

*Stephanie
Dodier*

**The Beyond The Food Show
Podcast Transcript**



Stephanie Dodier CNP 2016 | www.stephaniedodier.com

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Stephanie: This is Episode 58 of The Beyond The Food Show and today we talk about gut health, microbiome, cravings with Dr. Will Cole.

My name is Stephanie Dodier. I'm a clinical nutritionist and at 35 I was trapped with severe anxiety, panic attacks, obesity, and my health completely collapsed. I needed a solution and that's when my journey began.

In each episode of The Beyond The Food Show, we bring you an expert or a message to help you achieve your health goal, unlock your self-confidence and live a better life.

This episode of The Beyond The Food Show is brought to you forward by stephaniedodier.com. And today is Episode 7 of The Crave Cure Series: Going Beyond the Food to heal our cravings. The Crave Cure Series is 10 health experts and 10 reasons why we crave. And we need to understand the reason why we crave so we can find a solution. We can't solve what we can't understand and that's why I created The Crave Cure Series.

In the previous show, show 57, we had a very powerful conversation with Dr. Susan Peirce Thompson from Bright Light Eating and we talked about the psychology of eating and how addiction can come into play to our food behavior. We debunked willpower from back to front. You have to go check that out.

Now The Crave Cure Series is an opportunity for you to impact your own relationship to food, but I encourage you to also find your tribe. Success comes with community. I want you to take this journey with three other women in your life. I want you to share the show notes, share the episode with three people in your life that can take this journey with you but also support you, encourage you and chat with you when you need it. We can only be successful when, as I said, we have a community.

To help you along the way, I created a guide, The Crave Cure Guide, which can be downloaded on my site, stephaniedodier.com/cravecureguide, and you with your group of women can follow this guide, listen to the two episodes a week for the month of May 2017 and begin your own journey.

Are you ready to talk about the impact of your gut health on your craving? Let's do this!

Dr. Will Cole is a leading functional medicine practitioner specialized in clinically investigating underlying factors and customizing health programs for chronic conditions such as thyroid issues, autoimmune, hormonal dysfunction and more. He consults locally in the Pittsburgh area, as well as a webcam and phone consultation for people

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across the country and around the world. Dr. Will Cole is a health provider for international publications such as Mindbodygreen and lectures nationally.

Welcome to The Crave Cure Series, Dr. Cole.

Dr. Cole: Thank you so much for having me. I'm excited to talk today.

Stephanie: You're very welcome. I'm very happy. I was saying to you earlier how I'm a fan of yours. I've been following Dr. Cole for about a year and I love his work. I am very excited to deep dive into gut health and the impact on the food craving with Dr. Cole because I think he can teach us a lot today.

As we all know, craving – it's not just sugar, it's not just food, but it's a combination of social, cultural, psychological, physiological factors. And our cravings are often a major barrier to weight loss or even our goal of optimum health for many people. And the Department of McMaster University actually releases that recently that said that 97% of women experience food craving and 68% of men experience food craving. Is that what you see in your practice?

Dr. Cole: Absolutely. And I think you kind of touched on the fact that this is an interconnected multi-faceted aspect of health, is food cravings. And I really see it driving a lot of what keeps people back from achieving their health goals because they intellectually know what to do and they may have a doctor pointing them in the right direction, in functional medicine let's say, but these food cravings can be saboteurs many times. So yes, it's ubiquitous to say the least.

Stephanie: For people listening to the podcast, The Beyond The Food, people mostly know what they should be eating – real food. They know that but there is this barrier. And recent research is actually pointing out that the bacteria in our gut, our gut flora, could actually be an impact to our food craving. What is this gut flora, microbiome? Let's start with the basis and talk people through what it is because we hear all kinds of names like microbiome and microbiota. Is it all the same? What is it?

Dr. Cole: I am a self-professed gut health nerd so I'm excited to talk about this. You gave me a platform to rant about it. Hippocrates – let's just start there – the father of modern medicine said, "All disease begins in the gut." I don't know how he knew that but that's why he's the father of modern medicine, I guess. But research is really catching up with antiquity that about 90% of all chronic health problems that we see today, at least to some degree if not entirely, begin in the gut. So this microbiome – if you break that word down, micro is small, biome is life. It's small life. It's the term for the collective trillions of bacteria that live in your gut and live on your skin and live around and inside

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your body, mainly in your gut. It is upwards of 100 trillion bacteria, even though some studies say less, but upwards of 100 trillion bacteria. And we are all about 10 trillion human cells. So you are 10 times more bacteria than human.

Think about that for a moment. You are sort of a sophisticated host for this microbiome, this sort of metropolis, this microbiome metropolis, these colonies of bacteria that each have separate subdivisions or neighborhoods in this metropolis and this massive city – your city – but it's in your gut and it's this microbiome metropolis. And they do a lot of things because it's about 75% to 80% of your immune system. So anything from colds and flu to chronic sinus infections to autoimmune conditions have major implications in the microbiome.

Also, our digestive system in the microbiome, it's our second brain. If you think about it, even just from how it looks like physically, your gut intestines looks like your brain, if you think about it. And they're actually formed from the same fetal tissue. When we were growing in our mom's stomach – we were all babies at one point – our gut and brain were formed from the same fetal tissue, and they're inextricably linked for the rest of our lives through what's called the gut-brain axis to the entire nervous system, to the vagus nerve. This is the play, this communication line, between your gut and brain, and brain and gut, and we see this in many different ways. When people get nervous about speaking in front – maybe a class presentation or a work presentation – they have to run to the bathroom. That's the gut-brain axis in real-life manifestation, and we see that in many ways. Bacteria in our gut, the balance of the bacteria in your gut are linked to many different things, like cravings, like weight gain and weight loss resistance.

Research is also linking the bacteria in your gut to actually determining how our brain in functioning and neurotransmitter function. Different bacteria strains are linked to myelin production problems and things like MS and neurological autoimmunity. Your gut and brain are connected and I think that you cannot understand how your brain works, you cannot understand how your hormones work without understanding the state of your microbiome and the state of your digestive system.

Stephanie: That's pretty impressive. I never looked at it from that perspective but it's the same tissue and it's the same form. It's the second brain.

Dr. Cole: Yes. Researches actually refer to your gut as your second brain. Interestingly enough, the 95% of your serotonin, my serotonin, all of our serotonin, our happy neurotransmitter is made in our gut and stored in our gut. Things like depression and anxiety, which we know also determines cravings and impulses towards foods, that has huge implications in the gut.

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There's this whole field of research called the cytokine model of cognitive function. Basically, how inflammation impacts how our brain works. And a lot of these inflammatory problems that we're seeing in the brain actually have their origins in the microbiome and in the digestive system.

Stephanie: We've got so many directions to go into. Let's begin by understanding – if I'm a person who's struggling with cravings or weight loss resistance, how do I know if my gut or my microbiome is not healthy? How do I begin to even understand this could potentially be a problem?

Dr. Cole: First of all, I would say for anybody listening there, you do not have to have gut symptoms, digestive symptoms, to have gut problems. Many people rule themselves out and they go, "I go into the bathroom fine. I don't really have any major issues there. Maybe when I eat something that I shouldn't eat, maybe then I have a problem. But for the most part, I'm fine."

Most underlying gut problems do not show up as acute digestive distress. Most of them are asymptomatic in the digestive system but have the downstream systemic implication somewhere else, where it's impacting their brain, it's impacting their immune system, it's impacting their hormones. It's some other system downstream that they're seeing in their life and you think, "Oh, it's just the brain or it's just the hormones or it's just my immune system," but it's this core, it's this where a lot of disease begins in the gut and their digestive system is more or less okay.

I would say, to know for sure would be a comprehensive health history and then comprehensive diagnostic labs. Most of our patients – we just were talking before the interview – you're virtual-based. We're mainly virtual-based as well. The majority of our patients are via webcam consultations, and when you just drop ship these labs to people, you get an underlying view of what's going on in the landscape of their microbiome.

There are some good labs out there. Two- or three-day collections of stool, test collections, can really give an insight on what's going on in your case. We're all different so to oversimplify this wouldn't be doing anybody justice. But we would want to look at the balances of the microbiome, we would want to look at any yeast and fungal overgrowth like Candida overgrowth, looking at things like short-chain fatty acids, which can also determine cravings. It can determine weight loss resistance. So things like butyrate and acetate and propionate and valerate, all these short-chain fatty acids which determine how our hormones function and our immune system and how that regulates our metabolism at large. Things like leaky gut syndrome. All of these are

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implications to consider with someone with cravings and with someone that has weight loss resistance.

Stephanie: Awesome. So very important to know, it doesn't mean that you have – as I call it in my world – poop problem does not mean that – if you have good poop it does not mean you don't have a gut issue. What I want to emphasize, as I often talk about, the body being healthy is a sum of many elements. Health is a sum of your social, your relationship, your physical. So if you're showing symptoms in any of those parts of your world, it's likely potentially maybe linked to something that's going on in your gut that may not show up in your poop. Is that what I'm hearing from you as well?

Dr. Cole: Yes, absolutely. It's amazing to me what we find on labs that I have a hunch, I have some clinical experience to kind of say, "I think this is what it's going to be," but you really don't know until you run the labs, and I am surprised. Obviously, the last thing I want to do is tell somebody in front of me or on Skype, "Do you have these things going on in your gut or in your hormones?" They already know there's something not right that's why they're having their labs run in the first place. So if anything, it validates why they feel the way they do. It gives them answers in the baseline to then do something about it instead of going to their doctor, getting these basic labs ran and they're told "Everything's fine. You just need to eat less and work out more and push yourself away from the table," all these horrible things that people are told when they're doing everything right on paper anyways.

Most of our patients eat a decent, healthy diet. Most of our patients do better than the standard American. But despite their best efforts, they're still going through these health problems. And then I would say this, this also, when we're talking about cravings, willpower only goes so far and we start asking the question – why do we have the cravings in the first place?

Stephanie: Yes, please dive into this.

Dr. Cole: Because you have to look at your gut. The gut is a major factor that – I was really summarizing lately the research on things even when we're babies, we're growing in our moms' stomach, we don't have any choice here but the foods that our mom is eating is determining our actual genetic predisposition, which isn't directly related to the gut but then if you're mom is on antibiotics, many of them can pass through the blood-brain barrier. And then when we are born, going through either the vaginal canal or a C-section, we get different microbes through how we're born. And then when we're babies, we don't discern what foods we're eating, what foods are in the house, and the foods we're eating or not eating, the stress levels or lack of it, what soil are we playing in

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– all of these epigenetic environmental factors are constantly and dynamically instructing our gut, instructing our genes how to be expressed.

By the time we are two years old – we're toddlers – our microbiome is largely set. It doesn't mean you can't change it later on in life but it just means that we need to give ourselves grace. We need to give ourselves forgiveness and mercy for punishing our body maybe for years – especially women – not knowing that the seed of many of these things have begun when they were two years old. This is going to take time and this is going to take really loving yourself enough to really find out these were issues and finding out how to undo them and fix them.

Stephanie: It's very important that you talk about health is a sum of all the elements that have happened in our life and it started before birth. I know you were talking about a comprehensive health history, and I do the same. We start from birth up when we talk to patients because what your mom has done, the trauma that your mom has had in her life or the food will impact who you are today.

I would encourage people to understand their gut health. If that's something you want to begin into, go back to your health from birth to now. Were you breastfed? Were you fed the bottle? C-section? Were you given antibiotics? Because people my age, antibiotics were extremely popular when we were young. I know for myself, I was fed antibiotic probably two to three times every year until the age of 10.

Dr. Cole: It's like an atomic bomb to your microbiome.

Stephanie: Exactly. So yes, we're born, and then we impact it. So let's start diving into the connection between this living group of little bacteria in your gut and the brain, because I want people to understand the bacteria in our gut – how it actually communicates with our brain. You were talking about neurotransmitters and hormones. How does that connection between the two happen?

Dr. Cole: Your bacteria are doing a lot of different things, and there're many different pathways of how they're communicating with the brain. Let's talk about a few of them.

One of them is that you have these upstream and downstream connections between your microbiome and your brain function. But the microbiome is actually determining neurotransmitter synthesis and neurotransmitter production through the entire nervous system, through this communication line between your gut and brain. But also something to consider is the hormonal connection here, that about 20% of your thyroid hormones are converted in the microbiome, other hormones are connected and converted in the microbiome. Then you have this play between the brain hormonal

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system and the gut-brain axis, and this vicious cycle of hormonal imbalances, hormonal conversion issues, and the gut-brain axis too.

You can see here that this trifecta, if something is off with the microbiome, it can impact to the brain hormonal system but also can impact to the gut-brain axis. You kind of have to go upstream here in these cases to really heal the gut, even if you don't have acute digestive symptoms, based on labs, condition specifically, deal with these underlying gut problems. But people that have anxiety and depression, they've been known in the research to have higher levels of colony-forming units of certain bacteria. People that have OCD or autism are known to have microbiome disturbances as well. So many different ways, and we have to look at both the brain hormonal and the gut-brain axis.

Stephanie: So the presence of certain types of bacteria or lack of other types can lead to a dysfunctional serotonin level, for example, which would lead to what we associate with depression, for example.

Dr. Cole: Absolutely, yes. And research reflects this. If you look at the statistics of antidepressants, I think it kind of shows that, that they aren't widely effective for people, that most of them are not very effective and most of them, even if they are effective, aren't very effective sustainably because they aren't really dealing with the root issues of why people are going that they're going through. People aren't depressed because of an antidepressant deficiency. I'm not telling people to go off their antidepressants but if someone is medicated on an antidepressant, if they should be asking the question, "Why do I have the problem in the first place?" – to really go upstream to this issue.

The one side benefit, and what researches are looking into, is the fact that some antidepressants do have an anti-inflammatory response. People that do get improvements from antidepressants are actually from them driving inflammation down. So to look at the gut health and why serotonin levels would be lower, it could be due to poor microbiome health.

Stephanie: It could be overgrowth or growing of bad bacteria, not enough of the good ones. It's the balance between the two.

You were talking about neurotransmitters. We were talking about serotonin. Is there any other impact as far as the brain is concerned from our microbiome?

Dr. Cole: Because it's 75% to 80% of our immune system, we have to look at gut lining permeability issues or what's commonly termed as leaky gut syndrome. Basically, things are passing through the gut that shouldn't be passing through the gut, and that's

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causing systemic inflammation. This is not really the gut-brain axis. This is really a physical gut lining permeability issue. It's therefore an immunological and immune-based issue because the things that are passing through the gut lining into the bloodstream, this is causing the immune system to then tag undigested foods – really, any foods – food proteins and lipopolysaccharides or bacterial toxins passing through the gut lining. This causes the immune system to say, "Hey, why is there bacterial lipopolysaccharides? Or why are there undigested food proteins in the blood stream?" And this causes a cytokine, a natural killer of cells, to go and basically attack those intruders into the bloodstream.

What happens here? This causes an inflammatory cascade throughout the body systemically. And this can also lead to leaky brain syndrome or basically increased permeability of the blood-brain barrier. And the same thing that's happening in the gut, your second brain, is then happening in your actual brain. Your blood-brain barrier can be not as intact as it should be. The integrity of it could be lost, and this is allowing the same lipopolysaccharides to then drive inflammation in the blood-brain barrier, in the brain itself. Looking at neurological inflammation, you can measure lipopolysaccharides in the brain. You can measure endotoxins in the brain. You can measure brain inflammation.

People that have anxiety and depression, it amazes me how many people that we find are positive to the immune system actually attacking neurological tissue. Someone that doesn't respond to anxiety medications or antidepressants or has a family history of these things or autoimmune conditions, I would recommend ruling out the fact – is my immune system attacking my brain? Because with autoimmunity – there are three stages to this autoimmune inflammation spectrum.

Stage 3 is full-blown autoimmune disease. But that's really end-stage problems at that point. About 70% of your myelin sheath has to be destroyed before it's bad enough where they label it with MS. There has to be about 90% destruction of your adrenal glands before they label it with Addison's disease or autoimmune adrenal disease. There has to be about 80% destruction of your villi before they label it with celiac disease on a biopsy.

Those didn't happen overnight – 90%, 80%, 70% destruction. There are millions more that have 60%, 50%, 40%. There's some more in this autoimmune inflammation where they're not bad enough to be the full-blown diagnosable ICD-10 disease. But they are experiencing these unexplained symptoms and they aren't getting better.

The reason why I mention that is that the stage 2 of this autoimmune spectrum is autoimmune reactivity. We see many people that have this anxiety and depression

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which fuels cravings is really this neuro-inflammation going on in their brain, and it begins in the gut in many cases. A simple blood test that people could run – it doesn't look at everything but it's a good baseline for how your brain is, is homocysteine.

Homocysteine is a pro-inflammatory lab – any standard doctor can do that. But the units above 7 have been shown to increase blood-brain barrier destruction and it's something where in functional medicine we want to get that below 7. But the typical lab range in the United States or in Canada and Europe is going to be typically over 10, sometimes over 15, so you don't want to just look at the labs reference range which is based on statistical average of people who go to labs. It's not standardized. People that go to labs aren't the healthiest people.

Stephanie: I was going to say it's a measure to keep people alive, not for optimum health.

Dr. Cole: Yes. If you're waiting until you're 15 for homocysteine, the damage has already been done. We want to get that below 7. But homocysteine can increase heart attack and stroke. There're a lot of other reasons to look for homocysteine. But when we're talking about the brain and the blood-brain barrier and its implications to inflammation and the gut, you want to make sure homocysteine is below 7.

Stephanie: I'm going to go back to talking about this leaky brain, but another marker could also be CRP for inflammation overall.

Dr. Cole: Absolutely. C-reactive protein, it's another protein like homocysteine that we all make but high levels of it are linked to heart attack and stroke but also to systemic inflammation. It's definitely something that we would run on basically anybody because a lot of these problems that we're talking about today, what's fueling cravings, what's fueling hormonal imbalances, fueling gut problems, there's one commonality between all of these problems is inflammation. And we're not talking about acute inflammation per se but this chronic diffused low-grade inflammation. But C-reactive protein, we want it to be below 1.

The American Heart Association, they use these low average and high relative risks for heart attacks and strokes, and that's why typically they're running the high sensitivity C-reactive protein, which is what we run too. But we're not looking at it just from a heart attack and stroke standpoint but just – like you said – optimal health, which should be below 1.

Stephanie: Awesome information. I'm going to go back a little bit and put this into perspective to cravings. For example, if you have been told or feel depressed or have been diagnosed with depression and you're eating because you feel depressed, you may be challenged

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for you to leave craving behind because of your state of depression. However, the medication may not and will not permanently heal you from depression and your craving because we're not addressing the underlying cause, which is the gut. I hope that makes sense to people.

Now, I want to go into the world of stress because a lot of people respond to stress or anxiety with eating. We have this overwhelming emotion that is labeled as stress or labeled as anxiety and it's not pleasant in the sensation that it gives into our body so we reach for food as a means of soothing that sensation of anxiety or stress in the body. You could be meditating and breathing forever and it's not getting yourself better. People get frustrated because it's not helping them.

This is what Dr. Cole is talking about, is the root cause is actually in the microbiome and maybe your leaky gut, which will lead you to constantly have those cravings and those stress responses. So addressing the gut in combination with meditation and breathing will get you permanently walking away from those cravings and achieving your health goal. I hope that makes sense to everyone.

Gut health – Dr. Cole was talking about, leaky gut and leaky brain. Am I correct to say that it starts in the gut and then moves up to the brain as far as the leaky brain is concerned?

Dr. Cole: A lot of times. People can have it neurological first as well, and that can impact the gut. But I would say more oftentimes than not, it begins in the gut. But if someone has traumatic brain injury, if someone has whiplash, like chronic whiplash, if someone has sporting injuries, things like that, there is definitely a lot of evidence to show it can happen the other way around as well, where your actual brain injury can cause this pro-inflammatory cytokines to be turned on in the brain, and this decreases neuro output from your gut to your brain, which is then causing digestive problems. It can happen both ways, but I would say more oftentimes than not, it is beginning in the gut and impacting the brain.

Stephanie: Awesome. So let's talk a little bit about autoimmunity because I know through research that autoimmunity is linked to gut health and for people that may not know that, I'm sure there's a lot – I'll put a lot of resources in the show notes as well. But as Dr. Cole talked about autoimmunity, that is linked to the gut. The body is attacking itself.

Many women are actually suffering from thyroid conditions. We had Dr. Wentz on the podcast a few episodes ago and she talked about how the body is attacking the thyroid gland. How is that driven from gut health? Through the leaky gut, I'm assuming? If I can explain that to people?

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Dr. Cole: Absolutely. One mechanism that is pretty common in the medical literature and in functional medicine is that those undigested food proteins, those lipopolysaccharides that we mentioned and the things passing through the gut and leaky gut syndrome or hyper-permeability of your gut lining, it's then causing your body to attack these food proteins. But your thyroid, it's similar enough in structure to those food proteins, a few molecules off. Or it's something called molecular mimicry, sort of the case of mistaken identity. Your thyroid is just wanting to be a thyroid and do all the great things that the thyroid does, which is a lot of stuff, a lot of great stuff for your metabolism and your mood and your weight and the cravings and all of that stuff. Your thyroid is regulating it. But then your thyroid wants to be what it's supposed to be but then your immune system starts attacking it, starts attacking it with thyroid peroxidase, antibodies, the thyroid-binding globulin antibodies, and it's destroying it. It's then turned against itself, and hence, the triggering of autoimmunity, which is either Hashimoto's disease, autoimmune thyroiditis or Graves' disease.

There are many mechanisms of which something can be triggered for Hashimoto's. It's not just leaky gut syndrome. It can be viral as well with Epstein-Barr virus. But that's immune-based as well. If the immune system is compromised, let's say the gut is weak already, and then someone gets things like Epstein-Barr virus, it's linked in the medical literature to triggering Hashimoto's disease. It's not just leaky gut syndrome. But if you have a poor microbiome and hence, therefore, a weakened, compromised immune system, that leaves your body more prone to things like viral infections like Epstein-Barr virus, which can also be another trigger.

Then you have all these insults to your immune system, and this causes these immune imbalances, either Th1 or Th2, it's basically this sort of immune seesaw that's then imbalanced. It causes your immune system to start attacking the thyroid, which when you go to your standard medical doctor, they're going to basically run TSH, thyroid stimulating hormone, maybe a T4. That's all they need, to give you a synthetic thyroid hormone like synthroid or levothyroxine. But the reality is – why aren't they testing these autoimmune labs? It's because it doesn't change the treatment. So whether you have primary hypothyroidism or you have an autoimmune disease that's attacking your thyroid, you both get the same medication so it's a superfluous lab testing.

But from a functional medicine standpoint, we want to understand why you have the problem in the first place. And the American Endocrine Society says, upwards of 90% of low thyroid function in the West is autoimmune in nature, most of it being Hashimoto's disease. But then we have this whole autoimmune inflammation spectrum where it may not be bad enough to be diagnosable as full-blown Hashimoto's disease but it's some autoimmune component to why the thyroid isn't working as well as it could be.

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Stephanie: For people who then go on medication for a thyroid condition, inflammation – correct me if I'm wrong – is still present in the body.

Dr. Cole: Yes, because they have not dealt with why they have the problem in the first place. All they're doing is, at best, bringing back some of the hormones that the immune system has destroyed because it's destroyed some of the thyroid tissue. It's basically just making up for what the immune system has destroyed, but you're not dealing with why you had the problem in the first place. So it's synthroid or something like it, like Armour Thyroid or Nature Throid or something like this is going to be a piece of the puzzle to replace what the immune system has damaged. But it's not dealing with the totality of all the pieces to the puzzle of why they had the problem in the first place, which people know instinctively, "Hey, look, I don't have a thyroid problem because of the synthroid deficiency." They start to realize, "Hey, if I don't feel optimal despite my TSH looking perfect on the lab, there's something else going on to this puzzle." Izabella Wentz is brilliant mind to really touch upon that, but these are the things we look at in functional medicine.

Stephanie: To bring this back in perspective to cravings, if you have addressed a thyroid condition with taking medication because that's what your doctor's advice was, you are not addressing the inflammation. Therefore, your craving that you're struggling with and your ability to modulate those cravings so you can achieve your goal may be challenged. So what you thought was a solution, six months or a year later, you're struggling and you're maybe thinking the problem is you while in fact the problem is in your gut.

Dr. Cole: Absolutely.

Stephanie: And the same thing would go with the depression example we were talking earlier. You may be taking the anti-depression medication but you're still having an inflamed gut.

Dr. Cole: Yes. And these are the things that, if anything, it validates people, why they feel the way they do instead of shaming themselves for not dieting enough, for not having enough willpower. There's a lot of hate and a lot of shame that goes along with the things we're talking about. And it's these issues we're talking about, the thyroid issues, the autoimmune inflammation issues, the gut issues, the brain issues that are really the fire that drives why people crave the foods that they crave.

You cannot heal a body you hate. And these things that we're talking about, you have to give your body some TLC and some love and some grace to really rehab, so to speak, and regenerate what's been done to it.

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Stephanie: Let's talk about emotions. Do emotions influence our gut health?

Dr. Cole: Absolutely. I would look at that both ways. I would say our gut health can influence our emotions, but then, ultimately, two, we have situational issues. We have outside stuff. We could have a stressful job. We could have babies. We could have annoying relatives. We could have all of these bad situations in life that I don't even begin to understand what people can go through sometimes. But these external situations, stress and our relationship with stress, therefore, stimulating our emotions and certain emotions – some of these emotional patterns can be from when we were really young. But the way that we are interacting with our world and the emotions that we give the situations can definitely impact our physiology.

So the emotions can impact our gut health. Stress and negative emotions are linked to triggering leaky gut syndrome, so it's not always just the food that you're eating. You could be eating kale and kombucha all day long, but if you're feeding your body a big slice of stress every day, you're going to be at an uphill battle at best with really dealing with these issues that you're going through. So there's no easy answer to that. You'd mentioned mindfulness and meditation – that's great stuff. We just have to be aggressive with really retraining our minds of our relationship with the present moment and how we deal with situations that we can't change, because those situations, those external things impact our physiology in many different ways.

Stephanie: We totally agree with you. We can even think about how we soothe those emotions by food choices, because many people who have challenges with their cravings are emotional eaters. We soothe this big slice of stress with a big pile of sugar, for many people. Let's talk about this – the impact of sugar on our gut microbiome, for example.

Dr. Cole: Processed sugar impacts our microbiome. It can feed things like Candida overgrowth. It can feed things like small intestinal bacterial overgrowth or SIBO, which all can influence cravings. Candida overgrowth can definitely cause food cravings. SIBO or small intestinal bacterial overgrowth can definitely fuel cravings, and both of them, inflammation, which can then impact brain for more craving issues. Direct and indirect implications to food cravings can be there through sugar. But then, we can talk about the artificial sugar, artificial sweeteners because those are the ones that are marketed to people that are having food cravings or people that are dealing with weight loss resistance, "Have the sugar-free things. Have the zero-calories stuff." It's what's marketed to us left and right, but there are many research studies that have been done.

This one study that was published, it looked at over 66,000 people. It was published in France's National Institute of Health a couple of years over. It was also published in the American Journal of Clinical Nutrition. Drinking just 12 ounces of a diet drink a week,

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which is not that much compared to what most people are drinking, increase risk of Type II diabetes by 33%, and drinking just 20 ounces of a diet drink a week increase risk of Type II diabetes by 66%. But the Weizmann Institute in Israel looked at the mechanism of what's at play here and it's the microbiome. Those artificial sweeteners like sucralose or Splenda, Coke Zero and all these zero-calorie drinks and diet teas and anything with the word diet or zero-calorie and you see some random chemical sweetening it, it's super sweet but it's zero-calorie, it's got to be an artificial sweetener. That is actually shifting the microbiome, which can trigger latent genetic predispositions for things like Type II diabetes and metabolic syndrome, which can cause weight loss resistance in people and fueling cravings. Because what's it going to do? It's going to spike insulin and it can spike lectin as well. With these hormonal resistance patterns, you could look at food and gain weight. You could eat like a rabbit and gain weight if you were really having these hormonal resistance patterns, which begins in the gut.

So yes, sugar and artificial sweeteners can impact your microbiome for sure.

Stephanie: And this is just one example but for many people listening, their transformation with food has maybe happened over the last few years where they got to understand that food was important to them but what they did previously, just like me for the 35 years prior to getting our aha moment, this has impacted the gut microbiome. What you're struggling, though you're eating fine today, may be due to what you did when you were 15, 20, 25 years old. And I did consume some diet pop back in the day because that was what I thought was good, and it has impacted my gut microbiome today.

Dr. Cole: Absolutely.

Stephanie: I think we've drawn up a good picture of how important our gut health is and could be and likely is the cause of our potential other conditions. If somebody wants to start investigating this and wants to start addressing this, what is the first step for this?

Dr. Cole: Well, I would get a qualified functional medicine doctor to look at these things. There are many resources out there. We offer free webcam and health evaluations for people around the world at drwillcole.com to see what would be appropriate for you. Is functional medicine right for you or not? And if it is, in what way? Not everybody needs a full functional medicine experience. Some people may just need a lab or two to find out what's appropriate for them. We do offer that for people around the world at drwillcole.com, but I would get a comprehensive health history, a comprehensive labs, no matter who you go to, and then a game plan to then do something about it. We see a lot of patients with a pile of labs but nothing to show for it. Labs are great if you're going to then do something about them, because what's good if spend the money and take

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the time to do the labs if you don't do something about it? We have to have a follow-through after the labs.

Stephanie: Consultation with a functional medicine practitioner, Dr. Cole's information will be in the show notes.

If somebody is not ready for this or financially cannot afford this, can you give us three other tips or solutions where people can start on their own to impact their gut health?

Dr. Cole: Sure. A word on that real fast is that all of our patients are working class people. One thing I do want people to know is that you don't have to be a celebrity or independently wealthy to get functional medicine care. But you're right, some people are not to even go to the doctor at this point. They want to do it on their own and that's great, that's fantastic. And some people can do it on their own. That's fantastic.

I think some action steps that you would want to do on your own is, number one, it's just a practical thing – if you want to understand more or less how your digestive system is just from a bowel movement standpoint – and again, some do have completely normal bowel movements and they have underlying gut problems. But I'm talking about – there are some clues that you can do on your own. There are some clues that you can do on your own to see – how's my bowel movement? So we're going to talk about poop, guys.

Stephanie: Let's do it.

Dr. Cole: Get ready. I wish I had pictures for you right now but I don't.

You want to have about two bowel movements a day and you're going to want a well-formed "snakes" – as Dr. Wells and I call them. You're going to have to look in the toilet. After you see it, you're going to want to make sure that they look well-formed like a snake, two times a day. If you're going less than that or if it's looser or if it's more strained, if it's like pebbles or you see sort of fatty, oily – there's a sign that there's some digestive problems, and there may be no pain involved. People think they're fine and they're going more or less okay.

It amazes me because a lot of people, especially women, they don't want to talk about it but they think, "Well, I'm going every other day. But it's fine, it's not painful to go every other day." Well, that's not normal. That's not normal. Unless you're not eating any food, which isn't healthy either, that's not normal.

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You're going to want to look at bowel movements and making assessment for yourself. There are some great charts on Google, Dr. Google.

Stephanie: I have a chart, actually, that I have, so I'll put it in the show notes for everybody. It's the Bristol Stool Chart with seven different poops.

Dr. Cole: That's exactly the one I'm talking about. We'll put that right out there so you can check it out in the show notes. And then, number two, I would say, is doing an elimination diet, which – there are many ways to do the elimination diet, but I do have a video class on that. It's at mindbodygreen.com. There are also links to that at drwillcole.com but, I don't know, maybe we can put it in the show notes. That's something that you don't need a doctor for. I lay out what foods to eat and you can just completely do it on your own as a meal plan, recipes. It's basically taking out the most, biggest insulters to your gut for 60 days and then a slow reintroduction of these foods that may be a problem for people. It's meant to find out what works for your body and what doesn't work for your body. We're all different. You can know through the charting and the logging, through this process, this journey into healing your gut, what foods work best for you. That's something that you can definitely do on your own.

Number three, I would say, eating foods that are food medicines for your gut. One would be fermented foods, which doesn't work for everybody in higher amounts, but in some way I think fermented foods can be brought in a very effective, great, food medicine way. Things like coconut kefir, coconut yogurt, water kefir, I think also you can do kombucha tea – make sure that it's lower sugar kinds. GT's make some good lower sugars. Two grams of sugar shouldn't be more than that per serving.

Also, I would say kvass would be a decent option, and then fermented vegetables like sauerkraut and kimchi can be decent options to get good bacteria in the gut. If it causes any flare-ups, that's a clue for you that maybe something's imbalanced in my gut, that I need to be digging deeper. So be your own clinical investigator, and many of you have to be already, you don't need me to tell you to do that. But when these good foods are causing flare-ups, there's probably some dysbiosis, some imbalance, maybe some Candida overgrowth going on in the microbiome.

And then things like bone broth, which is really nourishing to the gut as well. You can do chicken bone broth or beef bone broth or fish broth if that's your thing. And even vegetable broths can be really nourishing to the gut.

Another food medicine would be celery juice. Just freshly-juiced celery juice. It seems too simplistic to be effective but it is really – I've seen it be a catalyst for a lot of people, bringing up the hydrochloric acid for healthy gut pH and gut digestion. So a simple thing,

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do it in the morning on an empty stomach. Start off well, work your way up, because it can cause GI distress as well if you have too much of it, if you're just starting out these things at the beginning.

Those are some things you can do if you want to start things out on your own.

Stephanie: I think those are great basic elements for you to take charge of your gut health, so I'm going to link to the poop chart. I also have a recipe for fermented food, so I'll link to the sauerkraut. All of that will be in the show notes. I'll link to everything that Dr. Cole talked about for you to take charge and be responsible towards your own gut health.

And then going to the next step with working with a functional medicine practitioner, I know for myself, I have a doctor that I work with out of Florida. I've done all the tests and I had somebody look in my poop. And guess what, guys? I had been eating real food for four years and I had complete dysbiosis in my poop, and I had perfect poop. I'm the example that Dr. Cole is talking about.

I invite you to take the next step and go check out Dr. Cole's website.

I want to thank you for coming on to show and teaching us so much great things about the gut-brain and how one impacts our cravings as well.

Dr. Cole: It was an honor. It was a great conversation. Thanks for having me.

Stephanie: Thank you.

There you have it. I hope you enjoyed it. I'm so glad you stuck around until the end.

If you did learn something and if you enjoyed the show, I want you to help me share this message because it's very important for people to understand that cravings have nothing to do with their lack of willpower or laziness or lack of strength. You're going to go to stephaniedodier.com/058, and that's the show notes, where you can get all the links of what we talked about during the show but also you're going to share on Facebook, on Instagram. You can tag me, you can tag Dr. Will Cole as well, and let us know how this episode impacted you and how it's going to help you in your own journey. You can also leave a review for this episode of the entire Crave Cure Series at stephaniedodier.com/review.

Now, we've got a great show coming up for you. Show number 59, the next episode, will be with Dr. Adam Nally. We are going to discuss the best dietary approach, the best diet

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to reduce our food cravings and our emotional eating. You've got to be there to listen to Dr. Nally. He is amazing.

Again, I am so glad you're here and so thankful that you listened to this episode. Don't forget to share and I'll see you in the next episode.

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