Introduction and Mickey Trescottu2019s Background

Hey, welcome to the Thyroid Pharmacists Healing Conversations podcast. I've got a special treat for you guys today. If you're somebody that has Hashimoto's and autoimmunity and are interested in food as medicine, today I have the Mickey Trescott.

She's been a longtime friend a longtime collaborator and kind of a legend in the autoimmune paleo protocol world. She is somebody that is an author, a nutrition professional, and a leading voice and innovator in protocol community also known as AIP.

She has a master's degree of science in human nutrition and functional medicine. she's supported autoimmune clients since 2013. I feel like Mickey and I got started around the same time and we both have learned so much.

We love the auto immune community. we've put our hearts and passions and souls into serving individuals with autoimmunity. She's a co-founder of Autoimmune Wellness.

she helped grow AIP from a small online community into a globally recognized research-supported protocol. She's collaborated with medical researchers studying AIp for conditions including inflammatory bowel disease, Hashimoto's, rheumatoid arthritis and psoriasis and co created the AIPS certified coach practitioner training program which has trained over 1,000 providers worldwide.

She's the author of four best-selling books, including the new Autoimmune Protocol, which introduces the first major update to AIP in over a decade. And the book, I have all of Mickey's books.

I've relied on her cookbooks for dear life. They have saved me So much in symptoms. They have served me on my healing journey. There have been times where I was an autoimmune protocol for quite some time and I didn't know what to eat.

Mickey came through for that. She really helped me. On my killing journey and i've gone back and forth. with eating a really, really varied diet and then I'd get super inflamed and have flare-ups.

So I still refer to her books on a regular basis and I refer a lot of clients to them. Her new book, I'm super excited about too. We've already been cooking from it.

Yay, thank you for being here and for creating these incredible resources for the autoimmune community. Oh, thank you so much, Isabella. It's always a pleasure to talk to you.

And especially because we go way back, I think we have this synergistic experience where you were doing the Hashimoto's side and I was doing The Food Side and we met each other at literally the perfect time.

I feel exactly the same way about your work and helping me process my own Hashimoto's. You can see for the video you guys I've got a whole Isabela section of my bookshelf.

it's just right exactly where I can grab them because your books are so important to my life too. So thanks so much for having me. I feel like one of the reasons that you and I are very passionate about what we do is we have had our own healing journey.

It's one thing to be like a nutritionist or healthcare professional that just serves clients. There's a lot of beauty in that, but when you go through your own and you find the tools that work for you, like you just want to shout it from the rooftops, and do you want help every single person or as many people as you possibly can, sometimes at, you know, our own detriment to get the message out there and to help people.

Can you share a little bit of your healing journey for those that might be new to you and your work? Yeah, absolutely. So my story really starts with a health crisis when I was in my 20s.

I'm 26 years old, and I ultimately got a diagnosis of Hashimoto's and celiac after a couple of years of really suffering. At the time, we're debilitating symptoms for me.

They started out kind of like numbness in fingertips, but ended up in full body fatigue, not being able to get out of bed, lots of hair loss. weird neurological symptoms, lost feeling on one side of my face, one of feet.

I had pleurisy, which is inflammation of the lining, the lungs. So I was bounced around from different specialties. Everybody took one look at me, I looked like a healthy 26-year-old with half the amount of hair that had in my youth, but still had hair on my head.

Apparently, it wasn't bad enough. and kind of got bounced around. And by the third provider, I really think there was something in my chart about hypochondriac, maybe mental health, because they just shut me down right away.

Through that, I learned about thyroid disease. I learned that a lot of the symptoms that I had, like coldness, my body temperature was like 93 degrees.

I think everybody without a medical degree knows that that is not normal.

Mickeyu2019s Hashimotou2019s and Celiac Healing Journey

I started to piece together that I probably had a thyroid disorder, so I starting asking the right questions. Nobody tested antibodies until I got to that sixth or seventh doctor that eventually changed my life.

They tested tissue transglutaminase for They tested Hashimoto's TPO antibodies. I had both. So I was diagnosed with Hashimoto's and celiac and then told, but your thyroid labs are normal.

We have no treatment for you. Just go gluten-free and you'll be fine. Meanwhile, I have been to neurology, had white matter lesions on an MRI, told that I needed to continue that for six more months.

to see if maybe I had MS. I'd been to rheumatology, I've had all the classic connective tissue, joint pain, muscle fatigue, pleurisy, anemia. But same story, you need to persist with these symptoms before we can categorize you.

And that was not good enough for me. At that time I was bedridden, and I didn't have a job. And back in that day you know we didn't have all of the resources for research that we have now so really like looking online and searching for information was very challenging, but there were some communities you no functional medicine community ancestral health community.

who were writing, different researchers were, writing about nutrition and autoimmune disease. And that's kind of what sparked my interest. I'd had a personal chef job before this time in my life, so I was very interested in food and cooking.

and I really embarked on a journey to figure out how to eat in order to best support my health with these two diagnoses. Frankly, Isabella, your work with Hashimoto's really helped me solve that piece of my journey, which was continuing to advocate for myself, getting accurate testing, and getting treatment, knowing my medication options.

You fast-tracked what felt like 18 months was really long and hard, but honestly, it could have been so much longer now knowing what I know about how denied especially young women are in treatment for their thyroid diseases, but then also integrating that food piece, changing my diet.

That's how I got into what I do now. Um, you know, listening to your story, I feel like a lot of people can see

themselves in it. I know I was in my twenties when I, was diagnosed and I bounced from doctor to doctor.

It was suggested that symptoms were all in, my head and, and all of these. I guess these days there's a term for it called medical gaslighting. And I mean, I was already a practicing pharmacist.

So I had like a high degree of health knowledge, right? And was a pretty sophisticated patient by the time I on my healing journey and it still took me so long to get the proper diagnosis.

On average, it takes people five to 10 years, they don't get proper testing, They are dismissed by conventional medicine, And I know I feel like there's a certain kind of pain that you feel when you're in your 20s and you should be really like living your most vibrant life and maybe doing some crazy things and not worrying about your health, right?

I felt like I'm in my 20's but my body is falling apart. Did you have any element of that like emotionally where you just felt, like, why is this my life?

Oh, yeah, absolutely. And it wasn't just feeling like, you know, is this going to last forever? Am I just going be this person that is chronically sick forever, but then not knowing what autoimmune disease was not, knowing anyone with an auto immune disease, not Knowing the language or like how to talk to people about how To talk my friends about it.

Like now, it's just so easy to be like, oh, this person I want to spend time with, I'm going to go on a walk, go get tea or something. I am not going be meeting them at the bar, which at that time in my life was the only way that I had to socialize because that's what everybody did.

So I just felt like a super weird person and whenever I tried to talk to my friends about it, just didn't know how to talked about and it made me seem even weirder.

very isolating, going through that. Then when you go to the doctor and they say, oh, you look young and healthy. You can't possibly be having these symptoms that you're having.

It's really hard not to take that seriously and be like, well, maybe I am crazy. Maybe it is a mental health thing. A lot of those things that we're experiencing are incredibly real.

Actually, I just had the experience where working on my new book, I had a flare of an eye situation which turned out to be uvitis, which is inflammation of the iris.

Long story short, ended up getting that resolved, going to ophthalmology, whatever. It can cause blindness, so it is a very serious symptom. Led me down this road of getting genetic testing, finding out that I have HLA-B27 which has linked to a lot of connective tissue autoimmune conditions.

I actually got a diagnosis of psoriatic arthritis in the last year, even despite feeling almost completely well, like I have almost no symptoms, that is one of the things that I was dealing with 15 years ago.

That is what was missed. Like I had full all over body pain, body fatigue, tendon pain joint pain the pleurisy, it all makes sense now, but it literally has taken that one symptom and the eye is specific enough to just put me in that category.

And that's what autoimmune patients deal with. 15 years is not unusual. I've heard of people of 20, even 30 years of searching for answers for a very specific symptom, and they find out it is auto immune so much later than they need to learn to actually intervene and actually make changes This is why I think I don't really have a lot of symptoms of that condition, even though I have it, is because for the last 15 years, I've been eating this personalized diet based on AIP, applying these principles of functional medicine, and all the stuff that we talk about to stay well.

It is incredible what changing our diet can do. And I know for me, this was a really big life changing thing in my 20s. I started off, I guess, experimenting with different things to try to get myself feeling better, like putting coconut oil over my thyroid gland, right?

taking various supplements and I don't know I talked to like a psychic once like I just tried different things because the medications weren't really helping and i remember I was in my 20s living in Chicago and one of my friends from pharmacy school was getting married we went to a bachelorette party.

And I went to the first part of the party, which was like, I don't know, like a pole dancing class or whatever you do for bachelorat parties. I was so tired after the all the girls went like clubbing into the bars and I like had to go home and just like sit on my couch and feel like really, really pathetic and like terrible friend because I just couldn't muster up the energy to be present and to do anything right.

Um, and it's like you are just in such a tough spot because nobody understands how you feel you have this invisible illness. And then they look at you and they're like, but you looked fine and you were having a great time.

You were laughing, you are telling jokes and it's like you use up your spoons. There's the spoon theory of autoimmune disease that you only get so many spoons per day.

Use one spoon, two spoons on social outings or whatnot and then you're crashed for a few days. So for me, that that part was tough but also like taking charge of my health was tuff because then I started finding out about how food and nutrition could impact my symptoms and like my husband gave me a hard time he was like why like you can why are you avoiding gluten you could have just a little bit Like, that's not a big deal.

Like why are you like so dramatic? Why are we making a Big deal out of this? My friends would come over and they'd be like, oh, this would be so much better with cheese.

And it's like you go through so Much like having the condition and then trying to treat it. I have heard things like, you know, like the autoimmune protocol or the paleo diet or gluten free.

This is very, very extreme. Like you do not need to be so extreme, right? What are your thoughts on somebody saying that? Yeah, I mean, i love starting here because the autoimmune protocol is not a lifelong diet.

So people hear about it, and what they're hearing about is the elimination phase. And really, the Autoimmune Protocol is a template, it is It is a protocol.

That's why it's called the autoimmune protocol because you use it and you Identify the foods and the lifestyle and all the things that work for you and then you move on with that information So I did this 15 years ago I have dabbled in getting closer to the elimination phase like when I'm in a flare like last year with my eye I definitely know exactly what to do what pull out but I'm not doing exactly the elimination phase that elimination face is something that you use as a tool to figure out what works for you, what doesn't, and then you move forward with that information so just to put that out there, you know, nobody is saying that And so once you can kind of like release that pressure, like, wow, I don't have to eat this forever.

Then you think about, well, how do I make the most of my time that I'm going to use this tool to learn about what my body needs? And that's really what the modern framework of the autoimmune protocol compared to in the way back.

When Isabella and I met, the elimination diet was just a list of foods that was floating around on the internet. And those of us who were paying attention, different research communities, sharing information, we were picking up these threads.

But originally, AIP was the just elimination phase. A bunch of did it. Actually, myself and five other women, started a little private Facebook group.

We all had different conditions. One had MS, one had IBD, One has psoriasis, I had Hashimoto's and celiac. We all started blogging. That's how we met.

And because back then, you know, there wasn't like everybody posting on Instagram, nobody had the Facebook pages or anything. and we connected over this.

we all felt better, but then we didn't know what to do next. We'd all eliminated. We had all reached that milestone of meaningful improvement. But then it was like, well, now what?

And that's when Sarah Ballentine started saying, maybe you do it for this amount of time. And maybe if you're going to reintroduce foods, this is how you it.

She has a PhD in medical biophysics. So she was a perfect person to look at the research and give us a re-introduction protocol. So AIP was kind of adapted over time.

It was a community project, and then went into this period where now it has been formally studied, which we can get into. But the modern approach, what I really want people to know is that it's no longer just a diet, it is no more this experiment that you just do the elimination phase, you get better, then what?

There's all this guidance now for how you transition, elimination, there's a couple options, and then reintroduction, how you re-introduce all those foods, it is something you move through.

It is not a diet. I really appreciate you saying that because I know when I was on my healing journey I, was like, oh my gosh, I have to do this forever.

And it just feels like such a huge commitment, but it's not actually meant to be a forever thing. it''s meant for you to identify your triggers and eliminate those symptoms.

and I said, do you think it' extreme to use diet? to try to medicate yourself.

Why AIP Is a Temporary Protocol, Not a Forever Diet

And as a pharmacist, I feel like it's more extreme to be on dozens and dozens of medications to treat symptoms and still suffer from symptoms, and to still have side effects, a lot of this missing out on your life, where eliminating a few foods for a short period of time can actually give you so much freedom in how you feel.

your brain wakes up, your body feels like it's age again or younger, you know, I was in my 30s when I got myself into remission late 20s. And I remember thinking I feel so much better now than I did in the protocol can be lasting freedom from your symptoms and this is what we're going after.

It might seem a little bit off-putting to get off of foods, but again this, is going to be temporary. Before we get into kind of the nitty-gritty and the evolution, of the AIP protocol.

Could we go through, I love that you said this started kind of like as an internet phenomenon in our, all of us were in blogger days, now we're like, we are on Instagram, doing podcasts, trying to spread the message however we can, writing books, research.

I loved that, you actually have like legitimate published research in medical journals showing that The autoimmune protocol is effective and I believe, let's see, you have Hashimoto's IBD and rheumatoid arthritis that you've published on.

Can you tell us a little bit about this, as a pharmacist and researcher, this really lights me up because I feel like People might read blogs, they might see Instagram posts, but to really make an impact in the medical community, the doctors, you know, and the dieticians, They need to see this research, right?

And they can be like, oh yeah, my patient isn't crazy. This stuff actually works. Yeah, absolutely. I'm so excited about the research. It's literally all I want to talk about.

In IBD, the very first study, and I just want tell everyone how this happened, a patient who was going to gastroenterology at Scripps, San Diego, had ulcerative colitis.

They needed a bowel resection. So for IBD speak, you know, this is where they take out the diseased portion of the intestine, kind of reattach everything.

It is very invasive and intense surgery. Um, they needed to reselection. they asked their doctor, hey, can I do AIP for 30 days? The doctor was like, I've never heard of this, but like go for it.

They came back, they did a colonoscopy, and everything was in clinical remission. And naturally, the doctor who was the head of research at Scripps IBD, Dr.

Gauri Konigetti, was like, please tell me more about this diet because I am doing dietary research. So that's how I got in touch with this doctor. She's straight up conventional.

but she put together the very first pilot trial using AIP for IBD. They enrolled 19 people with very treatment resistant IBDS. These were people within average duration of IBDE of 19 years.

There were not people who had been newly diagnosed, they had failed all of the conventional biologic steroids, you name it, there were all in an active flare.

And they had them do a six-week transition to AIP. Then they have them to a eight- week elimination. And, they also applied AII. I'm always really careful to say this in a way that we teach.

So, I did not participate in the study, and I was not delivering the care, but I taught the people that did it. They had a team of RDs, My partner, Angie Alt, at the time, they used her program, Sad to AIP in 6, to deliver everything.

But they also did the lifestyle pieces, so stress management, sleep, movement, and connection. I mention that because the result that they saw was that 73 percent of the patients in the study were in clinical remission at week 6. and they all maintained it for the duration of the study.

So we know that diet is so important, but I always clarify that because I want everybody to know, that they use the lifestyle pieces too. Those pieces are very important.

Of course that was an amazing result. There was a second paper about quality of life. Obviously when people are not running to the bathroom and having bloody stools, their quality-of-life goes up.

The result was amazing there. Then they also did a intestinal RNA genetic expression study. It was actually the first study ever done in ulcerative colitis where they had before and after a dietary intervention.

They showed up-regulated tissue healing, down- regulated inflammation, all the pathways, the things that we would know about because of what we theorize what is happening when somebody changes their diet.

really incredible experimental for sure research, but a really cool study that the microbiome team at Scripps did. Then the fourth study was actually a survey of the AIP community, patients who had Crohn's and colitis, so IBD, who self-reported their experience.

This was whether they reached clinical remission, how that affected their medication use, and then which foods they tolerated, on reintroduction. So what was really interesting was that even though I think they had 87 respondents to the survey, the percentage of people who reported clinical remission was exactly the same as the pilot trial, which I always have to say that it's 73% in both studies.

That was kind of like some interesting synergy But I will say that working one on one as a clinician, I've been working with people since 2013. I'll say about three out of every four have some really meaningful clinical improvement when they adopt the IP.

So that's just a side note. And then the common foods with reintroductions are the ones that we would know are big triggers, right? They are gluten and grains, processed foods, nightshades, which there are not a lot of studies out there about night shade, so I'm just so happy that the researchers asked this question.

Eggs, you know, tend to be the highest triggers. So that's kind of the IBD research. And then, if you have any questions about that, I am happy to answer them, but I can move on to the Hashimoto's and the RA.

I will just say my husband had inflammatory bowel disease and we got it into remission with nutrition and supplements. And I mean, he eats everything now.

He's like a breakfast tacos kind of guy. We live in Austin in Europe and Texas and he can eat anything without symptoms. So it's quite remarkable where I have seen people who are on so many medications for IBD and they've been suffering for so long, they're having to get surgery, this increases your risk of colorectal cancer, I mean you're literally having ulcers in your digestive tract with ulcerative colitis and this is considered to be like a long lifelong condition that can go into remission, right, but then you have flare-ups and my husband's been in remision for almost eight years.

He was diagnosed when our son was two weeks old. And he is, our sun just turned eight last week. So it's like Really, really incredible how powerful food is medicine can be.

And I mean, these people were suffering for 19 years taking the biologics. They are such, such expensive medications.

Research on AIP for IBD, Hashimotou2019s, and RA

Um, they kind of shut down our immune response and this can put us at risk for cancer. So, I'm so grateful that you. created this healing resource for people and hopefully anybody that's listening that has a diagnosis or knows somebody with a serious autoimmune diagnosis like inflammatory bowel disease can get this information and helpfully implement it themselves or help their family members implement so that they can feel human again because I saw the toll that it took on my husband and his vitality and I just don't want that for anybody.

So really appreciate your work for not just for Hashimoto's community, but also for the whole autoimmune community. I'd love to know more Hashimoto's and RA studies too.

Yeah, so out of that, you know, the research community was very excited, especially, functional medicine, ancestral health, and a functional doctor, Rob Abbott, wanted to replicate that same model, do it in patients with Hashimatos.

The thing about Hashimoto's, you guys already know this, Hashimoto's patients, when we are treated to target even functional medicine targets with thyroid hormone, 60 percent of people report having symptoms that interfere with daily life.

We do not have this benchmark that like a IBD person where you can do a colonoscopy, go in, take a picture and be like, hey, the tissue looks really good.

we don't have that clinical indicator with Hashimatos. When they're diagnosed, their hormones are all out of whack, Maybe they do some lifestyle stuff, maybe they did do medication.

They bring that into balance. But guess what? Most people continue to have symptoms. And even if they don't have debilitating symptoms, they have those sneaky little symptoms like that hair loss and the eyebrow hair and a little bit of fatigue and being cold.

We could make a list, right? So what Dr. Abbott wanted to do because he's a very smart functional medicine physician, he said, you know what, these are the patients that are most challenging to work with because they come in and they're technically treated correctly, but they have all these symptoms.

So how are we going to design a study where that symptom improvement is the primary indicator? So a lot of people would design the study to see what happens with the hormones.

He wanted bring in people whose hormones were normal, they were treated correctly and then see what happened with the symptoms. They enrolled 17 women, really high symptom burden, normal thyroid hormones.

He titrated actually their medications throughout the study to keep them level and a little spoiler alert from the results. it ended up being a decrease for a lot of people, not everyone, but some people went off medication, some decrease their medication.

But their thyroid hormone labs stayed stable within those functional ranges. They did the same intervention as the IBD study. So they did six weeks transition, eight weeks elimination, and they used two surveys to assess symptom burden.

One of them is a The short form 36, which is a validated survey and all validated means is that in a clinical research setting, it's been shown to accurately depict somebody's symptom burden.

And so you can compare that research to maybe like a medication trial or something. They also use the MSQ, anybody who's gone to a functional medicine doctor.

That's like the five page. You know, questionnaire with all the different organ systems really gives a provider the scope and the amount of involvement in your symptoms, but it's not really used in research settings.

So he was very clever and using both so that we could get a very traditional research outcome and then kind of a non traditional, like. just to actually get a scope of that symptom burden.

Over the eight weeks, they saw a really massive improvement in both that short form 36, which is daily life functioning symptom, burden, and then that MSQ, in all different organs and systems.

I would encourage you guys to check out the paper for the full results because it really goes through symptom by symptom. In terms of the labs, the big change was a 29 percent decrease across an average of a group in HSCRP, which is a marker of inflammation.

I think that really just speaks to overall, these people were not counting calories. All they did was change what they were eating and implement that lifestyle piece.

That result was incredible. and that actually inspired a team in Poland to do their own study. Now, I had no contact with this Polish team. It was a dietitian-led study where they did just the elimination phase in a group of 30 people who were, again, euthyroid, so normal thyroid levels, Hashimoto's.

They did three-month elimination. But the thing that they did differently was they a really in-depth nutrient analysis from the standard Polish diet and then the autoimmune protocol that the prescribed.

And then they were able to compare nutrient density to basically see when somebody eats AIP, what is changing about the nutrients that their eating. The other interesting thing that they did was thyroid ultrasound.

So they had people come into the clinic, they were able to measure their thyroid volume before and after. They also did anthropometric changes. This is DEXA scan for their body composition.

they have them get their weight. And what that meant is because they knew that people were eating the same amount of calories before and after, because had that nutrient analysis, they actually saw an average of eight

pound weight loss, even though they ate the amount calories.

They also saw a 10% reduction in relative body fat. And that reduction came from fat and not muscle, which is really, really important. Anytime we see weight loss, we want to see people losing fat, not losing their muscle mass.

And then the ultrasound showed a reduction in thyroid volume in both lobes of the thyroid. So this is in addition to, you know, they did their own questionnaire for symptoms.

Really impressive symptom improvement, about 30 to 70%, depending on the symptom, whether that's like hair loss or brain fog or fatigue, and then a really cool nutrient analysis, which, That might need to be another episode to talk about, but we know how nutrient dense AIP is, that research really put numbers to a 500% increase in vitamin A, for example.

It was really cool. I love that. And anybody listening, it's just I'm from Poland originally. So I had the pleasure of actually meeting the head researcher, Dr.

Paulina Ignatowicz. I met her at a functional medicine conference in Poland. Spoke there, I believe in 2015, maybe 2016. She's done some incredible work as a dietician and she's such an inspiration.

what to do about Hashimoto's and autoimmunity in Poland. So we'll be sure to link up all of the studies and the show notes for Hashimoto's, for IBD. And last but not least, let's get into rheumatoid arthritis, because I know that can be a very debilitating condition.

I mean, they lose quality of life over it. It limits what you can do and how active you could be. Yeah, yeah. So Julianne Taylor, she is a dietitian in New Zealand.

She has done some qualitative research. This is interview based on rheumatoid arthritis. The person whose blog I found back in 2011 that was talking about AIP from the ancestral health perspective, because she's also an arthritis person, and she was doing some self experimentation.

I actually have to give Juliann credit from my early finding out about AIP, but she has gone on to get her master's and now her PhD, and a lot of her research has been centered on using elimination diets for patients with rheumatoid arthritis.

She did this qualitative research that was interview-based, then she just released the results of a pilot trial, very similar to the IBD and the Hashimoto's where she had nine patients.

They did AIP, they used Rapid 3, which is a questionnaire for quality of life and symptoms in patients with RA. I think out of the nine patients, seven of them saw clinically significant improvements, three of then reached clinical remission.

Again, I like to take that IBD research and this RA research, and really put out there that three out four people generally see great results. when they implement the autoimmune protocol and, you know, to the people who are like, well, what if I'm the one in four?

This is where troubleshooting and functional medicine comes in because, like Isabella and I know there are so many people, who have an issue that is like a root cause.

that if that's not dealt with, just doing a dietary approach is not going to be productive. But for most people, they're going see a lot of mileage out of transitioning to something like the elimination diet and using that to figure out what foods are causing you problems.

Yeah, I mean, you, like, it's incredible, because you have people that go into remission, and you can show that they go in to remissions. But the people who don't go to a remittance, also important to think about them.

Because when I see a lot of these intervention studies, those people still get better in many cases, right? It's not like they get significantly worse, or they don' t get bette.

Many of the peopl might not reach remition, but it' still going to be an improvement over where they started. Yeah, and you know, one thing that I always like to bring up is that in the elimination phase, you don't necessarily need to reach this pinnacle of perfect health or clinical remission when you're in elimination.

The act of identifying your food allergies and sensitivities might actually allow you to enable to get to another height of healing further on in process.

So if you are like me, When I came to AIP, I had been vegan for a very long time. I was completely depleted. And I mean, 30 days of an elimination diet, even if it's an extremely nutrient dense diet is not going to correct all of that, right?

But like two years later, I was feeling amazing. And that's because not because I wasn't elimination for two years, but because i had implemented the things that I know like support the microbiome, like the bone broth, the protein quality protein, you know, The fruits and the vegetables, polyphenols like I had been incorporating that over time in the context of like knowing what foods to avoid specifically.

I don't want anybody to think that during elimination, that's the only time and space you have to heal. You can continue to heel even after you've reintroduced foods.

We talked about the research and we talked the results that come from this protocol. Can we get into the nitty gritty? What do you actually do? The autoimmune protocol is undertaken in three phases.

There's a transition phase, the elimination phase and the re-introduction phase. The transition phase is basically you going from your current diet, which everybody's starting at a different place.

You could already be doing a paleo diet or a keto diet not eating gluten or dairy to manage things you already know about, or you could be just drinking boxed wine and McDonald's.

Everybody's started from somewhere, there is no judgment, but that gap is going to be different for each person. Transition is really this thoughtful transition where you are tracking your baseline symptoms.

You are determining your why, like what your health vision is and why you want to do this because you're going to need some motivation to get through it.

I promise it's pretty challenging. Then you'll be working on basically the prep. In the book, I talk about a confidence assessment, where basically you are taking stock of like your support people in your life, your finances, Your time, you're cooking skill, the setup you have in Your kitchen.

There are all these areas where some people, You might be a foodie, or you might be a college student in a dorm with a shared kitchen. All you have to do is figure out what the barriers are and then pre-solve them so that when you get to the second phase, which is the elimination phase.

This is where we are clearing the slate immunologically by removing the potential food triggers, we have core AIP and modified AIPs, there are two different pathways to elimination.

But depending on whichever pathway you choose, you will be eliminating foods strictly for 30 to 90 days. And then the idea is hopefully you feel a measurable improvement over baseline.

Again, You will have tracked in the transition phase. You know what your baseline is. you're not just thinking like, how tired was I last month? You won't remember, right?

We like to have numbered scale and really track throughout the whole process so that when you say, oh yeah,

actually this month, You know, my fatigue is at a four, whereas like last month before transition, you know it was at an eight.

I know that that is a very meaningful jump. So then you can move on to reintroduction and re-introductions is where you trial and error, all the different foods and I've set you up with different So you don't just pick a food and go for it.

You start with foods that are least likely to cause a reaction and most nutrient dense. And then you move down to the final stage, which is kind of those foods.

Some people never reintroduce like gluten. I don' recommend it, you know, but if you want to live your best life and try it out, go. But really, it's a structure to help you figure out how foods affect you.

Then when you have that personalized diet, You get to move on with your life with that information and do with it what you will. To clarify, when you do the elimination part, do you eliminate one food at a time, or do just eliminate a whole bunch of foods?

And what are the foods that you recommend eliminating if you're wanting to do that autoimmune protocol? Yes. So the Elimination phase, we eliminate all of the food's at the same time.

And this is why. When you are eating multiple food triggers, and it actually could be lifestyle triggers. But we won't get too into that. It's like you were at party and the volume is cranked all the way up.

And you remove one trigger and it's like the volume might just go, you know, but like if you're trying to listen to your body and be like, how do I feel?

It's, like you can't hear anything. You're at this crazy party, right? So when we clear that all that slate, this is like all the potential food triggers.

So you do, um, core AIP is going to eliminate grains, legumes, dairy, eggs, nuts, seeds, and nightshade family vegetables. Yes, that's a lot of foods, but really those are the most common problematic food categories.

And, you know, not for everyone, and especially not everyone with autoimmune disease, people with Autoimmune Disease are probably going to have a lots of food triggers in those categories you eliminate that, that volume just goes completely down.

How AIP Works: Transition, Elimination, and Reintroduction

And we know that the immune system needs three weeks to kind of clear that slate, which is why on AIP, I recommend a minimum of 30 days just to make sure you get over that milestone.

Some people need a little bit longer and that's because the second part of the elimination phase is actually nutrient density. We're also adding in, we're replacing those foods with very nutrient dense nourishing foods.

These are high-quality proteins, fruits and vegetables, fresh fruits, and vegetable, lots of polyphenols and fiber. Or having fermented foods for the microbiome, or having cold water fatty fish for that anti-inflammatory effect, We're adding in bone broth, all of these really nourishing, healing foods.

Some people, if they're coming to it in a more depleted state, might need closer to that two to three months, but three month is the max. Then to your question about specifically the different pathways, So Core AIP is kind of the original AIIP.

The new protocol is called Modified, and it includes rice, but not other grains, legumes, except peanuts and soy, because those are really common triggers.

It includes seeds, including pseudo grains that are considered seeds like quinoa and buckwheat. And it also

includes ghee, But not Other Dairy. You guys might be like, okay, this is getting really complicated.

How we arrived on modified AIP is actually a result of the research and the community of AIIP certified coach practitioners, which numbers over 1,000 providers now that have many years experience working with people and reporting to myself and my partner, Jamie, basically what foods are you seeing in your practice trigger people?

Those foods came up as the highest. Basically, they make it easier. and more affordable, more accessible, but they're commonly not the issue, right? Like in the grains category, you know, even gluten-free oats, we see a sensitivity to that all the time.

But like rice, I've had maybe one or two people identify that rice is a problem, But it's really not common. So we decided to create a pathway for people who feel like that core protocol is just gonna stress them out too much.

Stress is the trigger for autoimmune disease, or that they just couldn't be compliant with removing all the foods, there's now this second pathway that just makes it a little more approachable.

That makes so much sense and I mean, buckwheat is like a Slavic superfood. So I'm really glad that that's been reintroduced back and there's a lot of benefits to legumes.

And I know some people have found the AIP to be a bit restrictive or maybe they're like, I don't want to lose too much weight. I didn't wanna go to keto, like I need some carb foods.

Some really that there were a few of these foods that maybe were in that grain category and legume category. that were allowed. Thinking about like athletes, breastfeeding moms, people who are underweight, People who collect cultural foods, you know, like Latin America, I mean, South American, asking people to remove beans and rice and nightshades is just like, it's too much.

So maybe they can still have the beans in rice, but like they drop the night shades, which is maybe going to be really productive for them. I'm glad you see that.

So interesting. I was trying to look up some of my stats that I did with, um, over 2000 people with Hashimoto's on how different foods and diets impacted them.

And I. Trying to find the stats for which foods were most reactive and which diets were more helpful. 75% of people said that the AIP helped them, which is kind of funny.

My survey was like an outcome survey. So it was just self-reported, right? Um, we do know that. In my experience, about 88% of people tend to be sensitive to gluten when they have Hashimoto's about 80% tend be to dairy.

And then there's like, I would say like a declining number of People that might be nuts and seeds? Do you find that as well? Like, what are some of the most, I guess, offending foods?

Because the way that you want to do their reintroduction diet is you wanna start with the least likely to offend because you don't want any put somebody on like the big guns, like, you Don't wanna have them eat a pizza, right with like gluten and cheese.

And then they're like symptomatic for a few weeks. Like you wanted to save certain things until the end. So I was hoping you kind of talk through talk us through that.

Yeah, so first thing is you never really know what's gonna happen until you reintroduce food. So I always start this conversation there because everybody is gonna be like, but I'm an outlier, you know, it happens.

I will say there are some patterns based on disease. So any disease that affects the skin or the joints tends to be highly reactive to nightshade family foods.

Nightshades are not always a problem. I would say in the Hashimoto's community, that's actually kind of a smaller group that are sensitive to nightshades.

Nightshade are also really interesting because they can have different effects based on like which food in the family it is. So like myself, I'll use myself as an example, i can tolerate potatoes.

I can't tolerate nightshade spices so like paprika or cayenne pepper. i cannot have the whole like a bell pepper or an eggplant or anything with a tomato.

You know, and that really weirds people out when they're like, wait, it's the same family doesn't have the Same thing. I don't know how it works. But that's all I can tell you from my body, you know and testing this over the year.

And I will say other people report similarly. Some people just don t do well with any nightshade family foods, but some people there's like a spectrum of tolerance.

in the food category. Dairy can also be like this where people will tolerate maybe ghee or butter or hard cheese and then can't pass that and other dairy, whole milk especially, it's going to cause them a lot of symptoms.

I will say nightshades, psoriasis, rheumatoid arthritis, any type of joint or muscle pain, that's gonna be higher on the list. But then conditions like Hashimoto's a little bit lower.

I will say I know some people reintroduce gluten. Maybe it's just the celiac in me that's like, no. And then the people that come back from Europe and are like what, I can eat it in Europe.

I am just not on that train. I'm not gonna try it, I not going to do it. But part of this personalized approach is just doing with the information what you wanna do.

And so you get to the experiment, see what happens and do what want with it if some people makes them really happy and they don't feel bad eating gluten after they've recovered their health, then good for you.

You know, you can have a croissant when you're in Paris, unlike your friend Mickey. But, you know. Yeah, it's been interesting for me to see that trajectory of figuring out how to resolve some food sensitivities.

I was fortunate not to react to nightshades. I grew up eating homegrown heirloom tomatoes, like in Eastern Europe, we just eat them right off of the plant.

And when I got to America, the store bought tomatoes were just disgusting. So I never ate those. Maybe European tomatoes were better for me or perhaps I just didn't have a lot of joint symptoms.

I typically will see starting off with like nuts and seeds and introducing those first might be I guess and then grains might a little bit of a gentler approach.

Yeah, so, you know, in the official protocol for the new autoimmune protocol, I have stages. So stage one foods are going to be those foods that are gonna be easy wins.

And stage four foods or the ones that our problematic for a lot of people. Stage one, foods include things like egg yolks, but not the white. The white is actually what has the inflammatory component for some people, that's in stage two.

It's kind of like if you can do the yolk, then you, know you could move on to do white, Other stage foods include ghee. Ghee is clarified butter. It doesn't have any of the protein so usually that's what people are sensitive to.

Not always. Some people do react to ghee but stage one you're going to start with ghee, stage two you move on to butter, legumes with edible pods. So these are your green beans, your peas, those are going to be stage one.

Those work, then you can move on to some other legumes. And this is for core AIP. Core AIPs is kind of that original protocol. Modified has a different reintroduction stages because, again, starting from a I'm trying to think of what else.

I think that's it for stage one. Stage two, we start to bring in seeds. Seeds tend to be more tolerable than nuts. Nuts, a lot of people have hidden sensitivities.

Usually, people know if they're allergic to them because they are highly allergenic foods, but sensitivity-wise, almonds and walnuts, these tend be things that some people might find a surprise, even if you've been eating them their whole life.

they find out actually, I don't really tolerate almonds or walnuts or Brazil nuts or whatever that is. We usually do seeds before nuts. I will say of seeds, sesame tends to be the one that people are more sensitive to.

Then in grains, grains is a really big category like rice, especially white rice is pretty hypoallergenic, like a lot of people tolerate it. Then we look at even the gluten-free oats.

I see a lotta people reacting to oats, so within grains, you have to test each one, and I would say it really kinda depends on the person, If anything is cross contaminated.

So that's a big problem with grains and even legumes that are bulk processed, because these factories if you've ever been in like a supplement or a, you know, flower plant, I have I had Bob spread millet right here in Oregon near me and I've been there, they have a gluten free facility.

which I visited, and it was amazing to see why it is so important because those lines are dry. It's clean to a certain standard, but it's not clean in terms of cross-contamination.

So that is something to be really careful about. I love Bob's Red Mill. They're like my favorite gluten-free flour, so I use that as a one-to-one blend for a lot of my baking.

organize things statistically so that we can feel a little bit safer. Cause I feel like one of the challenges I've had with, with people with with on the AIP protocol is that they will eliminate foods and then they feel amazing.

And then 90 days go by and they're like, I don't know, that I want to introduce any of these foods. and that long-term restrictive diet. It can be healing to a degree and healing a point, but then you might get into this situation where you're eliminating too many things and then it's impacting your gut microbiome and it is impacting social life and your ability to go to France or go somewhere and go a restaurant and whatnot.

You might not need to be on a fully restricted diet. you also, I mean, it's scary to think about, like, if you were suffering and had so many symptoms that you can go back to that place.

So once you've been liberated, so I love that. You've organized it so you could be like okay, these foods probably safe, i can add a little bit more variety so that I can kind of expand my diet and then I watch what happens.

And then if I tolerate These foods that I'm going to perhaps move into this next level and so on and, so forth. Now, do you recommend introducing foods every four to seven days or every one day?

Like, what's your? So I will say reintroductions is kind of this choose your own adventure. in terms that you do get to pick like what food you reintroduce first, you know, stage one has a list of foods, but you kind of get pick a little bit.

You also get the choose the time in between. Now, I will say the longer I do this, the more I am an advocate for, uh, that six to seven day timeframe and that's because of research that I have seen in actually IBS patients where they went in with a confocal laser, they applied the allergen that they knew these people were sensitive to based on their experience.

They saw what happened to the mucosa and then they saw when that symptom appeared for those people and it was up to six days. So even if these researchers, they saw an immediate disruption to the gut barrier from foods that they knew these people were sensitive to.

So thank you to all the people who sign up for studies like that, which I would never want to be that person, right? But they did it for science. And really it opened my eyes to that.

Person who six days later is like I had eggs on Monday and it's Sunday and my gut is a wreck. You know, that is a real response to a food sensitivity.

So I will say, you know when you're going through things like seed spices, your going though like cumin and coriander and black pepper. You know, you might wait three days.

It's unlikely that those things are just gonna be huge inflammation triggers. So I advise people to kind of go on the shorter window for those types of things.

When you're introducing like the nightshades, when you are introducing eggs, When your reintroducing things that are the high potential, wait a week, it really pays to sit with the process and you may have to do it more than once too.

That's one of the frustrating things about food sensitivities too is that sometimes you have a threshold tolerance. So sometimes it's like with eggs for me, I eat one egg scrambled egg, i'm good.

I two scrambled eggs, depending on whatever I ate it with. iIm usually good, I do that again three days later, not okay, right? So I know my threshold, generally I don't eat eggs.

But then if I'm eating out, i'm at brunch somewhere, they have beautiful like gluten free, scrambled eggs, something, I'm going to have that because I don't eat it normally, right?

I know I can tolerate it. So part of it is figuring out where that gray area is for you if you have any gray-area foods and what kind of tolerance, and that really just comes with time.

Thank you so much for sharing that because I've heard different things out there. And typically we would say four days, but I'm like, oh, four day. So you, you do it on like a Monday and then a, and like Thursday and the next week, whatnot.

I just started telling people seven days. Like just pick one day a week when you're going to reintroduce foods, just because it's easier. Now there's research actually showing you can have these responses or.

like up to six days. Yeah, a week. That's really helpful and insightful. Something really interesting, when I was on an elimination diet, or just really on my healing journey, I wasn't sensitive to nightshades, but I'm super sensitive for nuts.

And the symptoms I would have were really strange. It would actually, the symptom occurred around my menstrual cycle. So I'd get skin breakouts, like chin break outs, and I'll be really moody.

I will say nuts made me nuts, And anytime I would have them during my cycle, I'd have really horrendous periods. If I went a month without nuts, then my periods were perfectly normal.

So it's really interesting how these reactions can show up. And it's also really like become a scientist and track things and see how you respond, how things impact your body, right?

Absolutely, and they can change over time. So your story actually really made me think about, you know, one of my areas of interest right now, I'm going through perimenopause, i'm very interested in how the hormonal transition alters the immune system and really how estrogen is tied to histamine response and how we can have food

sensitivities that are timed to a certain time of the month or how a food sensitivity can affect our hormones.

I mean, that is just so fascinating. But really understanding that I did this 15 years ago when I was 26 years old, stable hormone situation, right? Now I'm going through perimenopause and I am shifting what I eat because of the way that I feel and kind of, the hormonal transition that my body is going though.

Modified AIP, Reintroduction Strategy, and Personalization

Having the skill of knowing how to try something, pull it out as your body and your system changes is so valuable and will really serve you for the rest of your life.

Yeah, it's a great tool to have and yes, we're working with a different palette in our 40s than we were in 20s or even 30s, aren't we? We kind of talked about the AIP protocol and how it started.

I would love your insight on, you've been doing this for 15 years now, right? What are some, I guess, shifts that you had in your thinking about it? Or maybe some of the patterns that noticed that perhaps you didn't know 15 year ago.

Do you have any things like that that like to share? Yeah. I mean, honestly, the modified AIP, I know everybody hears about core AIIP, they read the research results.

They're so excited. they're like, "I want to do the hard thing." I actually think the Modified is if I were starting today, that's where I would start because I think it has the benefits of the original protocol.

But because of all that clinical and anecdotal experience of foods that we've been discussing this whole time that people actually tolerate, The reduction in stress in the implementation, I actually think is really meaningful.

And so that is something that I'm really excited about. Honestly, it was what made me want to write this book and put it out there in a published version, because I really want people to know that this option is available and it really is making the best of all of the information that we have up until this point.

I love that. Can you tell us more about your brand new book? Yeah, so it's called The New Autoimmune Protocol, and you can get it anywhere books are sold.

It is a big hardcover, you know, full-color picture cookbook, which I always like to say, I'm a very creative person. I did all the photography, creating big visually stunning books because I know that when you have that on your counter when You're doing a restricted diet and you're like, what am I going to eat?

You want to flip open that book and see some beautiful pictures that yes, when make it it will look like the picture. The recipes are not complicated or hard, but I want you to be visually inspired.

So half of the book is the protocol guide. so it talks you through all of The science that we touched on the transition elimination and reintroduction the exact protocols, the food lists, and everything you need to get started, FAQs, you know, everything.

And then half of the book is a cookbook for core AIP and modified AIp. Now for people who are doing the modified protocol, which is I'm hoping most of you who're going to start are going pick that, all of recipes apply because core AIP is just a little stricter than modified, so that whole library applies.

You can make like a side of rice or quinoa if you want to add in some pseudo grains or some carbs. But all those recipes are going to work for you. For the people that are doing core that you might be like, well, only half the book applies to me.

Those modified recipes include the stage one reintroductions. And those core foods are really the first things that your going be re-introducing. So you have a collection of recipes to worked from for that elimination phase.

Then when you start re introducing like rice and ghee and some legumes, you've got a bunch more recipes to try. So I hope that everybody sees that they have something for them.

Also, there's meal plans and other tips and tricks for actually making the implementation side easy, because that's really what I want for you is just to not suffer like we did back in the day trying to figure out what to eat, right?

I love all of your books. And honestly, they had made such a big difference in my life. Because when you're taking on a protocol, it's like you have to do so much planning for it to not get stuck in a situation where you were like, Oh, my God, I have nothing to eat.

I'm so hungry. There are only crackers in my house. Am I just going to eat crackers all day? That's not sustainable, right? Before I came across your work, I spent so much time trying to meal plan and trying figure out what I was going eat every single day.

You actually make it easy where you can just follow the book, get some really delicious recipes, And I love, love love that you've made this even more approachable for people through including more foods that are really staples in people's diets.

And you have been able to kind of figure out the nitty gritty of like, okay, this was labeled a problematic food, but we're actually not seeing a lot of people react to that.

So statistically speaking, Why not make it easier for people to implement this protocol? Why don't make more affordable and so much less intimidating so people can heal and really take charge of their own health and start eliminating those symptoms?

Yeah. Yep. You said the pitch perfectly. Modified AIP is something really I'm truly excited about. And then the last thing that I would love to say about the recipes too, you know, we didn't talk a ton about, the food or the implementation side, but I've been doing this for 15 years.

I have a background as a personal chef. And I will tell you, the lens that I develop recipes under, this is not just gourmet, what is gonna taste the best.

Of course, I love flavor, but I understand that most people do not have all these advanced tools. They do have tons of time. So all of these recipes, they comply with the elimination phase, But they are ingredients that you can buy at any store year round.

You don't need to be shopping online for anything specialty. You don't need any special tools like you don' need an instant pot or an air fryer. If you've got a sharp knife, a cutting board, soup pot, and some roasting dishes, you can make 95% of the recipes in the book.

The other thing is they're really good for batch cooking. So a lot of them make six to eight portions. You can freeze or save for later because when we have autoimmune disease, we often have low capacity days where we just don''t have the energy to chop and cook.

And then I also have designed them not to be weird. So like if you're serving them to a partner or kids or something like, nobody's going to natural whole foods.

So I just want to say that too, because I know people get scared when they hear the food list and they're like, am I going to be eating a bunch of weird food?

You can see on the cover, I've got some roasted chicken, some rice, and beautiful colorful veggies, a little scoop of ferments. You know, that's what most of our meals on The Autoimmune Protocol look like.

Hmm. I love that. And I mean, I was so inspired by your AIP batch cook, like that really changed my life. When when you were like, Oh, my gosh, i could do this.

My husband and I took that and then we had timed ourselves to like get a like I think seven days worth of food made on one Sunday and we have like so much fun doing that so I loved that you include included some batch cooking recipes and ways to do that because that can really really simplify your life Yeah, batch cooking is the best.

I've got a library of food in jars from the little leftovers, so we will usually eat four portions of something, and then most of my recipes make six to eight.

So the remaining two to four just get put in the freezer, then I just have this library different meals. And whenever I have a day that I don't have time to cook, I open that up and I'm like, oh, do I want green chicken soup or shepherd's pie or AIP chili?

Kind of pick that out, defrost it, good to go. Yeah, and it's so nice because one of the things I love to cook, but I hate to clean. Yeah. Cook once, eat all week, you know.

And you only clean once because you can make a huge mess of your kitchen and then you're done, right? And then, just have delicious food for the whole week.

Exactly. You're also giving out a collection of 60 plus pages of AIP beginner resources, including food lists, meal plans, and more. Yeah, so that's the AIF Foundation series.

The New Autoimmune Protocol Book and Practical Resources

And if you guys go to the autoimmuneprotocol.com and put your email, I will email you all the foodlists and everything to get started, because I'm not trying to gatekeep anything about AIIP.

I want everybody to know about it. We so appreciate that I know I'm going to get some because I am looking for some more inspiration and I so so excited about your book coming out.

I really grateful for all of your work over the years. It's been, I mean it's so life-changing for so many people, including myself and a lot of my clients and colleagues.

And yeah, I really, really appreciate you. Can you tell us where we can find more about you, where can follow you and where your book might be available?

Yeah, yeah. So the book is out anywhere. Books are sold. If you're international, you can get it in Kindle, but I recommend if you get a hard copy, which I have a little international distribution, I worked really hard on making it pretty.

Hopefully that feels supportive to you. You can find me all over social media at My website is the autoimmuneprotocol.com. I also have a podcast called the Autoimmune Wellness Podcast, which Isabella has been a guest.

We have conversations about life with auto immune disease and AIP. So I'd love to see you guys anywhere you can connect with me. Love that. Before I let you go, I would love ask some rapid fire questions to put you on the spot a little bit.

What's the craziest thing you've ever tried for your health? I went to a salt healing and it was a Salt Cave. You know, they had zero gravity chairs in a room full of salt.

I will say it is very relaxing. I love that. My mom used to prescribe that for asthma and allergies in Poland. They have this beautiful salt mine outside of Krakow called Wielicz Salt Mine and you can go like underground and it's just gorgeous.

There's like churches and… Wow. Yeah, that sounds like probably the real experience. I think what I got was like in a DC area strip mall. So it was not as magical.

I'm just, you know, I want to be comfortable. I've been so cold most of my life with Hashimoto's. And like, i will put mine up to my knees if my lower body hurts, but i'm not going all the way and i've had enough cold for me.

Same for Me. It's really funny because I asked this question to all of My Podcast Guests and pretty much all The Flyroid Ladies. Cold plunge is the answer.

So like, I'm right there with you. And I have a compilation of like dozens of guests saying the same exact thing. Okay, great. I am glad to feed into that.

If the supplement police were to come to your house and say you need to surrender all of your supplements, but we're going to be nice and just let you keep one, which supplement would you Wow.

Okay. So, you know, the one that I think I would keep is my magnesium. I just don't think that i'm getting the best sleep or pooping regularly if I don' have that.

It's going to be magnesium Yes, yes, magnesium is a miracle. It can help with cramps, constipation, anxiety, sleep, hormones. Um, it just serves on so many different pathways and it's kind of tricky to get it from food and we deplete it when we're stressed out.

So I'm with you right there. I do love me some magnesium. And I also do some Epsom salt baths to, to my magnesium that way, just to cover all of my basis.

What are nightshade foods and what kind of autoimmune conditions might be sensitive to them? Yeah, so night shade is actually a plant family that encompasses lots of different foods like potatoes, tomatoes, eggplant, even things that we find in supplements like ashwagandha, things like goji berries, there are fruits that are nightshades, and they have this Very interesting quality where they have not been studied very much, although they haven't been.

It's really hard to quantify how they affect people, but I can tell you anecdotally and starting to emerge in autoimmune research. is that people who have joint issues, skin issues tend to be more reactive to nightshade family foods.

So this might come through as like just an increase in joint pain or their skin rashes, or it also might through if they have too much of them. There's like a spectrum of tolerance with the night shades, but that's definitely something that I recommend being aware of.

Amazing. Thank you so much for sharing that. For everybody listening, I hope this has been helpful on your healing journey.