ADAPT Functional Medicine Q&A with Tracey O'Shea

Monday, April 12, 2021

1. An infant who is seven months old [has] weeping eczema. [Their] fraternal twin brother has none. GI-MAP test showed high *Enterococcus*, *Lactobacillus*, clostridia, which is a bacterium, *Bacillus Enterococcus*. High *Klebsiella pneumoniae*, low positive *Rhodotorula*. Elastase is good at 644. Secretory was high at 2248 and calprotectin of 109. (1:50)
2. Do you still use the metabolic assessment questionnaire? Is the value [in] seeing patterns of which systems are most taxed or involved? Does adding up the scores just give us these patterns? (12:08)
3. Are you still using a specialized parasitology testing lab to double-check, if needed? (16:32)
4. A little off-topic, but [I'm] curious to get [your] thoughts. [A] 21-year-old female [is] otherwise healthy, but had a mild case of COVID[-19] last spring and has had anxiety ever since. (19:00)
5. How soon would you expect to see improvement in the child? (21:34)
6. My wife and I are new to the practitioner training, and we're loving it so far. Are there any specific journals you'd recommend to keep up with the new Functional Medicine research? Thanks. (22:59)
7. [A] 67-year-old male [has a] history of recalcitrant pinworm. [He has] done a variety of treatments, including botanicals and antibiotics. [He is] still having episodes of severe genital itching and biting. Have you heard of this kind of persistent pinworm? [A] recent paddle test came up negative on three samples. [There is] also some level of mental obsessiveness related to, "Do I still have pinworm?" (26:45)
8. In regards to resistant starch, plantains are mentioned, but I'm wondering how they need to be prepared in order to reap the benefits. Is it similar to white potatoes in that [when] they're cooked and cooled, they create resistant starch? Or is it only when they're green plantains that are dehydrated or green plantain flour? I often cook mine in coconut oil, but I'm now wondering if there's much benefit in that cooking method? (36:12)
9. Any suggestions for helping patients move out of a very restrictive diet? (38:38)
10. When do you prescribe Metabolic Synergy and/or GlucoSupreme, and how do you use it? (43:51)
11. What is your approach to patients who come to you on multiple supplements and not really sure how effective the supplement regimen is? How do you narrow it down to the

essentials to avoid excessive costs and taking unnecessary and possibly harmful supplements? (48:18)

Tracey O'Shea: Hello, everybody. Welcome to our monthly Q&A. I'm going to give everyone a little bit of [a] chance to fill in the room. I know sometimes it takes a little while to get everyone signed in and ready to go. I hope everyone's having a good week. Monday, getting ready for the week. So I just want to welcome everybody. I do not have any pre-submitted questions this week. So if you have questions or case studies or anything that you want to talk about, please feel free to go ahead and start putting those in the Q&A section, and then we can go from there.

I hope everyone is working their way through the curriculum nice[ly] and steadily. All right, [I'm] trying to think if I have any other updates for you while we're waiting. Let's see. I think we've got one question here.

So this is for "An infant who is seven months old [has] weeping eczema. [Their] fraternal twin brother has none." Interesting. **"GI-MAP test showed high *Enterococcus*, *Lactobacillus*, clostridia, which is a bacterium, *Bacillus Enterococcus*."** Okay, so lots of opportunistic bacteria. **"High *Klebsiella pneumoniae*, low positive *Rhodotorula*. Elastase is good at 644. Secretory was high at 2248 and calprotectin of 109."**

So, I guess the question would be, too, is the baby breastfeeding. I think that's always, for me, when I have young infants or kids that have eczema and [are] sensitive. Okay, so breastfeeding. I think this makes it a little bit trickier sometimes because, I'm sure you've already thought about those things. But now we have two patients, essentially, because we have both the child or infant and also the mom, because of the breastfeeding component.

So when we think eczema, and we think sensitivities or skin, I should say skin issues, we definitely are looking at the gut in particular, because of leaky gut, intestinal permeability, [and] food sensitivities. So for sure, if you haven't already, I know it makes it tricky because there are twin brothers. So you have two children that are breastfeeding, but definitely elimination diets for the mom would be a great place to start if they haven't already.

Now with the gut, the GI-MAP test, there's nothing here that's absolutely outstanding as far as a major parasite or a viral infection. But I think it's fair to say that the opportunistic bacteria section is pretty lit up like a Christmas tree. There's quite a lot that are listed here. You have elastase digestive enzymes that are good, but you do have markers of secretory [immunoglobulin A] (IgA) inflammation, or I should say, compromised immune function. But the tricky part with that is it could very well easily be a food sensitivity or food allergy reaction that could drive the secretory IgA up high.

I think the question, too, would be, are they already doing anything for the gut? Are they on a probiotic of any kind? Or maybe I should just say what's the question, Eric? Are you saying, would you treat this? What are the next steps? Or are you just asking for other ideas from a perspective of eczema in infants? I'll give you a minute to reply. I have managed, I think, probably a handful of kids with really bad eczema under the age of two. Usually, it's food-related in my experience, but we also do some gut treatments. Seven months is pretty young. So I'm usually a little conservative, I would say.

Let's see, [the] mom has done a couple of rounds of pretty extensive eliminations, [and the] mom's taking and giving a baby probiotic. Yes, curious [about] treatment options. So yeah, probiotic is working well. [The] mom's done extensive eliminations and not much shift in change. I might do something here that would be, well, I'll say, I think you could theoretically try to use a really low-dose Biocidin for this kid. I think everyone probably has a different opinion on this and whether they are risk-tolerant as far as treating young kids. If it were my child, I would be comfortable doing a really low Biocidin based [on] weight. I think it's one drop per 10 pounds. Because I think [that's] the ratio. So I don't know how much this child weighs. But you could do that mixed in with some pumped breast milk. Doing cod liver oil, things that are going to help also support the integrity of the epidermis in the skin, which I think [is] making sure that vitamin D levels are good.

I don't know if they're eating yet. This is seven months. So I don't know if they're starting to do beef, like pâté livers and those types of things. I think that would be really good to also try to get some [vitamin] B12 and folate up and get those nutrients in. So, at this age, I would stay away from the eggs, the egg yolks, for sure. I think with eczema, you want to stick on this low-inflammatory almost [autoimmune protocol] (AIP)-type diet of food introductions. But you could consider cod liver oil, like a beef liver pâté mixed with breast milk. And then probiotic might be a question of what type of probiotic. It looks like they have a baby probiotic. So you could do that; you could experiment a little bit with just doing one strain at a time to see if the probiotic is helping or not.

I'm assuming the eczema has been present since birth. Or do you know? Did it just come up recently is a question I have. So I think if you, pretty early onset. Okay, so I think that if this were me, I would probably go slow. I would definitely introduce a cod liver oil and maybe a low titrated dose of Biocidin with maybe a little bit of butyrate to try to help the gut out a little bit. I'm trying to think what else I might add. I've had pretty good results with the Mega IgG2000. You'd have to open up the capsules and probably just give them like a quarter of a capsule. But I've had the bovine immunoglobulins were pretty good for eczema, regardless of the secretory IgA level.

So that's what I might do for 30 days or so and see how that goes. If they're already on a pretty strict elimination diet, and that hasn't really made a difference and that has been tried for at least two months, then it may be less foodborne and more environmental. So you could consider even doing a respiratory allergen panel. I just feel so bad poking little babies at seven

months old with either a skin test or a blood test for respiratory allergens, grass allergies, those types of things and looking at more environmental space. I'm sure you already have also gone through the checklist of things like what they're using, detergents, soaps, laundry detergents, and lotions. I've had pretty good results also with something called Tubby Todd, which is a more natural-based lotion product. But I've had really good results with that for babies with eczema and dry skin conditions in general.

The other thing that has been helpful is something called Gladskin. I don't know for sure what the indications are for that young of an age group though. You might have to look into that or call a rep and [ask]. I would imagine it's probably okay. But Gladskin might also be a great option as far as helping. Yeah, Tubby Todd, T-o-d-d. That's a lotion, and then the Gladskin is more like an ointment or something that you would put over the patches. So I hope that helps. It's not perfect. I think that this young age group with eczema is tricky. It's quite a tedious process of trying to tease out what might be driving those symptoms. I have used topical Lauricidin. I actually even use that sometimes for diaper rash. I use that for my daughter just to keep things at bay with the cloth diapers.

I think topical Lauricidin could help. I guess I would just say, anecdotally, I haven't seen it make as big of an impact on the eczema patches as I have the Tubby Todd or the Gladskin. But I think it's worth a try. I think it's probably low-risk using the topical Lauricidin. The topical Lauricidin, which I didn't know until I got it for my daughter, is more like a Vaseline texture. So it's not like a cream. It doesn't just rub in. It's pretty sticky and oily like Vaseline. So that's the trickier part about using the topical Lauricidin is it's just hard to put on depending on where the patches are, unless they can go under a long sleeve shirt and pants, and I think that'd be great. But I think it's pretty oily. I hope that helps. I hope that gave you some direction. I'd love to hear how that goes, so please stay in touch.

Let's see. Another question was "Do you still use the metabolic assessment questionnaire? Is the value [in] seeing patterns of which systems are most taxed or involved? Does adding up the scores just give us these patterns?"

So yes, we do use the metabolic assessment questionnaire, but not the full questionnaire. When we made our original intake form, we took sections of that and then added it to our intake. And we don't use it in, I think, the intended form in that entire form in practice. But I do like the metabolic assessment form. Right now, we're using the MSQ and maybe even switching over or trialing the, Parsley Health has a new intake form that they are doing some trials on.

So I'll use a combination of MSQ and some of the questions from the metabolic assessment questionnaire. But I think the idea is to help navigate and break apart what sections have the highest scores and where you're seeing patterns. At least that's how I use the metabolic assessment questionnaire. And even, quite frankly, how I use the MSQ is where I am seeing the majority of activity. Where am I seeing the majority of the scores, so that I can easily quickly

glance at that and be able to look to see where's my main focus? And I think you can also use it as a tracking for improvement. Are those scores coming down in the section? Is your total score improving?

So yes, I do add up the scores and look at the total score, but I think for [the] most part, I'm looking at patterns. Where am I seeing the majority of activity? And then that is sort of guiding me when I'm starting to focus and speak with my patient about where the majority of their symptoms are. And I think you can start to see this is all around the metabolic, or all around blood sugar regulation or all around the hormones or all around the gut. And it just helps. Yes, of course, most patients, I think list out their top five concerns when they come to see you. So you probably already have a sense of where the activity is going to be. But we're all still data driven, and I think it's helpful to have assessment forms, as well, to be able to track intervention success and numbers. [I] hope that helped answer your question, but it sounds like we're on the same page as far as how we're thinking about using that.

All right, I'll give a couple of more minutes here for people to gather more questions and thoughts. I think I mentioned this last time, but [I'm] just reminding everyone that the lesson six, gut presentation is being updated as we speak. I know it took a long time; I apologize. But it just is really a tedious process for us to get all of that recorded and updated. And it's constantly shifting and adjusting and changing. So trying to keep [the] curriculum updated while things are shifting is tricky. But hopefully, that will be out shortly. And it will have the updated recommendations for the different lab tests that we're using and interpretations and our take and our thoughts on the different methodologies and preferences. So hopefully, that will come out soon.

And then I'm also working on the [small intestinal bacterial overgrowth] (SIBO) update as far as including the hydrogen sulfide test, and updating some of the treatment protocols for that. So those are things that are on the horizon that are coming. And, just a reminder that we have, the question section in the program material area where you can send me questions throughout the week, if you have questions about patients or concerns about curriculum. So don't forget to utilize that piece, as well, if you have questions.

Let's see, "Are you still using a specialized parasitology testing lab to double-check, if needed?"

Yes, we are. ParaWellness Labs is one of them, and then I think it's called the Parasitology Center. I generally go with ParaWellness Labs. I just have a little bit more familiarity with that particular lab. But those are actually both updated in the new material, as well. But yes, we're still using that. And if anyone isn't familiar with what Eric's asking is that this is when you really suspect that there's a parasite and that your original comprehensive panel didn't show much, or it had a lot of other evidence of parasites, but the actual parasite didn't come back. Or, for instance, [if] you only had *Endolimax nana* that came back on that test. Well, we know that like

90 percent of the time, it's a pretty strong statistic, that *Endolimax nana* rolls with other parasites, and it's really atypical to find that by itself.

So in those instances where there's high suspicion, the person's pretty symptomatic, they have a history of exposure, there [are] other markers on the test that are suggestive that something might be going on, then often we'll follow up with the parasitology testing, like the ParaWellness Labs where they'll actually look under microscopy, and they'll do antigen testing. And I would say a good chunk of time, something comes back that I didn't find within the other test, or confirming what [I] did find. So we're still using that in practice. But it's usually a second or third round test, or second or third phase, I would say, test that we're doing.

All right, I'll just give everyone a little bit more time. Let's see. So this question says, "A little off-topic, but [I'm] curious to get [your] thoughts. [A] 21-year-old female [is] otherwise healthy, but had a mild case of COVID[-19] last spring and has had anxiety ever since."

This is an interesting case. I think just in general, the long haulers or the post-COVID[-19] syndrome, yeah, I'm seeing a lot of that, as well. And I'm sure everyone can chime in. But it's interesting to watch because it's not always the same symptom, but I think there's always some sort of little something that has shifted for that person and that is just different. And I have seen the anxiety piece. I've seen gastrointestinal (GI) stuff that has shifted for people post-infection.

So I'll be honest, I don't have that many. I only have, I think, a handful of my current patients that were diagnosed with COVID[-19] that we're working on something with. I think Kara Fitzgerald has good post-COVID[-19] articles and some information. [The] California Center for Functional Medicine is doing some post-COVID[-19] recovery stuff. I know they're working on some protocols. I'm in the process of trying to work on protocols, but the data, it's deep, and it's dense, and it's just a lot of work to navigate through those things.

So I would think, in my thought process quickly, I would really be going for mitochondrial support and things you would normally maybe do for anxiety that could be anywhere from adaptogen support to, of course, apps and cognitive behavioral therapy, and more lifestyle, routine stuff. [Those are] all things we know on the basics. But I have been focusing on mitochondrial support a little bit more for post-COVID[-19]. I know there's a lot of nutrients and some other things that other providers have come up with as far as recommendations. But I don't have anything super concrete for this, because I just haven't done a lot of research on it. But I know there are people who have. So that's where I'm going.

I think someone asked in the chat, "How soon would you expect to see improvement in the child?"

I'm assuming that was just a chat question about the seven-month-old. And I'm thinking that's for me, but I'll just say, I have no idea. It's super variable. But I think that I would like to see some improvement within like three to four weeks of whatever you're doing. And it doesn't have to be a drastic improvement, but some sort of movement in the right direction, like the eczema is clearing up a little bit. If they have other GI-related symptoms, those are improving a little bit. And I might even keep them on that protocol a little bit longer if they are having improvement.

If at the 30-day mark, nothing is better, they're worse, it's the same, then I might just abandon that and try to keep moving forward and supporting nutrients and really looking at skin microbiome, Mother Dirt products, I think. I didn't mention that before, Eric. But sometimes the Mother Dirt products can help, like the AO[+ Restorative] Mist spray, or using the foaming cleanser. Yeah, there [are] just so many places you can go when you're looking at the gut–skin connection.

Let's see. "My wife and I are new to the practitioner training, and we're loving it so far. Are there any specific journals you'd recommend to keep up with the new Functional Medicine research? Thanks."

I'm trying to think of good journals. To be honest, I follow a lot of the different Functional Medicine practitioners, and I'm sure you are all familiar with Peter Attia. I don't have to tell you that. But I really do think that, in my personal opinion, Peter Attia and Kara Fitzgerald are probably two of the ones that I follow the most. I think they have pretty good research-based recommendations that get into more [of] the nitty-gritty pathophysiology of things and really have a lot of research to back up their recommendations. I know it's not a journal per se. But they often quote and/or link to their resources that are different journals.

You may want to also save this question for Chris's Q&A. He probably has a couple of ones that he really likes. I think MedPage can be hit-or-miss. I think that's what it's called, MedPage. That one I get emails for, 5 million emails a day. You all know what that's like. So I had to change that up. But MedPage Today, I think, is a fairly good one. I think it has pretty good updates. You just have to weed out some of the nonsense a little bit because there's just so much that they produce. So MedPage Today is one that I follow.

Consumer, gosh I'm trying to remember, you put me on the spot here. I also prescribe to [ConsumerLab.com]. They have a lot of regular updates. I think it is a subscription. But I find that they are pretty good when it comes to third-party lab testing for supplements and different herbs and nutrients. And they also have COVID[-19] updates. And so [ConsumerLab.com], MedPage Today, and then, of course, I'm following these other practitioners, particularly Dr. Kara Fitzgerald, and Dr. Peter Attia as probably the ones that I'm mostly following just because it can be overwhelming following every Functional Medicine practitioner, as you can imagine. And of course, I follow Chris, but we're talking more about journals and research-based

articles. So [I] hope that helps, David. Those are just some of my preferences. And again, feel free to ask Chris. He may have a couple more for you.

All right, [I'll] give everyone a few more minutes. So we have another case. **"[A] 67-year-old male [has a] history of recalcitrant pinworm. [He has] done a variety of treatments, including botanicals and antibiotics. [He is] still having episodes of severe genital itching and biting. Have you heard of this kind of persistent pinworm? [A] recent paddle test came up negative on three samples. [There is] also some level of mental obsessiveness related to, 'Do I still have pinworm?'"**

Yeah, that's a little tricky. I think, too, because I think we've all experienced the patients that definitely are convinced that they still have some sort of infection. And as we know, there's definitely a connection between the gut–brain and nervous system and the psychopathological connection. Now, I definitely am, you know, like nowhere in the realm of trying to tell someone that what they're experiencing is made up in their brain and psychological in nature. But it sounds like okay, the paddle test was negative. I don't know if a ParaWellness test would be helpful here. To be honest, I don't know much about the paddle test as far as sensitivity and specificity without looking it up.

But, I guess the question is what are the alternative options for treatment? And then, is pinworm there? That's the real question. Do you have any evidence of it being there? Or could it be possible that there just is this very deeply entrenched, maladaptive communication or pattern between his brain and his gut and the symptoms that he experiences? And I don't want to discredit either, because I just don't know. But at some point, a lot of times in my practice, if I'm treating, treating, treating, and symptoms are either not abating or they're not improving, then the question is do I keep going after? Do I keep treating and keep treating? Or do I say, "Okay, let's just take a step back and see, is there anything else that we need to do outside of the gut?"

And the reason I say that is because, and in some instances, like SIBO will be persistent. And for the fourth time, we're saying, "Okay, are we going to do another treatment?" And some people may think, yeah, you just keep treating. But at some point, I think it makes sense to also look at that gut–brain connection. So one possibility, yes. Like you said, could there be other parasites or could there be other pathogens that often come along with pinworm or that are associated with it that haven't been detected? Hopefully, a botanical would still take care of that. He said antibiotics, so I'm not sure if they've tried an Alinia, or [anthelmintic] treatments specifically for pinworm. But one possibility would be to check a different lab and see if something else is there in addition. Oh, Alinia was used. Okay.

I usually find Alinia to be pretty effective against parasites. Not always, but usually. So one option would be to go the route of the ParaWellness Lab or do the Parasitology Center, whatever it might be, and just recheck, confirm. Get another lab, do something different, [and] go outside of the box to see if there's anything else that is being missed that could be targeted,

and that might need another treatment. But again, then we're back to the same question, are we just hammering over and over and over and over again, which some people may think, yes, that that's sometimes what you have to do with persistent gut infections. But I would say the question would be, do you think this person is amenable to some of the gut–brain connection piece. I have found that to be really helpful for people who, I think of it as, honestly, like a phantom limb pain or a phantom limb symptom in instances where I've really tested, every single test I can think of, and there's just no evidence.

There's no other indication that there's an infection, there [are] no inflammatory markers within the gut, secretory IgA is normal, elastase is normal, all the other markers look fine, and there's no evidence of an infection. At that point, I may have that conversation with my patient to say, "Look, this is very similar to a phantom; it could be similar to a phantom limb symptom, where that particular pattern of gut–brain involvement and connection was reinforced for so long that that's the most dominant pathway. And so it's really easy for that pathway to be pretty dominant and for you to still experience those symptoms even in the absence of the actual trigger." So that could look like [the Dynamic Neural Retraining System] (DNRS). I've had some help with that, somatic experiencing therapy if you find the right one. That's a little bit more about trauma therapy, but I think it can be helpful in that same sense as like an infection being a trauma to the body.

Tapping could also maybe be helpful for this person and maybe even, there are some, like [Amy] Scher, S-c-h-e-r, has like a gut program. So anyway, there's a couple of different resources that might be helpful if you're at a place where you don't think that there's any evidence of infection and that there's no reason to keep moving forward. I've only had pinworm come up a couple of times for me, and I've used the Reese's pinworm treatment, which has always worked pretty well. Again, could it just be transient and then working out of the system? I don't know. But I haven't ever had to go that deep into treatment with prescriptions. But I would think Alinia would be pretty effective. So, I hope that's helpful. I hope I answered the question about healing the gut–brain connection with a variety of different options. DNRS, somatic experiencing therapy, tapping. I'm trying to think, the Alison Scher program, like I mentioned, and then there's a couple of books, also. I'm going to try to find my chart part here for you, so I can read it out to you.

Let's see. Oh yeah. Allison Post also has a gut wellness guide, [an] online program. [Eye movement desensitization and reprocessing] (EMDR) therapy, of course, can be helpful. The tapping I talked about. It's Amy Scher. Sorry, not Alison Scher. I was getting Alison and Amy mixed up. Amy Scher, S-c-h-e-r, has an online program. *The Mind-Gut Connection* book by Emeran Mayer is also sometimes a good starting place for people where I will have them read that first and then look into tapping. So I'll layer those things. So read the book, [and] maybe try some tapping. And then, depending on the person and how open they are to it, consider DNRS if they have that amount of time, because it's pretty time-consuming, in my opinion. But it really, I think, is pretty effective. Or some of the other things I mentioned, like the gut wellness guide by Allison Post, or the heal yourself kind of online training. So I hope that helps. A lot of

this is just rewiring and retraining the brain to not respond. It's kind of this chicken or the egg. If you have a symptom and then [it] come[s] back, is one stimulating the symptom or is the brain really just allowing that to happen? Okay, I hope that helps.

"So, in regards to resistant starch, plantains are mentioned, but I'm wondering how they need to be prepared in order to reap the benefits. Is it similar to white potatoes in that [when] they're cooked and cooled, they create resistant starch? Or is it only when they're green plantains that are dehydrated or green plantain flour? I often cook mine in coconut oil, but I'm now wondering if there's much benefit in that cooking method?"

Yeah, Teresa, that's a good question. And I'll be honest, I do not 100 percent know. This is not my strongest suit as far as some of the ways that foods are prepared and the resistant starch piece. I don't know why; it has just always been the piece of the gut treatment stuff [that] has just not stuck with me as well. But my understanding is that it's the green plantains that are dehydrated, or the green plantain flour, that have the most resistant effective starch. I honestly do not know if cooking them and then cooling them increases their resistant starch. I don't think so. But you're welcome to send me this message through the website and then I can ask the nutritionists if they know. I'm sure they do. So I want to make sure that I help you get that question answered.

But my guess is that it's the green plantains dehydrated or the fiber or the plantain powder or fiber that we're using, that probably has the most resistant starch. If anyone on the call knows differently, please feel free to share. But I also wonder if cooking them is fine, meaning it doesn't reduce the impact. Like it doesn't reduce the amount of resistant starch, but it doesn't necessarily increase it is kind of the question. So I'm sorry, I don't have a perfect answer. But if you could send that to me, then I can check in with the nutritionists and find out.

All right, we'll give everyone a little more time. Good questions today. Kind of all over the map, which is nice; then you get a variety. **"Any suggestions for helping patients move out of a very restrictive diet?"**

Yeah, so I have, I think that this happens quite often when we have patients start, or they come to you, and they're already on a pretty restrictive diet. And this is where that personally the collaborative model, I think comes in most handy is if you have the access or option for referral to a health coach and a nutritionist, I think that that is really the thing that has been the most helpful for me is helping to identify what the fears are around the food reintroduction and identifying why they're having trouble most of the time. As you guys know, it's usually because they're worried about having a symptom.

And so, the key is, can we support them through that process saying like, we're also doing these other things. We're actively searching and treating other imbalances that are likely driving the reason why you're having this symptom or the sensitivity. And most of the time, the explanation I try to have with people as this is less having to do with the food in particular. Not

in everyone's case, but a lot of the time, less with having to do with the food in particular, but more about your immune system's response to that food, or this hyperresponsiveness that's going on with the immune system. And we need to reduce body burden and say, it's like a bucket, and the more things that fill into your body burden bucket, [the] tiniest little drop, can overflow that bucket.

And so it's not always suggestive of, which [is] the magnitude of how those things are impacting. It could just be it was the last little thing that set the body over [the] edge. So my goal as a practitioner is to find out what's in that bucket, and just start pulling things out of that bucket and start improving body burden and function so that your immune system can better respond to and deal with foods. So I have had people that have come to me with like only eating five foods, super restrictive, and I generally will take a minute and just focus on what I find in the testing, and just let them settle into that first and say, "Okay, here's what we're going to do. We're going to do some treatments for whatever it is, start really slow, keep it very simple." And then once we gain a little bit [of] momentum, they're feeling a little bit better, they're feeling like they have, they're a little bit more stable, they'll have a little more foundation under their feet, that's usually when I start to talk about [the] reintroduction of foods.

And for the most part, in these particular cases, if I don't have a nutritionist or health coach, which I do think is really important in these cases, but that's not always a possibility. So I will usually have them write out the foods that they would like to introduce. What are the foods that they want to introduce and that they enjoy and they want back in their life. And then I'll go through that list and identify the foods that I think maybe have the lowest impact, that are on the lower histamine scale, that are maybe low-FODMAP. It just depends on what the patient's symptoms are and [the] situation is, and then help them identify a way to reintroduce and just be very slow and very methodical, so that we don't lose momentum and they don't get discouraged.

So I usually will come up with a plan together so that we all agree. Usually, it's foods that they already want to increase because they enjoy them, or they miss them. But I'll tease through that list and find the things that I think are either A, most nutrient-dense, or B, have the least likelihood of causing symptoms. It's almost like building up their confidence a little bit with reintroducing those foods. So that's more my approach is less about getting you on this perfect diet and getting you on this perfect Paleo reset. I think at that point, people are so far down the rabbit hole that they really just back themselves into a corner, and at that point, I'm more about the emotional capacity of the person and trying to manage that. So I really do a pretty slow approach. And it usually works really well with the combination of treating those things, getting the nutrients back up, not being too eager to expand the diet right away when they already have a lot on their plates. So I hope that helps. It's not perfect. I don't think there's one way to do it. But I think you could manage that.

Question about blood sugar is, "When do you prescribe Metabolic Synergy and/or GlucoSupreme, and how do you use it?"

Metabolic Synergy and GlucoSupreme, it depends on the situation. So if someone comes to me and they have pretty significant blood sugar dysregulation, high A1c, high fasting blood sugar, and they're on a really Standard American Diet, they're not exercising, they've got a lot of inflammation in the body, I usually will try to just start with the diet piece, start with the activity, identifying imbalances, working our way through the process without the supplements and see what I can do. Give it a few months. Most of the time, I see a lot of movement without the supplementation. Instances where I might add the supplements in ahead of time is if the person really has trouble with compliance of a diet. They have a lot of sugar cravings. They have tried and tried and tried and just have not really been able to be successful with diet change. Also, a health coach and nutritionist can help. I know I keep saying that, but in light of what I've been doing in our practice, it's really made a big difference.

So I would say that I will add it early on if the person really struggles and they have a history of struggling with sugar addiction and changing diets and falling off of resets and those types of things. So I will add that in. But usually, of course, I will have them do a glucometer tracking first so that we can see what their baseline stuff looks like. What does their fasting blood sugar look like? What [are] their postprandial numbers? How are they handling a carbohydrate challenge within the glucometer tracking? So I get some baseline stuff before I add all that in, if I'm going to add it in the beginning. In the case where I'm just trying diet and exercise, and we're doing treatments and gut treatments, or whatever it might be, if I'm not really getting a lot of movement, but the person is being pretty diligent and trying really hard and staying pretty compliant with the treatment plan, then I may say, "Okay, your numbers are not moving, you have a lot of other symptoms of inflammation, and your carbs are pretty, your carbon intake is pretty low, you're on a low inflammatory diet," I might add that in if I'm really not getting any movement in blood sugar numbers.

That's rare, to be honest. I think most of us have probably seen the diet and activity and treating imbalances usually are pretty helpful. But anyway, that's how I use that. So I try to wait to use it unless I really get a sense from the person that they're going to need that little extra bit of help in the beginning. Again, building confidence, helping them feel a little bit better, if I'm worried about kidney function, those types of things, I may add that stuff in a little bit earlier.

I know you specifically mentioned hypoglycemia. I'm not sure I understand that question. In particular, I'm thinking that you mean like if they swing too low. Or are you saying you're trying to treat hypoglycemia with the GlucoSupreme and Metabolic Synergy? I'm not sure I understand that entirely. But I will have them monitor their blood sugar while we're doing the Metabolic Synergy and GlucoSupreme. I haven't ever seen it swing anyone too low in my experience. I guess it's probably possible, so that might be just [an] argument for layering those things, starting the diet, getting nice into that, making sure that the blood sugar levels are normal, and then they send you their numbers, and if the numbers are looking good, then you don't add it. I think that's what you're asking.

But okay, and then the other question was, "What is your approach to patients who come to you on multiple supplements and not really sure how effective the supplement regimen is? How do you narrow it down to the essentials to avoid excessive costs and taking unnecessary and possibly harmful supplements?"

I think this is pretty common. I think probably all of us can commiserate with that a little bit, is people come either on their own fruition or have seen other practitioners, and we're all responsible for that. We've all been there where we just aren't being as diligent about checking back on someone just [continuing] something for years without knowing that they needed to stop it. So usually, my approach is, I will usually say to them, "If you aren't sure it's helping, then I think we should stop." And I'll take a look through the supplements and I'll help them filter it out. So we've already done at least blood work by the time I see them. So I at the very least know nutrient deficiencies, kidney liver stuff, at least enough guidance to help me decide is the dose that you're on working? Do you not need that anymore? Are you too high in your dose?

So that helps me a little bit narrow those things down. But I would say things like adaptogens and bone support supplements with lots of calcium, those are the types of things that I will go through and either ask them, depending on how much time you have in your appointment, which we never have enough time I don't think. I'll either ask them or I'll just do a blanket statement and say, "Here [is] the list of things that I think you should stay on for sure." Because for whatever reason. Like these are good maintenance things, cod liver oil is great, the vitamin D supplement, stay on [them] because we need this dose. So in my note, I'll usually list out the things that I want them to stay on. And then under that, I'll say "These are the optional supplements that I think in order to give you some reprieve from supplement fatigue, and to reduce costs and quantity, here are the ones that I think are probably less important. Now, if you can identify anywhere you just know that once you stop them, you feel worse, then of course, continue that supplement and let me know. Otherwise, consider stopping these and see how things go."

That's usually my approach. I think there's the option of saying, oh, stop one at a time and see if you feel any different. But I'm not sure that that's a realistic approach, especially if you're in the middle of treating for gut infections or trying to do other things. There [are] just so many variables that are happening at once that I think it would be really difficult to say, "Stop one at a time, see how you feel, and we'll be able to make some decisions based [on] that." I don't think that's the most realistic way to do it. It's probably the best, but it's just probably not [the] most realistic. So short of doing that, stopping one at a time and seeing how they feel, I'll just separate them out, the ones I think are most important based [on] the labs based [on] what your symptoms are, and then I'll list out the other ones that I think are just optional. Like if they want to continue, they can, or I don't see anything in the labs and symptoms that represent a need for it at that time. I hope that helps. I think there [are] probably lots of different ways to manage that. But that's how I'm doing it. And we always have them hopefully update their supplement list before they see me. If they don't, then I just say a message like please list out

what you're taking and how often you're taking it and whether it's helpful. And then we'll go from there.

All right. We have about five minutes or so left, so I'll let people take a minute here and add more if they have any questions. All right. Well, I think we did [well]. We almost went the whole hour. I hope that was helpful. Don't forget that you have the availability to send me questions through the website and through the link, the Q&A link, and I'm here if you need those. So please utilize [them]. No one's asking me questions, so I'm assuming you are doing well. [It] just depends on the cohort. Sometimes there's a very active cohort, [and] sometimes there's not. But that is available to you, and then we'll go from there. So thank you, everybody. Have a great rest of your day, and I'll see you next month.