Show Introduction and Guest Welcome

And the basics are free. Eat well, sleep well, put a seed in the ground, grow it up in your garden. You know, it goes back to the basics, which are so, you know, they're accessible for those that value it and believe in it. And I think that's where our society has shifted so much is there's not a value or belief that it's important anymore.

Welcome to Healthy Choices with your host, Ray Solano from Austin, Now here's your host, Ray Solano. Well, welcome to another Healthy Choices as I bring some of the most functional medicine practitioners, most urgent concerns of our health in our lives. People that are really truly dedicated into helping people. That's what Healthy Choices is about in Dr. Talks. We've been doing this for many years and being able to bring some of the most influential guests on our show. And today's guest is no stranger to the limelight and also as far as training and educating. We have Dr. Emily Gutierrez. And Dr. Emily Gutierrez is a licensed nurse practitioner and has so many vowels after her name, so many degrees.

I'll let her bring that up into explain that. So, and again, Dr. Gutierrez brings a functional medicine lens to most urgent. health concerns of our time. And this is the rise of autism.

And drawing on her clinical experience, nutritional science, and environmental health principles, this really conversation centers around restoring balance. And I think it's just some common sense approaches that really give families a new path forward without blame, shame, or false hope. And today's topic is navigating the rise in autism, the root causes, the… nutritional recovery and a message of hope. Well, Dr. Gutierrez, I'm gonna bring it, send it over to you and you can give us a little bit of background as to your experiences and how you're, I think you're one of the most experts in this area, especially for pediatrics.

Autism, Functional Medicine, and Root Causes

Well, I've been really looking forward to this conversation, Ray, because I am honored to be one of your guests. I literally, you said I have a lot of letters after my name, but the CCN, the…

Certified clinical nutritionist is because of you and because of a couple of other like Jim Laval. You know, I looked at what do these guys know about nutrition and how can I learn more?

And you're one of the most innovative pharmacists. Wow. And clinical nutritionist, I always learn so much every single time we have a conversation. So I'm honored to be here. am a doctor. We always have fun when we get together. Yes, I always, I definitely learn more about medications, about supplements, about the trends, about things that are working, about what you're seeing great happening in your community. And there's just a great synergy, I think between what you do and what I do. And I don't know, I hope I don't make anyone mad when I say, think you're my favorite pharmacist hands down. I'm blushing now. I'm blushing. Well, you know, I think it's, uh it's important to put our best minds and uh try to see what we can share to help this community because unfortunately this group doesn't have a lot of answers. They have to do it themselves. They have to seek out professionals like yourself that are honorable and they are dedicated and you know, unfortunately you spend your every waking moment trying to help these patients. I've seen it because when people suffering it's What we do is we have to just get people better. And functional medicine is a good framework for that. You know, I would never say that functional medicine has all the answers, but it has a framework for trying to find what the root cause of the chronic dysfunction is. you know, autism to me has such an immunological basis at the beginning. Yes, there are genetics that set you up for immunological and detox dysfunction. But really the genes load the gun and the environment pulls the trigger.

And to really look at that as not a, well, it's just bad luck it happened in our family, rather than there are some actionable, preventable, treatable ways that you can improve a child's development is very true. And I think that some allopathic providers are really starting to understand that. In fact, I'm a part of a group. It's the Developmental

Behavioral Pediatric Nurse Practitioners. It's the National Forum. And even today this morning they were talking about, who's prescribed leukovirin and do you, anybody know the research? And I'm thinking of doing this for the first time. And Ray, you know, I've been prescribing leukovirin for over a decade because the science has been there that some of these kids have so much autoimmunity that they can't get folate through the blood brain barrier and they need a more reduced form, fulinic, not folic, let's be clear. that gets to their brain easier. So that's what my doctorate's in. I'm a doctor of nursing practice and I'm a pediatric nurse practitioner and yes, I'm specialized in functional medicine and clinical nutrition. But really my doctorate is about translation. So what do we know in the science? To how do we translate that into improving best outcomes? And that is starting, I think there's a fire that's starting to catch even outside of this functional and integrative field. And it excites me and it gives me so much hope. Well, you know, it's getting down to that root cause. And if you look at what is going on with the mom, right? What's going on with the baby prenatal? What's going on?

What are we doing with the child the first year of development? Those are really critical steps. Yes. And I think planned pregnancies. So not everybody has a pregnancy that's planned. Right.

And I love that your introduction, you said, you know, this isn't about blaming or shaming anyone, because if you have a child that's born into this world that has a high degree of toxicity, I'm sure if you're a mother, you didn't choose that. Or if you had any awareness over it, you would have tried to do something before conception. So I do think preconception is very important because As you know, the longer you're in this toxic soup that we live in, and toxic through our environmental toxicants, through what's going on in our food, and through just how we're not moving and sweating and doing the things that we used to do to detox naturally, you know, the higher that load will be. And we've proved that. We've proved that through cord blood. because there are plenty of studies looking at environmental toxicants in cord blood of those with autism. And it's pretty astounding how toxic babies can be born. And now we're starting to understand that, you know, the more inflammation and toxicity and autoimmunity that the mom has going into it, the greater likelihood that the child is going to be born with some degree of burden. So I always teach my parents about the body burden. m Because we all have it, right? I have it, you have it.

Preconception Health and Reducing Body Burden

you know, zero is perfect, which I don't know anybody that has zero degree of body burden, but the higher your burden is, you know, with nutritional insufficiencies with, you know, environmental pollutants and toxicants, you know, you can have this tip over into physiological dysfunction. that can create this autoimmune neuroinflammation that can really impair development. And so, you know, everybody's got to work on their body burden. Whether they're planning to conceive, they're pregnant now, or they're nursing a child, or they're raising a child, you know, every human has a degree of burden.

And functional medicine is all about where can we identify that and how can we start to reduce it so we can have the body heal naturally and get to that place of homeostasis? you know, as you see patients and parents and they try to understand what has happened. They try to understand something that's logical explanation because they don't under what happened when they grew up. Why is it different now from what they were? when they were kids and then when you have extended family and grandparents, they're all second guessing what we're talking about.

But if you look at the statistics, right, the world has changed in the last hundred years. The food supply is totally different, right? What people do on a daily basis is totally different. We have a lot more EMFs and radiation than we've ever had before. So we're putting all this together and some people, I think we can face it, they can handle anything, right?

No matter what you throw at them, no matter how much mountain do they have with Reese's Cuts. I mean, you sit there and look at them and their blood tests, everything is fine.

And you just go, you shake your arms and just go, that's just not fair. But there are people that their makeup, just like you said, their genetics, they have no resilience. at all, unfortunately, and then they're going to pass that on to their children. So they have to be, they have to be perfect, or they have to be have some interventions that are different.

And I think you try to, you know, where do you start first, right? Right? Well, they have to care for themselves differently. You know, story of, you know, I fast food every day and smoked a pack of Marlboro Reds and my grandmother did that her whole life and lived to 103. You know, there are those people that have, you know, genetics that can handle a high degree of burden. But, you know, recently in 2022, the CDC published that that one in 36 that we thought one child out of 36 children will be autistic, that was a 2020 guideline or 2020 number is now in one in 31. in 2022, they published. if you look at the rates, it's exponential.

And our genes don't change that fast. That's not human evolution, right? But what is rapidly changed is our environment. And the environment through exactly the things that you're talking about is putting a lot of stress on our bodies. And the more inflammation you have, I think no matter what field that you're in, you can agree. know, chronic inflammation leads to disease. And so when does the inflammation start? And what we understand about autism is it starts at conception. It can start early. And, you know, we have to be very mindful about our children being born today in their environment, their nutritional environment, their toxic environment, and the choices that we're making for them to benefit them. And thankfully, I think the message is getting out that we have to do it differently. We can't just, you know, smoke inside of the house and, you know, eat fast food every day. It's just not working anymore. it? you had to make a list of a family comes to you that may be at high risk, just, just identify at high risk or, or they, they possibly want to be the best they wanted to be. Maybe you. can come up with, you we get people's attention of this is not that hard.

Maybe the top five things of your list that you may give them to start. that what we do here at our pharmacy and our clinic is we give people a little starter so that they can feel better. And then when they get to feel better, then they become a habit of continuing to do that. So maybe you can give our doctor talks listeners some of those steps we can get started with. Yeah, so if I were going to advise a woman that wants to get pregnant, know, some things that she can do and you have a planned pregnancy, really the first thing I would say is give yourself six months. Six And in those six months, I want you to quit drinking alcohol. I want you to get your blood sugar under control. I want you to really be mindful about your diet and the environmental toxicants in your diet. I want you to understand your degree of autoimmunity that you have in your body. know, Ray, a lot of people don't do any labs and in functional medicine, we love labs. Now you don't need a lab to treat everyone, but I think it's good motivating information. What's your high-sensitive C-reactive protein?

What's your ANA saying, which we know is nonspecific and can mean many things, but you know, where is your hemoglobin A1C? What's your fasting insulin? What's your glutathione doing? What's your antioxidant level that you have? So I want to understand baseline. Where are you? Where's your inflammation? Where's your autoimmune? And then it's very important to me with how are you methylated? How are you reducing your folates to get to those forms that really help build and repair DNA? I we've known forever that, you know, if a woman is trying to get pregnant and they have a deficiency of folate, they're more likely to miscarry. And, you know, the government, and I don't think the government is always evil, but I think that sometimes they can be misguided. They dumped folic acid into our food system, right? to prevent neural tube defects. But what we've discovered over time with through genetics, through looking at methylation pathways is that folate can't be reduced into those active forms. And even sometimes when they do, there's a degree of autoimmunity that maybe it's not getting through the nervous system of the person that's pregnant or to the baby. So. You know, really supporting those active B vitamins that are bioactive, broken down in the forms of methylated and phylinic acid. think both are extremely important.

Early Intervention, Infertility, and COVID Effects

I'd want to know that the nutritional status of that woman was really in top shape. And, know, we see women in our clinic for that. We've had women that come here and do a detox and get ready for pregnancy and have had problems with infertility and, know, they get pregnant on the first try. Like that's a true story that happens here. So it's, it's hopeful, but I do think when we talk about autism, we should talk about before anyone gets pregnant, if they have the opportunity to do it. And it's not just moms, know, dads need to get into in shape too. You know, we've learned that, you know, sperm is not a hundred percent not able to be touched by the degree of burden within the man's body as well. I think the man needs to get on board and the couple needs to do it together. It's the first parenting moment, right? That's right. That's exactly right. And I think that miscarriage is a very personal event. And I think that gets everybody's universal attention. They want to get pregnant. Unfortunately, the fertility rate is lower

now than it ever has been. Well, that's a start. It gets people motivated for fertility and then also to be able to carry the full term. So I think people, I think their heads turn, right? When you start talking that direction. Okay, what do I need to do? Because the cost of infertility treatments It's staggering, whether who pays for it whatever, but it's probably something that people should do a little bit of homework first to what they can do to get started, especially what you're talking about with your program. That works. Well, and there's such a grief that goes along with, know, what do mean we can't get pregnant right away? And I had a mom reach out to me tomorrow that's 35 years old and wanting to get pregnant and she's already Um, having to go see a fertility specialist because they haven't been able to, I mean, you probably think as well as I do COVID has a lot to do with the infertility rates rising today. And that's anecdotal. I don't have the evidence, possibly you have the evidence to prove that. But I just think it's also a lot of the toxic soup that we're living in.

And then you throw something like COVID on top of it. And it's been really devastating, you know, infertility. Yeah. That's right. We just don't know. And how many people have you, I had a very, very skilled oral surgeon come up to me the other day. He can't function.

You know, he's been COVID dysfunctional for almost a year and a half and can't really practice. And there's some people that it just takes them, their immune system never recovers. And we don't know. This is, this is a new event, a new infection that we don't have no. idea of the consequences. Maybe we'll know 30 years from now. The only thing we can do as skilled practitioners is use your data, make some professional opinions, and try to uh do an end around or do a recovery. That's all we can do. And thank goodness we have people like yourself that can, that have been experienced that can multi-disciplines and being under, understanding all the different areas to come up with a very good maybe a path forward. Yeah, and it's those, it's the outliers and the people that are speaking against the narrative that, you know, it takes a lot of bravery actually to be in functional medicine. mean, you probably have experienced some of this with the providers that you take care of as well. You know, when you're doing something different and going across against the grain, You can really be reported to the board, slandered online, called X, Y, and Z. And it takes a lot of bravery to do something different.

the functional community stepped in immediately when COVID happened and said, okay, what repurpose drugs can we do to this first and foremost? And then second, what are the functional things that we can do to decrease that spike protein so we can get the immune system regulating again? And then pairing with a pharmacist like yourself that provides innovative things that we can actually prescribe our patients, you know, with things like methylene blue that you're doing things, you know, ivermectin that was so villainized and so much research has come out saying that it's helpful and it decreases spike protein and it's safe and it can be effective.

You know, it takes a lot of courage and it takes this community to come together and say, you know, here's this surgeon, this highly functional person, you know, what, what is it, what is the risk versus benefit for saying, Hey, let's do some things to get you back on your feet.

Even if it isn't standard of care right now, you know, given informed consent, the patient and the provider relationship, there's so much you can do. If you're willing to seek out somebody that just doesn't follow the mainstream narrative that sometimes is right. But sometimes it's not right at all. But like you said, the risk, what is the risk of trial? Many times, and this is one of things that we like, we like uh to repurpose old drugs that have been around. Because many times we find the different dosage forms, especially like low dose naltrexone, that was repurposed from naltrexone for getting rid of opioid addiction. to one hundredths the strength or one thousandth the strength has a completely different outcome. And so we're seeing this over and over again that the dosing is very personalized. And I think you're now we're even taking the GLPs and GIP medications and giving super low doses and getting we're getting a tremendous benefit. So it the creativity of the partnerships go on and on. And this is what we, the beauty of this, of this environment. Well, it, it, mean, just back to your LDN alone, know, naltrexone is an FDA approved drug for op, is an opioid antagonist, right? And now I had a teenager in the clinic yesterday. I always kicked the parents out and have a kind of private conversation with the teenagers for five to 10 minutes.

And he's carrying around naltrexone in his car, 16 year old. And I'm like, absolutely. I'm so glad it's over the counter now, by the way, because there's so much fentanyl and fentanyl overdoses out there. think every teenager should, even if you think you have a teenager that would never have anybody in their car that took a pill accidentally, that fentanyl in it. But it's so fascinating to me because what it's contrave is the only FDA approved drug that has a

small dose of naltrexone in it and well buterin, right for cravings for it to decrease em cravings and for obesity. But at 4.5 milligram or I have some people on 0.5 milligrams of naltrexone, like a baby dose depending on the patient, are you mast cell? Are you autism?

Like what is your degree of autoimmunity? And how do you personally respond? You can only get that through a compounding pharmacy. Only.

Repurposed Medications and Personalized Treatment

so because somebody can't patent that, you know, us fighting for, you know, us as, as, as functional providers, it's like, we've seen this work over and over and over and over again for years and years and years, but there's not a big pharmaceutical company that's patented and said, this is the drug that you have to give and here's the doses. So I just, it makes me just appreciate what you do so much more because you can have that personalized. know, approach towards your patients. Well, and the one thing that we touched on earlier when we met is the cost for these patients. Because as they are, they're not made by a pharmaceutical company, they are not reimbursed, which is the craziest thing in the world. So something that reduces cost of healthcare is not reimbursed.

You can get crazy thinking about it. So since that is not standard of care and the services you offer are not standard of care, all these are out of pocket, non-reimbursable for the parents. And unfortunately, the cost is crippling financially for these patients and families.

So it's a real struggle. uh So it's… we hopefully that there'll be some sort of relief and acknowledgement of the problem. I guess that's the start. And then we can go from there.

But there are some simple, you know, unfortunately we still say, well, there's some very inexpensive ways to do it. But sometimes the cost of getting healthy can be extremely expensive now, but later on it is very expensive, right? Exactly. You have to value the investment in it, know, value and investment of, know, if I do this now, maybe this will save me five to 10 years of ABA therapy cost, if you know what applied behavioral analysis therapy, is unbelievably expensive for families. So it's just really, how do you value the cost of it? And it's, one of my dreams and it's one of my goals eventually. um And I don't know how it's gonna, how I'm gonna translate it or get it to, you know, the schools. I teach at Johns Hopkins a couple of times a year and I do teach on what I do with autism. But I think that the learning needs to happen at the provider level. And my dream is one day to come up with a program that if you take Medicaid and you take this, you know, what are some very simple steps that you can do that you can translate this affordably through the insurance model? at the primary care site because Ray, the earlier the intervention, the better the outcome for these children.

And we see that over and over and over and over again. If I get a 16 year old autistic child into my clinic, I can help improve things, gut health, irritability, but if they're nonverbal, It's going to be really hard for me to get them speech. It really is. So there might be some other creative things you have to do, like spelling to communicate, et cetera. But if I get a two and a half year old that was developing normally and had a regression, and I am seeing him within that first six to 12 months of regression, I can typically get that kid back on their developmental trajectory. Now it doesn't happen every time, but it's happened over the last 12 years. countless times, countless times with me and with the providers in my practice.

So it is possible. It is possible. I'm not saying I'm curing autism or I can reverse everybody's autism. But what I am saying is the earlier you treat a child, the better they do. And that is absolutely my reality and my experience. Like you said, you start out very early on, is the best is the best clue. And it's sometimes it is a lot less expensive then than later on. it starts to, unfortunately, I think we give tremendous, know, we always look at what has changed when you're doing a root cause analysis, what's different. The amount of pharmaceuticals the average adult and child takes now is probably, I'm guessing 20 times more than it was 50 years ago. the average volume of prescriptions they take as far as how many days supply used to be five or six days. Now it's 30 days. So the amount of these pharmaceuticals layered on top of each other, nobody knows, nobody's done any studies on five different medications of interactions. Show me the studies where they've done those together. Nobody has. you start to look at it and say, well, where do you start? and sit there and go, each pharmaceutical, even the OTC medications, many of these things, look at them as pharmaceuticals. These are powerful medications and they've

never been studied for babies. They've never been studied the long-term effects. So I think if you, one of the things that maybe if you agree with me is for parents for a survival tip is to look at every single item that you give. uh newborn, a new child and say, is this safe? Is this safe? Is there a natural ingredient as an option?

Is there homeopathy as an option? Is there something else that would get close to the effect? I think that's good ask. First do no harm, right? That's what we're taught to do is first do no harm. And you're right. It's almost crazy making if you put in You know, especially with psychiatric drugs, which I will prescribe from time to time. And I don't think that they're all evil, but what I think is evil about it is they've never all been studied together. They all have contraindications that come up with them do something different. This will elevate your QT syndrome. Don't do this. And what we do is we prescribe it to a young child, say a stimulant. and then they're irritable and can't sleep. So let me prescribe them another one that puts them to sleep. And then all of a sudden you have a seven year old that has polypharmacy. It's on four drugs.

Cost Barriers and the Value of Early Care

It's like, yes, okay, so let's back it up and say, well, why can't this kid pay attention? What possibly could be causing the neuroinflammation? You know, are they sleeping? What's their diet like? Are they methylated? Is there trauma? Is there some type of trauma? Are they ever getting outside and seeing the sunlight? putting their feet on the ground, getting away from all of the electronics. You can just go back to the basics in most of your chronically ill patients and that can make a tremendous difference just for the basics of health that we all know, um but somehow we're not intuitively focusing on. Well, and I think you make those choices. And yes, these… these interventions become expensive later on. But I tell patients uh and family, you know what, don't buy any junk food, okay? Just don't buy it, okay? Don't have it in the house. Be very, very particular what you do to bring into your home because that will be the feeding frenzy because it's sometimes very addictive. Just don't have it, okay? And you'll be weird and unfortunately, but if you don't have it, that's a start, right? So it forces you to do things that people did 75 years ago, which was to make food. They grew their food, but we don't have to get crazy here. We can just make their food. It would be great to get crazy and grow our own food.

But just, forces you to do something. that is inexpensive because they'll save money. I'm the weirdo going to the grocery store looking at everything and going, my God, people consume this. And then you look at it and you see that 90 % of the stores are processed foods. And they move. I mean, they're not sitting on the shelf collecting dust. these people say, well, I can't afford this. Well, you can afford it. with a little bit of effort of doing the things that your ancestors did. And I think that's a good takeaway for, because the rewards are tremendous. are. And you have to have that cultural shift within your family too. So when I first started studying functional medicine, know, Ray, I grew up in the era that it was like, oh, you count your calories. Remember those hundred calorie packs of just super processed food? I'm like, I can have two of these oreo calorie packs a day and then I won't gain weight.

And I just had it all wrong. I mean, all wrong. I came home from the Institute of functional medicine after my first week of training. My husband had just gone to the grocery store and I threw away almost everything he bought. And he looked at me and he's like, you have gone insane. What are you doing? And at that time I had a two year old and a six year old in my home. And, know, we just shifted things, you know, that we used to buy. just stopped buying and it quit being available. Um, you know, there's so much complexity in that with what you choose and how you present, you know, food choices to your family. And you don't actually want to create a food desert in your house too. If you just have ingredients and there's nothing to grab and go. So it takes a lot of time and preparation, but for families out there. I would just really encourage them. has to start with how you're eating as a parent has to start with what you're buying. You know, if you don't buy it, your kid is can't consume it in your house. You're not actually responsible for what your child chews and swallows and digest, but you are very responsible for what you provide them to chew and swallow and digest.

So it has to start with a parent and their belief and the grandparents belief. You know, because often grandparents will send them to the grandparents and they completely sabotage everything. You know, they're like, oh, I'm just going to give them gluten free what dairy. Oh, they should be drinking milk and they should have cookies and they should have all of this stuff. it really has to be. could if they had the same things that they grew up with. That's right.

Years ago that the food that they had, the cookies that they had were different. That's right. They had the. The milk

products were different than they had. So everything has changed. We would all like that to be. Unfortunately, uh it's not here. It may be in different countries, but it's just unfortunately not here. Just putting butter and cookies, boy, that's a different, mean, what a radical thought that is, So anyway, I think this is, hopefully we've given everybody some tips that you can. start with and that's the important thing. We want people to get motivated and give them hope that there is light at the end of the tunnel. Meet with the skilled practitioners that can give them some lab tests and give them some markers, some genetic testing so they can at least navigate where the minefields are. Because that sets them up and you realize that unfortunately not everybody is as perfect. as everyone else. So you have to make some shifts and some food intolerances. Some people just not able to tolerate certain foods because it all starts in the GI tract. But nobody wants kids to be on these medications because it's scary, the side effects. this is, it gets people's attention. And some people say, well, I can't afford uh the fees and the practitioner fees, you and I both know the tremendous education that's out there that's for free. Our podcast, your podcast, all the information that's out there that we never had years ago, that was all privileged information. So people can just, you can spend some of their time learning. And we volunteer at our times and you do as well. And we just don't like people to suffer. That's right. I didn't intend on plugging this, but if you'll allow me, I created an autism module we're about to host on our website and it's $99. It's about six modules and you can take it pace by pace. And I have a supplement guide at the end that you can go through from ages two to 12 and above. So it's affordable.

It's accessible. you can do that and you'll learn everything that I know about autism from inflammation to food to autoimmunity to supplements.

Nutrition Basics, Food Choices, and Family Habits

So I've worked on that about six months and I'm about to host it on my website. Well, give me your website so we can put it on our website as well and we'll put it on this podcast. Awesome. It's neuronutritionassociates.com.

That's where you'll find it under modules or courses. forgot what the tab was. We'll put a link on our website, pdlabsrx.com to hyperlink to that for $99. My goodness. That is, that's a treasure trove of information to get people started. So I think I misspoke. I think we're doing it for $199, for your listeners. If they give the code, so we'll give them the code, PD Labs code, they can get it for $99. How about that? That's great. One other thing that you and I have had some passionate discussions on is prenatal vitamins and prenatal health. And there's not, if you want to get, start a family feud and an argument, start talking about prenatal health and vitamins and prenatal health and it's it's unbelievable. The knives come out, right? Maybe you can give me your opinion of what people can do for prenatal health if as far as even taking prenatal supplements. Yeah. So I'm, you know, my number one thing is you have to have the right folate support, right? So I like a combination of methylated folate and folinic acid. We know that Choline is very, very important and we know that DHA is very, very important. probably on the market, my favorite one is Metagenix Plus One. You know that multivitamin? That's a good one. And then I would layer it with NeuroNutrients Complete Methylation Support because I put phylinic acid, methylated folate in that and you're not really gonna get a higher dose of phylinic acid in most everything on the market. And I just think it's critical to neurodevelopment to have phylinic acid in the mix, not to be confused with folic acid. It's phylinic acid. Leucovorene is the drug or the vitamin drug that is the same.

So choline, DHA, enough methylated B vitamins. And then of course you got to cover your magnesium, your zinc, your trace minerals, all of those. So a good broad spectrum multivitamin is typically, but. Metagenics plus one and neuro nutrients complete methylation support is what I would suggest. And I'm always impressed with your neuro nutrients, your product line. You get the best that's available. I sure try. I try. I try. Absolutely. It's not easy. don't go down to the local. Nothing's here made in this US, unfortunately. It's difficult to get quality ingredients. It is. then once you source them, you have to make sure that, you know, they're run and what is it seven or eight times to make sure there's no heavy metals. They make spec quality, all the things that it takes a lot to make a very clean, good vitamin that meets label claims. And I know you can appreciate that because you make you make vitamins, you make drugs, you know all about it. You've been in the industry for a while, but it really does matter. It matters. It really does matter. And unfortunately, there's regulations on it because there's a lot of bad actors. But to make a prenatal vitamin, a prenatal vitamin has restrictions on it, government restrictions on it as well. So unfortunately, everywhere you turn, seems to be governing bodies are making it difficult to get healthy. So hopefully we can, we get a little bit of fresh thoughts to this because prenatal health is so critical, but it is sometimes just wrapped around in controversy. Well, it's the same thing with making a formula.

It's the same thing with making baby formulas. So Taylor Dukes and I, don't know if you're familiar with that provider. She's out of Dallas. She's a family nurse practitioner and she's, she's pretty amazing. She went through a big thing with cancer in her brain. And, we talked about making a formula before she got sick and The amount of red tape, because it's corn syrup solids, it's folic acid, it's all of the ick in it, it's hard. People are sourcing their baby formula from overseas. Clearly best is breast. Absolutely breastfeed. We could talk for a little bit about getting donated breast milk. I have some mixed feelings about that, but… You know, it's the same with formula. I think this new administration has said, hey, we're gonna take a look at what's in our formula and what we're feeding our infants and we're gonna try to improve it some. And I really look forward to uh that initiative happening right now. Maybe you can help me here. I do sticker shock when I look at some of these baby formulas and I have seed oils and rap seed oil. Rap seed oil. formula and organic rap seed oil. this is like organic DDT. don't know. Help me understand where these seed oils that are can be rancid, where did that start to play into a necessary ingredient in baby formulas?

I just don't know. Yeah. You know, maybe call me a compare conspiracy theory, but I think we go back to capture a big food, you know, and, it being a legislation thing that happened through influence, through policy and not through the benefit of the patient. think race, you should rally the clinical nutritionist and we should as a group come up with a baby formula for those that cannot breastfeed. I think that would be a really wonderful idea. I know you some really smart won't call it, we'll get with Jim and we won't call it formula.

Prenatal Support, Infant Feeding, and Closing Remarks

We'll call it meal replacement or God forbid, we don't want the people in black wall tires coming after us. but the truth is some women will never breastfeed. No. They just won't. They won't.

They won't. So what is the alternative? I mean, you always lead with, of course, breastfeed first, but But then what? then feed your baby rapeseed oil and corn syrup solids and highly refined organic corn seeds. You know, it just, it doesn't make any sense. baffling. It's baffling. And that's their first food in life. That's how they're starting out until the misguided mamas then add, you know, rice, rice cereal at four months. And then they start, you know, uh So it is, it has to happen for our children. You know, their nutritional sufficiency and status needs to be from the very, very beginning. And if moms are breastfeeding, that means that their nutritional status has to be right, because they're the ones providing, you know, the meal.

And so the quality of their milk has a lot to do with that preconception we were talking about. How toxic is the mom? What's the mom's inflammation? You know, what's the mom's auto immunity. So, you know, if you're, if you have autism in your family, it doesn't mean that you're going to have another child that is autistic. But if you have one child that is autistic, the second child has a 50 % greater increased chance of being autistic. I think it's really very telling that most of the first babies are autistic. It very rarely skips where it's the second or third child that's autistic and their older siblings do not have autism. And to me, that's just the degree of burden that happened in the beginning. And as you breastfeed, that's one of the most profound periods of detox in a woman's life is when they breastfeed.

You know, when they lose the baby weight, when they breastfeed, they're detoxing, they're healing, and then they're in a different place typically for baby number two. So it goes back to the basics and the basics are free. Eat well, sleep well, put a seed in the ground, grow it up in your garden. You know, it goes back to the basics, which are so, you know, they're accessible for those that value it and believe in it. And I think that's where our society has shifted so much is there's not a value or belief that it's important anymore. Dr. Gutierrez, we really appreciate your time today, but I want to give you some time to promote your practice and your website because oh you're going to give people lot of hope. So if you can give that to us, we'd appreciate it. Yeah. Well, thank you for allowing me the opportunity.

Our practice is Neuro Nutrition Associates. You can find us there. We have a family nurse practitioner, a pediatric nurse practitioner, and myself that's part of the team. And then our supplement company is Neuro Nutrients. And I've formulated products that's based on my experience with children and young adults that have had neurodevelopmental and psychiatric concerns over their lifetime. I much rather, I don't want to villainize medicine because I think that's, you know, that's, that's all the way on the other side. There, you know, as much as I know,

there are some medicines that are life-saving and, and I am so grateful for them. But when it comes to neuropsychiatric illness, I just, I really hope that people consider that vitamins can be effective first. And it, and it's a first stop that you can try. It's always a combination because nutrients are depleted. when you take pharmaceuticals so you can't do one without the other. You gotta treat the whole patient. uh can't take a bunch of pharmaceuticals and have pop tarts for breakfast, lunch, and dinner and chasing it with a Mountain Dew. So that's just not gonna work. But you really has to be a trio. And also, we'll put your link on our website, PDLabsRx.com. uh our website and our podcast, Healthy Choices, Dr. Talks, and we just think this is a great forum. We're gonna definitely do it again because we feel in the next six months, there'll be lots of changes in what the choices of healthcare are. And that's what we think. Give people choices of healthcare and give them the education that they need is what is considered mainstream. We're big into personalizing medications, personalizing dosing. personalizing the different dosage forms and the combinations. So we think this is uh what our mantra is. And we really appreciate your support in helping us get the word out.

And we would definitely do this again. Yes, well, I've been in good company today. I'm honored to be having this conversation publicly with you. We've had so many conversations over the years and Like I said before, which is very true, I learned so much from you. Well, thank you. really appreciate you. And I think you're doing really great things. Well, we get together and we come up with great solutions. And I think we'll take the challenge and come up with a uh formula or CCN group. And we'll see if we can come up with that. you know, unfortunately, the first batch will probably cost us $125. Yeah, probably on this one too. That'll be interesting. Maybe we get some VC investors that sit there and go, maybe we can make a difference. Well, great. Well, thanks for your time today. This is another edition of Healthy Choices, and we'll be back next week with another one of our most influential people that are making a difference in people's lives. Thanks again, take care. Thank you for listening to Healthy Choices podcast on Dr. Talks, Apple Podcasts, and YouTube. Leave us a review and like us on socials to stay up to date with our upcoming shows and guests.