive and they're delicious and they're everywhere. So, that's a tough one and but that is where I really think are the most bang for your buck. But not the only thing.

So, some people have food sensitivities that drive their mood and stability for some people it's gluten, for example. For some people it's dairy. Who knows what it is for that particular individual. So, it's not just about carbohydrates but nobody should be eating refined carbohydrates, they're not good for any of us. Because insulin is telling all of your other hormones what to do. Insulin, when you eat carbohydrates, refined carbohydrates in particular, you get big insulin spike, big blood sugar spike, that puts all of your hormones on a rollercoaster, including your stress hormones like cortisol and adrenaline, your fighter flight hormone.

So, this can be why some people experience panic attacks in between meals. And insulin raises sex hormone levels because insulin is the hormone of plenty it's like, "Oh, let's rest, digest and reproduce!"

So, for instance, raising your estrogen levels and exaggerating the natural hormonal fluctuations that women have throughout the month, they're made even more dramatic than they otherwise would be. And that could lead to hormonal instability and chaos and essentially that symptoms before periods, for example, or after pregnancy or during menopause. So these are really important for women to understand.

And, in addition, estrogen regulates neurotransmitter activity in the brain. They're **[0:28:27] neuroreceptors** in the brain and they're talking to your neurotransmitters. They're talking to serotonin. They're talking to dopamine. So, everything becomes unstable. So, I think that's really key that stabilizing insulin levels.

But that's number one. Number two, food sensitivities. Do include free experiment. Or do a dairy-free experiment or do a paleo experiment, which is one of my favorite ones. Get rid of all the grains and beans and processed foods and dairy products for a month and see how you feel. That'd be very powerful.

And I also ask people to think about their fat intake to not be afraid of healthy whole foods fat. Fats that come from whole foods. And to think about their omega-3, omega 6 ratio, something I'm sure your listeners have heard a lot

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about, it's not just about taking an omega-3 supplement or making sure you're eating a lot of fish because omega-3 and omega-6 have to be in balance. So if you're eating too much omega-6 from the processed vegetable oils like canola and soybean oil and flax oil, that kind of stuff, those are unnatural highly refined oils, then your omega-6 levels are really and competes with the omega-3. So no matter how much omega-3 you're eating, you're drowning it out with omega-6. So balancing that. And that's really hard because omega-6s are everywhere. And most people don't pay attention. So it's not enough.

So, then we talk about insulin levels, refined carbs, other things can help lower insulin levels, too, but the refined carbs are a number one target.

Then we have food sensitivity consideration. The omega-3, omega-6 imbalance.

And then in terms – other things about food is to really look at the quality of the food that you're eating. And ask yourself, like, "How close to a healthy whole foods diet are you eating now?" And are there certain foods that you would be willing consider letting go of or eating less of, especially if you understand that they're not really as healthy for as we've been led to believe.

So, just educating people about what is food? What is a food? So much of what people eat really isn't, when you think about how much we eat is not a meat, fish, or poultry or vegetable, a fruit or a nut or an egg. Think of most people eat many things that don't fall into those categories every day. So, overall, dieter quality.

And then, other things about that, I usually do some lab work to check things like vitamin D levels, B12 levels. And this is really one of my probably one of the biggest challenges, especially on college students is to help them understand some of the health risks of a vegan diet.

And so, I asked them to think about that. I usually ask my students if they do it with a vegan diet, why? If they're eating it only for health reasons, there are some room for conversation there. But there are many other reasons to choose but they have nothing to do with health. And that's a personal choice. But I do want them – if they're eating a vegan diet and feel that that's really important to them personally, I help them optimize that. So with supplements and also avoiding refined carbohydrates, and trying to minimize on the omega-6s which can be high in the vegan diet, if they're not eating the right way. So just help them get the most out of their vegan diet to minimize the risk.

So, I think that's five.

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- Stephanie: Yeah, that's okay. **[0:31:36]** it is. And it's a lot of things that I've been sharing. So, I have a program called the Nutritional Reset, which I'll link in the show note, which is an elimination diet. It's about people eliminating food to understand what's their own templated diet, as I call it. Because we each have our own diet. So I'll link to that as well in the show note and the whole vegan story is the same thing how I approach it and practice with my patient is if people are saying it's because of belief, that's fine, but understand the risk, then make an educated decision.
- Dr. Ede: Exactly. Food is personal.
- Stephanie: We can have a vegan diet as long as we have this and this in place. So, **[0:32:19]**. We could keep talking for hours.
- Dr. Ede: I know.
- Stephanie: Trying to **[0:32:24]** our time right now. Where we can we find you? Where can we find your work?
- Dr. Ede: Yes. So, I have a website called Diagnosisdiet.com. In that website, I dedicate to the exploration of the connection between food and mood and mental health and physical health as well. I also write for Psychology Today, not just about food, but also about mental health in general. Topics that might interest the general public. I also speak at conferences fairly often throughout the year and I announce that on my website, people want to come and talk to me. I love meeting people in person. And I do respond to questions on my website for at least the first month after a post goes up. So I try to stay engaged with people in those various ways.
- Stephanie: Awesome. So we'll link to all of that in the show notes so people can find you there. And I want to raise the invitation for another show in the future.
- Dr. Ede: And I would love to, yes. It's really great talking, I really enjoyed it, yeah!
- Stephanie: And we'll have you back on the show at some place. So, thank you very much for being with us today.
- Dr. Ede: Thank you, Stephanie. It's so important the work you're doing. Thank you for what you do.

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Stephanie: There you have it. Everything about emotional eating with Dr. Georgia Ede. Now, all the links of everything we talked about during the interview and during the intro will be in the show note which can be found on my site, stephaniedodier.com/035. That's where you could also pick up the transcript from the show and the link to join my private community and also check out the Keto Connector program which is my unique program that will allow you to move forward from worrying about food and moving on into healing your mind and your body.

I want to take a moment to thank our sponsor for today's show which is FBomb where fat is smart fuel. Now, what is FBomb and why do they call it FBomb? Well, FBomb is a family-based company out of the U.S. that manufacture healthy sources of fat and easy-to-carry pouches. I have them with me when I was at the conference where I met Dr. Ede. And they called it FBomb, F standing for fat bomb, but also FBomb just as a marketing tool to grab your attention. Which I'm sure I did when I said the FBomb.

So, the FBomb is a line of nine product that varies some coconut oil, MCT oil, avocado olive oil and also nut butter so you can carry your healthy fat conveniently with you. You can visit FBomb at www.dropanfbomb.com, and use the coupon BEYONDTHEFOOD to get 10% off your first order.