Introduction and Margaret Barry's Background

Welcome back. We continue our conversation on reversing Crohn's and Colitis. Today I am joined by my wonderful friend and colleague Margaret Floyd Barry.

She is a functional nutritionist, author, speaker and real food advocate who's been on the pursuit of the most nutritious and delicious way of eating for the better part of her adult life.

Having seen many family members suffer the devastating effects of chronic illness from a young age, Margaret has long had the desire to help others find a better way back to optimal health and well-being.

Through years of experience working with the most complex client cases, including reversing her own autoimmune condition. Margaret uses a powerful system for restoring health by addressing the root causes of illness.

Today, Margaret teaches fellow practitioners the same proven system she uses to get her clients life changing results. The restorative wellness solutions is a two year, comprehensive functional nutrition certification program for qualified health professionals.

With over 1200 alumni in 24 countries. Margaret and the Restorative Wellness Solutions team are actively working to change the way health is delivered.

Margaret also runs Eat Naked Kitchen, a thriving palate practice that supports clients throughout North America and Europe, and is the author of Eat Naked, Unprocessed, Unpolluted and Undressed eating for a healthier, sexier you and The Naked Foods Cookbook.

What she's not telling you in her bio guys is that she is the mind behind this whole clinical approach that actually gets people well today and, you know, is has taught some of the biggest names in the space today.

So that's what she's not telling you because she's far too modest. So welcome Margaret glad your here. And thank you so much. I'm super excited to be here.

Me too. I'm happy to have you. And I love that we're starting out. And then if it's even in your bio that you reversed your own autoimmune disease because I did too. And that's the premise that we have to start with, is this is actually reversible.

100%. Do you want to comment on that before we dive in? Yeah.

Autoimmune Reversal and Immune Suppression Risks

No, I think that most people, when they get their autoimmune diagnosis in the medical world would say, well, this is an inevitable process of degradation.

We are going to shut down and suppress the immune system, which if you know, might have 1 or 2 consequences and, you know, unintended side effects. The immune system, one of the most, if not the most complex system in the human body that we still know truly very little about.

So trying to thank you that. We stop pretending that we know everything about the body, especially the immune system, but we have no clue how we really could see it play out at the clinical level.

All the time. People walk in, they've been so damaged by these immune suppressive drugs, it's so careless. The way they've been treated. Can you just detail for I know I'm putting you on the spot, but can you detail for people

some of the side effects of immune suppressive drugs, like what you see happening clinically?

I can give you a great firsthand experience story. So my mom had three very severe autoimmune diseases, and she went 100% the western medical route. Okay. So she had lupus, rheumatoid arthritis and, pulmonary fibrosis.

So all of them, each of them individually, can be devastating. The cocktail of all three, it was unbelievable. And she was on all the drugs. Okay. So her immune system was so compromised that she got a hangnail.

Once that turned, they got infected. That went systemic, went all the way up her arm. She was in the hospital on IV antibiotics for three months. Oh my God.

Or a hangnail? I mean, I don't know what more I need to say beyond that hangnail, right? Like, her immune system was so suppressed that sure, it was not attacking myself, you know, and I'm not I don't want to downplay.

She had pulmonary fibrosis. That's incredibly severe. It's one of those situations where it's, you know, from the medical model, it's like you react to the drugs and they keep you alive until the side effects kill you, which is ultimately what happened with my mom, right?

Or you die, right. So I'm not trying to minimize, but to pretend that there are not really adverse consequences. Our immune system, this powerful mechanism designed to protect us, designed for inner housekeeping, is responsible for so many vitally important functions just shut down.

And I know that the you know, I know that within pharma, they're trying very hard to be selective, but it's a little bit like pulling on a spiderweb, right?

It's like, oh, I just want to pull this part. We're going to just we're going to down regulate this aspect of the immune system. And we just don't know enough.

There's so many unintended consequences, you know. And we see then we see things like, you know, people. One of the most common consequences that actually happened with my mom, because her immune system was so suppressed, is that we see cancer rates increase.

Right? Because now, of course, you know, the the immune system, the surveilled house is down. We all have cancer cells. It's which ones do. Oh do you know overgrown.

If your immune system is suppressed then your chances of then developing something more serious like this is, is so much greater. So it's devastating. And sometimes it's necessary.

I don't want to say it's never necessary, but it's not the end point. It is a short term strategy to help get through dire symptoms while you do the underlying work.

To ask the most important question, I believe we need to be asking as functional practitioners, which is what on earth is this regulating this immune system so much that it is attacking self?

That's the question let's ask. And then we need to identify that we need to remove that whatever offender that is. And there's lots of things we'll talk about some dietary sources of that.

there's but it's not just diet of course. And I know you're having this conversation with many people. There's many different pieces of this puzzle, but that's the work that we need to be doing.

And when we do that, our body has an incredibly powerful innate capacity to heal and reregulate. But it can't do that when it's totally run down. A great example, I like to use is think about any of us right where we're, if you're never giving your body a rest right.

You're burning the candle at both ends. You are just going, going, going, going, which a lot of us do. how good is

your decision making? Right. just the most basic level, right.

Like, this is a metaphor, but this is actually what's happening in your body. How good is your decision making when, like, life's at you, life's at you, life's at you.

You are never given a minute to yourself, right? Like I don't know about about you. I know about others listening. But I make bad decisions in those kinds of cases.

And it's kind of the same thing with your immune system, right? If there's something or many things assaulting it day in, day out, day in, day out, it never gets a minute and it dysregulated.

Now it's it. That's if I'm going to hear the people saying that's oversimplified. You're right. It's oversimplified. But that's basically what's happening.

Yeah I think that's a perfect overview. And I'm we're not dismissing anybody's personal decisions made with your doctor. What we're what we're crying out about is the trend that we see, because we've seen so many thousands of people come through our doors suffering because there were inadequate decisions made and with uninformed care.

And so, you know, when we get, for example, we inherit all these people from other practices, and people think that they're coming to us to to work on their digestive issues.

And we find out what drugs starting with a do you know that these symptoms that you're describing are actually the most common side effects of the drugs that you're on?

And they were never informed before they got put on this, and then they were told, now that you're on them, you cannot come off of them, which is also not true.

So we just want to widen the range of choice so that you guys can make informed decisions for yourselves and that you can ask really intelligent questions with your practitioners.

Right? Yes. Okay. Thank you for indulging me on that. and now let's zoom in on the food piece, because you can be so eloquent about this. Talk to us about food choices within the context of really complex digestive disorders.

Why is it so important to be more finely tuned and customized with our dietary recommendations versus simply eliminating, like the usual suspects?

Why Food Matters in Complex Digestive Disease

Right. So, you know, first and foremost, just just an overt difference between our approach and that of the more conventional medical model is that actually, yeah, food does matter as it matters to everything, but absolutely with digestion, I literally don't understand.

I mean, the number you're. Just a rebel, aren't you? Well, I have, I have a client. I remember one client with really, really severe ulcerative colitis.

I mean, filling the toilet bowl like six times a day with blood, right? Like, yeah, I'm about to have her entire colon removed. The doctor looked her in the eyes and said, your diet has nothing to do with this.

And I just like, just basic ANP. Like the food goes in. That's the whole digestive tract job is to, like, deal with that food. Do you not think it like, matters a little like you probably put more thought about what you put in your car than what food you're putting. Like?

It just doesn't make sense to me. So that ranch is something. Now in terms of dietary strategies, you know, once you enter into the functional world and it's going to depend a little bit on which practitioner you work with.

Everyone has like their pet protocols. I'm, I'm a big believer on getting really dialed in on someone on the foods that are triggering inflammation for that individual that we have, like the usual suspects.

And it kind of depends on what food paradigm you're coming to this work from. So, you know, if you're coming more from that, like paleo type of world, you're probably going to do like the autoimmune protocol or something like this where you take something like the paleo diet, where we're removing all grains, all legumes, all dairy, you know, and then we're going to add to that all eggs, all nuts, all seeds, all nightshades, like, right.

We're going to pull out these vast quantities of food. And I mean, there's good data on the efficacy of that. And it is hard. And what we find clinically in practice, a number of people who have come to me on a really restrictive diet like that are a miserable be still not feeling well because they have eliminated these whole categories of food, meaning they're likely not eating foods that are totally fine for them, but still consuming foods that are triggering inflammation.

And either there can be numbers of reasons of that. It can be an overt food sensitivity where there's actually an inflammatory process, you know, the immune system is engaged.

It can just be that the digestive function in the digestive process is so worn down that it's harder to break down those nutrients. It's not able to do that.

So, you know, Mal digested food is extraordinarily inflammatory. We don't think of that. We think like, oh, well, I eat this like beautifully organic broccoli from the farm down the road.

And it's like, well, great. But if your body doesn't have the capacity to break that down and actually absorb it properly, then that little harmless broccoli can be a major source of information for you, which is hard to wrap your mind around, but it is.

It's actually the case, and it's one of the reasons why I think, the medical community can kind of dismiss dietary things because they're right. Like the generic diets can help a little, but they tend to not actually take you across the finish line in terms of symptoms.

What we want to do is we want to know what foods in your body right now are triggering that inflammatory response, and we want to selectively pull those out, which means that it's weird, right?

Like it might be that you can't eat avocado and lettuce and chicken, which sounds so innocuous. but, but but if those foods, you know, even turmeric, you know how many times I've seen turmeric come up on, food sensitivities?

Yeah, I know. Like, people are overdoing the turmeric and then. They're actually doing the. Opposite of what they think in their body in that moment. So, you know, our, you know, my core approach of definitely with complex digestive issues like we're talking about today, but really with any kind of autoimmune presentation and I'll even expand that really with kind of any health presentation is we really want to be assessing the health and the function and the balance of the gut overall, and then identifying really specifically what foods right now in your body are triggering this inflammatory response and exacerbating all the symptoms so we can pull them out.

While we support that, the gut to heal, which it absolutely can, even if there is an autoimmune component. I totally agree. It's really important for us to proceed with care and a lot of deliberation in this conversation, because we know that there's such as a social, you know, an emotional context to food.

And then when we start scaring ourselves about it, you and I both have seen this too, clinically, right? Where people come in and they're on the Tory diet or the Luc diet, or I'm on the Betsy diet.

And what that means is people come down to about, I mean, this is everybody that comes into our practice. I don't know about who's coming through here terms anymore, but everybody's down to less than ten foods.

And when you look at it, many of those are are things that you are emotionally intellectually tolerating, but they're

actually still full of inflammatory compounds for you.

So there's some we want to proceed with care and also logic, and make sure that we are weeding out the things that are inflammatory to you at this time.

It makes sense that digestion would be dysregulated because of the world that we live in today. You can look at your root causes. We can talk about that as much as we have time for today.

How do what's best for those root causes of this digestive regulation? How are these food sensitivities exploding right now? You know, but let's just assume, for the sake of this conversation that it's against the backdrop of everybody having a propensity towards leaky gut because of glyphosate, etc., and our herbicides and pesticides exposures, even if not current, perhaps in the past, and your body's still catching up with that and assume that there's some irritation going on.

Once your body has decided on this inflammatory response, that actually the last thing we want to do is scare your brain further about how evil that food is.

That's not what Margaret and I are talking about. We are suggesting that you investigate and you take a conscious pause from certain foods while you heal your digestion.

And in that way, let's just be super pragmatic. What is the least amount of work possible for your body to digest, so that we start poking the bruise that we're trying to heal right?

Did not agree more. Sinclair. Clair. So I love I love doing conversations with you because there's so much we're so exactly on the same page, this temporary this pause that you mentioned. That's exactly what it is.

And, and I think I remember when I did my very first experience with gut healing, and as it was for a very serious skin issue, I had really severe eczema head to toe.

And I went through this, this kind of process early in my 20s. And I, I mean, I don't want to totally point fingers at the practitioner because she might have said, you're going to eat these foods again, but I didn't hear it.

I guarantee you I did not hear it. and I left her office and I just cried because I thought, oh my gosh, look at this list of foods. Now. It was maybe 20 foods, but it was not my 20 favorite.

And, and it was just I mean, there were some things that were like, I couldn't have any vinegars as an example. So remember, I made this everything free dressing because I couldn't I couldn't even have mustard.

You know, I was grinding mustard seeds to put into the, you know, so, and she never mentioned that I would be reintroducing these foods. And I think that we need to reshape our relationship with food to think about it as, as a really powerful vehicle for healing.

And that sometimes means we take some things away temporarily. We bring them back in. We think about quality. We think about our emotional state when we're eating.

It's why it's so important and such a believer in family dinners, you know, sitting down at the end of the day, sharing food with those you love. No device devices.

No devices, just being together as you ingest and absorb these incredibly powerful nutrients. That sounds basic, and it can have a huge impact on how your body receives the food.

How Food Sensitivity Testing Works

So this piece that you're talking about, in terms of the fear and the stress response, anything we can do to mitigate that and recognize that that food it there's just so much power that we can we have in our hands to support the

body, to heal by being really conscious and mindful with it.

This doesn't mean needing to be wildly restrictive. It doesn't mean fearing foods. It means being thoughtful and mindful and reestablishing that relationship.

I mean, food literally becomes you talk about an intimate relationship, right? I mean, it's it is I think about the digestive process. I love I love the idea of the digestive process, but this is literally the outside world becoming you.

Like, I don't, it just doesn't get more intimate than that. So recognize that embracing it, being mindful of it, it can just, you know, I'm a big foodie.

I'm a big foodie. I love to eat. I love to take good, great care in how I source it and how I prepare it. How it looks on the plate. Right? Like this isn't me sitting there eating like, you know, my husband's a chef too.

Like we're not eating steamed broccoli and chicken breast. Like, that does not happen at this house. I mean, I like chicken breast, but, like, in different ways, you know what I'm saying?

So, Yeah, it's it's one of the most important pieces of healing. I totally agree. I mean, we know now that you can look at a food that you believe is bad for you, is going to harm you, and you can start having thanks to that amygdala, you could start having the immune response without even ingesting it.

Yeah. So as we're talking about your food sensitivities and how to assess for them today and individualize your own plan of action, let's just keep in mind that all we're talking about is a conscious pause so that you heal faster.

That's it. The whole point is to regain your resilience. These foods are not inherently wrong. If it's actually food. We're not talking about junk food. That's not food.

That's just poison. Yeah, sorry. No, it's or whatever it is, I don't even know. Is it Doritos? Where do people still think of it? Like, I have no idea, chef.

I just heard about. I can't remember the name of it. Shaped like. Try anyways. Yeah, I don't know. Not allowed in this house. Yeah. Okay. So how do we most effectively identify the foods that are actually triggering our inflammation. Yeah.

So this is where we step into the world of testing. And I just want to say right up front I don't I think every type of testing there's a little bit of controversy.

I know that's a little longer than in the land of food sensitivity testing, right? Like, oh my gosh, people have their favorites. They have the ones they hate.

I was at a conference recently. We're talking about different food sensitivity tests. And I mentioned to women which which test we work with. She literally jumped back and ran away.

And so people have strong opinions. I just just need to be so straight up about that. and what I want to do is I actually want to break down the different types of food sensitivity test, because I think what happens is we get inundated by marketing, and this is practitioners and, you know, consumers are like, right.

Like you're now seeing all sorts of testing options come straight at you in your Instagram feed. And I think what's really important is to understand what is being tested so that you can make a decision on what type of test you're going to do based on how helpful it's going to be for you from a clinical perspective.

So, is it okay if I just kind of give the rundown on the types of advocacy let's do I think this is like, I know it's kind of basic, but I just want to make sure everyone's on the same page.

And this is one of those places where I think everyone kind of thinks they know, and they kind of get it wrong. So

there are multiple ways the body can have an adverse reaction to food.

First way is a true food allergy that is different from a food sensitivity, that is a different from a food intolerance. A true food allergy involves immunoglobulin E.

It's a very specific immune complex. The inflammation happens in the tissue, not in the blood. and it tends to happen quite quickly. So think of the peanut allergy.

You eat the peanuts. And if there's a sensitivity or an allergy. Excuse me. Important to use the right language. If there is an allergy, then the hives or the close the, the closed breathing tube.

And that will happen very quickly. And on each exposure it tends to get worse. So for children it can be really helpful because they're not as tuned into their bodies.

But by the time you're an adult, you likely know if you have true food allergies, there's not a lot of guesswork involved. It happens quickly. It gets louder, you know?

So it's not normally like, oh, I wonder, I ate those peanuts and I get hives at night. The peanut butter and I get hives like it just it's pretty easy to figure out.

The second type is, is not a involving immune system at all. It's a food intolerance. This is another type that often gets confused with the food sensitivity and intolerance.

What we're talking about here is the digestive function, a lack of digestive capacity for breaking down a specific nutrient. The classic example here being lactose intolerance. Right.

Like you do not produce the enzyme lactase that helps you break down the milk sugar lactose. Thus, digestive problems ensue. Now, with a digestive intolerance, again, there's not a lot of guesswork, right?

Like, you know, somebody who's lactose intolerant doesn't wonder when they eat the ice cream and then they're running to the toilet like 20 minutes later.

They're not like, I wonder what that was, you know, maybe the first couple of times, but very quickly you tend to learn because the response happens within for some people minutes and others hours like, it just it happens very quickly.

The third kind of broad category of adverse food reaction is the food sensitivity. And that's what we're talking about here, because those other two like likely you already know what they are.

A food sensitivity is different. It does involve or most food sensitivities involve the immune system. they often are delayed. So and there are two main types.

You have those that involve antibodies and then you have those that don't involve antibodies at all and just happen at a cellular level, involving the T cells at the part of the immune system.

So those that involve antibodies are the ones that are the most researched and the ones that are most commonly tested for. So these are going to be things like your IgG test, your exam test.

Every once in a while you'll see an IGA test. Now here's what's really important to know about IgG IgG. Any of these antibodies. What an elevation in antibodies is telling us is that the immune system has tagged the thing we're talking about food.

It's tagged the food. It is not telling us whether that immune system tagging has then led to inflammation. Now clinically what we care the most about is inflammation.

And this is like the release of mediators. This is the release of those, you know, that prostaglandins the histamine the cytokines a little like so the the agents of that cause and the actual symptoms.

And what you'll see in, you know, in food sensitivity testing is that you can have elevations in antibodies with a given food without the elevations in inflammation as a result.

And it's important if you're going to choose that kind of test, to look at one that looks at both, because without it, what happens, you know, antibodies being attached to foods, kind of creating this sort of antigen complex that is actually just a natural and normal part of the body's housekeeping.

That's why you will never have a perfectly clean food sensitivity test. So they can just be normal. So you can have somebody I've had people come in with these IgG tests who are not eating, you know, there's like 80 foods on there that they're not eating.

And again, they're likely avoiding foods that they could be eating because it's just part of the housekeeping process. Well, still consuming foods that are triggering inflammation because there's a whole category of type of food sensitivity that's not being tested in that test.

So so when you're looking at an antibody test, the key question to ask is, is it looking just at the antibodies or is it bringing in something else. Normally there's going to be some indicator of the complement system being activated.

And it's a little different from test to test. But if if it brings in the complement system, it's a more accurate, more helpful test. You're still going to have some false negatives, but you're not going to have the false positives that you would with a straight up IgG or exam test.

So that's the first really important piece. And and you might think, well then why do some IgG. You know food reactions cause inflammation and others don't.

Well that really goes back to the health of they got it goes back to is you know is the gut lining white significantly compromised. And what's happening is there's so many of these getting into the system.

The immune system gets overwhelmed. And these complexes actually fix on tissue is when they fix on tissue that triggers that inflammation response. So it's right.

If it's just a minimal amount there's there's always this is always happening. There's always antibodies doing some housekeeping. That's their job. Your immune system's job is both to protect you from from foreign invaders but also housekeeping.

And this is part of that housekeeping functionality. It's when it gets overwhelmed, can't keep up and things fix on tissue. Because one of the things, one of the characteristics of like bacterial and viral infections is they fix on tissue.

And so then the immune system's like red alert, red alert. Get this out of here. That's what you gotta worry about. That third type of, food reaction if you want to get technical, it's called a type four.

Hypersensitivity, does not involve immune or it does not involve antibodies. And that's really important because that's this category that gets missed by so many tests.

Now so you want one. We like mediator release tests. And there's one called the MIT. The owl cat is the precursor to this. Not as not as, advanced technology.

but basically what that's looking at is it doesn't care about the mechanism. It's not asking, are there antibodies involved or not? Or is this happening at a cellular level?

It's looking at did the ingestion of this food trigger inflammation. And that's the most important question now incredibly important food sensitivity testing on its own without thoroughly investigating gut health root factors, as

you were discussing of what compromised that gut lining and healing the gut lining are useless.

So I would never recommend food sensitivity testing on its own, because here's what happens. Thank you for the time. Never, ever, ever. It's an adjunct.

Always. Yes. So you bring it. The food sensitivity testing is to identify and temporarily remove, temporarily being the keyword, those additional sources of inflammation while you are healing the gut.

Then we reintroduce those foods. And the vast majority of the time, even in complex digestive cases with autoimmune components, most people are able to tolerate most foods.

There's often some big heavy hitters that they have to avoid permanently. You know, I would a gluten in that list that's just like it's just problematic for so many reasons.

But there's but honestly, beyond that, it's so bio individual, that you our goal is dietary and food freedom. Right.

Using Testing Responsibly in Crohn's and Colitis

It's not putting you in a cage and keeping you there for the rest of your life, but that's only going to happen if food sensitivity testing is done. As an adjunct to really well informed gut healing.

You can't do either. You can't do one without the other. I don't think you can get that level of gut healing you need without identifying those specific foods.

And I don't think just knowing the foods and taking them out, it will make you feel better 100%. You'll feel better temporarily, but it's gonna be temporary.

It's a remedy. It's not a solution. Yeah, right. Exactly. So I think part of the sort of slurry and the upset about food sensitivity tests is that they're used improperly all the time, right?

Like it's like, oh, well, you're just gonna do a food sensitivity test, you're going to pull out foods, and then, you know, a person's going to feel horrible again in a few months when new food sensitivities develop.

I completely agree. I would never do that. So it's about really understanding what information is this test giving us? How does it fit into that bigger clinical picture and are we using it?

I as I said, it's just adjunctive to junk to the rest of a very comprehensive healing protocol. But it's essential. So let's expand from there because I agree with you.

There's a lot of limitations to this. And where we see people get into trouble as practitioners is when they overlap on it under explain it right. And they treat it like it's a life sentence for their clients or patients.

And then these people walk out of your office saying, oh, okay, now I am somebody who can't, who has to be afraid of these foods, right? Instead of, oh, now I'm somebody who is I investigating my root causes and being intentional about my food?

Well, I heal from my root causes. So is there anything, about are there specific considerations for working with these tests when we're dealing with more complex digestive issues like Crohn's and colitis?

Yeah, absolutely. So this this is a special consideration that I think should be applied all the time with every client or patient. But it's non-negotiable when we're talking with somebody with this severe.

So I guess I keep wanting to say that like sort of this is this is not just for these cases, but it's just even more important for these cases. And, they ask me, why do I do practitioner training?

Thank you for giving me the the use case for why practitioner training in this area is so important. oh, and I love practitioners so much. I just really want them to be understanding that you said a really key piece.

So one of the most important pieces is really educating the individual on what we're doing here. Right. Like I think that sometimes we rush through, okay, here's what you're going to do.

You can take these foods and we're going to do this and we do that. And here's what the test say. We have to be so mindful of the individual receiving this information and really help them to understand the why and the thinking behind it.

And this isn't talking about heavy science here. This is talking about just respecting that they're intelligent humans who, if they understand they're scared, they're under they're they're frustrated, they're in pain.

They're scared. They have been let down by a lot of other providers, and now they're in your office. So there's a real responsibility to take the time to explain why and how we are using this.

There's also a great, great responsibility for not just relying on the test. Okay. This is super important because what happens when we add tests of any kind?

This is not specific just to food sensitivities. It's specific to all the things is it can be really tempting to just chase numbers. That's not what these yes for right.

These tests right. Don't treat the lab treat the person. Oh my gosh. And I see it all the time in the best meaning practitioners right. It's just yes. Oh but there's this.

It's like well let's listen. What is the body telling us? and and so when it comes to diet, what that can mean is there are a lot of times you go through these lists and you walk through the foods and the clients are like, oh, wow, I had an instinct around that.

Or I've always had this sort of aversion to it. Like the body is very wise and when it's tuned and it often knows I use these, you know, there are with with the meat in particular, it ranks the foods, you know, in terms of reactivity and you have some low reactivity foods.

And if you have someone coming in on eight eating eight foods, we're not just using this test to to eliminate more things from the diet. We're using this test to show, hey, here are foods that you're that are not triggering inflammation in you right now.

Here's what we want to do. We're going to start slowly reintroducing these foods and letting your body tell us if it tolerates these foods. And so we're using it as a tool for expanding the diet, as we are using a tool to identify and remove those inflammatory foods.

So those are two really important things. The third piece is that you have to be listening to the client's actual symptoms. Right. Again this it kind of goes back to the don't just chase numbers, but there can be some things that, you know, again, just because a food didn't show up on a test and the person, you know, it just causes incredible pain or, you know, exacerbates whatever the symptom is, it can exacerbate that symptom.

Of course, we're going to continue to do that. And I say these things, they sound really simple, but I can't tell you how many times I have seen oh. I can. Override it as soon as they bring in tests.

And that's so important not to do so. It's like you get dumber as a practitioner at the more you rely on labs. After a certain point, it's very scary.

It really is. The other thing is, is that with food sensitivity testing, with people who don't have a severe digestive distress, normally we only need to do one food sensitivity test.

That's actually one of the few tests we never retest. It's like we do it. Once we identify those foods, we go through a very specific, slow, intentional, and mindful process.

Towards the end of the healing, where we're reintroducing foods and letting the body tell us what it tolerates. If somebody has very advanced Crohn's or colitis, we will likely need to do kind of a round two.

Like it's not it's not it might be a bit of a longer duration, and there might be some things that are shifting. It's really going to depend on how quickly the the digestive tract responds from a healing process.

So that's just another clinical consideration is sometimes you need to continue the healing and it might take a little bit longer. But I'm not talking years I'm talking months here.

This isn't you know, and if somebody has been that progressed likely they have been sick for years and it's worth a couple extra months of some dietary change to get to the other side.

Yeah. Agreed. This is so important, guys, because, we have to remember for practitioners listening in the audience right now, first of all, Margaret and I both mentor practitioners.

We love you were on your side. We just want to make sure that what we're doing is actually useful in clinical practice. Right. So you have to remember that you have a power differential within the relationship and everything you say, even if it's a throw away comment because it's a one up power position, can go into and get stored in that person's memory and in their body.

Psycho neuro immunology is real. And so when you're talking about food and someone's capacity to tolerate foods, what you're doing is you're standing side by side and interpreting a layer of information.

This test gives us a window into where you're at right now. These words are so important. Please be responsible with your language. Wield your power with a lot of care and love.

And because I can't tell you how many people have come in, on the one hand, like we were talking about earlier. Oh, like, oh yeah, my gi doc said food doesn't matter.

And then other people saying, oh yeah, I've been told I can never have these things again, and I'll never live a normal life like they take. And they remember the exact words.

They remember where they were standing. They remember the haircut of the practitioner like they hold it in. It goes into storage. So please be responsible.

so that being said. We know that food sensitivity testing has one layer. Can we talk about some wins for people with colitis and Crohn's. Might expect to see like you and I reversed these things all the time.

But I want to give them some like, oh, you know, I've had so many people come into our practice that, you know, would take a sip of water and have to excrete blood or mucus.

Well, you know, and it's it is reversible. Guys, I just want you to know that. Well, you know, I'll go back to that example of the the woman who is filling the toilet bowl with.

But yeah, a day. And when we did this process and she adjusted her diet accordingly, it just stopped. But now there's still healing to do. Don't get me wrong.

But the bleeding, which was the reason for colon removal, stopped within, I want to say 48 hours. I mean, it was it actually even surprised me. It was fast.

But here's the thing. If you are consuming foods, I made a very the the digestive tract is delicate in a healthy functioning state. Right. Like that gut lining one so thick.

Yeah. Once all thick. So you think about the highly inflamed and highly irritated digestive tract. If we're it's like any of these foods that are triggering inflammation.

Healing Wins, Root Causes, and Practitioner Guidance

It's like running a cheese grater. Right? I'm just sort of being graphic, but it's just like it's so irritating. if we remove that source of irritation, the, you know, the gut lining actually has a really impressive capacity for healing.

I don't remember the statistic of the cell turnover, but it's not long. It's like within weeks, right? Like it's very, very fast. It's some, some place in in as little as three days.

Like the gut lining can rebuild itself every three days. So if nothing is healing about your gut, it's because the conditions are changing. The not the it's not remaking itself.

It's remaking itself. It's just remaking itself the same way. Exactly. So when you pull out is dramatic. I mean, I think we say inflammation, think irritant, irritant.

I just think of something that's just you're, you know, and if you're trying to heal the last thing you need is irritants. Yeah. Inside and out. I mean, that goes for all the things, you know, emotionally and, you know, in your in your life personally as well.

but we're talking gut so and food. So let's stick with that. But I think that's kind of a universal philosophy. But yeah, no symptom reduction. so that was a very extreme example of, you know, bleeding that has stopped almost immediately.

you know, noticing, appetite returning, noticing that, you know, kind of that, you know, painful bloating on eating, disappearing bowels, regulating it.

Really. I will say it takes I'm not going to give any kind of like, oh, within two weeks, you'll notice because. Know I will eat. So, so bio individual.

yeah. I've seen it anywhere in from like 48 hours to three months. It depends on whether or not you're willing to do the work to deal with the factors that led to this.

And this is where, I mean, I really am a big believer. And we're we're being mindful of how we position testing. And I'm a huge believer in it because just as symptoms alone, like we need to understand what is engaging that immune system, what is triggering, you know, this digestive dysfunction, what's your microbiome look like?

What is you know, you know, the toxic burden. Like there's so many pieces to it. But just the testing is I do think it's invaluable to be finely tuned.

I'm a big believer in specificity with my protocols. I just don't like to do generic stuff. I don't, and I've never had good results with it. Sometimes I get lazy on myself and I will just be like, I don't need to test, I'll just do it.

And that's always when things are just like, they just don't go well, right? So I don't get lazy with my clients, don't worry. But with myself, occasionally I'm just like, I'm just gonna take the gut healing agent.

No, no. The tempting because we go to these conferences. Right. Come home with a goodie bag full of like product. Oh I know where you get this. They're always shoving free stuff at us.

It's so funny it to be very intentional. Yeah. Very intentional. Yeah. So. Well, we didn't even have time to get into, like, some of the other factors of why your gut might be responding to irritants.

Like, we didn't even get to talk about, you know, dysbiosis in the gut and overgrowth of certain keystone species. We didn't get to talk about parasites and how much they love dairy.

And that may be driving your dairy intolerance. Like there's so many factors that you should be looking at more deeply, you know, in conjunction with food sensitivities.

Do you want to quickly list any of those or just kind of open people's minds as we wrap? I know it's kind of unfair, but. Well, let's just there's so many pieces.

So name. A few. Things. Yeah. I mean, if you're thinking digestive, like, let's just talk about the digestive piece specifically. So we're thinking about everything.

So we're thinking about function and thinking that could things could be impacting functions. So like just something as simple as a secretion of hydrochloric acid.

Right. Hypochondria that could be because of poor dietary choices. It could be because of high stress. It could be because of an overgrowth of H. Pylori. Right.

The downstream consequences of that can then lead to dysbiosis, because you have certain opportunistic bacteria who love to feed on mal digested food, particularly mal digested proteins.

you have, you know, motility issues, you have toxin exposure, you have something like NSAIDs, you have high stress levels, you have the inadvertent exposure to antibiotics and through, conventional meat, conventional dairy.

I mean, it's just, there's a lot there's a lot of pieces to this. Here's what I'm going to say. I think that it's really important to educate yourself.

I also think it's really important to work with a practitioner. And I'm not saying that to try to drum up business for people. I think how I work with a practitioner for myself.

Right. Like it's really helpful to have an external guide who can look at your whole clinical picture objectively, which you just can't do. You cannot see the forest for the trees in your own body.

You can really be tuned in. Having somebody who really understands us and who can help guide you to make some of the to identify and unpack these things, because it is so many layered.

And I know that, you know, even for practitioners, they can get a little overwhelmed at end at the, at the will, a number of layers of the onion that we need to peel off.

You mentioned the parasites. There can be fungal overgrowth. There can be, pathogenic bacteria. There can be an overgrowth of certain species. There can be a complete lack of certain really important keystone species.

You know, there can be it can be foods. You know, I talked about hydrochloric acid. It can be gallbladder insufficiency. It can be, it can be a lack of digestive enzyme output.

You might not be chewing enough. I mean, there's there's a lot of there's a lot of pieces to this puzzle. So, and that's probably not even a comprehensive list, but I think working with somebody who can really help guide you, and help peel back those layers is, is really helpful.

Well, that's the point, right, of working with the practitioner. Not only are they a sounding board for you, but a practitioner at least the way we approach this clinically is with elegance, elegance, meaning scientifically, you know, the use of the word elegant is as few elements as possible to communicate or get to the result.

So we think about a protocol is like every single thing has in the in the protocol has to strengthen the other elements in the protocol and should be doing multiple jobs should be so broad spectrum that you only need a few elements to tackle a very broad range of factors.

Right. And that's the that's a support of a practitioner who's really seasoned and really understands these factors.

So I think you're right. I think it's important to be really realistic about that.

It's a really it's a sweet spot that we're looking for enough to get the job done, but nothing extraneous, nothing extraneous, extraneous, extraneous.

Because I'm looking for a sorry. nothing. Nothing that is unintentional. And this is a we I'm sure you get this with clients coming to you. I learned about this probiotic.

I learned about this thing. I learned there's a lot of great products out there. You know, millions of great products out there. What your body needs right now, right now, right now.

It's going to change in a few months. Like if you've been on a protocol that's the same protocol for like two, three years, you should be asking some questions, because I can promise your body is not the same as it was 2 to 3 years ago.

So exactly. It's elegant. It's as little as possible, but doing enough to get the job done. It's a yeah. And that's a lot of practitioners aren't there.

So trying to expect that of yourself if you're not trained is is a lot to ask. So if you're feeling frustrated that you're not getting results, even though you come and you learn and you've got lots of information, I really want you to hear, this is not your fault, that you are not you are not, you're not missing anything.

It's not you. It is that this is insanely complex. And even, you know, even practitioners struggle with it. So you want to get, as expertly trained guidance as you can?

Absolutely. Well, on that note, I really want to thank you for sharing your expertise today. And what I appreciate most about you is how you are demystifying this complexity for practitioners in this space.

And you are, frankly, I think, a little too selfless about that. I worry about you, but, but, I do want people to know about where they can find you and how they can train with you, because this is so important.

And what I hope you guys took away from today is that, yes, Margaret and I talked about a lot of complexities, and we barely had time to skim the surface.

But you're both hearing a message of hope from both of us, right? Like this is it's not mysterious what it takes to heal today. It's just complex. And there's a really big difference.

It's not too late for you. So if you're a practitioner, you know, I strongly encourage you to study with Margaret. If you are, somebody who's on your own health journey, you might want to consider, you know, of course you can come work with us.

You might want to consider, you know, somebody who's been trained by Margaret, though. So tell us more. I'm sure there's overlap between the two. I know some of our people that came with you as well.

That's the sweet spot. Find them. so, so restorative Wellness solutions.com is our training as the. That's the school that I run and you can find out more about our curriculum there.

If you're a practitioner that we do have I find a practitioner page. you can follow us on Instagram at Restorative Wellness Solutions. I'm also we we didn't mention the free gift, but I just want to mention what I'm sharing as a resource for all of you, which is, I walk through the different types of adverse food reactions and types of testing for that.

And I've got basically a chart that has it all printed out. So whether you're a practitioner or you're looking to do your own testing, just a really helpful kind of cheat sheet so that you can use it to look past the marketing claims and know what you're actually getting.

so that so that you can make those choices eyes wide open. I love that. Thank you so much. And thank you.