Why Gut Testing Matters

Welcome back to the conversation. So glad to have you. Cat Simmons, you're a registered dietitian, nutritionist, and you've spent most of your career in the functional laboratory diagnostics space.

You're a clinician, you're an educator, and as such, you're a member of the medical education team at Diagnostic Solutions Laboratory and also work play a big role in content management.

So we're really excited to have you here today to talk about gut testing because this is something that is really important in my practice, no matter where our patients are, clients have been in their health journey.

We always want to do gut testing because we feel that this is the absolute most important place to start. So thank you so much for being here. Yeah, thanks for having me.

I'm very excited to be part of, you know, the root cause, root cause resolution. And that's really what we're all going for. It is. And it's so much easier to find a resolution when we actually can see what's happening in the body.

So why don't we start with just helping our audience understand of all the functional medicine tests out there, of all the things that we can do in the functional space, why would somebody like me want to start with gut testing?

So explain that. Why that's so important? Well well, I think we've all probably heard, you know, Hippocrates is old adage that all disease begins in the gut.

And I mean, I hold that true because I've seen it. I've seen it in my career. I've seen it clinically. And I think so many of the people that use functional stool testing believe that as well.

So, I mean, we could get a glimpse into inflammation certainly, but sometimes it stems from insufficiency and low immune function in the gut. Of course, there's the whole construct of intestinal permeability, which sets the stage for systemic inflammation.

I mean, really loss of that gut barrier is losing that barrier between your external and internal environment, and that can set the stage for all sorts of system crumbling.

I think where we all started in functional gut testing, or at least it was in diseases such as autoimmunity, and there's such a profound connection to that loss of barrier, an autoimmune presentation.

How we absorb nutrients is happens through the gut, how we digest our proteins and all of our macronutrients happens through the gut, how we patterns that relate to our stomach acid.

I mean, that all happens to the God. This is all sorts of insight that we can get through gut testing, and I think that's why so many of us are evolving to starting here, because otherwise you're kind of just growing, throwing darts at a wall, see what sticks.

Totally. And it just seems to me, I mean, these days there's a connection between every system and the gut, right? I can remember back when I worked in Western medicine, I worked for a big HMO for a couple of decades, and I can remember going to medical conferences in the kind of mid 2000s.

And at this point there was always a lecture about where whatever kind of medical conference I was at, there was a lecture about that in the microbiome.

So whether it was the cardiac microbiome connection or the dermatology or skin microbiome connection or the

brain gut microbiome connection, and then there's, you know, urinary health and there's endocrinology systems in the body and there's hormones.

There's so much is related to gut. And then when I got deep into cellular health and studying that, I found out about the mitochondria gut connection.

So there's so many connections in the body and it just makes sense.

Gut Health and Systemic Symptoms

And we've found that if we start here, we can profoundly move the needle and get people feeling better rather quickly. And then from there we can start solving other problems.

So this is why this is so exciting, because gut health, knowing what's happening in your gut, really does make a difference. If you want to solve your energy crisis, if you want to sell your solve your brain fogginess or lack of concentration, or if you want to solve moodiness or anxiety, oftentimes it's because of gut microbiome imbalance.

And we'll go over that today. We're going to talk about some of the patterns that we see on the gut test. So, you know, before we jumped on this on this talk together, you mentioned that you're that you have a passion about gut and skin.

And so I wanted to touch on that because there is a connection there and because most of my audience and people who work with me are, you know, middle in middle age, and they're wanting to keep their skin looking youthful and glowing.

And they may have skin skin eruptions like irritations and, you know, eczema and dermatitis and maybe psoriasis. And so what real quick can we see. Yeah, can we just go off on. I go there. Yeah.

Yeah. It's you know, it's it's interesting to me because I talk I talk to patients, but I spend most of my time talking to practitioners. And, you know, my first question is, oh, have you done a gut test usually for any condition.

So and a lot of times I'll get no, no, because they don't have digestive symptoms. So I don't why would I you know, why would I do that? And I think we're all being very enlightened to the fact that, you no, like there's all these systemic conditions that you absolutely should be checking the gut.

Like you mentioned, anxiety and skin is huge. And there's been I mean, there's a handful of really, really, really smart. Oh, my gosh. People who are paving the way, people who are doing the research, people who have been using our test for several years and they've kind of put together they've synthesized these patterns and connections to various conditions.

But a lot of it relates to obviously the microbes that we're identifying. H pylori. H pylori is a good place to start. H Pylori can have devastating impacts on stomach acid, and if your stomach acid is weak and suboptimal, that's going to set the stage for a lot of inflammatory overgrowth and a lot of these inflammatory opportunist that we we find on our tests have a lot of implication in mast cell degranulation or mast cell activation.

There are histamine producers. They can, you know, things like Candida can drive all sorts of rosacea type symptoms, etc.. You know, Staphylococcus aureus is a major player in eczema.

So and it's a sensitive organism. So a lot of it does go back to this whole issue. And, you know, if you have inadequate stomach acid, you know that that that's the foundation for health a lot of times.

So yeah, more and more I mean, I get really excited when I get a consult on the phone and you know, the primary symptom isn't gut and it's more like, oh gosh, this person is just that whole body eczema.

Or We see it in pediatrics. Oh my goodness, pediatrics. That's a whole other exciting area where we're seeing, you

know, the gut skin piece. But a lot of it, again, comes down to this kind of digestive dysfunction that then sets the stage for subsequent overgrowth.

You know what what occurs to me while we're chatting here is that I do a whole class where I talk about kind of the unusual or mysterious symptoms of gut microbiome imbalance, and none of them are digestive in nature.

So there's this cluster of symptoms that people have that aren't that are not, for example, bloating or constipation or food intolerances or abdominal pain or indigestion or heartburn.

There's this whole other cluster of symptoms that can point towards poor gut health. Could you unpack some of that for us and talk about if you have this, you probably need to go exploring your gut?

Yeah. So, I mean, well, skin and all the ramifications to that hair loss. Hair loss is a big thing. So, you know, this whole epidermis world, you know, a lot of people will say like the skin is the gut inside out or vice versa.

And that is that is very much true anxiety. And I think we've all seen a rise in anxiety globally since the pandemic, you know, in the last three years or so.

And, you know, that is a huge I mean, I feel like everyone has some sort of level of anxiety in today's society. So that's a huge systemic symptom. Brain fog is a big one, poor sleep hormone regulation.

You know, and that's interesting because we do look at like markers like beta glucuronidase that can tell us if we have issues clearing toxins of all kinds but estrogen hormones.

So that's a big space and there's a lot of tests out there that compliment a gut test to look at, look at that hormonal profile. So those are some of the biggest ones.

And then, of course, you know, digestive symptoms at large. And I mean, I will say that despite all of these systemic issues, but, you know, the the the gas, the bloating, the constipation, I mean, those are the biggest ones.

We probably see that in almost 50% of the intakes that we do on our on our consults for our tests. So it is remarkable. And the story behind that is changing significantly as the research evolves.

And again, a lot of it is looking at more of this histamine picture in the gut mast cell activation in the gut, it's less of a conversation of, you know, gases produced by the organisms or even just, well, motility.

Motility in general is a big piece, but motility can certainly be regulated by a lot of these microbes, whether they be the good guys or the bad guys.

So yeah, so those are some of the huge buckets I would say.

Why GI-MAP Is Clinically Useful

And then the pediatric piece as well and me looking at children on the spectrum and a lot of that does go through, you know, kind of this toxic burden element.

But where does detox begin? Begins in the gut. So, I mean, once again, you know, it's really where you need to start most, most and always all time. I'd add some more symptoms to our list of go explore the gut if you have poor concentration, if your brain fog, if you have low energy, if you feel like your hormones are dysregulated and you feel like I just can't get and get my hormones under control.

If you have joint pain, I would go look in your gut. So any of these things and I'd love for us to explore why diagnostic solutions laboratory. So I order thousands of gut tests per year in our programs and I've worked with many companies and I go back to the Diagnostic Solutions Laboratory again and again and again for many reasons.

Number number one, this company has been around for a very long time. And they I feel like in a world of being able to test multiple things that don't necessarily help us solve problems.

So you can actually get information, you can test for things that we don't know what to do with. And a lot of the gut tests out there give you reams and reams and pages of pages of data that nobody knows what to do with.

And that's because the research just isn't there. Just because we can test it doesn't mean we know what to do with the information. And that's almost what I love the most about this test, is that the the pure simplicity of it is that every marker on that test, I can tell you what to do it.

There's no mysteries. There's no mystery. So you speak a little bit into that, because I think that's really important in a in an age of information overload.

Yeah. Yeah. Know you've hit the nail on the head there, so thanks for bringing that up. And I too have worked with many other stool tests in the industry there, several out there.

And being on the other side of it as the educator, I mean, not only can you get this sort of like analysis paralysis from a patient perspective, but even to just take the time as a clinician, to take the time to go over a 30 page report with a with a patient is exhausting and a huge chunk of time.

So I'm with you. You know, I think the map is simplistic. Every target on the test is clinically actionable and it's only a five page report. And once you get the hang of this, I mean, there's a learning curve, don't get me wrong, for all of you providers out there that are wanting to get into this type of work there, there's an apprehension, there's a learning curve, there's a certain amount of inertia.

But that's what our team's there for, because we make that learning curve nice and steep and it's fast. It is a steep learning curve because of that simplicity.

It's only a five page report. It's laid out. Well, you know, the different sections, pathogens, h. Pylori, commensal, opportunist species, parasites, and then your intestinal health markers, which that's the other thing is. Yes.

I mean, you want to look at the the mycology if you will. You want to look at the organisms. You want to look at the ecosystem in the gut. But you also need these functional proteins, right?

You need to know if there's increased inflammation, inflammation markers. You need to know the digested adequacy. You need to know, I mean, barrier permeability, looking at things like Zombieland, I mean, you need that in addition to the dysbiosis to really paint the picture and tell the story and connect the dots.

So the GI map has all of that in it. And then the piece that is probably most important and I know there's also a lot of misinformation out there, so I do want to clarify, but you know, the GI map uses quantitative PCR.

So we are doing direct quantification of all of the microbes on the test. Other tests use quantitative PCR, but ours is pretty dialed in and we it's every organism we use the same quantitative PCR technology so it's not 16 us that's I answered an email about that earlier today that that's not what our test is and we're not a sequencing platform.

That's sort of the new wave of of stool tests that are coming to market are these sequencing. And so to your point, it's casting a very wide net, but is it really clinically applicable?

I mean, to me, it fits more in a research realm when you're looking at a specific cohort and you want to really put together these sort of disease states specific patterns, you can do that with sequencing.

Whereas if we're looking at someone's individual gut and identifying what's wrong there, you need to you need to see what's at what's in play. And that's that's what the GI map does.

And I, you know, I talk to providers all day long and so many of them have the I think the most frequent compliment

that we get is I just get better results with this test than I do with others.

And, you know, people will leave and try other tests and feel free to do that. But a lot of them end up coming back because it's just a true for a stool test to become a true clinical tool.

It takes time and it takes evolution and it takes clinical experts to help tell the story and help teaching help move the bar on education. I mean, our company has done a lot just through education alone, which is really powerful and, you know, makes me really excited because that's yeah, that's why I'm here.

That's what I do. It is exciting and and we find it a very valuable tool. Also, I find that if someone can see in black and white and red because the red, white and.

Yellow. And the yellow. But if you can. That's right. You added more color to it last year. Yeah. So for us OGs who've been using it since way before all the colors showed up, we love the colors.

It makes it so much easier to teach from. But so. So when you can see in black and white what's happening in your body, what happens is you become more intimate with your with the process of getting from where you're at, stuck in your symptoms and your syndromes and your diseases to feeling better and resolution because you can see actionable data, right?

So it's really powerful in the human brain to see this is what's going on. This is why I feel like this. This is what we're going to do about it. And then to do a repeat test and see how that cleared up.

So nice. Or to see, oh, there's more to work on here. So we're, you know, we're we have I have some time to go through all this with you. And we have about 5 minutes left on the first half of our talk here.

So I want to go over case scenarios with you and talk about many aspects of the test. But in this next 5 minutes here, could you tell us about one of the most common patterns that you see?

Leaky Gut and Dysbiosis Patterns

So just in terms of a dispute, let's talk about dysbiosis pattern or a leaky gut pattern. So let's say you don't have a on and level on somebody. So let's say that's out of the picture.

They have not done that. What patterns on the test will show us? Oh, this is leaky gut. Leaky gut. Yeah. Yeah. And before I even do that, so I will say there's a not every GI map is going to fit into these nice pretty buckets with a bow on top.

But honestly, the majority of them do. And there are three main buckets that we kind of they fall in. One is an insufficiency dysbiosis, and that's the one that probably jibes the most with the leaky gut picture.

So that's characterized by low commensal so insufficiency in your good guys and so, you know, we're usually seeing low beta eight producers, we're seeing low akkermansia, low bifidobacteria.

Both the file accounts are often low. And then in conjunction with that, we typically see low. Secretory IGA and sometimes we'll see some digestive insufficiencies.

But you know, the organisms that really play into the barrier permeability, fortify that mucin layer and build that tolerance, you know, you can, you can get that picture honestly without that Zombieland marker pretty easily.

And we see it all the time. The other two main patterns that we speak to are an inflammatory dysbiosis, and the gap shines there again with the quantitative PCR technology, because a lot of these inflammatory opportunists are very low level microbes and you need a very sensitive technology to find those in stool, you know, H pylori for for one, you know, we can measure that down to 100 microorganisms per gram most most technologies can't do that.

And then the third bucket is our digestive insufficiency that's usually characterized by patterns that would allude to hypochondria, weak digestive markers.

And then usually we're seeing subsequent overgrowth. So, you know, a lot of times these three buckets can overlap. You know, you get this kind of Venn diagram.

But but those are kind of an it's simple to sort of keep those buckets in mind. We have tables referring to them in our interpretive guide. Check those out.

But but yeah, that leaky gut picture is prominent. And it's funny too, because people who are very tenured using the GI map, it's like they're very they're driven to kind of look at the page three overgrowth.

They want to sort of put together their program. They're expecting to find something that they can then treat. And a lot of times that does happen, but sometimes it doesn't with this insufficiency picture.

I mean, that's really just going back to the basics of, hey, we need to rebuild your microbiome. We need to fortify that barrier. And that can relate to symptoms just as much as overgrowth can.

Absolutely. So this first part of our talk is so enlightening. You know, we've been we have many, many guests on this summit talking about all the underlying causes of chronic inflammatory health conditions.

You're talking about infections. We're talking about toxins. We're talking about nutrient deficiencies. We're talking about trauma and stress. Many of these causes of chronic inflammatory diseases can be unveiled and uncovered using a gut test.

And that's why it's one of the first things that I like to look at. This has been enlightening. I'm so thankful that you're here talking to us, so we're going to keep going.

So I just want to invite our audience. If you're a summit purchaser, stay right here, because we're about to dove even deeper into this discussion with Cat.

If you're not, click on the button on this page to get access to a continuation of this conversation and many others, and get the tools you need to reclaim your health.

If you're watching this continuation of my talk with Cat Simmons, thank you for being a valuable member of our community. Now let's dove right back in.

So I'd love Cat if we can just unpack some of the individual markers on the test, because as you were just mentioning, sometimes it doesn't look quite like that insufficiency, inflammatory or digestive pitcher.

Sometimes it's all plates. That can happen. So. You know, I say one of my favorite sections of the test are is that it is the markers are the markers, the digestive markers, the immune system markers, the inflammation markers.

That's where I, I love to flip to the back and just look and see, okay, what's going on over here? Yeah.

Key Intestinal Health Markers

So if we could talk about some of those markers because and the reason I like to flip over there too is because especially with the commensal, the good bacteria that can shift rather quickly with, you know, even in a day, you can start to see what that looks like with your with your with your lifestyle and your eating and your stress level.

And so much can influence. Circadian rhythms, can change happens. Even with the even with the opportunistic bacteria, your immune system can kind of come back online and support that pretty, pretty quickly.

But some of those other markers take a little bit more time to to solve. So and they tell us a lot about someone. So

what's your favorite marker on that section?

Let's just start. There. Intestinal health section of. Yeah, and I'm with you. A lot of times I will do that first and it sort of depends on the test, but there are some times that I'm like, Yeah, let's take a look at this first, especially if there's a lot of abnormalities because you're going to you're going to relate that you're going to tell that story to the rest, to what's going on with the microbiome.

So the digestive I don't know if I have a favorite because I think they're all they're all pretty important. The digestive markers, I will say, are critical for assessment of what is going on so that pancreatic elastin is and this is pancreatic last is I will say this I am shocked and floored the amount of times I'll get on a consult and the, you know, the story will be, oh, this patient is X, Y, Z symptom, this symptom that they've had a complete they've had complete GI workup.

They've been a multiple providers. They've had every test under the sun, nothing, found everything. And then we pull up this GI map and the pancreatic.

The last days is like 112. So for those of you who don't know, by conventional standards, we want conventional medicine once pancreatic the last days, which is a marker of exocrine pancreatic output how well your pancreas is putting out your pancreas pancreatic enzyme may lou but conventional medicine one side over 200 we want that over 500 and so and we see it we see it below 200 all the time and in that scenario that I just described, it's like, I guess this isn't checked a lot because it's a very you know, we didn't we didn't come up with pancreatic last days like it's been around forever, but it's such it's so telling because, you know, hypochlorite idea, if it's present, if some stomach acid is a trigger for pancreatic output.

So if you don't have adequate stomach acid, that's one of the reasons why you may have reduced digestion. And that's a connection that we draw with H.

Pylori quite frequently on the test and other other organisms as well. But, you know, I mean, autoimmunity is a risk factor for reduced pancreatic output, low protein calorie intake is a risk factor.

So we see that in people who are vegan or, you know, kids that have behavioral issues and they eat nothing but carbs. So that that is one of my what I consider my most important markers.

And I'm always sort of navigating the test in conjunction with that, you know, see, Sergei is huge as well, Secretory IGA, which is our sort of main mucosal immunoglobulin, and that's very much regulated by the microbiome, particularly the a lot of the Keystone commensal is particularly the beta eight reducers.

So we get really good insight if that's low. You know, a lot of times that that relates to that insufficiency picture or that leaky gut picture. But if that's high, we know that there's something firing your immune system is not happy.

Your immune system is, you know, firing in response to something. And it could be something we see on the GI map, especially if there's like a page one pathogen or a low level parasite.

It could be from that. It may not be that way. It could be from tons of food sensitivities. It could be from toxicity, it could be from some viral infection that we don't necessarily test for in the stool.

But it could be triggering because it's your mucosal immune system. You know, it goes from everywhere, from your tears, your saliva and your GI tract as well.

So we get tons of information from that. I don't really know. A lot of the sequencing tests out there don't include these intestinal health markers. And I just I don't know how you could do the work we're doing without them.

Yeah, you can't. They're so, so critical. So you've got these digestive markers, you have these GI markers. You briefly mentioned beta Glick. You're on.

It's earlier on in the talk as a you know, it's a good clue for us if you've got troubles with detoxifying if that beta glucan on it is is high it's a good chance that you're recirculating toxins and spent hormones back into the body.

So maybe or at risk for estrogen dominance if that is is elevated. I mean, this is a really important part of the picture. Yeah. Yeah, definitely. Now, could you speak into the eosinophilic activation protein, this particular marker?

Why is that important? Yeah, well, so we recently added this marker and again, other labs in the industry measure it. So it's not unique to us. It's it's a little bit nonspecific.

It can be elevated in a variety of conditions. I think clinically where we see it elevated the most are allergies so true clinical allergies, which I think is another sort of realm that is not well understood in our space and sort of not always screened for.

And it's hard because there's special specializations and things like that. But but yeah, so eosinophil protein, we do see that elevated in clinical allergies.

We see it in food sensitivities as well. We can see it in parasites, we can see it in IBS related anxiety. I've seen that several times. It can also go high in just general leaky gut and then it can go really, really high in like inflammatory bowel disease.

And usually in that scenario you'll see that with a high calprotectin, which is also on the test. But those are, you know, you know, when, when we're assessing labs, we got to use numbers, right?

So that's the difference between like a 2.8 EOSINOPHIL protein and a ten, you know, where you might have those like kind of more concentrated systemic inflammatory bowel disease type of thing.

So it's a little yeah, it's a little nonspecific. I haven't been working with it as long as we have some of the other markers that just got added to the test.

But I think it definitely sort of completes that picture, especially if, you know, there's this huge allergy profile or loss of tolerance profile that we speak to quite a bit.

Yeah. So it's an interesting marker and we're still, you know, playing with it in our, in our programs, with our clients because it is rather new on the test.

But something that's not new is calprotectin. And I'd love to spend some time on this. Calprotectin is an inflammatory marker that's been used in Western medicine by gastroenterologists to see how somebody is doing.

If they have known inflammatory bowel disease like colitis, Crohn's. So tell us a little bit more about this marker and could you speak into like this is the pattern that I sometimes see just you might see a parasite and you might see lots of overgrowth of opportunistic bacteria and commensal bacteria and poor digestion markers and a zero on the calprotectin.

And that just blows my mind every time. So can you speak about that weird. Yeah. You know, it's funny, I, I took that exact question to our team meeting last week because obviously, I mean, we, we learn from each other all the time.

And it's, it's really powerful to have a team of really kind of nerdy practitioners in this space because we can ask these types of questions. Yeah, I had one that it was, it was almost, it was one of the worst page threes, which is our, you know, opportunistic microbes worst page three overgrowth I'd never seen and the calprotectin was I think it reports less than DL now so non less than detectable limit not zero and I think there's a couple of things.

A calprotectin is a specific marker of inflammation. It is reflective of low bowel colonic neutrophil infiltration. So it is a very specific type of inflammation that are inflammatory microbes don't always trigger.

So I can be a little bit confusing. I don't want to use the term misleading because it has it's kind of niche utility, but I do get that question a lot like, you know, you sound like a broken record with your inflammatory dysbiosis.

And then we get to the inflammation and it looks good. Now I'm confused. So I think I mean, I think the piece to understand is, yes, it is a very well documented marker.

I mean, it's used as part of the diagnostic workup in IBD and also colon cancer or colorectal cancers. So it is very low bowel specific. And as we know, a lot of these organisms don't always I mean, some of them do inhabit the colon, a lot of them do.

Calprotectin and Inflammation

That's why we will see we tend to see higher calprotectin when those butyrate producers are low speed or rates going to help quell inflammation through the colon.

But a lot of our upper GI organisms or a lot of those opportunists can inhabit more of the upper GI promoting inflammation at the small intestine, and a lot of them can kind of move around and migrate, like Candida.

Like Candida has kind of an optimized niche sort of mid to upper GI, but it can I mean, it can bloom, it can kind of take over multiple parts of the body.

And we see that with organisms like Klebsiella as well. I think most of the literature suggests that Klebsiella can kind of migrate south if you will, or distill when it's when it's taking over or taking root, you know, kind of playing its more inflammation card.

So, you know, I mean interpreting these tests is a bit of an art as much of it is a science and you get the sense of that. But that does happen with Calprotectin.

And usually when Calprotectin is elevated, that's cause for it can be cause for further investigation unless you know, I mean unless you see like, you know, CDF or time to be fraudulent on the test and you're like, yeah, that's, that's probably why the calprotectin is high.

But sometimes it does involve kind of, you know, escalating out, referring out for further workup. Calprotectin is an acute phase reactant though, so it does change quickly.

That's why it's used, you know, in in disease states like IBD, it will be tested serially when you're going through medication adjustments to make sure that, you know, the medication agent that's being used is effectively controlling your inflammation.

So it can change quite quickly. So sometimes when we see it high, you know, you might just recommend like you can run it through a reference lab, you know, within 30 days or something and you'll see if it can if it changes or or resolves.

You can also order calprotectin standalone from from Dstl. So that's a good option as well. Yeah, we have our theories in my in my community when I talk to my colleagues about these non detectable calprotectin, when clearly this person is in has inflammation and you know, we ponder on that and wonder is it a, is it a dysregulated inflammatory response because the body is so overwhelmed?

Is that a possibility? Is it an acute versus chronic, you know, reaction? Is it to the point that they're so chronic that's not even showing anymore because they're out of the acute phase?

So I always tell my my community that just because you have a non detectable calprotectin, when you see all these other things showing up, bacteria, overgrowth, parasites, pylori, it's kind of that scenario.

If it walks like a duck and quacks like a duck, it's a duck. You have inflammation in your body. Even if that

calprotectin is not launching. It's it's quite an interesting thing.

And I think that's what's so complicated about the human body is there's different types of inflammation. There's different inflammation pathways. And yeah, I mean, Calprotectin doesn't necessarily reflect all of that.

In the couple of minutes that we have left here. I would love to unpack anti ugly ad an idea. So there's a lot of mis misconception about this marker.

This is a gluten marker is non diagnostic for celiac disease and I get people all the time that swear up and down I am gluten free and I'm no you're not.

You're being contaminated somewhere. So can we talk about that test and the rate of false positive versus false negative and what it really shows? And what would you recommend if somebody did have a sky high anti attack?

Would you tell them you need to go get celiac testing? Yeah, I think I've said that four or five times today actually know this is one of my favorite questions.

You get it all the time. I, I kind of started my work in functional gut health in the gluten space, gluten sensitivity, celiac space. I'm not celiac myself, but I'm a very gluten sensitive person.

And figuring that out 12 years ago really changed my life for the better and got me into this this realm. So it is a common question. So we measure anti Glide and IGA on the GI map.

It's really the only like food sensitivity piece that you get out of the GI map, that gluten such a hot topic. So it's a it is a secretory IGA antibody, right?

So first of all, you always want to look at it next to the the total secretory IGA. It's important to evaluate those two line items together and a lot of times if there's true gluten sensitivity, we'll see the cig a tick up a bit right?

Like the alarms are going off, the immune system is irritated, so to speak. So the nap so your immune system's firing. But that's not always the case though.

You know, sometimes we'll see high integrated with a very low sigma. And that's actually where I get the most concerned. You are correct that it is not diagnostic for celiac and it never will be.

And, you know, that is what it is. We cannot use stool, anti Glide and IGA as an assessment for celiac, but I do I do recommend screening all the time because I know how underdiagnosed celiac is.

And B, you know, I kind of feel like if there's any sort of like mystery in the GI tract or even skin conditions, things like that, and if that data hasn't been collected, that celiac data like go get it, it's not that hard.

It's an antibody test. Now, you do need to be consuming gluten for those tests to be completely accurate. And I think that's kind of where your question is coming from.

So antibody testing is exposure based? Okay. So if you are not and this goes for any antibody test, whether it be food sensitivity, blood antibodies, stool antibodies, if you have eliminated the the food in question and the timeline, there is a little bit ambiguous and it can be different for everyone.

But theoretically, you know, you can have a false negative if you're, you know, squeaky clean, gluten free, your test comes back green. That doesn't mean you're not sensitive.

That means you're not consuming the protein. Right. So I think that needs to be understood by everyone. And then, you know, your question is kind of the other side of that coin.

You know, if somebody comes back high for Anti Glide and IGA, but they, you know, like you said, square up and

down. They're not consuming gluten actually built an entire module.

There's a lecture inside our learning academy that I did this past year answering this question.

Gluten Antibodies and Hidden Exposure

I will say, in my experience, the vast majority of time it is some sort of accidental or unintentional exposure through hidden sources eating out, you name it.

There are there's there was a publication and am gut a couple of years ago that something like I forgot the actual statistic of something like 39% of gluten free labeled foods in restaurants were cross contaminated with gluten.

Spices, spices are a very common source of contamination. I mean, soy sauce. Most of us know there are devices out there that the NIMA device, Internet, if anyone's familiar with that, you can actually measure gluten content in food.

And I have a lot of colleagues in this space who use those devices and they found gluten in all sorts of places. Spices are a really, really big one, spices and condiments.

But I mean, the stuff, it can be in toothpaste, it can be it can be a filler in medications. So that's a big thing that we should be asking questions about to our pharmacists.

So that is the vast majority of the scenario. Now, there is this concern of cross-reactivity and molecular mimicry, and it is true that the immune system can confuse other food proteins.

Typically, they're they're similar proteins. They're structurally homology homologous. So they, you know, it's easy to confuse them because the protein conformation is similar, but that that happens at the level of the immune system.

And so it's not something that the lab can control for. So it may result in, you know, I could be eating oats, which we'll talk about that in a second too.

But I mean, I could be eating, you know, quinoa, my body is confusing it as gluten and then it's going to show up as an anti glide in high integrated.

And on the GMO the oat thing is a big deal as well. In America, oats are allowed on a gluten free diet, but in other countries they're not it's not they're not.

And the oat aveton is very, very similar, similar in protein structure to gluten. So as corn for that matter. So it's easy. Like I have seen I've seen this happen multiple, multiple times, both in blood tests and, you know, on the GI map where sometimes people need to go grain free completely before they can get their gluten antibodies down.

So yeah, I mean, it's a it's a big topic and I will say that we just launched ESL, just launched an add on to the GM app that said that the antiquated idea will always be there.

It's standard on the GI map, but we just launched an add on that is fecal it's a fecal gluten peptide. So it is a direct measurement of the 33 Merck diet.

And in stool similar to what the NIMA device is testing for in foods, we now offer that in stool. We're actually one of the I think we're the only functional lab that offers this lab has it, but I think we're the only other one that will package it in a functional stool test.

And that's nice. Like if you're running into this scenario in your practice all the time, add that onto the GI map because if that's positive, the patient has been exposed to gluten.

It's a non digestible protein and so it will come out in stool upon recent intake. And so that's a nice it's a nice sort of

qualifier. Again, we just launched that a couple months ago.

So having had tons and tons of experience, but certainly we've seen the scenario where it's like, I'm gluten free, oh wait, your gluten peptides high.

So no, you're not, you know, and this happens and it's not to point fingers or tell me when they're doing a bad job. It's more to uncover why you may not be healing at the rate that you're supposed to be.

Because unfortunately, you know, the stuff is everywhere. And it takes a really diligent effort to keep it out. Mostly, I had two, two clients come to mind.

I had one that kept testing positive, and she finally found it in her skin care product. Yep. Another one who lived above a pizza place. And she was inhaling She was inhaling. Yeah.

It can be inhaled. Absolutely. Like a celiac should never work in a bakery like that. It shouldn't happen now. Yeah. Thank you so much. I want to be respectful of your time here.

I know you have to get going, so this is enlightening. My goal here was to help people see the power of this test and this test in particular, not just any gut test.

I feel like lots of gut tests are cropping up. There's even I feel like it's becoming trivia. Like it's like a trivia game at this point. You can just go get your gut tested by a supplement company that's going to then, you know, give you supplements that have that are pertaining to what you found on the gut test.

And I do not recommend that because there's so many other factors here that we need to look at. And it's those markers that we just spent the bulk of this time talking noticed.

I bet people didn't expect that we weren't going to talk about each individual bacteria. Right, right. Right. Really focused on those markers on the tests that are just so giving the intestinal health markers, so giving of information.

So can you tell us where our audience can find more information? We do have practitioners watching this talk. We also have consumers of health care for the consumers.

I'll let you know that we order this test all the time. You can get in contact with us after the summit. You can go to laurafrontiero.com You can go to Bio-Radiant Health There's a there's a link right on the page where you are watching this and know that we're going to have classes coming up.

I'm going to teach a ton about gut health right after we conclude this summit. But for consumers who are excuse me, for practitioners who want to maybe bring this into their practice, who want to learn more, how can they get a hold of you or Diagnostics Solutions in general?

Yeah, yeah. It's a diagnosis. So our website diagnosticsolutionslab.com is probably the best place to find us most of our resources, you know. So I would start there.

We also have a pretty active Instagram page. You'll see, you know, a lot of our practitioners will, they'll put up the case studies or they'll make a reel going through a test and we always repost and reshare those.

So those are probably the two best places to find us. diagnosticsolutionslab.com We have a clinicians tab that takes you to our learning library where we have tons of archived webinars.

We just launched a brand new DSL academy this past year, which is available to ordering practitioners, and that is a wealth of information. Anything you want to know about any marker on the test, it's pretty much in there.

You can also find us just on YouTube as we have a huge YouTube following and all of our webinars get housed in our on our website, but then we get cross-promote it into YouTube as well.

So sometimes that's easier to just type in, you know, GI map and candida into youtube and you can find us there. But yeah, I mean, we're available, you know, in a day, in a day and age where A. I.

is starting to take over, our company really does pride itself on education and customer support. So call in you're going to get someone on the phone.

You're not going to get a chat bot. I mean, that sort of stuff matters. It really, really does. And like I said, I mean, you're right about all of these still tests cropping up.

And, you know, we like to say that a test is only as good as its interpretation. And so working with, you know, you've got to educate yourself. But then working with a train provider who knows what they're doing and has a lot of experience with this.

If you're a provider and you are apprehensive about doing this because I mean, let's be honest, no one wakes up in the morning knowing how to interpret a stool test.

We don't we didn't learn this in school 20, 25 years ago. You know, so that's what we're here for. We will get you where you need to be. And I think that's reassuring. Right.

Some of the best things to do is run the test on yourself and, you know, and call in for a consult. So. Yeah, absolutely. If you're a practitioner, run this test on yourself, your spouse, your kids, and that's how you're going to learn it.

If you are a consumer of health care, you must have it ordered by a practitioner. So find the people you resonate with on this summit. Contact us at Bio-Radiant Health and we will help you too.

So thank you so much, Cat. It's been wonderful. I really appreciate your time and expertise and and to your to a testimony to diagnostic solutions I love that when I call them, I get a real person on the phone every single time.

It's not this big giant phone tree that takes me 30 minutes to get through. And I'm not joking. 30 minutes of being on hold and push this and push that.

And then you get somebody who may not be able to help you. So I love the the intimacy of the company. It's great. Awesome. Thank you so much. Thank you for having me on.

Good luck with everything you're doing by now. Bye.