Beyond the Probiotic: Rebuilding Your Gut's Microbial Ecosystem with Dr. Oscar Coetzee Transcript

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Introduction to Probiotics and the Gut Microbiome

You've likely heard about probiotics, probably taken a probiotic, and also likely heard some conflicting information about probiotics and wondered, are you just wasting your money on them, which one should you take? How do you take them when? It's a confusing world out there. And so today on the podcast, I have Dr. Oscar Cozy who's from the team for clinical education and functional nutrition at Designs for Health. And we dig into the wild world of probiotics and the gut microbiome.

And he breaks it down in such a beautiful way to really make it understandable and highlights why our good bacteria, those probiotics, those keystone bacteria are so incredibly important to work together as a team to support your body and to really create balance and resilience in your gut so that the rest of your body can work even better. Feel free to reach out if you have questions. We do talk about gut testing and you know the designs for health brand. If you have questions about these things, feel free to reach out. I love to support my patients with these and happy to help put you in the right direction on these as well. Dr.

Oscar, thank you so much for being with me today. >> Thank you for having me, Dr. Naylor. >> So, first I'd love, you know, I'd like to start with your story and I'd love to hear kind of what brought you into this world of the microbiome and probiotics.

>> Wow. Yeah, that's a that's a long one. Actually, I started my career out in the field of mental health. So, I actually have a you know background in psychology. That's what my graduate degrees were in before. And >> I was doing my internship at Farox Hospital in Summit, New Jersey. And there was a psychiatrist there by the name of Dr. Mark Gold. And he was guy he was the guy that kind of planted the seed for me, you know, into mental health and nutrition as a star. And then that obviously always is going to have a, you know, an association to the microbiome from what we're eating and how that's feeding our bacteria.

>> And that just kind of set me on a pathway. Couple of years later, it wasn't immediate because I wanted to pursue my PhD in psychology. And then my mom got sick and you know, kind of the way we all get into the, you know, functional medical field is through a friend or a family member or whatever.

And it kind of just triggered back in my memory to like, wait, wait a minute, there is something here. And then I kind of went down that route and then clearly the microbiome became a big part of it.

And you know as a professional I've I've been in clinical practice for probably 20 odd years. I've been a professor at some institutions teaching functional nutrition and functional testing and clearly the microbiome is just such a big component of the testing side of it.

Dr. Cozyu2019s Path Into Functional Nutrition

And you know then I eventually got hired by the science for health to to head up their education team and you know just keep digging like you you know it never ends right it's always a a pursuit of of new new knowledge.

>> Absolutely. Yeah. My medical school they they always talked about lifelong learners and now I kind of laugh at it because it's so true. You know, some of us are just wired that way where we, you know, see a problem, we have that family member who gets ill and we're just like, wait a second, what's, you know, what's behind this, >> correct?

>> And I love that you can really take that kind of experience and then dive so deep and to help so many people. >> Yeah. And for me also clinically, I feel that I've adapted so much, you know, in 20 years. things that I did 101 15 years ago I I I wouldn't do anymore you know from even from a neutrutical standpoint or from a protocol

recommendation standpoint things have changed so much that you know not that we didn't have success in the past with you know those modalities but it's there's just so many more things that are coming to light now that really has put a big big light on on on the path forward.

>> Yeah. And that takes some bravery in my opinion to to continue to change what you do and not get stuck in oh well this is how we do it really having the you know the humbleness to be able to say okay what I did was good but it could be better or we could do things differently >> and I think it's probably as you would also agree with your patient base is you know people don't come to us with a one-sided problem right I mean the things are so indepth there's psychological overlap. There's gut problems. There's there's hormonal fluctuation issues. There's blood sugar dysregulation. And I know that they all intertwine but there's so many components to to cases that you know as as you know as a DO it's you know you got to take those things apart in a in a very broad picture and then depending on what the condition is you know you have these these processes that you need to go through for 6 months to a year before you can even you know get to really help those people you know optimize their health.

>> Yeah absolutely. Well, to kind of dive us into the topic, the I feel like the biggest entry point that I hear people asking about is probiotics where, you know, they think they should be on a probiotic, they're taking something and they've probably heard so many conflicting things about probiotics and prebiotics. Now, I'd love for you to just start off saying like, you know, where is maybe there a gap or downfall in the typical probiotics and prebiotics that we're seeing? Well, I think I think the biggest downfall, if you can call it a downfall, from general probiotics is that they transient, right? So, they they don't really repopulate the gut the way that we at first thought that they would. You know, if you're taking a bunch of standard probiotics, >> they don't really go in there and regrow the microbiome, right? They they they they really help when they're present.

So the the scientific literature is very strong on the effectiveness of probiotics, but not so much if you stop taking them, right? So you kind of have to keep taking the probiotic to have the result. And there's nothing wrong with that because, you know, in my area that overlaps the, you know, functional health to the mental health. It's important sometimes for people just to have some bacteria that can help, you know, the mental status or the production of certain things that can convert to neurotransmitters, but the problem has always been that they they're pretty transient, right? So they they will work as long as you're taking them. The other side of the coin is, you know, to keep the microbiome alive that we have and functioning that we have, you have to take these prebiotics that you're talking about, fibers and polyphenols and resistant starches and all that kind of stuff. And that helps, but depends how diminished or compromised your gut is. You know, it doesn't help getting fertilizer for two acres when you only have one seed, you know, that's there to grow. So you have to kind of pick your poisons when it comes to the prebiotics. And sometimes when you give people a lot of prebiotics, they have a lot of symptoms because they really don't have enough substantive microbes in the gut to to really handle that level of influx. So what I'm trying to say is that you know if you have a really compromised gut and theoretically yes you know prebiotics really are the secret to rejuvenating the gut but you you can't do it overnight if there's nothing there right and your you your side effects will be be a lot greater and then you know there's another component so I want to differentiate between between bacteria and and and and microbes in the gut so I want to look at the probiotics that everybody is familiar with like bifroacterium and lactobacillus and then I want to really talk a little bit more about some of the keystone microbes that we have in our guts. So keystone bacteria for the listeners it's just as the word says there's a keystone if you have an arch and there's a stone in the middle of that arch and you remove that stone then the whole arch collapses. So look at the other strains of bacteria that we have as kind of the arch but the keystone microbes are the stone right so we need to have that stone in place to keep the arch solidified and unfortunately what we've been seeing clinically is that a lot of people are lacking these particular strains and maybe some of the listeners would be very familiar with a a bacteria called acromancia which has been spoken about a lot there's several keystone commensal strains but I'll probably talk about three or four of them today The other one is a very complicated word. It's called fali bacterium prownitier. We'll just call it fra you know for the for the discussion today beria and some of the anorost bacteria. So what I want people to understand is don't try and remember all those complicated versions of them just think of these microbes as almost like an accessory organ system.

So they're not just a bunch of bacteria that's coming through your gut.

Why Standard Probiotics and Prebiotics Fall Short

They're literally in your gut, communicating with the cells in your gut lining to express your immune system, to drive hormonal function, to to make new cells, to create an environment in the gut, to be hospitable for all the good guys to to to be there and that's why I think these microbes are so important to to understand. So what we have seen now clinically and you know through new evolution and probiotic development these probiotics by the way are what we call anorobics. So they don't like oxygen. They don't want to live in an oxygenated environment. And up until this point there hasn't been the ability to really take these probiotics and put them in a capsule because they anorobic.

But that technology is now existing and they're able to do that. And before we go any further I want to do a further differentiation. So these kinds of probiotics that we're talking about that are these keystones and if you're low in them, it's best when those probiotics or bacteria come from a human donor, not from you know something that is fermented with dairy or fermented foods.

So because of the intellectual capacity of those microbes to your system. So it's impossible to get fra from fermented vegetables, right? But what the fermented fermented vegetables give us is the food that feeds this this particular strain. And what we've seen and why people are so low in these strains is antibiotic use long-term, you know, stomach acid medications like proen pumping heater, long-term exposure to glyphosate and herbicides and pesticides, alcohol, you know, not very diverse diets. Even if people are on a FODMAPs diet to improve symptoms, they're really not helping the regrowth of the species because there isn't enough diversity, lack of fiber intake.

So all the things that we're all exposed to 24/7. And this is why we see the patterns today that most people are actually low in them. And we are not innately designed to be low in them because they literally kind of a communication system, you know, from the food sources to the gut lining to to to our system.

So, I'm going to stop there if you have to throw in some questions there because I I've gone a little extensive. >> No, that was amazing. And I I love the way that you describe that ecosystem working together because I think that's what a lot of people don't think about.

They think, "Oh, there's some bacteria hanging out in my gut and they're important, but they don't really think about why and how they have such an impact not only with our body, but also with each other." And so, if one is missing, then the other one struggles.

And it really is so much more complex than people think of, right? Yeah. Like just the fiber. And I love how you described that fertilizer versus seed scenario that's really easy to be able to visualize.

And and while it is complex, I feel like it's also, you know, there can be simplicity in it, too. It doesn't have to be overwhelming. Like you said, you don't have to know all of these things.

It's sort of knowing those bottom lines of, okay, how do we actually support it then? Which I think is very important because I agree with you. I mean, my from my clinical insight too, I have so many patients that are low in these keystone bacteria that in the past we didn't really have as many tools as we do now to support them. So it's also a very, you know, wonderful place to be right now.

>> And you know, you bring up something really interesting, the simplicity of this is the fact that these microbes are so intellectual and so smart as a community that we don't have to worry about exactly why they do what they do.

And this is what I would like listeners to understand is we've been trying to understand, you know, and I know that you do, you know, some GI map testing and I'm not specifically saying that we're talking about that form of testing. I could care less what you do as long as you look at the microbes. And it's quite amazing to me to see the compensation. You know, originally when I started as a practitioner and I saw opportunistic and pathogenic bacteria, my first thought is antimicrobial, anti- antibiotic or or whatever because that's kind of what what we did. So when we set out and started to use these these anorobic strains of bacteria initially all we wanted to see is that they are moving acromancy and they are moving frown and they are moving these things because we know how important those bacteria are but what we learned in addition to that was was kind of eyeopening.

So not very large population study but about you know 20 to 25 people with very compromised gut low anorobic strains of bacteria and you know as well as I do no no stool test is ever going to look the same but in those categories they were the same. So some had you know one even had a seed of overgrowth one had you know opportunistic overgrowth one had an autoimmune overgrowth and what we started to see was that those also came down. So, so it wasn't like we set out to to do that, right? We wanted to just see how it moves the needle and for the listeners to try and explain that. So, bad bacteria as people would call them or sometimes opportunist, which means that they could be good or bad. When they're in overgrowth, most of them like oxygen, right? So, if if you don't have a lot of bacteria that produce low oxygen, then clearly you're going to give them the environment where they want to grow. Now you bring in bacteria that creates this deoxxygenated environment. So what you're physically doing is you're suffocating those bacteria to death without having to bring in an antimicrobial. Now I'm not saying we we don't have to use them, right? I'm just saying for the for the baseline patient when they have these overgrowth of opportunistic that's what I was meaning earlier that my mind is now completely shifted. The first entry point for me now as a clinician I'm going to give you these anorobic strains send them into your gut. Make sure that you eat enough of those prebiotics and probiotics so that they can engraft and grow because these actually grow. They don't just go through your body.

>> And when they there, let them fight it out, right? Because their level of intelligence is absolutely incredible. And I want the listeners to understand this one story. So sometimes what you see is when one of these anorobues are low, one of these keystones are low and the other one is high, that could just mean that that one is working harder to try and bring those others back to life because it's creating more hypoxia or it's creating more short- chain fatty acids or byproducts or food for the other ones to eat. So we've seen also not only the low numbers normalize, we've also seen that the high numbers that you sometimes see has become to normalize. So that just shows me that the compensation because you're giving them more workers is valuable. So for again for the listeners understand the logic or the baseline of this. So pretend your gut is a factory and in your factory you have 50 employees right and they are unbelievable workers. They never fight. It's perfect world. They do their job. It's great. Now all of a sudden 20 of them call in sick. Now the other 30 is doing the work of the other 50 and they're going to keep doing it as long as they possibly can because that's just what they innately designed to do until you bring that other 20 back. That other 30 is going to do whatever they have to do to make sure that those other 20 come back. That's the beauty about the microbiome. Those bacteria never wake up one morning and say, "Hey, Miranda, I don't want to go to work. I'm lazy. I'm sick. on fire. They want to get up every day. They want to produce what they need to produce so that they can keep you happy and themselves happy.

And that's the beautiful thing about the microbiome is they never want a day off. All they want is enough co-workers not to, you know, add the amount of stress to to the system the way we do.

>> I love that visual again. That's so helpful, I think, to understand that. And I think that's such a good emphasis that it's not we you discussed a little bit of the battle, right, between some of the good guys and the bad guys, but it's also this synergistic environment that they're trying to support each other, especially the good guys. They're in there trying to support each other and your body because it works for everyone. It's just all mutually beneficial. So that really, you know, highlights the importance of then having that that community there.

Keystone Bacteria and Microbiome Balance

>> Yeah. And and you know the the the thing that you say about competition, I want people to understand the importance of this. You you do not really want a body that doesn't have competition. You don't want to just have all good guys because imagine if you have an environment where you have a whole police force, but there's no crime. I know everybody wants that. But when what are the police going to do? You know, then they become kind of not part of the the game plan, right?

So, and the other analogy that you can use is when you're working out, right? and you doing something for osteoporosis prevention or whatever, you need to put a weight in your hand to strain the muscle and the body to strengthen the whole thing. So you have resistance and that resistance is part of the growth, right? And that's the same in the microbiome. You never want to have a gut that's completely sterile of all opportunistic bacteria because that's also not a not a good indicator. So look at them more as kind of once you have those guys there they would know exactly what the limit would be of what those opportunist needs opportunistic bacteria need to be

but they also want them there because those opportunistic bacteria provide them with things that feed them.

So I think this competitive state is an important thing to do and nobody can strive for this perfectly perfectly healthy gut right uh because we just have too many variables involved and it's interesting because if you look at ancestral hypothetical research right let's say 500 600 years ago I believe the average person was eating between 100 and 150 different kinds of foods where we eating about 15 to 20 now so a lot of diversity university the average fiber intake was about they postulate between 80 to 150 gram. That's that's a lot of fiber compared to what we're eating now at 16 to right. So all these little nuances that you're seeing in our microbiomes and ancestrally where we were and where we are today should explain to you why you know we have an issue. And if we go back even more, you will see that those people had worms, right? Not necessarily parasitical stuff, but they had worms.

And the worms had them, you know, more competitive with the other strains of bacteria. And if you go to communities where they have worms, and I don't want you to think that I'm trying to promote worms now, but those people don't have eczema. Those people don't have autoimmune diseases. You know, there's there's reasons that the gut needs competition to to be healthy. That's why I'm really open as a human to, you know, be careful of being too sterile, right? You you you need having a dog in a house is never a bad thing, right? It really helps the microbiome to to to rejuvenate. So, just keep in mind that, >> you know, bad is on is not always bad.

>> I couldn't agree more. And it's that conversation of like washing your produce and like eating a little bit of dirt on purpose. I mean it's so hard because nowadays like you mentioned the pesticides >> and chemicals that like I don't think in any scenario those things are good for us but the dirt the soil the environmental things like you pointed out those are what we evolved in and so our bodies are created to be challenged by those.

>> So yeah being too sterile especially for our kids you know for our families we tend to probably overststerilize nowadays that it actually can be harmful. So >> yeah, I come from Africa, you know, originally and I can remember as a kid, you know, you go to the backyard, you pull out a carrot and you just rub it down, you chew on the carrot, you can taste the sand right in there, and then you play with a dog and you stick your finger in your mouth. You know, it's it's a part of life and and I think really what gives you now that's not going to give you the keystone commensal bacteria necessarily, but it certainly gives you the the weight or the training for the other ones to be, you know, competitive.

>> Yeah. Yeah, makes sense. Earlier you mentioned acromancia and I did want to touch on that because it's a it's a popular one because you know more recently that was one of the ones that could be taken as a probiotic but in my clinical practice it was exciting and then a little bit not disappointing but like kind of gave us some questions of oh is this really doing what it's meant to do and I love your take on that of is it actually effective to just supplement with like just one like acromancia.

Yeah, that's a that's a that's a good question but a little double-sided and I'll I'll try and answer it from from from both perspectives. So, depends what kind of acromancia too, right? Whether you have pasteurized or live that's that's as a start a very important differentiator. We we believe that the live versions are are the better ones.

So, I know that a couple of practitioners that I've spoken about have said that they've used, you know, acammancy and the acromancy doesn't move on the on the on the test, you know, the following time that they do that. I will tell you that we've had clinically statistical significance in movement of of acromancia but I do believe it's better in a community right so so let's just talk about acromancia so acromancia for the listeners is a very very important keystone bacteria that is really involved with the body's natural production of GLP-1 and I'm sure that everybody is familiar with the GLP1 story right so basically acromancia produces a short chain fatty acid ID called acetate and propriionate and then that triggers some mechanisms on the layers of the gut lining that helps us to produce GLP1s.

So not surprising that if you see people with metabolic syndrome, weight loss resistance, some obesity to see them classically low in acromancia, right?

Because you have this natural GLP-1 producing agent that that you low in. In addition to that, acromancia has all sorts of associations to many many pathways and it actually helps us to make new goblet cells and these goblet

cells produce mucin that feeds the acromancia. So you literally have a bacteria in your gut that is telling your cells to store more mucin so it can eat more so it can feed you more. I mean it's a beautiful relationship, right? If you if you have it. So acromancia being low is literally a metabolic indicator of a problem. you are at bigger risk of type two diabetes. You're at bigger risk of metabolic criteria. They even now have tied some non-alcoholic fatty liver associations to low acromancia. Now, am I saying that low acromancia is the cause of that? No. I'm saying that low acromancia is associated to those conditions. Clearly, your diet and lifestyle has a lot to do with what you're doing. But maybe the diet and lifestyle is causing the low acroammancia. You know, we we don't really know at this point. But acromancia is a really really important one. So as a company ironically we we do have an isolated acromancia one but we really promote that one specifically to the GLP1 concept right because we've combined it with another postbiotic that has been clinically shown to help having a similar come kind of outcome to a GLP1 for those people coming off a GLP1 don't want to go on a GLP1 I don't get involved with that argument. wherever you want to fit in, you know, I'll assist you. So, that's when that one is really good. I will tell you that in the clinical trials when we use the acromancia combined in the same product with the other species, it seems to be better because it's coming with a package. It's coming with its friends.

It's not lonely, you know, and when it gets down there, it's happier to work together. So, it's too early to say because we not have we've not done a trial yet on acromancia by itself and acromancia with the other strains.

>> But I can tell you I wouldn't be surprised if the acromancia with the other strains outperform the other acromancia. And this is just me being an outside non-scientific statement at this point. But yes, I feel that acromancia can move if it's the right kind.

If it is taken with the right prebiotics over time, you can you can definitely have positive outcomes from acromancia. Remember these microbes when you put them down there in your gut. They want to be there. It's like you're giving them a new home. Like awesome. I get an apartment. I get a car. I get everything. And all I have to do is do what? Produce some stuff for you. I'm in. Like they they want to be there. So if you can help them stay there, you you're going to have a really really positive and cohesive. I don't know if I'm answering your question there, but but but basically Yeah, that's my point.

>> Absolutely. Yeah. And I appreciate you giving that nuance of the type matters in what combination could even be better. And I think that is really again very exciting that we have these tools now where if we are in that situation where you know maybe the prebiotics aren't enough >> to reestablish those colonies that we have these tools to do it in a really supportive way.

How Beneficial Bacteria Crowd Out Opportunists

So and I appreciate you explaining kind of the importance too again of these like they're feeding the gut cells too in a way that are also going to feed them and you know highlighting again that importance with how it works with our body.

>> Yeah. I've never seen any species on the planet that is less selfish than a micro that is there to help you. Like they literally are the hardest working things I've ever seen, you know?

And they don't ask anything in return other than just the most basic thing is make sure that you don't take too much alcohol. will make sure that you eat a little bit more fiber and I'll do whatever you want to but just give me these real basic things that I need to you know to perform and we're just at the entry point of understanding all this stuff Miranda I mean we're you know we've got these strains that we've now looked at clinically crowd out opportunistic bacteria it even helps to bring down a little bit of that really hardcore CDE patient not saying it's cheering it but it's it's moving the needle on there it's improving tight junction and zulin for the listeners that's your leaky gut story right you've heard of that so it helps to eradicate the leaky gut thing when you when you have these when you have these microbes present and in addition to that certain strains of these microbes are directly connected to Crohn's disease colctal cancers major depressive disorder you know you can look at studies if you extract one of these microbes and just go put it in PubMed or Google or whatever it's going come up and say, "Have you low on this?" These are generally, you know, the patterns that we're seeing. So, I think as a species and as a as a as a as a human race, we need to as a priority say, I got to get these microbes in my gut and I have to go to a Dr. Naylor kind

of functional practitioner to say, "Hey, can you test my functional gut test?" Because a traditional parasitical analysis in a gastrointestinal office is not going to do the job because they're not looking at optimization and balance.

It's more disease specific, right? And and and you can be void of disease symptomology with having low numbers of these to a certain point. There is a certain point where where this is going to go. And I think in the future what we're going to learn as professionals is this is probably going to be our major indicator of what's coming. You know, if we know what all these microbes are associated with with chronic diseases.

So for all the listeners, if there's one thing I can tell you and if you spend $300 or whatever it is on a functional stool test, it's five or 10 Starbucks coffees, right? I mean, it's literally worth it to do that once a year just so that you know where you stand on these microbes because without them, you have a problem.

>> I mean, I couldn't agree more. And that's why I in my practice again, I I've gone to the place of really recommending it to pretty much every single person that I see because >> one person could look or feel fine. They don't have any very obvious symptoms, but there could be an issue. And you led perfectly. That was going to be my next question. For someone who's listening who's like, "Oo, this sounds really important." Are there some early warning signs they should watch out for? Is there a certain time where they should absolutely look into this?

>> Yeah, I mean, you're going to see a correlation starting to show up between low acromancia, for instance, and your fasting glucose, right? Or your hemoglobin A1C. So, these markers that show early stage indicators of of pre-diabetes, they will not be perfect when your acromancia is dead low. And as you know Miranda, you know, sometimes that could be seven to eight to nine years before manifesting into a disease.

But the absence of disease isn't health, right? Especially when it comes to the microbiome. The microbiome is really something that would pay Peter, steal from Peter to pay Paul for a very long time and then at some point it's just a collapse. So, if you have multiffactorial things starting to build up in your life, you're more anxious than you used to be. You may be more depressed than you used to be, even though you feel that, you know, you really don't have the major reasons for depression, your digestion is a little off, you're a little constipated, and then you have diarrhea every now and then, you sometimes feel a little lightaded or dizzy or hangry when you don't eat. are all underlining indicators that the microbiome is not optimal, right? Because honestly, as a as a healthy individual, you should be able to eat anything without feeling bloated. Now, I'm even saying by the off chance, which I don't support, okay? Cuz I'm not a fast food person, but even if you go and eat a crappy burger, your gut shouldn't have six month pregnant distension because you just ate a crappy burger. You should have enough stomach acid in your body to kind of dilute all that. You should have enough microbes that can break down and probably roll their eyes and say, "Hey, thank you, Oscar, for giving me this rubbish. I prefer fiber, but hey, you know, if you want to give me bread carbs, I'm going to use it to do what I need to do. But it's really really really important to to to take that into consideration. So, I think a lot of people think that they're improving their health because they're not eating something and then they're not bloated and then they say, "Well, you know, I I'm not bloated anymore, so I must be fixed." No, actually you're making the condition worse because now you're going to the next two years you're going to have to be able to cut that down even more because what you're eating now at some point is going to become reactive to your body as well, right? From a food intolerance standpoint. So it's a never- ending story. And this is why and this is, you know, honestly again, this is where I 10, 15 years ago, I was as guilty as the next guy. You know, you came to my office, you had small intestinal bell oak growth. I give you a FODMAPs diet, you have your life back.

But that didn't cure anything, right? I mean, that just improved your symptomology. Now I understand that, hey, I don't have success with you as a patient until I can have you eat 85% of your diet really healthy to feed the microbiome. The other 15% I don't care what you do. But in neither of those cases should you feel bloated, distended, and superbly constipated. So I think that to me is the clearest indicator of optimal health. you know, is how well can your body tolerate? Now, a lot of people would come to me said, "Listen, I can eat junk food all day and have nothing." Said, "No, no, no." I said, "85% healthy food, so I'm going to have to give you 50 to 80 gram of fiber.

If you can tolerate that and you can tolerate the crappy food without anything showing up, your gut's in a good

place." >> I appreciate you sharing that cuz like I it's something that we see I think even more so maybe in the person who is trying to eat healthy. It's this mindset of restriction.

Akkermansia, GLP-1, and Metabolic Health

you know, we need to avoid these bad foods like you said and we're already with so much less diversity than our ancestors had and now it's like, well, I'm eating two foods basically and that gets really scary.

Yeah. So, I appreciate you. >> I don't know anybody that through this elimination process, you know, they went from gluten-free, dairyf free, and then they go to anti paleo, paleo, anti-inflamm, what whatever it is. And there's places for those diets initially for symptom improvement. I'm all for it. But at some point when you're working with a professional, they need to be reintroducing to see and testing you.

It's the same thing as, hey, I'm working out with a 5 lb weight. Okay, I can do 6,000 curls with a 5B weight. I can't, but I'm just saying. [laughter] So imagine if you then give me a 20 pound weight. Now all of a sudden I', oh, now I can feel the difference.

That's what you need to do. You always need to be able to test the body with a little bit more. But the key component to that is as much as you are willing to eat a little bit of junky food, you must be willing to eat the good foods at a higher level of fiber and polyphenols without side effects. And I think that's a really important point for people to understand is because I'm a practitioner like you, I know my patients aren't the most compliant individuals in the world.

And I don't want to take away from them that they're going to go on their boat and drink a couple of beers and eat a burger or July 4th they're going to eat a hot dog with horrible mustard or or whatever the case may be. I just try and get them at 85%.

So that the body is really good at, you know, handling those couple of times that it isn't great. And do I believe that you have to be 100% optimal in your food intake to be optimally healthy? No.

because the body is pretty resilient. You know, if you see what we've done to our society and our foods and and we still walking around that that's pretty impressive, right? I mean, I know people that eat only processed foods. They still get up in the morning. They still go around their business. They clearly have all sorts of side effects from that, but they're not dead, you know. So, the body can take a lot of beating and it can take more beating if you give it the right microbiome. Yeah, I love that. And I I use the word resilience all the time, especially talking with my patients, is that the goal isn't just being symptom free and living within a tiny tiny parameter that you can't eat out and you can't eat this and that. I I love that you described that. Yes, let's primarily eat the good whole foods that are going to give us what our body needs. Of course, we can't go without that, >> but also have some flexibility where you can live your life. can go out and eat and enjoy, you know, have a glass of wine at a special event and not feel like you're going to be dead the next day from it.

>> So, >> exactly. You know, and I understand, Rick, I mean, I understand the work of Dr. Fisano with alphagen and gluten and Yeah, it totally there are people that just can't tolerate it. But as a general rule, the reason that people can't tolerate that unless they're ciliac is a compromised gut. the gut just doesn't your gut can only do a 5 pound weight.

The gut cannot do a 20 pound weight. You got to get your gut to be able to do a 20 and a 40 pound weight. That's what you got to be able to do before your gut is completely resilient.

>> And with that, I mean, you described how these beneficial bacteria go so far in being able to create balance with opportunistic bacteria, maybe, you know, get rid of some of the pathogens or at least, you know, suppress them >> and do some healing with the gut. But how far could that potentially go? Could someone just take a probiotic potentially and have all of it healed or do you see a place for some of the like gut healing products for example or the anti-inflammatory type things like >> oh I see a place for both but in answer to your question um if I look at the amount of people and and and by the way for you that have you run stool test I'll give you the data on that right so

all the stool tests that you've run we we actually reached out to a couple of labs and looked at the statistical data looked at 17,000 tests and in 17,000 doesn't test. 65% of the people that test it were low in one or all three of these anorobes. So, it's a it's it's a community thing, right? And in order for us to improve that, you might need to take the actual probiotic that puts it back in your body. Like, you are without the seeds at the moment. If you're in that 65% category, you're without the seed. And anything that you else that you do on the outside is just fertilizer. Now, I don't know if you've ever tried to put fertilizer on a piece of ground that has no seeds. It doesn't matter, right? It's not going to give you what you want. So, it's really important to get these seeds back into your body and they will figure it out, right? If you're there and then you start giving them a little bit of assistance with prebiotics and you don't have to be perfect, but you just have to kind of start changing a little, you will see what they'll do for you. They will literally take hold. they'll start growing and they will start handling some of these pathogens in in a in a systemic way, you know, from a gut standpoint. And I just want the listeners to also understand one other thing. You know, if you look at if you look at a a field that maybe was hurt by herbicides or pesticides and it kind of looks barren, right? The first thing that always comes up is a weed, right?

So a weed is going to start growing. So to me, weeds are opportunistic bacteria. They're not bad inherently because they are producing some things to put it back into the soil to make the soil better.

So the the weeds are actually the first sign of healing if you really want to analyze it. So let's pretend that you have a gut that's low in these commensal full of opportunists. Those opportunists are just growing more. One, because there's not enough there's too much oxygen.

When to Test and What Symptoms to Watch For

And two, they're trying to probably produce byproducts to help those other guys come back because those opportunists don't necessarily not want to have acromancy at present, right? So basically, the way I look at it is if you go in there and kill all the weeds, then you've killed all the assistants. So when I look at a stool test now, I don't look at all the opportunist like, "Oh my god, look at your opportunistic overgrowth. You have clipsia, morganella, sudamonus, you're, you know, and then you get the person's eyes to be that big because they think they're dying." I'm now I'm telling them, hey, you just have a lot of weeds in the field. Let's get the good guys to crowd out the weeds and we're good to go. And we're not going to be overtly super concerned with just the weeds because they really trying to to help you because remember those opportunists also want to survive right in in in their own way. But the competition element is is is is just not there. And when you provide that, so in answer to your question, I feel that everybody that lives a moderately modern lifestyle, which would be, you know, antibiotic use recently, which most people do, stomach acid medication, couple of drinks, smoke, you know, social, you probably just need to take it. Do I think there's anything bad that can happen to a person that has them in optimal levels? No, not at all. We've not seen that if you give these strains to a person that has enough that they go too high. It's almost like they self-regulate, you know, at some point. But what I do believe is if you take them for 3 to four months and you do the right things, they will engraft and then you don't have to take them all the time anymore.

You might want to take them more when you're not being so good or you might want to take them once a year when they come and see you to do their stool test and see, hey, you know, you probably need another two months. For me personally, I use them now like once every quarter, you know, so I'll just do a a sleeve of them in February, then I won't do them until April again, unless I have to go on an antibiotic or some other, you know, medical treatment, then I would would would up them again. I don't think there's anybody that won't benefit from them. It's almost like saying to me that, you know, we we all going to live without our toes, right?

These are like toes. They they part of you. They they have a purpose. You know, bring them in, knock it over. >> Yeah. And that approach sounds very realistic again, especially since we highlighted how our modern life is so different >> and not nearly as supportive as it should be for our microbiome that just having that maintenance for it sounds very >> it sounds common sense and really realistic.

>> Yeah. No, 100%. Yeah. So, I mean, again, how compromised are you is how long you're going to be on it. All I can say to you, if if if you're a human, if you're from this planet and you put those things in your gut, they want to be there. So, it's not like I'm giving you something that the body wants to reject. Okay? It's not like sometimes you take something in the body as a adverse reaction to it because it doesn't want it. The only adverse reaction that you

might have from these things is they start to populate and yeah, they kill things. So, there's die off and the die off creates some symptomology. But if you're working with a a proper clinician, they'll explain to you that that's part of, hey, you know, we got to get some of these weeds out of there. So, there's going to be rubble.

You have to be able to understand that, you know, and you can back off. You you don't have to take these things on a daily basis for them to work. You know, sometimes I do it once every second day for people that have a slight reaction, but you need them back in your body at some point.

>> Well, this has been so helpful and really so fascinating. I think you've really provided again some incredible visuals for people to really understand what this all means. With that, is there maybe like a final kind of like myth that you'd like to debunk that we haven't touched on yet about our gut health?

>> Yeah, I guess the the modern myth today would be that you can repair your gut health just with eating real food. >> I I I just don't think that's true anymore. And and I was one of those people. It's like, hey, you know, I eat enough fiber. I do enough this. I was surprised, you know, when I ran my own test that I was low in fra like, how am I low in fra if I'm doing all these other things and I'm living 90%, you know, realistic organic? How is that even possible? And then you start realizing, well, you know, because I live next door to a person that sprays his lawn with herbicide and I'm going to go out to a restaurant and not care whether something is organic or not.

That's just me and I'm going to eat something that's probably affecting it. So I I just think that it's impossible today to optimize a human gut just on food.

Once they're established, yes, but if you're low, I I I don't see how that's working. I haven't seen it clinically.

Can Food Alone Restore Gut Health?

You know, I have not seen clinically that a person is low in those keystone strains. I give them because I've done that polyphenols, diet changes, lots of fiber. I don't see those things moving.

whereas now I've I've seen them moving. So it's almost like we're putting an evolutionary product back into Alba, right? That that we've been void of for >> for a while.

>> Yeah. Amazing. Well, where can people find you to learn more? Maybe like see some of this research that you've been doing which sounds so fascinating.

>> Yeah. So the easiest way to do it is that they can go to designs forhealth.com, right? And if they go on there and they literally put in the word complete commensal, there's going to be all sorts of information there for them. People can purchase it from there. My recommendation is always to connect with a practitioner like you, do a stool test, determine where you are, look at the symptomology, you know, and and go from there. We also on the website have some downloadable patient ed sheets. So like you know people the listeners can literally read in a more simplistic understanding you know why and when this is and you can find me on there like literally you can go to the education team and you will be able to find my name and an email there. So it's basically first first initial last name at designs forhealth.com and if you have any questions yeah shoot them shoot them my way. I'm I'm clearly very passionate about this discovery and I have never been a clinician that has bought into this is the answer to every problem on the planet. But I will say that if I only had one bullet in my life to fire right now to help a person with chronic disease, it would be this one because I know the tentacles that it can provide because it's not just these five or six strains of bacteria. It's literally what they do as a team.

>> It's incredible. 85% of your metabolic and immune function is connected to these strains of bacteria. So that's a pretty heavy lift. >> Yeah, very strong statement. Yeah. Well, thank you so much and I really I I appreciate all the, you know, education information that you provide as a company and I really appreciate you sharing that today with the listener as well.

>> You're welcome. Thanks for having me. >> If you've been listening to this episode and nodding along and resonated with some of the symptoms we've talked about or you're just recognizing that you feel really [music] off in

your body, I want you to know this. The fact that you're having symptoms feeling [music] not right and no one has identified that yet for you does not mean it doesn't exist or that's in your head. That just means that someone hasn't taken [music] the right approach and identified the root cause yet for you.

That's exactly why I designed my optimal wellness program. It's for the woman just like you.

Where to Learn More and Final Takeaways

It's not another protocol that you have to white knuckle [music] through, change your life, and completely overhaul things in a very stressful way. [music] It's just you and me sitting down and figuring out what [music] is driving your symptoms, what's getting in the way of you feeling your best, and addressing that step by step over 6 months. If this sounds like the kind of care you've been looking for, the best next [music] step is to book a clarity call with me. You can do that on my website at drmandandaaylor.com/scchedu-now.

Again, [music] that's drmandaylor.com/scched-now. That's also linked [music] in the show notes. And you can just book a slot with me and we'll just sit down and have a conversation about what you've been experiencing and how I might be able to help. I promise, no pitch, no pressure.

It's just a really nice conversation between you and me to connect and see if it feels like a good fit.