## Introduction to Trudy Scott and Anxiety Nutrition

Welcome back to the Heal Your Brain Masterclass. I'm your host, Doctor David Jockers. And today I've got the honor of interviewing Trudy Scott. We're talking about using amino acids, Gaba and low dose lithium to heal anxiety.

Trudy Scott is a certified nutritionist who educates anxious individuals about nutritional solutions for anxiety. She's known for her expertise in the use of targeted individual amino acids, nutritional solutions for the social anxiety condition called para Luria, and the harmful effects of benzodiazepines.

Trudy is the author of The Anti-anxiety Food Solution How the Foods You Can Eat can help you calm your anxious mind, improve your mood, and end cravings.

She also educates health professionals via the Anxiety Nutrition Institute and shares research and practical how tos steps at her website. Every woman over 29.com. Again.

Today, Trudy and I are talking about how to use amino acids, Gaba and low dose lithium to heal anxiety. In particular, we're going to talk about talk about how to help the Gaba type of physical anxiety and how to help the low serotonin type of worry anxiety.

We're also going to talk about using low dose lithium for anxiety relief. And very importantly, we're going to talk about the gut brain connection and its role in anxiety.

You guys are really in for a treat here. Let's go into this interview with Trudy Scott. While. Trudy, I know you are a fantastic speaker and the author of the Anti-anxiety Food Solution. Great book.

It's all about how the foods you eat can help you calm your anxious mind, improve your mood, and end cravings. And what inspired you, Trudy, to write that book?

I know it's an international bestseller. I have it here in my house. Fantastic book. What was your inspiration behind that? Thanks, doctor. Junkies. It was my own personal experience.

I was in my late 30s and started to get increasingly anxious. I had panic attacks, I developed social anxiety, and this was all pretty crazy because I'd always considered myself a very social person. World traveler.

I spent, you know, years backpacking through Europe and rock climbing and doing all adventurous things. And suddenly I had this terrible anxiety and fears of the, you know, and just fear of everything.

And there was nothing that was actually causing it. And I worked with a wonderful naturopath, and a nurse practitioner, and discovered this powerful connection between what we eat, certainly food and then specific nutrients and how that can cause anxiety and find solutions.

Not all the solutions. It took me a number of years to find all my solutions, but, I was so impressed by what I learned. I went back to school to study to become a nutritionist.

I was actually working in corporate America as a computer programmer at the time.

## How Amino Acids Target GABA and Serotonin

So I went back to school, became a nutritionist, started to help people, and then I just thought, I want folks to have the answers that I didn't have when I was looking.

And I read prolifically when I was going through my anxiety issues. And I thought, well, the book's a great place for people to get started, to give them hope and to give them some practical solutions.

So thanks for your feedback. I'm glad it's been useful for you. And it's it's yeah, it's amazing how people can pick it up and get information and then sometimes it's not as straightforward as, as I've laid out in the book. And then you've got to dig a little bit deeper.

But the answers and there's hope, which is amazing. Yeah. For sure. And you're constantly researching and you put out great content on your blog as well.

Every woman over 29.com. So you guys can check out her blog as well. Really really great, great information there. And you have found that there's two main neurotransmitter types.

Whenever you're looking at somebody with anxiety, it's kind of one of your first places that you look at these two main neurotransmitter types. What are those?

So they, they, they are two that definitely stand up when it comes to anxiety. And we're going to talk in detail about both of those. But low Gaba is one of them.

And that is the physical kind of anxiety where you feel it in your shoulders and your neck. You may feel it in your gut, and we'll go through all the symptoms of of what it looks like and then how we deal with it.

The other one is low serotonin. And low serotonin differs from the low. Get a type of anxiety because it's, in your head ruminating thoughts reprocessing.

We thinking, imagining the worst, having fears, that kind of thing. So one is physical, the other is more mental and worry. And for folks you don't know what, neurotransmitters are, they are, chemical messenger messengers.

And then we have we can use specific amino acids depending on your neurotransmitter deficiency, which then helps to top up your levels. So, for example, if you've got, like Gaba, the physical kind of anxiety, you'd use an amino acid called Gaba.

And if you've got low serotonin, you'd use an amino acid called tryptophan or five HTP. And this helps. These are precursors to help you make your own neurotransmitters.

There's other precursors which are nutrients that, sort of raw materials that we need. Zinc is a very important when vitamin B6, magnesium evening primrose oil, all of those help to make our neurotransmitters.

But when we use the individual amino acids that you'll get results very quickly. So we start with looking in the symptoms questionnaire. We figure out is it very Gaba, is it the serotonin.

And then we address each one of those. And as I said it's it's typically straightforward. We look at the symptoms we trial the Gaba or the tryptophan.

And we get results. Sometimes the results are not as clear as we would expect. And in that case, low lithium is one instance that we may look at. We'll talk about that a little bit later.

But most of the time we look at the symptoms. We, do a trial of the amino acid. And we should expect results within under five minutes. Now, you no question that people will say to me, I've got a look at the symptoms.

I've got no Gaba and I've got less serotonin. Where do I start. So we'll look at, we'll I'll ask the client that I'm working with, which areas most problematic for you are you have you got these ruminating, obsessive thinking where you can't switch your mind off at night?

And that may be more important than if you put physical anxiety waves for someone else. You may have really stiff,

intense muscles. You may be self-medicating with wine.

And then we want to focus on the low Gaba. So but then we'll be able we'll go back and we'll address that other area as well. And you asked about my journey and, I'm pushing myself to get a girl.

Gaba saved my life when I was having the severe anxiety and panic attacks, ease my symptoms very quickly. I also use tryptophan, which we'll talk about in a second.

And that helped me personally with the worrying. I was just, you know, grew as being a worrier. Worrying was sort of in our family. And we always think, well, send your family, you know, it's normal, but there's a biochemical aspect to a lot of this, and you can change things.

The other thing that was a big thing with me was perfectionism. I remember in my corporate job being told in one of my reviews, you're too perfect. You want everything to be perfect, you know, you won't let anything slide.

And that's what I was. And, you know, nothing wrong with doing things perfectly. But if it's holding you back, that can be a problem. And then we're going to talk about lithium acetate when we talk about the low lithium.

And I'll share the success that I've seen with lithium irritate as well. Yeah. It's really interesting I want I want to talk more about that. So let's start with the Gaba imbalance.

You talked about being a physical anxiety type where you feel a lot of tightness in your shoulders, tightness in your body. Can you go into more detail.

What are some of the other symptoms that people experience when they have a Gaba imbalance? Yes. So other than the tightness and it can be in any place.

And I'll give you some examples. Let me give you a few other examples so you can feel it. You know, in your legs you can feel it in your belly. You can also actually have spasm.

So, visceral pain in the belly if someone's got IBS and they've got that bloating and it's pushing on the, on the belly that can, that can be related to, like, I've been I've seen Deb help a lot with that.

So any kind of pain when you've got, pressure or you've got, muscles that are involved the other area certainly as far as, physical spasm.

## GABA Imbalance Symptoms and Low-Dose Support

So if you getting spasms when you're trying to swallow, when you're trying to eat, if you've got a lump in the throat, which is Globus, I actually had that at one stage where you feel like you've got this golf ball in your throat and you feel like you can't actually swallow because you think with a swallow, I'm going to choke.

You actually remember going in, looking in the mirror and thinking, if I got something in my throat because I just felt this terrible lump in my throat.

So anything kind of physical, burning mass, can be related to, low Gaba, rectal spasms. Can, be related to low Gaba. I've experienced that as well. I've experienced everything that when it comes to like and I've, I've learned as I've gone through and then shared, what I've learned, and looked at some of the research.

So, as well as the, the physical tension and these other sort of spasm type, situations, I mentioned this, self-medicating with alcohol. So with all of the neurotransmitters, doctor Jockers, there's a, there's a cravings aspect or addiction aspect.

So with the low Gaba, it's needing something in order to relax. So it could be stress eating for carbs, or it could be using alcohol or wine. At the end of the day, you get to the end of the day stressful.

You've fetch the kids is, things happening in the house. Someone hasn't got home or someone's left something behind. You just can't find something. You just totally stress.

I've got to just have a glass of wine, have a glass of wine, and just think, now I can relax. If that's the case, then I start and you've got these other symptoms, and we start thinking about that.

I go back, and when someone uses Gaba, they will say, I just feel like I had a glass of wine. That's the effects that we're looking for with together.

So the problem with the alcohol is we often we, you know, we use it when we go in socializing. We we start to have too much. And alcohol in itself is, is depleting the B vitamins.

It's A plus B one depletes some of the other B vitamins. And then that's going to cause some downstream effects because of some, deficiencies. Some of the other symptoms you'll see with no Gaba is insomnia.

And you'll see that also with less severe tone. And that's the kind of insomnia that we'll see with it. I guess it is lying there feeling stiff. You may be lying in bed and thinking, oh, what is my next attack?

Why am I just relax? Why am I so torture? So that that can definitely happen with Gaba? And then an interesting one is intrusive thoughts, which we typically associate with low serotonin.

But there was a study published in 2017 where that actually tied low Gaba to these unwanted thoughts, unpleasant memories, images or worries. Now, it wasn't a study looking at the use of Gaba to help, but they did look at Gaba levels in the brain and they found that they were low.

So sometimes, you know, with the research, we have to extrapolate and then see what, you know, clinically what we see. And then two other ones that I wanted to mention is, sort of a poor focus thing.

If you're very, very anxious and you're very tense, it can affect your, your ability to focus. And there was one study where they looked at actually using Gaba, and they were actually using them as a Gaba.

And they found that those that are used, Gaba, were better able to prioritize their planned actions. And we sort of could, you know, say, well, is this like a Add ADHD kind of situation?

The Gaba calms you down, then you can focus and then you can get things that. Yeah. Really interesting. And I know that Gaba of course is a inhibitory neurotransmitter.

It's calming. You know, we call it like the breaks in the brain. And you've got glutamate, which is an excitatory neurotransmitter, kind of like the gas in the brain.

And the same precursor, amino acid, like glutamic acid is used to to make glutamate and also Gaba. But some people don't convert as well. And there's of course some certain nutrients.

I believe B6, magnesium, zinc might play a role in that as well. The conversion of, glutamate into Gaba. And some people just aren't converting well. And other people have, antibodies as well too.

I believe it is glutamate de carboxylate, that enzyme. And so are you seeing those things? Well, I'll always start with Gaba. And then the other area that we're looking at is low blood sugar.

And in that case, I'll give glutamine. And as you say, the glutamine can convert, together. So it can be calming as well. But for some people, I find the glutamine too stimulating, as you say.

And then, we will address other factors that may be causing the low blood sugar, like looking at adrenals, for example. But I find, So the big thing with Gaba is you want to start really low dose, and I'll get a lot of feedback saying, I tried Gaba and it was too stimulating.

What made me more anxious. And a lot of people will start with 500mg or even seven 50mg, and that's all I have planned. Start with 125mg. And I'm actually working with someone at the moment who's just opening a capsule and going like that and putting a little dab on her tongue, and that's enough for her.

So we are very individualized. We have different needs. 125mg is a typical good starting dose. Sublingual is the best way to do it. I don't often see people do really well with it's swallowed.

So using that small dose and then looking at those symptoms that I just mentioned, rating them on a scale of 1 to 10, for example, I've got this, belly pain and I've got, I'm feeling stiff, intense.

It's a chain. And I crave something to in order to, you know, stress it. Take some Gaba so right there or, you know, ten out of 10 or 9 out of ten, take some Gaba, 125 milligram sublingual and see how they check how the symptoms change.

And within five minutes you should say, okay, that belly pains is a little bit I'm not feeling so stuff in my neck and I'm not even thinking about that.

Whatever it was, the, you know, the cookie or whatever it is that I was going to use to relax. So you will get results very quickly. If you don't, then you would do another Gaba and and I mentioned a product.

Is that all right? Yeah. No. Go ahead. Go right ahead. So I like an over-the-counter product for Source Naturals Gaba. Com it's it's sublingual. It's 125mg.

It's got a tiny bit of tyrosine just 25mg which counters the effects of the Gabba. So it's not too relaxing in the day. And some people even find it helps with sleep.

And the reason I like it is because it's handy and it's you can carry it around with you and it's sublingual, so you're getting those results very quickly.

Now it does. It bypasses the digestive system, right. And it gets right in through the saliva and into the bloodstream. Absolutely. Yeah. That's why we get those results so quickly.

And I've you know, I've I've seen that people say they've tried gab. It hasn't worked. And if they're swallowing it maybe that's the reason they then go and use it sublingual if that can make a difference.

And I do want to just mention urinary neurotransmitter testing because that is done a lot. It's sort of, a lot of practitioners start to do that and they realize it's not really working is not a valid case.

I actually did a recent blog post about a situation where someone actually commented on one of my blogs saying, looked at your symptoms questionnaire.

I figured out I had low Gaba and both the Gaba my test came back from. A practitioner had said my Gaba was high and we don't know what to do. So I said, well, if you've got the symptoms of low Gaba, what what about doing a trial and seeing if it could make a difference?

I shared it on on Facebook, and I had a whole host of people saying the same thing. It happened to them. They were one of them was actually told by a practitioner to stop the by that she was taking that was working and was helping her.

And when she read about, you know, my, my feedback, she got back on the web and it helped. So it showed that she had high Gaba and the urinary neurotransmitter test.

And in actual fact, she had low Gaba and the goal was helping her. So that's just one example. I just don't use it. It's so much easier just to use the symptoms questionnaire.

See your results, do a trial and see if see if it works. Yeah. There you go. And you don't need to do lab testing with that. Yeah. And they expect it's expensive.

And I'm not against lab testing by any means. I think it's great to have you know I look at blood work I like to look at, adrenal testing. We look at still food sensitivities, but this is one that, I just I just think we need to not be using.

Yeah. For sure. And now you talked about. So we talked about Gaba, neurotransmitter imbalance. The other big one was the serotonin neurotransmitter imbalance.

So what are some of the other symptoms that you'll see associated with that. So in in addition to the ruminating thoughts and the worry we'll see panic attacks phobias.

So fear of driving over bridges, fear of flying, fear of spiders. Fears of of other things. Just fears of just feeling fearful. Even if there's not something specific that you fearful about obsessive thoughts or behaviors.

## Serotonin Imbalance, Sleep, and Mood Symptoms

So it can we can see full blown OCD with low serotonin, or we can just see someone having these obsessive thoughts, thinking about something that they need to do or that they've said, I mentioned perfectionism over controlling.

It's you very controlling of someone else, or even yourself that's, low serotonin, irritability, big thing that we see as winter blues or seasonal affective disorder, which is the low mood in the winter time.

And there's actually, I think, two studies that show that anxiety is worse in the winter, and that correlates with the low serotonin aspect. Serotonin takes a dip in the winter time.

So when we are using serotonin support, which we'll talk about in a second, sometimes we need to increase that in the winter time to help us out because sun exposure increases serotonin levels. Yes.

And also there's a vitamin D connection. So vitamin D is needed for serotonin production. And that often we will see go down in the winter time. So yeah it's it's very interesting.

And the light you know full spectrum light is amazing in the winter time. In addition to some of the amino acids, which helps to raise, serotonin levels.

So yeah, the light is a big thing. And I just say to my clients, you know, if you're living in a wintery place, you can get out in the winter, you can take up Nordic skiing, or you can go snowshoeing or you can, you know, you just dress appropriately and you get out there.

And that reflection of sun, of the snow is, is very helpful. Very, you know, for, for that in that kind of situation. Okay then a few the you, you're going to ask a question and then I'll give you a few more symptoms.

Yeah. No, I was just going to say, I mean, you know, the sun just even getting out, even if it is in the middle of the winter, just helps set your circadian rhythm up for energy throughout the day.

Help, help you sleep better at night. So yeah, it's invaluable. Yeah it is. And the the other aspect with light returning is a sleep one. So we see it with low Gaba, but we also see it with those serotonin and serotonin takes a dip at the end of the day, which is, which is why, we use tryptophan towards the end of the day, but it can go to low.

And as, as you know, doctor job is serotonin is needed to make melatonin. And if you don't have enough serotonin, you're not going to have enough melatonin.

So yes, the light that's so important. Early morning light sets reset your circadian rhythm. So it's all very, very connected. A few other symptoms you'll see is this, low self esteem and lack of confidence, sensitivity to heart,

whether, anger or rage issues.

Now, we don't see all of these symptoms with everyone, but you may have someone who's got this, these fears anxiety, and they've just got this explosive anger, and we've got a kind of teased out because that that anger and rage can be low blood sugar.

But that's why we do the trial of the amino acids. And then we see is the, the support that we're trying to give for the low serotonin helping with those, anger or rage issues.

And then we'll also see fibromyalgia. So pain, TMJ and other pain issues can be related to low serotonin. And then I mentioned the sleep. And it can be difficulty getting to sleep or waking in the night.

And then the addictive aspect or the cravings aspect for the, low serotonin is afternoon and evening cravings. And that can be for carbohydrates, typically carbs.

Sugary things, a bowl of aspirin or, you know, bowl of cereal with milk as a, as a classic white chocolate and or people saying, you know, I'm, I don't really want dinner.

I want to save space for dessert. So if someone's really lacking desserts after dinner, and they've got the other low serotonin symptoms, they might start to think about their serotonin.

And then the other one that I did want to mention is hormonal issues. So both, serotonin and Gaba are closely tied to our hormones Gaba to progesterone, serotonin to estrogen.

So we'll see PMS, or menopausal mood swings, when serotonin as low as well. Oh, yeah. That's really interesting. And so in a lot of women, especially as they get into perimenopause and into menopause, they start to notice a lot more anxiety, trouble sleeping, things like that that they may not have had when they were younger as their hormones start dropping.

That's exactly what happened to me. Late 30s. I mean, I didn't even know what perimenopause was at the time. Someone's mentioned one of the doctors I saw said, you might want to think about perimenopause.

And I said, I'm, you know, in my late 30s, I don't have to think about menopause until, you know, 50. That's what I thought. That's how treeless I was.

And, Yeah, we need to be aware that things can change. And what was it? I. What I didn't mention was a big factor in me. You know, I had this perfect storm.

It wasn't just low serotonin. I also had gluten issues. I had very heavy, you know, high heavy metals. I had a mouth sort of amalgams. I, had changed to a vegetarian diet.

But the other big thing that was a big driving factor for me, which I see with so many of my clients, was stress. So I was working in this corporate job.

I was hugely stressed out. I was working very long hours. And when you when you affect your cortisol levels, that has a downstream effect on your hormones.

So we've got to be thinking about, you know, what are some of the upstream things that were causing this? The amino acids are amazing for getting relief.

But we don't just we don't just stop there. We look upstream and we see what else can we do. We give the amino acids immediately. So are we getting relief. So we get feeling hope.

But then we got to go upstream and look at all the upstream factors as well. Yeah, absolutely. No doubt about it. And so you mentioned with serotonin types you like to use tryptophan I know there's another, there's another

compound called five HTP that also will help boost serotonin.

How do you know what to use when like which which of those is your favorite. And how do you know when to use tryptophan versus five Http. So I typically start with tryptophan.

And the reason I do that is, there's two papers. And I've had quite a lot of clinical feedback where five Http can make you a little bit more agitated if you've got high cortisol.

And one paper showed that it actually raised cortisol levels. It's not across the board. You know, there are some people that I've had that have had cortisol and they do fine with FTP, but until we know what the cortisol levels are like, I just like to go on the side of caution and start with tryptophan.

That being said, some people do well with one and some do well with the other, and it's a matter of trial and error. I will say that most, most of the time I'm using tryptophan and I get pretty good results.

Now there is a situation where you might, as I said earlier, you using tryptophan or five. Happy afternoon and evening. As a serotonin goes down. But there are cases where I might have someone be using tryptophan in the evening to help with their sleep and the evening symptoms, and then a little bit of five HTP in the day, so you can mix and match.

And it's really a matter of of doing trials and figuring it out. And again, all these symptoms I just mentioned, we just write them on a scale of 1 to 10, we do a trial and we should see results quickly with tryptophan and five HTP.

I like to use the capsule opened to do the trial is also a chewable tryptophan that are sometimes used for doing a trial. And you should get the results very quickly as well.

And a lot of people say, you know, how could this work so quickly imagining it as a is that the placebo effect? But you really do get results quickly if you have the low neurotransmitter imbalance and if you have the right product and if you have the right dose, that may not be you may not get those, you know, may not go from a ten to a two the first time you do it.

You may need to, increase your dose, but you should be feeling something. And it does work very quickly. Now, there is a precaution with both tryptophan and fiber Http, possibility of serotonin syndrome.

So definitely, with if someone's on an SSRI, which is an antidepressant, serotonin selective uptake inhibitor like Prozac was the last. I will, work in conjunction with a doctor and make sure their doctors on board to monitor for serotonin syndrome, and then have them do the amino acid at least six hours away from the, antidepressant.

So if they're doing their antidepressant at night, I get the doctor's permission to switch to the morning so they can do the tryptophan mid-afternoon.

And then the evening. And that is fine if someone's on multiple antidepressants and antipsychotics, which is not unusual. I, I will not, I don't recommend using tryptophan or five HTP.

They need to, you know, work with the doctor to get down to one, and then then, we can do that. I mean, just be aware that there's a lot of other medications that can cause, severe.

Can we have it? Have the potential to cause serotonin syndrome? There's some, anti-inflammatory medications. There's some nasal decongestant. So anytime someone's on medications, I'll always just go and see if there's any possible, serotonin syndrome possibility.

## Using Tryptophan and 5-HTP Safely

And then just make sure the doctor's on board to be monitoring. Yeah. That's good. And so what was the dose again of the tryptophan or five HDP. Yes. Thanks for asking.

500mg is a typical starting dose for tryptophan for adults. The chewable that I mentioned is 100mg. And that's a nice dose to do a trial. And it's a nice starting dose for kids.

And, and unfortunately, it's a little bit sweet. So it's not something that I'd like someone to be using long term just because you end up eating it like candy.

Because the test takes pretty good. But it's, it's and then it's going to defeat the object. If you've got a carb addiction with those serotonin. But it is it is does work very very quickly.

And then the five 50mg is a typical starting dose. And then for kids a 25 milligram, and there is some time really similar to fiber FTP. I haven't seen that to be any better than, than using, just a regular fiber FTP.

And they are a few sublingual fiber Https, which is can be helpful. But then once you've done that initial trial, swallowing tryptophan and swallowing the fiber seems to be okay.

There are some instances, as you mentioned earlier, where they suggest problems and then using it sublingual is or just holding it in the mouth is helpful.

Fortunately, the tryptophan powder does not taste pleasant, not like Gaba, which just has sort of an innocuous kind of not, you know, slightly sweet taste.

And then if someone so if someone's having a problem with the taste, I'd have to mix it with a little bit of, mashed up banana or a little bit of inositol, which has a slightly sweet taste.

That can make a difference if they're having problems with the taste. And that's the way that they're getting the most benefits. And so 500mg tryptophan once a day, basically twice a day at starting.

So the starting is mid-afternoon. And then in the evening. So that's a typical starting. And then someone if they waking in the night they may use another dose of tryptophan.

But ideally we want to get the afternoon and the evening dose up. So they're not waking in the night. But initially it may be three times. And then if they're needing the five during the day, as well, they needing some serotonin support.

Some people do fine on tryptophan in the day. Others they need a little bit less or they find it makes them a little bit sleepy. So it's it's is mixing and matching.

I've had a few people say I'm tired of, you know, being an experiment. Yeah. Just tell me what I should do. I just wish there was a protocol that everyone should do, but everybody's unique. Yeah, yeah.

I mean, typically 500mg mid afternoon and evening is a good starting dose. And for a lot of people that's a that's great. But then others need to mix and match.

And then if they do the five HTP it's a lower dose 50mg. And that's because five HTP is basically tryptophan converts to five HTP which then converts to serotonin.

And so it's it's further along down the pathway. So you don't need as much. Absolutely. Yeah. That makes sense. Now you had mentioned lithium as well.

Low dose lithium. And so lithium of course is a very strong medication. Lithium carbonate. Now you mentioned lithium or a using very low dose of that.

So let's talk about your experience with that. Yes. So as I said typically we're going to have you know we'll see someone with low serotonin or low Gaba.

And right. These symptoms do a trial of Gaba or trip to channel five HTP. And we'll see results. Now there are instances where we we we see the low symptoms and we think yes trip depends definitely get a help with five HTP is going to help us less to return.

And or Gab is going to help the symptoms. But we not getting the the expected symptoms. So part of my intake process is I've got a little questionnaire that I've actually compiled from a number of studies.

And articles and things that I've read and presentations that I've heard. I want to give a shout out to Doctor James Greenblatt. He's, he's got a little book on lithium, and I've written present a number of times.

And, I was using, lithium, before, before his book came out. And, but it was so wonderful to see, a, an integrative psychiatrist, embracing, lithium la lithium.

So we'll talk about what how that differs from the prescription which you just mentioned. But the, the big clue is, we've got mood swings, we've got this roller coaster of emotions.

So what we've got is someone's feeling good, then they feel bad and it's all good, and I feel bad and I feel good. So what we've got is a moving goalpost.

So the amino acids can't work when we've got this up and down and up and down. So I'll have someone do this, this symptoms questionnaire, and I'll read through what some of the symptoms are in a second, and then we'll use low dose lithium.

And it differs from the prescription lithium which is lithium carbonate which is used in much higher doses. What we're using is lithium irritates. And what that does is it evens things up.

That's a little bit tricky. And there's always little you know, we've always got a set of fine tuned things. The mood swings could be caused by other things.

It might not be low lithium. It could be Hashimoto's thyroiditis. For example, if you've got underactive thyroid symptoms where you still feel flat and low and tired, and then suddenly you get a little, surge, then you're feeling a little bit more energetic and you may be feeling a little bit anxious.

So that's, that's one, cause another one is gluten. If you've been exposed to gluten, you can feel flat and then you can feel okay again if you've got hormone imbalances.

So we've got to tease out which it is. But the let me just read a few of the symptoms. Yeah. That that I've identified, in the research as being tied to the lithium.

And you'll hear some of them show up in other areas.

## Low-Dose Lithium for Mood Stability

So it's not just tied to the. So we've got the mood swings. We've got the addictions is a number of studies showing that, lithium helps with alcohol addiction, which is very, very exciting.

So any kind of addiction or craving, you've got the low mood, low self-esteem, boredom. Is it easily distracted? So, so those are things we would see with low catecholamines as well.

But we have, aggressiveness and disruptive behavior and rebelliousness. So in teens, we want to be thinking about it. If we see if we see that, we've got the restless internal anxiety, which is similar to the low serotonin.

And then we also have the restless external anxiety. And I'm using terms that is, you know, in the research. And I would sort of equate that to the low Gaba kind of physical anxiety.

And lithium is, is is helpful for making labor. So we can see why we might have that. other thing we have is suicidal thoughts, disorganized, procrastination.

No initiative. Jack of all trades, master of none. So someone sort of scattered and all over the place, impulsive or lacking tact or insight. Risky behavior, cognitive issues.

A number of studies on dementia. And proposing that low lithium could be tied to Alzheimer's. So that's, that's really, really interesting. And as I said, lithium reduces the excitatory, dopamine and glutamate, which we talked about earlier.

And it increases Gaba in your transmission. So we're getting those benefits as well. Now I just want to just clarify for folks, the biggest question I get is it's safe and everyone's heard of prescription lithium.

And that's lithium carbonate which is prescribed for bipolar disorder. And I've had a number of people, when I do Facebook posts saying, how can you be advocating for this terrible drug?

You know, it causes kidney, problems. That affects the thyroid. It's very, very different. So it is actually very high. So it's at least 500mg. Yes. And possibly higher.

So it's yeah, we're using five milligrams of elemental lithium as a starting dose with low when we're using low dose lithium. And it's actually 10% of the dose that you would find in a prescription lithium carbonate, which is a different form.

So the lithium irritates more easily absorbed and using very low dose, and it's very different now to say that there is no side effects. There's not enough research on it, I can tell you it's been used.

Hans Nepo was the first person who started talking about lithium acetate. I don't know, 50, 60 years ago, maybe even longer. I can't actually remember.

I apologize, I don't have an answer for that. But there's a it used extensively in the, nutritional integrative health world. Typically we had do five milligrams once a day, going up to ten milligrams, and divided doses morning and evening and then going up to ten milligrams twice a day.

So that's that's what we typically would see. And I would do this after we've trialed the amino acids. So I'll look at the low serotonin okay. Gaba we didn't talk about low endorphins or low catecholamines.

We mentioned low blood sugar but I do those trials. And we always you know, we've got the question and I say we want to come back and address this, if we need to, but, it's it's it's pretty impressive.

I have, I personally, I mentioned earlier had have had excess success with lithium acetate. I actually found it very beneficial when I went through menopause.

I have seen no research on lithium acetate and menopause, but, I've seen it help with a number of plants in menopause. Terrible, terrible insomnia that the GEB and the tryptophan wouldn't even make a dent. And I was using it at the time.

And some pretty bad lows, which I have not had not experienced ever. And the lithium acetate, together with the GEB and the tryptophan was incredibly helpful for a few years.

And I sort of, you know, figured out that it was the hormonal up and downs you know, you're going through menopause and you've got these ups and downs where your body doesn't really know what's going on.

I had another, someone in my community. I'll just share her results. She. She'd been using tryptophan for a while and not seeing what she wanted to see.

She wasn't. She didn't have resolution of all her symptoms. And I happened to do a blog post, and I talked about really, you know, going really high on the tryptophan.

We just talked about using tryptophan twice a day. You can use that dose. You could do 3 or 4 capsules each twice a day, not starting that high, but slowly but surely increase.

So this woman shared this upping mark tryptophan dose, and also including and upping the dose of lithium acetate has been absolutely profound for me. Off my antidepressant, which I was on and off for a number of years, and I've been depression free and anxiety free for over a year.

It's a fantastic, so it's. Yeah, it's pretty amazing. Yeah, really good stuff. And lithium is a mineral that's found in food. So, I mean, it's in a lot of mineral rich waters, spring waters, a lot of spring waters. Have some lithium in them.

It's in a lot of green vegetables. Cabbage, tends to be a better source of it. Potatoes. So it's something that, you know, it's in our diets, something that we're getting.

But some people just need a little bit more. A little bit more of a bump there. Yep. And you were saying I had read somewhere that it helps with for some people, they, they don't get their B12 into the cell effectively.

And I had read that lithium helps improve the basically delivering B12 out of the serum and into the cell. So I have to verify that for sure. But I think it works with methylation a little bit.

And I know you had mentioned also that, it helps to reduce some of the dopamine and, and glutamate, some of those excitatory neurotransmitters and is more of like a Gaba agonist.

Right. Helps, helps activate or, improve our our ability to utilize Gaba. Is that correct? That's correct. Yes. And the B12 one is interesting. I've had a number of people comment and say they've been told that I haven't found research, and maybe someone who's you thought who's found it clinically.

So yes, that's a great question. I'm going to look into it as well as I want to learn more about it as well. So thanks for mentioning that. And then I wanted to mention your your when you're talking about the source.

So water is a source. And there's areas for example in Texas that have low levels of lithium. And they find there's this published papers talking about high violence, increased crime, increased suicidality, and even increased homicide ality.

So, you know, violence and wanting, you know, wanting to kill people in areas that have low levels of lithium. So it varies. Different states different. Yeah.

And there's actually some maps that show the lithium levels throughout the world. So I've been very intrigued to see if there's some correlation with you know, countries that have higher levels of, of maybe dementia, Alzheimer's and mood disorders and violence.

If there is this connection between what's, you know, in the environment, it's very, very interesting. Yeah. Very interesting. It's almost like, acts in a very similar manner to magnesium.

You know, we hear a lot more about magnesium, a lot more research about magnesium. But, you know, that has a very calming effect. It's found in a lot of different foods, water, different things like that plays a really critical role.

And perhaps lithium is, very similar. Yeah. Yeah. So interesting. And so I know that there's some other biochemical, pathways as well that you wanted to look at, particularly something called parallel Luria, which, you know, in functional nutrition, we do talk about parallel Luria.

Can you go into more detail about that? Yes. So I would say that 80% of the women that come and work with me either have power, Luria or have symptoms of paranoia.

And I keep in mind that I, tricked women to work with me and most and they all have anxiety. So it's and it's a very small, you know, it's it's just my observation.

So most, most women that I work with, with anxiety have paranoia. And it's, it's a, it's a always been considered a genetic issue where you've got this high a need for certain nutrients, certainly zinc vitamin B6 and evening primrose oil and stressful situations, lead you to dump these, nutrients.

So you have then you have high end, high a need.

## Pyroluria, Gut Health, and Nutrient Deficiencies

The classic symptom with paranoia is social anxiety. So you'll often, extrovert. You'll force yourself to go at your course yourself to show up. You prefer the company of 1 or 2 people rather than big crowds.

You have, early morning nausea. You have, problems with, connective tissue often. So you may have back pain. You have a stitch on your side. These are all the symptoms that I'm listing on the paranoia questionnaire, which I actually happen to have myself.

That was one of the factors for me. So that stress that I had in my work made things a lot worse. And the social anxiety that I had that I was able to deal with when I was younger.

So classic thing with parallel is you often, you push through and you deal with it. You just, you adapt. And that's what, what parallel risks do. And I sort of adapted my whole life.

But when you get to your 30s or 40s or 50s and now your hormones are going crazy, you're under a lot of stress. You may have, you know, heavy metal toxicity, you may have gluten issues, your diet may not be ideal.

You've got all of these things that just as the the last thing and you just, you know, you can't you can't handle it. And I've had people say, and this certainly happened with me is I felt uncomfortable even with a lot of family around, you know, it was just it was a it was a stress just there.

So that's that's awful. And, there's a vagus nerve connection. If you actually, gut vagus nerve issues, which affects your digestion and, your, it affects everything that can make Hallelujah worse.

And a lot of, one of the solutions to improve vagus nerve function is to socialize. And I've had some heard some practitioners say, just get up and, you know, make yourself do it.

But if you're doing it and you're forcing yourself, that's the stress. So it's going to make things worse. So I just like to address the root cause which is these low neurotransmitters.

So zinc is really key vitamin B6. And then evening primrose oil is an omega six that helps zinc absorption. So once people get on that evening primrose all that really helps is zinc absorption.

And typically people with paranoia do not need omega threes. You know, in the mental health world, the mental health nutrition world, you'll often hear saying, people saying everyone needs omega threes.

And I've seen fatty acid testing, and paranoia testing or certainly people with these symptoms and they do not need an omega threes. I seem to be able to extract it from the food.

They eat it and grass fed red meat. If you eating walnuts you eating leafy greens you can extract it. You know fish obviously you can extract it from the yeah from the food that you're eating and the too much fish oil, is not a good thing.

It's going to make the, you know, the cell, cell more porous and then permeable, sorry, permeable. And then you're going to, you know, have an issue with toxins and nutrient absorption and everything.

So at fish oil is amazing and often help with a lot of mental health issues. But if you don't need it or maybe you just need a tiny amount, it's good to know.

Yeah. And then those same nutrients are needed to make our neurotransmitters. As I mentioned at the beginning, they needed to make Gaba and serotonin.

They're helpful for hormone balancing. I'll have clients get on the the amino acids will get on get on the nutrients for paranoia. And within 2 to 3 cycles, we'll see their hormones start to balance.

And then if there's still something left that that we need to address, then, you know, maybe it's worth seeing someone. Nurse practitioner to use identical hormones if they need that.

But often just addressing these underlying factors can make a difference. Yeah. And you said 80% of the women that you're seeing that have anxiety, obviously women with anxiety from your your your experience, that's what you're seeing, a subset that you're seeing have this pyloric condition.

So they need more zinc. They need more really arachidonic acid or you know, omega six in a sense which they can get from these grass fed meats. And they need more B6.

And you get B6 from meat, from vegetables as well. And also you get B6 from a healthy gut, right? From healthy gut bacteria breaking down fiber. And a lot of people have dysbiosis in their gut.

And there's a lot of issues with gut issues, you know, with gut infections, leaky gut syndrome and how that impacts anxiety as well. Absolutely. And so we've gotta always look at the gut.

There's some wonderful research out of Ireland, where they talk about this, term called psycho biotics, which are probiotics that impact mood. So lactobacillus, REM gnosis, for example, is is has been shown to lower cortisol levels, which can increase anxiety and also promote Gaba production.

So we making neurotransmitters as you mentioned we making some of these B vitamins. And I got so we've gotta have a healthy gut. So as I mentioned earlier we're using the amino acids to get that immediate relief to get give people hope.

But then we're looking at all of these underlying factors headache, paranoia, headache, gut issues. Have they got dysbiosis or are they not absorbing the nutrients from the food that they're eating?

And then the birth control pill, which is, very, very commonly used, deplete zinc into place vitamin B6. So that's, you know, kind of having, you know, have these issues where it's depleting your levels of zinc and B6, as zinc has a very common deficiency, as you know, talked to doctors, I would say this is deficient.

Common is, magnesium and possibly even iron deficiency in kids. And, it's it's yeah, so commonly depleted. And some of the reasons why I see such common, zinc deficiency that, that I'm seeing getting worse and worse is actually, paleo diet.

So a lot of people are eating nut flours. They are baking with nut flours and using nut butters. They're using that milk and nuts have got a, high in copper and zinc and copper balance each other out.

So if you are using phytic acids and phytic acids, exactly. Are basically a plant defense system that will bind to major minerals like zinc and iron can be another one.

Right? So yeah. Absolutely. Yeah.

## Resources, Programs, and Closing Remarks

Oxalates, oxalates as well if you eat a lot of healthy vegetables, spinach, dark chocolate, berries, nuts and nuts,

you and you've got an oxalate issue that's binding to zinc responding to calcium.

It's, Yeah. It can. Yeah, yeah, there's a lot of things we need to look at. Yeah. So you're right about that. Some of the best zinc rich foods you talked about grass fed meats, organ meats, wild caught fish is a really good source.

Seafood in general. Pumpkin seeds would be probably. Yes. Best vegetarian source would be sprouted. Pumpkin seeds when they sprout them, takes off some of that phytic acid.

Some of the different enzyme inhibitors. And so you get more of that, zinc, more bioavailable. And you also have to have good stomach acid production.

A lot of women don't because they've got dysbiosis and gut infections. And so stomach acid is key for zinc absorption. I'm glad you mentioned stomach acid because as well as being key for zinc absorption, it's needed.

So if you're eating this beautiful grass fed red meat, you can digest it and break down the protein into amino acids, which then is needed to make neurotransmitters and do everything else that, amino acids are needed to do.

So yeah. You absolutely need to address everything. Yeah. Great. Well, this has been a fantastic interview, Trudy. You're just a wealth of knowledge and your clinical experience bringing that to the table here and giving people places to start, you know, when it comes to anxiety and dealing with that, just invaluable.

And so where can people find out more about, you know, you got your website. Every woman over 29. They can sign up for our newsletter there. Obviously, you can get your book.

Anything else that, you're working on right now. So, as well as the book, the anti-anxiety food solution, which a lot of people pick up and follow and implement the, you know, the the advice they do really well with it.

I do have group programs, online group community programs where you're part of a community learning how to use Gaba. And then I have another one and it's called the Gaba Quickstart Program.

And then I have another one where you learn how to use all the amino acids, so, you know, for serotonin support, endorphins, dopamine and also, low blood sugar.

And then I also, teach practitioners. So I've got the Anxiety Nutrition Institute where I teach practitioners how to use the amino acids with their clients as well.

Wonderful. Well, thanks again, Trudy, for your time. Guys. Reach out to her or check out our website so you can get more information there and check out her programs.

Thanks again. Trudy. Be Bless everybody. Thanks Doctor Jockers. You got it.