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

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Podcast Introduction and Guest Background

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

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

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

And and here's the cool thing about this. Most GI conditions that go chronic have a brain and gut connection. So that gut brain axis that you may have heard me talk about.

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

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

Talking about food sensitivities. So if you're someone that has like four foods you can eat, this is where you want to go. If you have Sibo and you've tried everything, you kick it.

You want to talk to folks at GI psychology because let's face it, the gut is truly your first brain and your brain is your second brain. My opinion, but the truth is, is if your gut is not happy, your brain is not going to be happy.

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

Now, I'm not saying it's all in your head. I'm saying that this is a legit thing that happens and we can rewire our gut brain connection. Just like folks are talking about rewiring trauma, rewiring thought process, you know, mindset, all the stuff.

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

So if you've got kiddos that are having gut stuff and you know that like Sunday night before school starts Monday, the gut stuff starts in and you're like, oh, not again.

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

So I'm really excited to introduce you to Ali Naveed. He is a doctor. I should have said that right off the bat. Doctor Ali. Naveed. And by the way, GI psychology and they're online, but they're also in the DC area.

Gut-Brain Axis and Chronic GI Symptoms

And so he has talked at Georgetown University, he's talked at George Mason University. He's done multiple interviews for TV and whatnot. He has a wealth of information.

And The Washington Post, even he has been featured. There's a lot of background here, a lot of work on the clinical side of things. And this is a fascinating podcast.

So if you're struggling with chronic gut stuff, this is the one you want to listen into. So let's introduce you to Doctor Ali. Naveed Ali Navidi, welcome to the Health Fix podcast.

Well I am happy to be here, Janine. And I'm eager to get started talking about all the nerdy gut brain stuff that we can, handle. Well, I have no doubt that folks listening are going to be excited because I haven't talked a ton about nerding out basically on the gut.

I talk about it here and there. I talk about his foundation. But you brought up something before you hit record that I think is really fascinating to bring forward, because you'll hear from the functional medicine space in the natural medicine space gut up.

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

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

Yeah, yeah. And sometimes my patients are surprised when they find out how much of an effect their brain has on their body. And what I tell them is, hey, look, you know, you've got a brain and you've got a body, but you also have a neck and that really, you know, it connects the two very powerfully.

So I'd love to hear those cases that you're talking about. Yeah. You know, it's funny. You know, we get a neck, we get a chest. We've got other things in there as well.

And, and you know, one of the cases in particular that that comes up, you know, as I knew I was going to be speaking with you is one in which I will see women in particular, perimenopause, menopause, time of life.

We tend to feel disconnected or feel like we're a stranger in our own bodies, cause we've got roller coaster emotions. Sometimes you'll say something to be like, what was that?

I don't even know, you know. So someone on my shoulder. What's going on? And in particular, this is also a time when if someone had gut issues previously, things can show back up or we'll have new gut issues start to show up as hormones flux.

And one of my one of my most memorable folks is a gal who was who was complaining about Sibo. So small intestine, bowel overgrowth and yep, all the things, all the things.

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

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

I think there's a specialized virus. Anyway, they had all these symptoms, and then they blasted him with antibiotics. And then following that, you know, the virus was gone, but he kept having symptoms, kept having problems, and he went all to all the right places and did all the right things in terms of standard Western medicine.

And he couldn't get any help. And then he found a naturopathy doctor and got maybe like 50% there. And he had developed Sibo over, over that time, and that was causing a lot of trouble.

But that last 50%, he just couldn't, couldn't get there. And and he was crippled. He was really crippled. He couldn't

work. He couldn't. He had such discomfort and pain and essentially what we call functional dyspepsia.

It's a kind of like the upper GI, but responded amazingly to clinical hypnosis and cognitive behavioral therapy. That combination within about I think ten sessions.

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

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

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

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

How are you implementing it? Give us a here's the background there. I think I think there's a few things I want to explain so that people get the right context. Yeah.

So first let's just talk about what hypnosis is and what it isn't. Right. And the and the problem I think with hypnosis is that everybody knows about it and what they know is entertainment, hypnosis.

Right. They know mind control. They know magic. They know all that wacky stuff. And what they don't know is clinical hypnosis. And clinical hypnosis has at this point, 40 years of research of using hypnosis on GI problems.

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

Right? Without spending too much time on it. Let's just separate all the entertainment stuff and we'll say this clinical hypnosis is a whole other thing.

How does it help with the gut? Well, you've you've already probably taught your audience well that there's a very powerful gut brain axis and that what happens in the gut can affect the brain.

And what happens in the brain can affect the gut.

Hypnosis, CBT, and the Hypervigilance Cycle

Well, what we often see in patients with gut issues is something called hyper vigilance. And it's this unconscious, anxious scanning of the body and of the gut, particularly if there's a problem area and the brain is always going, they're looking for how's it feeling?

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

This is a bad day. I shouldn't really try to eat it you know. So the they start catastrophizing and then all that anxiety and stress gets funneled right into the gut.

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

So we've got these three components right. The anxious scanning and catastrophizing. The visceral

hypersensitivity which amplifies it, and the powerful gut brain connection.

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

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

And they still have symptoms and it's like, yeah, I'm guessing you've seen that too. Oh yeah. Yeah. We I mean, we'll often see patients come to us where they essentially have something called our fed.

And I'm sure you're familiar like avoidant restrictive food intake disorder. Okay, okay. Meaning they've systematically reduced their diet to the point where it's negatively affecting their life, it's negatively affecting their health.

And the sad thing is they're doing it to either avoid pain or to increase health. But they're getting the opposite effect. And sadly, I'll admit that, like, I've gone through this in my practice of like, am I causing more trouble than good with diets and, and these kind of things?

When it comes down to a very chronic case of folks like, oh, I don't know if we're doing the right thing. Well, I think also there's a lot of danger when people do these things on their own. Yes.

So as an example, there's a few different diets out there. One of them, Fodmap. Another example would be like a sip diet. And both of these can be very strict.

They're not meant you're not meant to stay on it. They're they're elimination diets, meaning you you go on it and then you reintroduce things back later.

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

I think both is, things that I've seen when folks have come to me and the anxiety around food, I'm sure you've heard this. Too many people will say, no, I don't want to eat out.

I bring my my own food everywhere. Yes, yes is no. That's. And just the image, that image, you know, you're at a rest. You just imagine everybody, all your friends or family, they're at a restaurant, they're joining themselves, they're eating.

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

Maybe they've and we we often work with naturopaths and and they'll because we, we don't know Sibo like you all and we're not we're not able to treat it.

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

And so that we've got a few naturopaths around the country that that send those patients to us. And, and then what you see is they get this, they start improving pretty quickly when that's the missing piece.

And then after they've like desensitize their system, then we work with them on reintroducing the food because until like while they still have this hyper vigilant visceral hypersensitivity kind of spiral happening, it's really hard to reintroduce food because they're very likely to have a bad reaction to it, not because the food is bad for them, but

because their system is just running hot.

Let's talk about the system running hot, because that's one of the things a lot of folks you know, it's hard to tease out because you associate the food being the problem. Right?

It's hard to be like, wait, no, it's it's my nervous system. So how do you work with the cognitive like CBT and how do you work with different? You know, I guess the quick not the quick but the hot terms rewiring the brain per se. And I don't know if you use that term.

I'm curious as to what your term would be for, for helping someone in this case and having these reactions. Well, an example. One thing you want to educate them on is this phenomena called conditioned food sensitivity.

And most, most patients that are in this situation don't even know that's a thing. They know about food sensitivity. They know, oh, you know, like I eat this food and bad things happen, but they don't know that there's a percentage of that that can be conditioned.

That's nervous system based. The symptoms are still real. The reaction in the gut or the reaction in the body 100% real. But the cause is not because the food is not getting along with the body, it's the causes that they're nervous system has conditioned them.

So how could that happen? In an example, let's say someone is just having a bad day. Maybe they're stressed out. Maybe their system isn't just feeling good that day and they happen to eat pizza and they have a bad reaction.

So then there's a part of their brain that's going to be like, pizza? I don't know about you. And then the next time the pizza, that part of their brain is going to pop up again and going to be like, I remember what happened last time we ate pizza and there's going to be this increased hypervigilance.

And then if anything starts feeling weird in the gut, catastrophizing oh man, I knew it. I knew I shouldn't have eaten that pizza. See, I'm going to have a bad day.

I'm going to my gut is going to give me trouble. And at that point, all that stress and anxiety feed down to the gut. And it's a self-fulfilling prophecy.

And now they're sure that pizza is bad for them. And every time they have that experience, it reinforces itself until that reaction is essentially automatic.

That makes sense, man. So so how do you undo that? What's what's the what's the story on undoing that. So we get back to our buddy's cognitive behavioral therapy and clinical hypnosis.

And by the way cognitive behavioral therapy is fairly well known. What we're talking about here is a very specific type and a very specific protocol within it.

So if you just go out into your community and just pick a random CBT therapist, it's very likely they won't know what to do with a GI problem. I just want to put that warning out because I've seen that happen very frequently.

So you're going to use that cognitive behavioral therapy to to reduce and change that hypervigilance and that catastrophizing. You're going to teach the brain how to how to think and react in new ways.

That's not just an intellectual thing. That's also just an experiential thing. And then you're and then that's where clinical hypnosis, it it's a tool that can do so many different things.

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

It's just that the brain has learned to amplify and distort them.

Conditioned Food Sensitivities and Reintroducing Foods

It's kind of like the metaphor I use is if you're listening to music, you know, and you got headphones on. And as a joke, someone goes and like, cranks the volume up really high.

It's not like the music's bad, it's just the volume has been cranked up really high, so you're not going to enjoy it. In fact, it's going to be painful.

And that's kind of what happens to sensations in the gut. Wow. You know, a lot of people right now might be thinking like, okay, you know, is is hypnosis.

Then maybe reducing histamines or is it maybe reducing, you know, adjusting serotonin and dopamine and neurochemical Gaba, you know, are there any studies that that highlight the neurochemical effect just out of curiosity.

And it's more more masking on the studies, like just so I can relay things to folks or anything. Yeah, it's a great question. And, I'm more ignorant than I should be about the biochemical effects.

I know as an example, I know I remember reading one study, it was out of Italy and they were using hypnosis, and they actually found that after the hypnosis they saw epigenetic effects and also reduction of immune response.

Yeah. And I was like, oh my gosh. And they've done brain studies also. I'm just that's I'm like a I'm a clinical guy. And I just like to treat the patients.

But there's a lot of studies out there looking at, you know, fMRI and different things like that. It's one of those things where it's surprisingly well studied.

If you go into something like PubMed and just type hypnosis in, you'll get thousands of research articles studying hypnosis. Yeah. So but but I don't want to like make anything up and but the the research is out there.

It's just I'm not the man who knows it. You're fine, you're fine. I asked just because a lot of people might be interested. But me, I'm always like, where can I geek out more? Right?

Where can I go? Yeah. Now, of course, I usually start podcasts off with this question, but I'm gonna throw it in now just for fun. What brought you to really looking at the gut brain access and all of this?

What was in your world when you're like, there's something. Actually, I fell backwards into it. I was, a microbiology major. I was working in biotech, and I just started reading more and more about psychology, about hypnosis, about.

And, and I loved it, but I never actually put it together that I could do that for a profession I was going to be, you know, I was going about to start a PhD in biochemistry, and luckily my wife was like, you might want to actually do something you are passionate about.

I was like, okay, well, yeah, like, yes, best, best advice I've ever gotten in my life. Right? So then I switched gears and, you know, long story short, I've got my own practice.

I'm using hypnosis all the time. I'm using CBT all the time, and I didn't know it when I first started. But like I mentioned before, hypnosis is an amazing tool for GI problems.

And and so I started with one patient and got great results and then did it with another and another. And then their doctors found out and they started referring to me.

And, and it was just, I think basically a neat thing. There just wasn't anyone else in the area doing this kind of work.

And I was the only one there doing it so slowly.

It was like eventually 80% of the patients I was seeing became GI patients because there were so many of them, and there was nowhere else to go. And that's actually why I started GI psychology, why myself and another psychologist started it because it was frustrating and sad to know that, you know, like once I was full, there wasn't anyone else in the DC metro area who could help these types of patients.

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

And then of course, hormonal is in there, you know, and in the mix too. And right now, I mean, it is hard to find folks that are specialized, right. And of course, I want to highlight, you know, I of course had to ask them, like, really here you can see people in every state.

So guys, I like to see people in every state. And so tell us a little bit of how that works. And like what a typical session with use like so folks can get a sense because I think for many people they've had therapy before and it's just screening based.

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

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

So you're going to learn specific techniques. You're going to learn skills in terms of how to use hypnosis, how to use cognitive behavioral therapy to break that cycle that I described earlier, to break that hypervigilant visceral hypersensitivity cycle.

And for that reason, it's, you know, it's it's probably a little different than just the talk based. There's a lot more of an experiential component, right?

Because people can talk all they want about, you know, this idea and that idea, but to have the experience of what it's like to, to use hypnosis to go into trance, to use that trance to turn down the visceral hypersensitivity so they can go in one session from, let's say, an eight out of ten pain to like a two and see that happening had the experience of it in 15 minutes.

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

And when you're talking through things, you're hit, you're doing the trance state of the hypnosis. The person is, like you said, talking down the pain, like literally working through the area or visualizing the area.

You know, something of that nature, depending on what what you've prompted them, of course, with the hypnosis. Yeah. So so hypnosis really is actually kind of simple.

All it is, is teaching someone how to, on purpose, go into a trance state. And a trance state is a normal human state of consciousness. We all go in and out of trance, you know, when we're driving our car, when we're watching a movie, when we're anxious, you know, like, it's hard to keep people out of trance.

It's it's very common. I always make what's that? I'm like, really? So we have we're all walking around in a trance and it's in a lot of ways and. Oh, yeah, I mean, just think like you're in a meeting at work and your mind wanders and you're thinking about what you're going to do later, and then you're thinking about, okay, I need to go shopping.

I need to get this, that and the other thing. And then you come back and you're like, what the hell were they just talking about? So you think about it.

Your ears were working, your ears were receiving those sound waves, but your brain was somewhere else. That's an example of trance. I always make the joke because I've got teenagers.

If you want to see what trance looks like, just hand a teenager their phone. They're going to be gone. Yeah. Yeah. You're absolutely right. I mean just scrolling on social media is is trance state and driving.

Of course I think a lot of folks can relate to that where you, you know, you drive home from work same path a million times over and you're like, oh look, I'm home already.

Yeah. Well, yeah, I've got my book on tape playing. Suddenly I'm home.

How Gut-Brain Therapy Works in Practice

I'm like, okay, here I am here, you know, and and I don't think a lot of people realize that during these states. And I'm very curious too, if you if you recommend homework and folks to, you know, do some exercises that maybe they could tap into the drive home from work, working on their pain, I don't know, just throwing it out there.

Give us a little background on like what? What kind of homework do you provide for free? So there's two types of homework we really almost always give.

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

Doing it once is good. Doing it three, 4 or 5, six, seven times is just going to, you know, reinforce that new pathway in the brain. The other thing we teach, which is really powerful is something called an anchor.

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

We suddenly get hungry, you know, like, we, we see a certain person that we don't like. We just see their face and we're a little annoyed. Right? These are all different kinds of anchors.

And so we, we create, a relaxation or we create, a comfort anchor or we create an anchor for managing their pain, but we, we create it in a conditioned response so that they can do the anchor whenever they need that effect.

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

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

And I can see where that would be really useful for folks who have this spastic kind of gut like colons and all kinds of, you know. Yeah, muscles and things of that nature, because they need to access that state fast.

They can't go off and see me. They they probably don't even have time to go and listen to the recording. They need that help right now. And so you create these anchors that can get whatever that effect is and have it happen immediately, and then you can practice it and then eventually symptoms kind of just fade away from there.

Yeah. Yeah. It's interesting what you see is when people respond and let's say this is their symptoms in it, it starts to like kind of destabilize. And then it goes, it goes, it goes.

And it's kind of trending down. And then it hits some point where it just boom. It just the system breaks and you reset to a new way of doing things. It's just what people describe, like rewiring, you know, your thought against

trauma or whatever, you know. Yep.

To how long on average do you see it takes someone if if, say, they're doing the homework, they're doing the things they're getting their anchors, practicing them, doing all our data from our practice, and also the data from all the studies that have been done, is that we want to do at least eight sessions and probably on average, it's going to be between 8 and 12.

People will often start seeing improvement by like the fourth of the fifth session. But the research shows that you want to finish off and do probably at least eight, because that kind of they start to improve.

But what kind of really burns it into the brain are those last few sessions that that make it so that the changes last. So because when the treatment is done, these patients actually tend to keep getting better, which is really interesting.

I like this because it's been that thing that I talk about a lot for, for folks, when it comes down to, like you said, the and we said earlier is like the missing link and I think that it's a missing link not only for the gut, I think it's a missing link for a lot of chronic illness.

Yeah. You're opening up a whole other topic, which is dear to my heart, but but you're absolutely right. Yes, there's a lot happening in in just the body where there's that brain.

Body connection. Also, I know you you focus on the gi. Do you ever dabble in the other space when people have worked with you in there, like my GI side of things is better, but my chronic fatigue hasn't gone away, or my chronic mono or my chronic, you name it, 100%.

Like all my career, I, I would always get the patients that had kind of reached the end of the line, meaning, you know, they'd been everywhere, they'd done everything, and nothing seemed to help.

And you almost never see someone with just GI problems. What you often see is this, this kind of constellation of issues. So you'll often see a GI issue.

You'll see headaches, and then they'll often be some kind of musculoskeletal pain that's also happening. And there also might be an anxiety disorder of some kind or a depression or trauma.

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

You have you have you dabbled in and I'm guessing you probably have, or some form of this is like the cell danger response and the work around vagus nerve and, and all of that as it relates to immune system and response.

Yeah. Oh my gosh, it's good timing. You asking me this? I just had the most fascinating conversation with this guy that invented a vagus nerve stimulation device that was noninvasive.

And it was literally yesterday. And he just kind of blew my mind. I mean, I and I thought I was already pretty knowledgeable about the vagus nerve and the, the nervous system.

And, you know, all this stuff ventral vagal dorsal, they like. But he took it to a whole other level. Super impressive. And that connection between the vagus nerve and the immune system I was not very familiar with previous to this conversation is really neat.

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

Yes. Know. And it's fascinating to me. But you know, nevertheless it's it's something that I always want to touch on

a little bit and be like, there's so much more.

So are you going to be implementing some vagus nerve stimulators in, in the clinic? And yeah. So the my step like something like this I'm very willing to test it on myself.

So that's that's going to be my first round. They were nice enough that they're going to they're sending me one of the devices. So I'm going to I'm like okay.

Like I'm going to start doing it every day. Let's see what happens. You know, and I'm I'm so excited to try it I don't know, have you already tried devices like that.

You have. Yeah. Yeah, I've tried the PulseAudio. I've also tried one from a fellow named Mark Fox. He owns it's own a house. He has one that they just came out with.

And I've kind of beta tested red light therapy with some tapping on acupuncture points, because there's a company called Kini, and they're coming out with one that goes with red light therapy.

And so those have been like my three I've been playing with over the last six months. I've also heard really interesting things about red light therapy.

Also super cool, super cool stuff. And you know, a lot of them are panels, right?

Kids, Anxiety, and Expanding Treatment Access

But if you've got the targeted little, little red lights, kind of like Kenny and not I mean, yes, I have an affiliate with them folks full disclosure, but I'm not.

It's really I like the device. But I like it because it's small and you can put in over points, targeted points. So I use it like acupuncture and you can put interesting points.

You can put it, you know, neck, you can put it I mean it's awesome for so I am so this whole area is like this is outside of my zone of expertise. But I'm fascinated by it and it's so neat.

I really love this stuff. And absolutely. So if I if I try it out and I'm also going to review the research because he was telling me there's a lot of good research.

And so I'm going to check that out also. And if it all lines up, I will absolutely be recommending it to patients. I think I'd be crazy not to if it was even half as good as what he was describing.

Yeah, yeah, definitely play with it. You're like me. You got to try it on yourself first. I won't recommend anything else. I've tried it. Yeah. And yeah, that that stuff.

PMF yeah. Electromagnetic frequencies. Ooh. Also another fancy. Yes. There's the big Beamer mats, and those are like ten grand, but there's a portable device. Mark.

Mark Fox, who owns Arizona House, has the little stimulators, but the PMF that two is is very interesting. It's very, very interesting. And something that, you know, some look into we'll get you connected with with his stuff too, because I, I think we're at a place in, in health where the guts are just getting more and more inflamed.

You know, one of the things I think a lot of folks are going to ask me to ask you, and I'm going to do it now before I get that, ask later. Yeah. Alex, do you believe that folks could technically eat anything and not have a reaction to it if they worked on the top down approach to central nervous system and gut?

Do you think that folks could be completely reaction free, even eating like the junk iest of the junk out there? I'll give you the worst answer anyone ever gives to these kind of question, and then I'll talk more about the answer I would

give is it depends.

Right. Because from what I've seen I do believe there are biologically based food sensitivities. Obviously there's things like celiac and you know different different things like that.

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

Yet all the nuances in the personalization of it. So I would say like big picture, there's I think there's always going to be foods that that are better for people and worse for people.

What I would say is that if you're somebody who has a history of GI issues, it's very likely that you've picked up along the way some conditioned food sensitivity, and it's worth your time to try to de condition that to to calm the system down and I think that can vastly expand the amount of food that some people eat.

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

And that it's scary, you know, getting to the point where they have our food, like avoidant restrictive food intake disorder. So it's reached the level of an eating disorder.

So I think and I talked about this with you already is that you got, you got to cool down the system and then you can reintroduce. And so for people who have that question, I think the first step is you work with the nervous system, you work with a gut brain therapist, or, you know, you do something to calm that system down.

And then you can see about systematically carefully reintroducing foods. So yeah, that makes perfect sense. That makes perfect sense. I know a lot of people out there will definitely wonder, you know, like, can can I really eat anything?

And of course, I'm always bring the caveat of like, well, you know, if you go to Kentucky Fried Chicken and you over eat it, you're probably not going to feel great anyway.

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

Now we've got we've got something else behind all of it. And I think I, I had a patient because we see kids also. We see, you know, kids, adolescents.

I think there's a kid who is having a reaction to water. At that point, you can be 100% sure that this is a brain. This is a nervous system thing, because I don't know that it's possible to have an issue with water considering what percentage of us is water, right?

It's true. The only thing I would have in my mind is unless it's really toxic water. Yeah. If they live in Flint, Michigan, probably. That's right. Aside, that's, Yeah, yeah.

All joking aside, like, yes, it would probably have to be some kind of toxic water, but like, the truth is, is like, yeah, that would that would. Yeah. Very similar to.

But it's good to know that you work with kiddos because that is a common complaint that I do get from parents, though. Like, my kid does not eat anything.

They say their stomach hurts with everything. Yeah. And I've also gotten cases where we've had teenagers where I think anxiety's manifesting and we're getting acid reflux.

We're getting cyclical vomiting. Yes. Yeah, we we get those kiddos. We get those teenagers all the time. I just got done. Well, I'm not done. But he made a lot of progress.

A little guy 13 years old, a lot of tremendous amount of stomach pain, clearly related to anxiety, very quickly reducing all the food that he would eat to the point where it was really scaring people.

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

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

Nice, nice. That's huge. That's huge. So if parents see like a shift in the child's eating based on maybe some stress or whatever it may be, maybe. Yeah.

School, we always we always blame it on, you know, the kid's got the stomach aches. They don't want to go to school, but. Right. Maybe something did happen and we can work on that.

So last two sessions. Oh yeah. I mean people have the capacity to learn and and I think that's I get a bit preachy when I start talking about hypnosis because it's so misunderstood and it's so incredibly powerful.

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

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

Hopefully they're listening to this podcast and we will get that word out. Now of course, that being said, folks can reach you at GI psychological, but where else?

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

Closing Thoughts and Resources

So where I think on the the major like Instagram, they can go to that website and they can get a free consult. So if they're skeptical about it, they have a lot of questions.

They can go, there's somebody clinically trained who will answer all their questions and help them figure out if this is the right kind of thing for them.

That's huge. That's huge. And and like we had mentioned before, you're all across the U. S. what about Canada? What about, you know, international folks?

Do you have any resources for them? Things of that nature? It's we were just talking about this the other day because I was at a conference and I met a Canadian dietician, and she was saying they they just don't have these gut brain therapy resources in their country.

And we've looked into trying to treat patients in Canada. And it's like this licensure nightmare. And so we're like, okay, what do we do about that. And then we start thinking like okay over it.

Because we've been around for about five years and I've been in charge of training. And during that time I've taken what was a very informal process of me training the therapists to a very structured we have, like a very structured curriculum that has, you know, videos and things to read and then individual supervision and group consultation

and experiential exercise.

It's a whole like very solid thing. And so we started talking about the idea of, at the very least, maybe we can offer that training to clinicians in Canada.

You know, even if we can't treat patients there, that maybe we could train people to do it, because big part of our mission is that it's just it's a very sad situation that these very effective treatments are not available to more people.

And I didn't mention this earlier, but when you look at the research, about 80% of patients will reach their treatment goals when they engage in these treatments.

So they're very effective, they're short term, and they've got a lot of empirical evidence supporting them. And and I really do hope that you guys do take advantage of of of these groups, free consult to see if it's a fit for you.

Because like you said, it's it sounds pretty fast, especially for the kids, which I know for a lot of parents. That's a big frustration for them. And and in my mind I'm like, why wouldn't you?

Why wouldn't you? Yeah. And and it happens so often with those poor kids, you know, they then the parents see it, they know it. They're like, okay, little, little Johnny, little Susie is their stomach is hurting every Sunday night or it's hurting every Monday morning before they go to school.

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

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

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

And again, so that's kind of the motivation that we had for creating the practice is, you know, we don't want people to suffer longer than they need to.

Absolutely. No, this is great. And Ali, I've learned so much. We'll make sure we get out your links and we get out the website psychology.com on the podcast notes that Doctor Jake Krauss and.com Ali, thanks again.

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

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

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

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