Ep 566: Gut Issues or Brain Signals? How the Mind Impacts Digestion with Dr. Ali Navidi Transcript

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Podcast intro and guest background

Welcome to the health fix podcast where health junkies get their weekly fix of tips, tools and techniques to have limitless energy, sharp minds and fit physiques for life.

Hey health, junkie is on this episode of the Health Fix podcast. I'm interviewing Ali Navidi. He is a licensed clinical psychologist and one of founders of GI psychology.

It's a multi-state center so they actually can help folks all over the US. which is really cool. And he specializes in helping folks with GI disorders and chronic pain overcome their symptoms.

Here's the cool thing about this. Most GI conditions that go chronic have a brain and gut connection. So that gut-brain access that you may have heard me talk about, Ali's working on it.

in his clinic and he also has other folks that work with him. It's not just him alone. And here's the cool part of things. He's overseeing the practice.

he is helping folks to really understand through cognitive based therapy and hypnosis how you can overcome your chronic gut issues. So what kind of chronic issues are we talking about?

Talking about food sensitivities. If you're someone that has like four foods you could eat, this is where you want to go. If you have SIBO and you've tried everything to kick it, you wanna talk to folks at GI Psychology.

Because let's face it. The gut is truly your first brain and your brain's your second brain. My opinion. But the truth is, if your gut's not happy, your brains not gonna be happy.

And so we're gonna have a lot of crosstalk here. And what's also fascinating about this is that we can create a lots of the issues for our own selves with our gut.

Now, I'm not saying it's all in your head. I am saying that this a legit thing that happens and we could rewire our Gut-Brain connection. Just like folks are talking about rewiring trauma, re-wired thought process.

mindset, all this stuff, you can also rewire what's going on between your gut and your brain. Ali and I dive into all kinds of different things, but one of the things I also want to highlight is that his group is working with kids.

So if you've got kiddos that are having gut stuff and you know that Sunday night before school starts Monday, the gut starts in, and this can be incredibly helpful.

I can't say enough about this connection because I truly believe that we have to keep the mind thinking about the nervous system in every health issue, especially the gut.

So I'm really excited to introduce you to Ali Navidi. He is a doctor. I should have said that right at the beginning. Dr. Ali Navidi. And by the way, GI Psychology, and they're online, but they are also in the DC area.

So he has talked at Georgetown University, he's talked to at George Mason University. He's done multiple interviews for TV and whatnot. of information and the Washington Post even he has been featured.

There's a lot of background here, a LOT of work on the clinical side of things. And this is a fascinating podcast. So if you're struggling with chronic gut stuff, this the one you want to listen into.

Let's introduce you to Dr. Ali Navidi. Welcome to the Health Fix Podcast. Well, I am happy to be here, Janine, and I'm eager to get started talking about all the nerdy gut brain stuff that we can handle.

Well I have no doubt that folks listening are going to excited because I haven't talked a ton about nerding out basically on the gut. I talk about it here and there.

Gut-brain axis and chronic symptom cycles

Talk about his foundation, but he brought up something before he hit record that I think is really fascinating to bring forward because you'll hear from the functional medicine space and the natural medicine, space, gut up.

And you mentioned brain down to the gut. I'm like, you know what? Both work and they both work in terms of how we're approaching certain clients and certain situations.

In particular, I am going to be bring up a couple of cases I've had and we'll geek out on those as we move through. But in particular just thinking about how important just having a connected body is.

Yeah. And sometimes my patients are surprised when they find out how much of an effect their brain has on their body. What I tell them is, hey, look, you've got a brain and you got to body, but you also have a neck.

It connects the two very powerfully. So I'd love to hear those cases that you're talking about. Yeah, you know, it's funny. You know we got a neck, we get a chest.

We've got other things in there as well. And you one of the cases in particular that comes up, as I knew I was gonna be speaking with you, is one in which I will see women in particularly perimenopause, menopausal time of life, We tend to feel disconnected or feel like we're a stranger in our own bodies because we've roller coaster emotions.

Sometimes you'll say something and be like, who was that? I don't even know. So someone on my shoulder, what's going on? And in particular, this is also a time when if someone had gut issues previously, things can show back up, or we'll have new gut issue start to show up as hormones flux.

And one of my most memorable folks is a gal who was complaining about SIBO, so small intestine bowel overgrowth. and she had done all the things, all of the thing.

And still we would go back to where's your vagus nerve, where is your nervous system connection. So I'd love for you to dive into when folks have done the all things for the gut and there's still that nervous connection where there is that anxiety, there that I don't feel so good in my body.

Let's talk about that. That's funny that you brought that up because I was also thinking of a patient. Alex, patients named Alex. And they had gone into the Middle East and then come back with Middle-East Respiratory Virus.

I think there's a specialized virus. Anyway, they have all these symptoms, and they blasted him with antibiotics. Following that, the virus was gone, but he kept having symptoms.

Kept having problems. He went to all the right places and did all of the things in terms of standard Western medicine. and he couldn't get any help. And then he found a naturopathic doctor and got maybe like 50% there.

He had developed SIBO over that time and that was causing a lot of trouble. But that last 50%, he just couldn' get there and and was crippled. he was really cripple.d He couldn work, he had such discomfort and pain and essentially what we call functional dyspepsia.

So kind of like the upper GI, but responded amazingly to clinical hypnosis and cognitive behavioral therapy. That combination within about, I think, 10 sessions, he was symptom free.

But it just goes to show you, you know, You got to find the right pieces for the puzzle. And sometimes when you've tried everything else, that last piece is the central nervous system, right?

I absolutely agree with what you said. I'm glad you say the last piece when we've gone through all the other things is the central nervous system because I've tried over and over to convey it to a lot of folks and and sometimes I think it just needs to be said by someone else.

It's kind of like the mom saying it and we need someone in the department to to say it. Now, when we're looking at cognitive therapy, we were looking a hypnosis, a lot of folks will be like, man, what what are we doing?

Like what's going on in particular? A lot folks probably understand on a base level, you know, cognitive, but hypnosis, how does that work for the central nervous system?

How are you implementing it? Give us a background there. I think I there's a few things I want to explain so that people get the right context. Yeah. So first, let's just talk about what hypnosis is and what it isn't, right?

And the problem, I think, with hypnosis is that everybody knows about it. And what they know is entertainment hypnosis, they no mind control, They know magic, all that wacky stuff.

What they don't know, is clinical hyp nosis. Clinical hypno sis has, at this point, 40 years of research of using hyp no sis on GI problems. And the research is amazing.

I mean, we're talking about hundreds of studies, all uniformly effective. And it's a tragedy to me that people don't know about that side of hypnosis, right?

Without spending too much time on it, let's just separate all the entertainment stuff and we'll say this clinical hyposis is a whole other thing. How does it help with the gut?

You've already probably taught your audience well that there's a very powerful gut-brain axis, and that what happens in the gut can affect the brain, what we often see in patients with gut issues is something called hypervigilance.

It's this unconscious, anxious scanning of the body and of gut, particularly if there is a problem area. And the brain is always going there looking, how's it feeling?

I don't know. It doesn't quite feel right. And it's always getting, and when it finds something it doesn' like, then the catastrophizing kicks in. Oh my gosh, what's, I'm not going to be able to go out today.

This is a bad day. I shouldn't really try to eat it. You know, so they start catastrophising and then all that anxiety and stress get funneled right into the gut.

and then the symptoms actually increase. And then all those symptoms feed back up to the brain and they get amplified and distorted by something called visceral hypersensitivity.

So we've got these three components, right? The anxious scanning and catastrophizing, the visceral hyposensivity, which amplifies it, and the powerful gut-brain connection.

That creates this really nasty cycle that traps a lot of people in symptoms. I think this happens so often for folks, especially in chronic gut issues.

Yes, yes. Yeah, on the chronic side, absolutely. It seems, you know, when I'm looking through them and just scanning through my brain about the different cases I've had, SIBO obviously is the top one in my mind because I have seen people go through so many different protocols and all the way down to like, eating nothing and they still have symptoms and it's like…

Yeah. I'm guessing you've seen that too. Oh, yeah. Yeah.

Hypnosis, CBT, and conditioned food sensitivity

We, I mean, we'll often see patients come to us where they essentially have something called RFID and I am sure you're familiar like avoidant restrictive food intake disorder.

Meaning they've systematically reduced their diet to the point where it's negatively affecting their life, it is negatively effecting their health. And the sad thing is they're doing it to either avoid pain or to increase health, but they are getting the opposite effect.

Sadly, I'll admit that I've gone through this in my practice of like, am I causing more trouble than good with eliminating diets and these kinds of things when it comes down to a very chronic case of folks.

It's like I don't know if we're doin' the right thing. Well, I think also there's a lot of danger when people do these things on their own. So as an example, there are a few different diets out there.

One of them is FODMAP. Another example would be like AIP diet. And both of these can be very strict. You're not meant to stay on it. They're elimination diets, meaning you go on it and then you reintroduce things back later.

And I don't know that people always do the re-introduction part because either they don' t know they should or they get anxious about re introducing that food and they're just not able to do it.

I think both are things that I've seen when folks have come to me and the anxiety around food, I'm sure you've heard this too, many people will go, "I don"t want to eat out, i bring my own food everywhere." Yes.

Yes, it is. No, that's, and just the image that image, you know, You're at a rest. You just imagine everybody, all your friends or family, they're out of restaurant.

They're joining themselves. And then you've got this little sad little sack there and you don't get to have that same enjoyment. So we'll work with a lot of patients like this, where they've.

Got that, central nervous system component. Maybe they, we often work natural paths and. Because we don't know SIBO like you all and we're not able to treat it.

That's not our specialty. So you'll all be treating the SIBo and there'll be a certain percentage that need that nervous system component. And so they'll kind of stall out in their progress.

We've got a few naturopaths around the country that send those patients to us. Then what you see is they start improving pretty quickly when that's the missing piece.

And then after they've desensitized their system, then we work with them on reintroducing the food. Because while they still have this hypervigilant, visceral hypersensativity kind of spiral happening, it's really hard to re-introduce food because they're very likely to have a bad reaction to it.

Not because the foods is bad for them, but because their systems is just running hot. let's talk about the system running hot, because that's one of the things a lot of folks, you know, it's hard to tease out because you associate the food being the problem.

Right. It's. Hard to be like, wait, no, its, my nervous system. So how do you work with, with the cognitive, like CBT and how you do work different, I guess the quick, not the quit, but the hot terms rewiring the brain per se.

And I don't know if you use that term. I I'm curious as to what your term would be for, for helping someone in this, this case and having these reactions.

Well, an example, one thing you want to educate them on is this phenomenon called conditioned food sensitivity. And most, most patients that are in this situation don't even know that's a thing.

They know about food, sensitivity, they know, oh, you know like I eat this food and bad things happen. Uh, but they don t know there s a percentage of that that can be conditioned, that s nervous system based.

The symptoms are still real, the, reaction in the gut or the reaction of the body, 100% real. But the cause is not because the food is getting along with the body.

It's the causes that their nervous system has conditioned them. So how could that happen? An example, let's say someone is just having a bad day. Maybe they're stressed out.

maybe their system isn't just feeling good that day and they happen to eat pizza. and they have a bad reaction. So then there's a part of their brain that's going to be like, huh, pizza, I don't know about you.

And then the next time they eat pizza that part their is going pop up again and going be, like I remember what happened last time we ate pizza. There's gonna be this increased hypervigilance and then if anything starts feeling weird in the gut, catastrophizing.

Oh man, I knew it. I know I shouldn't have eaten that pizza. See, i'm gonna have a bad day. My gut's gonna give me trouble. And at that point all that stress and anxiety feed down to the gut and it's a self-fulfilling prophecy.

Now they're sure that pizzas bad for them and every time they have that experience it reinforces itself until that reaction is essentially automatic. That makes sense.

Man, so how do you undo that? What's the story on undoing that. So we get back to our buddies, cognitive behavioral therapy and clinical hypnosis. And by the way, Cognitive Behavioral Therapy is fairly well known.

What we're talking about here is a very specific type and a specific protocol within it. If you just go out into your community and just pick a random CBT therapist, it's very likely they won't know what to do with a GI problem.

I just want to put that warning out because I've seen that happen very frequently. So you're going to use that cognitive behavioral therapy to reduce and change that hypervigilance and that catastrophizing.

You're gonna teach the brain how to think and react in new ways. That's not just an intellectual thing, that's also just in the experiential thing. And then that's where clinical hypnosis, it's a tool that can do so many different things.

But one of the things it does that I don't really know of a better way to do it is it can directly reduce the visceral hypersensitivity. And that a really powerful thing because the sensations from these people's guts are not actually bad.

It's just that the brain has learned to amplify and distort them. It's kind of like, the metaphor I use is if you're listening to music, you know, and you got headphones on and as a joke, someone goes and like cranks the volume up really high.

It is not like the music's bad, it's just the volumes been cranked up high so you are not going to enjoy it, in fact it is going be painful. And that's kind of what happens to sensations in the gut.

Wow. You know, a lot of people right now might be thinking like, okay, you know is, is hypnosis then maybe reducing histamines or is it maybe. Reducing, adjusting serotonin and, and dopamine neurochemical GABA.

Are there any studies that, that highlight the neuro chemical effect? Just out of curiosity. And it's more, more asking on the studies, like just so I can relay things to folks or anything.

Yeah, it's a great question. And I'm more ignorant than I should be about the biochemical effects. I know as an

example, I remember reading one study.

It was out of Italy and they were using hypnosis. They actually found that after the hypnosis, they saw epigenetic effects and also reduction of immune response.

And I was like, oh my gosh. And they've done brain studies also. I'm a clinical guy and I just like to treat the patients. But there's a lot of studies out there looking at FMRI and different things like that.

It's one of those things where it's surprisingly well studied. If you go into something like PubMed and just type hypnosis in, you'll get thousands of research articles studying hypnosus.

Yeah. So, but I don't want to like make anything up and, the research is out there. It just, I'm not the man who knows it. You're fine, you're, fine. I asked just because a lot of people might be interested, but me, I'm always like, where can I geek out more?

Right? Where can they geek? Yeah. Now, of course I usually start podcasts off with this question, But I must throw it in now just for fun. What brought you to really looking at the gut brain access and all of this?

What was, what was going on in your world when you were like there's something. Actually I fell backwards into it. Um, a microbiology major, I was working in biotech.

And I just started reading more and more about psychology, about hypnosis, and I loved it, but I never actually put it together that I could do that for a profession.

I about to start a PhD in biochemistry. Luckily, my wife was like, you might want to actually do something you are passionate about. Well, yeah, like, yes.

Treatment process, anchors, and session length

Best advice I've ever gotten in my life, right? So then I switched gears and, you know, long story short, I got my own practice. I'm using hypnosis all the time.

And I didn't know it when I first started, but like I mentioned before, hyposis is an amazing tool for GI problems. And so I started with one patient and got great results and then did it with another and another.

And then their doctors found out and they started referring to me. It was just, I think, basically a need thing. There just wasn't anyone else in the area doing this kind of work.

I was the only one there doing it. It was like eventually 80% of the patients I was seeing became GI patients because there were so many of them and there was nowhere else to go.

And that's actually why I started GI psychology, why myself and another psychologist started it. because it was frustrating and sad to know that, you know, like once I was full, there wasn't anyone else in the DC Metro area who could help these types of patients.

And I thought that was crazy. So we started this practice and we've grown very quickly since then. I can imagine, I mean, second to fatigue, gut issues are the number two thing that folks see me for.

Then, of course, hormonal is in there, you know, in the mix too. And right now, it is hard to find folks that are specialized, right? And of course I want to highlight, you know, I of, course had to ask him like, really?

You can see people in every state. So guys, how do you see me with every stage? And so tell us a little bit of how that works and like what a typical session with you is like so folks can get a sense because I think for many people they've had therapy before and it's just straight up based.

And yeah, so they might be like okay, when does hypnosis come in? When does CBT come? How do. How does it work? So this isn't your everyday regular therapy.

This isn' t what I would describe as supportive therapy, not that the therapist isn t supportive and kind and nice, but the goal is very focused and it's very skills based and very problem focused.

So you're going to learn specific techniques. You're gonna learn skills in terms of how to use hypnosis, how do you use cognitive behavioral therapy to break that cycle.

that I described earlier to break that hypervigilant, visceral hypersensitivity cycle. And for that reason, it's You know, it's probably a little different than just the talk-based.

There's a lot more of an experiential component, right? Because people can talk all they want about, you know this idea and that idea, but to have the experience of what it is like to use hypnosis to go into trance, to turn down the visceral hypersensitivity.

So they could go in one session from let's say an eight out of ten pain to like a two and see that happening, have the experience of it in 15 minutes.

It's something you just have to do rather than talk about. Right. And I think for a lot of people, they're like, okay, you can do this telehealth, obviously, because you're in all the states.

When you are talking through things, your doing the trance state of the hypnosis, the person is, like you said, talking down the pain, literally working through the area or visualizing the areas, something of that nature, depending on what you've prompted them, of course, with the hipnosis.

Yeah. So, so hypnosis really is actually kind of simple. All it is, is teaching someone how to, on purpose, go into a trance state. And a trans state is a normal human state of consciousness.

We all go in and out of trances, you know, when we're driving our car, or when were watching a movie, When we are exorcist. You know like, it's hard to keep people out-of-trance.

It's very common. I always make, what's that? I'm like, really? So we have, we're all walking around in a trance and it's in. A lot of ways on auto. Oh yeah.

I mean, just think like you're in the meeting at work and your mind wanders and you thinking about what you going to do later. And then you were thinking, okay, I need to go shopping.

You need. To get this, that, and the other thing. Then you come back and. What the hell were they just talking about? So, you think about it. Your ears were working, your ears receiving those sound waves, but your brain was somewhere else.

That's an example of trance. I always make the joke because I've got teenagers. If you want to see what trant looks like, just hand a teenager their phone.

They're going to be gone. Yeah, yeah, you're absolutely right. I mean, just scrolling on social media is is trance state and driving of course, I think a lot of folks can relate to that where you you know, drive home from work, same path million times over and you like, Oh, look, i'm home already.

What do you Yeah. Yeah I've got my book on tape playing. Suddenly I'm like okay. And I don't think a lot of people realize that during these states, and I'm very curious too, if you recommend homework and folks to do some exercises that maybe they could tap into the drive home from work, working on their pain.

I dunno, just throwing it out there. Give us a little background on what kind of homework do you provide for folks? So there's two types of home work we really almost always give.

One is when we do the hypnosis session, We're going to record it, and then we're gonna want the person to listen to it and practice it every day between, you know, that time and the next appointment.

Because we are rewiring the brain. Doing it once is good, doing it three, four, five, six, seven times is just going reinforce that new pathway in the The other thing we teach, which is really powerful, is something called an anchor.

An anchor is so simple, but it's just such an empowering thing to learn. All it is is conditioning. So, you know, we see like a sign, a commercial for our favorite food, and we suddenly get hungry.

We see a certain person that we don't like, we just see their face and we're a little annoyed, right? These are all different kinds of anchors. And so we create a relaxation or we create a comfort anchor or an anchor for managing their pain, but we created in a conditioned response so that they can do the anchor whenever they need that effect.

If they needed more confidence, you can have an Anchor for that. A patient I just started working with recently came back and said, you know, I've been using my anchor like at work and it's just she's so happy about it because she'll have a meeting.

It's about to start. She does her anchor and muscles she didn't even realize were tense just immediately and automatically start relaxing. That's neat.

And I can see where that would be really useful for folks who have like spastic kind of gut, like colons and all kinds of, you know, muscles and things of that nature.

Cause they need to access that state fast. They can't go off and see me. they can, they probably don't even have time to go and listen to the recording.

And so you create these anchors that can get whatever that effect is and have it happen immediately. and then you can practice it. And then eventually symptoms kind of just fade away from there.

Yeah. It's interesting. What you see is when people respond, and let's say this is their symptoms, it starts to like kind de-stabilize, then it goes, goes and it's kind trending down.

Then it hits some point where it just, boom, the system breaks and you reset to a new way of doing things. It's just what people describe like rewiring, you know, your thought against trauma or whatever, things too.

How long on average do you see it take someone if say they're doing the homework, they are doing things, getting their anchors, practicing them?

Vagus nerve, devices, and broader applications

Our data from our practice and also the data for all the studies that have been done is that we want to do at least 8 sessions and probably on average it's going to be between 8 and 12. People often start seeing improvement by like the 4th or the 5th session but the research shows that you want finish off and do probably atleast 8. because they start to improve, but what really burns it into the brain are those last few sessions that make it so that the changes last.

Because when the treatment is done, these patients actually tend to keep getting better, which is really interesting. I like this because it's been that thing that I talk about a lot for folks when it comes down to, like you said, and we said earlier, is like the missing link.

And I think that it is a missing not only for the gut, I thing it a miss link for a lotta chronic illness. Yeah. You're opening a whole other topic, which is dear to my heart, but you're absolutely right.

Yes. There's a lot happening in just the body where there's that brain-body connection also. Now I know you focus on the GI. Do you ever dabble in the other space when people have worked with you and they're like, my GI side of

things is better, But my chronic fatigue hasn't gone away.

My chronic mono or my chronic, you name it. A hundred percent. Like all my career, I would always get the patients that had kind of reached the end of the line.

Meaning, they'd been everywhere, done everything and nothing seemed to help. And you almost never see someone with just GI problems. What you often see is this, this kind of constellation of issues.

So you'll often a GI issue. You'll see headaches and then there'll be some kind muscular skeletal pain that's also happening. And there also might be an anxiety.

disorder of some kind or depression or trauma. It's like this very common constellation. And the good news is they're all treatable. You know, it might feel like these are all different things, but there's kind of this common central nervous system theme that goes throughout all of them.

Have you dabbled in, I'm guessing you probably have or some form of, this is like the cell danger response and the work around vagus nerve and all that.

as it relates to immune system and response. Yeah. Oh my gosh. It's good timing you asking me this. I just had the most fascinating conversation with this guy that invented a Vegas nerve stimulation device that was non-invasive and it was literally yesterday and he just kind of blew my mind.

And I thought I was already pretty knowledgeable about the Vegas Nerve and the nervous system and, you know, all this stuff, ventral vagal, dorsal vagus, but he took it to a whole other level.

Super impressive. And that connection between the vagous nerve and the immune system, I was not very familiar with previous to this conversation. It was really neat.

It's something, it's and I'm seeing a lot more folks with, they just keep getting sick over and over again. They can't seem to shake bugs, whether it is chronic mono, Lyme.

And it fascinating to me. But, you know, nevertheless, its something that I always want to touch on a little bit and be like, there is so much more. So are you going to be implementing some vagus nerve stimulators in the clinic and having folks Yeah, so my step, something like this, I'm very willing to test it on myself.

So that's going to be my first round. They were nice enough to, they're sending me one of the devices. I was like, okay, like I am going start doing it every day.

Let's see what happens. And I'm so excited to try it. I don't know. Have you already tried devices like that? You have? Yeah. Yeah, I've tried the Pulsato.

Okay. Also tried one from a fellow named Mark Fox. He owns it's Rezona Health. he has one that they just came out with and I have kind of beta tested red light therapy with some tapping on acupuncture points because there's a company called Kinian.

They're coming out. With one. That goes with redlight therapy. And so those have been like my three I'd been playing with. over the last six-ish months now.

I've also heard really interesting things about red light therapy also. Super cool, super cool stuff. And, you know, a lot of them are panels, right? But if you've got the targeted little, little red lights, kind of like Kinney and not, I mean, yes, have an affiliate with them folks, full disclosure, but I'm not.

It's really, like the device. But I like it because it's small and you can put it over points, targeted points. So I use it like acupuncture. And you can put it over the belly point, you know, neck, I mean it's awesome.

So this whole area is like, this is outside of my zone of expertise, but I'm fascinated by it and it is so neat. I really love this stuff and absolutely.

If I try it out, and I am also going to review the research, because he was telling me there is a lot of good research and so I will check that out also.

And if it all lines up, I will absolutely be recommending it to patients. I think I'd be crazy not to if even half as good as what he was describing. That stuff, PEMF, also Pulse Electromagnetic Frequencies.

Ooh. Fancy. Yes. There's the big Beamer mats and those are like 10 grand, but there's a portable device, Mark Fox, who owns Rezona, has the little stimulators, But the PMF.

That too is very interesting. It's very, very Interesting. And something that, you know, something to look into we'll get you connected with with his stuff too because i i think we're at a place in in health where the guts are just getting more and more inflamed you know one of the things i Think a lot of folks are gonna ask me to ask you and i'm gonna do it now before i get that asked later yeah Ali, do you believe that folks could technically eat anything and not have a reaction to it if they worked on the top-down approach to central nervous system and gut?

Do you think that those could be completely reaction-free, even eating like the junkiest of the drunk out there? I'll give you the worst answer anyone ever gives to these kind of questions, and then I will talk more about it.

The answer I would give is it depends, right? Cause from what I've seen, I do believe there are biologically based food sensitivities. Obviously there's things like celiac and, you know, different, things that.

So I think different and then just, and I don't understand this and. I know that science has caught up to this yet, but I just genetically there is probably an ideal diet out there for each of us based on our genetics, our biochemistry, that we're just not sophisticated enough to understand yet, all the nuances and the personalization of it.

So I would say like big picture, there's, I think there is always going to be foods that are better for people and worse for What I would say is that if you're somebody who has a history of GI issues, it's very likely that you've picked up along the way some conditioned food sensitivity.

And it is worth your time to try to decondition that, to calm the system down. I think that can vastly expand. the amount of food that some people eat.

Because I think we're talking about this off camera, I believe that, some patients will come in just incredibly restricted in terms of their food. Like you could, they could give you a piece of paper that has all the foods they're allowed to eat, right?

And that is scary, you know, getting to the point where they have ARFID, like avoidant restrictive food intake disorder. So it's reached the level of an eating disorder, so I think, and I talked about this with you already, is that you gotta cool down the system and then you can reintroduce.

And so for people who have that question, I think the first step is you work with the nervous system, you do something to calm that system down and then you can see about systematically carefully reintroducing foods.

No, no. That makes perfect sense. I know a lot of people out there will definitely wonder, you know, like, can I really eat anything? And of course, I'm always bringing the caveat of like well, if you go to Kentucky Fried Chicken and you overeat it, your probably not going to feel great.

Anyway, you have to, there are logical situations. There are, things where we've gotten to the point where yeah, You're eating three foods and that's all you can eat.

Now we got something else behind all of it. And that- I think I had a patient, cause we see kids also. We see, kids, adolescents. I there was a kid who was having a reaction to water.

At that point you could be a hundred percent sure That this is a brain, this a nervous system thing. Cause I don't know that it's possible to have an issue with waters considering what percentage of us is water.

Food reintroduction, kids, and closing remarks

Right? It's true. The only thing I would have in my mind is unless it was really toxic water, then if they live in Flint, Michigan, probably impossible.

That's sad. yeah yeah all joking aside like yes it would probably have to be some kind of toxic water but like the truth is is like yeah that would that was very similar it's good to know that you work with kiddos because that is a common complaint that i do get from parents though like my kid does not eat anything they say their stomach hurts with everything Yeah.

And I've also gotten cases where we've had teenagers where I think anxiety is manifesting and we're getting acid reflux, we are getting cyclical vomiting.

Yes, yeah we get those kiddos, teenagers all the time. I just got done, well I'm not done but he made a lot of progress, a little guy, 13 years old, tremendous amount of stomach pain, clearly related to anxiety, very quickly reducing all of the food that he would eat to the point where it was really scaring people, but responded.

I mean, and that's the nice thing about kids too, is they can have some pretty bad symptoms in terms of nervous system, gut problems, they respond really well to treatment, better than adults.

Their nervous system can reset and can learn faster than adult's can. So you see like this guy, he did two sessions and he's almost back to normal again.

Nice. That's huge. If parents see a shift in the child's eating based on maybe some stress or whatever it may be, maybe they shouldn't go to school, we always blame it on the kids got the stomach aches because they don't want to go school.

maybe something did happen and we can work on that. So past two sessions. Oh yeah, I mean people have the capacity to learn and I think that's I get a bit preachy when I start talking about hypnosis because it's so misunderstood and it so incredibly powerful.

I almost think of it as This is almost your right as a human to learn these skills because we all have the ability to go into trance, but most of us do not know how to use it in a productive way, which is sad because, you know, self-hypnosis is an amazing tool for anxiety.

It's an Amazing tool, for pain and discomfort or for using it for habit change. it's a really nice skill to have that sadly most people will never learn.

Well, hopefully they're listening to this podcast and we will get that word out. Now, of course, that being said, folks can reach you at gi psychology.com, but where else?

Give us, give us kind of the background in terms of all the ways folks. Can interact with you, how to get in touch for a session, what it looks like, all that kind.

Yeah. So we're, I think on the major prep, like Instagram, they can go to that website and they get a free consult. If they're skeptical about it, if they have a lot of questions, there's somebody clinically trained who will answer all their questions and help them figure out if this is the right kind of thing for them.

That's huge. And like we had mentioned before, you're all across the U. S. What about Canada, what about international folks? Do you have any resources for them, things of that nature?

We were just talking about this the other day because I was at a conference and I met a Canadian dietitian and she

was saying they just don't have these gut brain therapy resources in their country and we've looked into trying to treat patients in Canada and it's like this licensure nightmare.

And so we're like, okay, what do we do about that? And then we started thinking like okay over, cause we'd been around for about five years and I've been in charge of training and during that time I'd taken what was a very informal process of me training the therapist to a very structured.

We have like a very structure curriculum that has videos and things to read and then individual supervision and group consultation and experiential exercise.

It's a whole like very solid thing. And so we started talking about the idea of at the very least, maybe we can offer that training. to clinicians in Canada, even if we can't treat patients there, that maybe we could train people to do it.

Because a big part of our mission is that it's just It's a very sad situation that these very effective treatments are not available to more people. And I didn't mention this earlier, but when you look at the research, about 80% of patients will reach their treatment goals when they engage in these treatments.

So they're very affective. They're short term. and they've got a lot of empirical evidence supporting them. And I really do hope that you guys do take advantage of Ali's group's free consult to see if it's a fit for you, because like you said, it sounds pretty fast, especially for the kids, which I know for a lotta parents, that's big frustration for them, and in my mind, I'm like, why wouldn't you?

Why wouldn'cha? Yeah, And it happens so often with those poor kids. And the parents see it, they know it. They're like, okay, little Johnny, Little Susie is, their stomach is hurting every Sunday night, or it's hurting Every Monday morning before they go to school.

they're having all these symptoms. The know that there's a brain gut component, but they don't know what to do about it so, you know, They'll go their doctor, and they'll do all the tests and the test are going to show that There's nothing wrong.

And then they're kind of like, oh, take them to a therapist. But a standard therapist isn't really going to know how to address the GI issue. If there's an anxiety disorder, they can help.

if there is depression, then can they help, but they don't know to how address that mind-body connection. And so they really end up spinning their wheels for a long time until they find the right provider.

So that's kind the motivation that we had for creating the practice. We don' want people to suffer longer than they need to. Absolutely. No, this is great.

And Ali, I've learned so much. We'll make sure we get out your links and we'll get the website gipsychology.com on the podcast notes at drjkrausnd. com.

Ali thanks again. I really appreciate it. Great conversation. Look forward to hearing how things develop with the vagus nerve stimulators and the red light in the practice.

Yeah, I'm super excited and all of you listeners, you should listen to Dr. Krauss. She knows what she's talking about. You know, when she tells you about the brain gut, she absolutely knows her stuff.

Thank you so much. Thanks. Hey fellow health junkie, thanks for listening to the health fix podcast. If you enjoyed tuning in, please help support me to get the word out about the podcast, subscribe, rate and review and just get that word.

Thanks again for