Navigating Salicylates & Oxalates with MCAS Transcript

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Introduction and guest background

For the. Welcome back to the reversing Marcel activation and histamine intolerance summit. I'm your host Beth O'Hara of Marcel 360. And I'm really excited to have with us today Julie Matthews.

And we are going to be diving deep into oxalates and salicylates. And these affect a lot of people dealing with mast cell activation, histamine tolerance.

We see them, good percentage of the time in our own practice. And Julie is really a specialist in these areas. So I'm so happy we're going to have her share some of her knowledge and our experience with you.

And when I let you know a little bit about her, she's a certified nutrition consultant. She has published research specializing in complex neurological, digestive and immune conditions, and most notably in the areas of autism.

She has an award winning book called nourishing Hope for autism, and has coauthored research in the area of nutrition and dietary intervention for autism.

But her approach is based on personalized nutrition needs for each person, and she works with much of the similar population that we work with here, and her work really stems from her 20 years of clinical nutrition experience and research.

She has a private nutrition practice in San Francisco, California, and she supports both families and clinicians around the world. Thank you so much for being with us.

I'm really happy that you were able to take some time out to talk with us today. Thanks, Beth. I'm excited to do so. And I asked everybody here at the beginning what got you into this area.

Not a lot of people know about sources and oxalates. I got into it out of need because of my own health journey, and I think that's how many of us kind of get into these really specialized areas.

What was it for you? What brought you into this, this field? Well, my story is very different, I think, than a lot of people. I came into all of this from autism.

So about 20 years ago, I met a man who recovered his kids from autism. I decided to specialize in that. And through that journey, I discovered that there are a lot of foods that can exacerbate or cause symptoms of autism based on what's underlying their biochemistry.

So as I started studying autism in great depth, I realized that there isn't, you know, some people would say, oh, you need this diet, you need that diet.

And whatever the diet was, it really helped some of my clients. But then I realized it did not help others. So I was trying to figure out, well, what is it that it helps some?

How Julie got into personalized nutrition

Let's take Salicylates helps some people immensely, doesn't help others, or oxalates or gluten or grains or whatever that thing is. Why was it helpful for some and actually detrimental in some cases for others?

And so I started doing a lot of research, and that's how I created bio individual nutrition and the concept and methodology of, you know, this personalized nutrition approach that is very unfortunately, really picking up steam.

Now, 20 years later, people are realizing that, you know, we have to personalize an approach in order to get effective results. And I figured that out through really clinical experience.

And so that's how I got involved in all of this. And so many people can relate to that, because many have figured out their histamine intolerance by first doing these diets are really emphasized bone broth and and which if you don't have histamine issues, if you don't have mast cells with sensitive histamine receptors, that's a great, wonderful.

If you don't have oxalate issues, great for healing the gut. And then one of the other patterns I see is people shift over to doing, a low histamine diet and they start eating a lot more, higher salicylate foods or higher oxalate foods for some people.

Don't bother them at all. They're just fine. But for other people then they go, well, what in the world just happened to me? My I crashed, my whole body fell apart because they switched over to the sweet potatoes.

I switched over to the, I love a lot of herbs, but there was a period of time I couldn't tolerate them. And and these things are high salicylate, high oxalate.

Now let's transition into that. What are the real problem? And and first I want to preface that by saying that not everybody has issues. Not everyone has oxalate issues, just like not everyone has histamine issues.

And we have a lot of people who get down to 10 or 5 foods. So please don't little, little whittle down your foods, make sure that you're keeping that variety.

And if you're down into foods, this is not the time to take something out. If you're down to ten foods, this is not the time to take something out. But this is this interview is really for people who were trying to figure out who, where, what's triggering them.

They no food to trigger them, they don't know what, and they probably already checked the histamines. What are the challenges with salicylate intolerance or it's just salicylates in general.

And oxalates in general, for people are not metabolizing them properly or excreting them properly. Well, in the context, in the context of our conversation today, oxalates can trigger mast cell activation and salicylates can trigger cell activation.

So alone just just that there something to be aware of. But there are also connections between the two of those, between salicylates and oxalates, and there's connection between all three of those.

So for example, if you have gut dysbiosis then that can cause you to have your sulfate depleted. When that happens, you can have reactions to salicylates.

You can also have reactions to amines, histamine is different than well we'll get into phenolic amines and histamine in a minute. But well that's one area.

So dysbiosis can affect our history. Our salicylate intolerance. Dysbiosis can also cause oxalate problems high oxalate levels in the body. So those are some concerns there.

Also when we look at inflammation. When we have inflammation we can trigger histamine and mast cell activation. So anything that's going to trigger inflammation is something to be aware of.

So in the case of salicylates and oxalate we know that salicylates can trigger histamine. Salicylates can cause inflammation that can then create that cycle.

We know that oxalates are incredibly inflammatory.

Why salicylates and oxalates matter

So that process of triggering inflammation, in fact they trigger something called the inflammasome which creates this chronic inflammation with oxalate.

And when you have that inflammation again you can cause, histamine. You can call, you know, histamine intolerance. You can cause, mast cell activation, all of that.

It's kind of all related. And then it's kind of this vicious cycle. So it feeds on each other. So those are all factors. Also when you have low sulfate, sulfate is needed to process salicylates.

And when you have low sulfate, oxalate can actually get into the cell on that sulfate transporter. And that can create problems within the cell which can create issues with mitochondrial dysfunction and other things.

So that's another big factor there. There are so many ways that these, aspects are interrelated. And so when we look at, I guess I guess those are just some of the ways, I mean, we could go into more and, you know, we can always come back to some of them, but those are just some of the biochemical areas that these are connect, you know, sulfate being one of the big ones.

But also inflammation obviously is a huge one. And, you know, as we know, inflammation is really at the foundation of most chronic disorders. So now, again, as you said, I think it's really important.

Not everybody that has inflammation is going to have an issue with Salicylates or oxalate. So do you think that's really important to say? And I have seen what you said, which at the beginning someone feels better when they take foods out, but then they take so many out that they have no foods left.

And that can create really a serious detriment to their overall health. So, you know, I think that is just something important for people to be aware of, you know, as they go through all of this, one little thing later on.

So amines, there's different types of amines. There's histamine tyramine and others. So some of them are phenolic compounds. And when they those so if you take a food like bone broth it's going to be high in histamine.

It's also going to be high in other amines. So some people might be not coming at this from a histamine perspective where they inherently one of the problems with histamine in foods, the main thing is it's not a histamine intolerance like we think of a salicylate intolerance or an oxalate problem where you that's where you just don't tolerate it.

It's usually an inability to process the amount of salicylate compared to what your body can process. So with histamine, you might have, you know, not an FDA O enzyme, or you might have an issue with histamine and methyltransferase enzyme, and that will inhibit your ability to, handle histamine and create, histamine intolerance.

But with when it comes to salicylates, we, we can deplete sulfate and that depletes salvation, and salvation is needed to process the phenolic amines.

And because things like bone broth have histamine and phenolic amines, then we can have a problem processing many of those histamine foods. So the point here is are there's many ways to go about having mast cell activation from these foods, having histamine intolerance, getting inflammation and all sorts of things.

Sometimes people will have to take out both of those food compounds, sometimes they don't. So that's a little bit of the kind of biochemical background that I like to talk about.

We can get into a lot more practical aspects. So we don't I don't want to, you know, go too far down that road for people that just want more practical information.

Yeah, I think that's great. And I love that you bring up this sulfur piece because sulfur has gotten a bad rap, particularly in people who are really, interested in DIY genetics.

And then they find out, oh, I've got this CVS mutation on this wax mutation, so I can't have any sulfur. And I see that a lot. And people tell me I can't have any sulfur.

I said, well, that's not exactly one how the genetics work, but two, if when people I see so many people that they've taken sulfur out, they felt so good for 3 to 6 months and then Bam, they were in big trouble.

And sulfur, in addition to being important in those oxalates and preventing them from going through those transporters and cells like you talked about helping to break down the salicylates.

So there are major stabilizers for mast cells, producing heparin sulfate. And so when people have had hydrogen sulfide, Sibo, for example, is so critical that we get sulfur in through the skin or we do something, so that we don't spiral into because that's what people spiral into is, is oxalate salicylate issues when we pull the sulfur out? Yes.

Now how ever people are going to want to know, how do I know if I have a salicylate or an oxalate issue? And I know this is challenging to decide on your own.

Biochemical links to histamine and mast cells

And people, I really want encourage people in this area that they work with an expert like you or they work with, you know, our clinic or some place that's really experienced in these because these aren't it's not the same as getting into histamine intolerance.

So this has got its own trips and, hurdles and a lot of customization have to do for people. Just kind of high level. What are you what are you looking at Julie, when you're going, this person have a histamine issue versus oxalate or salicylate or a combo. Yes.

So you know so I have the bio individual nutrition Institute and some of the things I teach practitioners are there's about seven areas that I like to look at.

One are symptoms. That's a big one. One of course is what is their diet look like? What nutrient deficiencies do they have? Sometimes there's good labs, sometimes there are not good labs to figure these things out.

And that's where I think symptoms come in handy sometimes. You, as you said, genetics can play a role. But as you mentioned, genetics are very complex.

And we can't just look at one snip and say, oh, that means they have this problem. You know, so I guess for the majority of people out there that aren't practitioners, that aren't looking to study this more significantly, symptoms are probably the most obvious or common way to figure that out.

And so but now, granted, they can overlap. So if you think of some of the inflammatory symptoms, you can have a lot of influence, overlap. So one of the things I do like to look at, and then I find really helpful, for clinicians is to look at what I call symptom clusters.

So because you can have inflammation and that can be salicylate. Amine I'm salicylate oxalate or histamine. Right. So then we look at well what other symptoms you have a lot of pain.

And again I am super generalizing. You know you know maybe it would lead you down one path. Do you have a lot of, you know, hyperactivity and, irritability and aggression or does a child have that?

Maybe it's looking more at something else so we and we can dive into what some of those things are as we go here. I think that looking at that helps, because you can look at something like anxiety and anxiety can be from a salicylate issue.

It can be from an oxalate issue, it can be from a histamine issue. So when we look at inflammation or even something very specific like a neurological symptom like anxiety, looking at a single symptom is not particularly

helpful.

It's more helpful to look at clusters. But again, someone will say, well, I don't have the most common symptoms you're talking about. That's where it gets a little tricky, right?

So if I mentioned the top three and someone doesn't have those top three, then they're going to think, oh, well, I don't have that challenge. Right. You know, at the same time, if I say inflammation, it doesn't mean you have to take out all of them.

So let's you know, so I would say that those are some of the ways I like to piece apart what somebody might have. And I'm happy to dive into any of those if you have some specific questions.

We can dive into each one of them. And we can go from there as well. But I just wanted to talk about, I think we I love the intro to it and that this is really looking at things from a lot of facets.

This is not an easy yes no questionnaire. And, I really like when you're talking about looking into foods. Is this somebody who's already eating a lot of high oxalates?

And then what are we seeing? Sometimes some lab testing will show it, but sometimes it doesn't show up on those, you know, markers and things like that.

When I think about oxalates, what I'm often what some of the clues, there's a lot of clues, but some of the clues that will really get my attention, or things like joint pain, muscle pain, fibromyalgia, diagnosis, thyroid issues, where they'll lodge in the thyroid, issues with interstitial cystitis, that urinary burning.

And I agree with oxalate issues has those but or if somebody says, gosh, my stool was sandy or they get those Sandy and so goopy I excretions, it's sandy in the eyes.

And that's how I know I had too many oxalates. As I wake up in the morning, I'm like, oh, too many oxalates. Okay, interesting. There's some of those clues on the oxalate.

And then on the salicylates some of the clues can be in response to high salicylate foods, high salicylate herbs too. I'm I'm tracking responses to herbs.

And I was just working with somebody yesterday where we weren't sure. And we were bringing on some of our early mass supporting supplements. And she was trying resveratrol, she was trying quercetin, she was trying paraben.

And it wasn't entirely clear because she tolerated Chinese skullcap tincture. She was fine with perilla seed extract. Then we got into quercetin which has more of those phenolic groups.

We got into resveratrol, and each time she got breathing issues, she got rashes. But other people will get GI distress and they'll get ear ringing. Bartonella mole toxins can cause hearing.

And so this is where you've got to really look at the whole picture. Yes. But that's what I'm thinking is just kind of some of those clusters that you see in those options that you see.

And and we have different populations. So you might have different clusters. And what we get that's a very good point as well.

Symptoms and clues for identifying issues

I work with a lot of neurological conditions. While I do specialize in autism, that really just allowed me to really dive deep into one thing to understand the biochemistry.

But then when you start from that biochemistry, you realize different people with that same biochemistry can manifest in totally different conditions.

So if we look at something like oxalates, you know, pain, like you said, that's a huge one. And then what's underlying that? So sometimes we'll look in like, do they have trouble digesting fat now?

Not everybody knows whether they have double trouble digesting, but some people do. They can tell their stool changes quite a bit and it might seem greasier floating and things like that.

We look at, fatigue. Now again, fatigue is one of those symptoms that can be caused by a million different things. So we can't look that one thing by itself.

But we got pain. And also odd types of pain. So, you know, headaches could be, histamine. They could be, you know, salicylates, it could be oxalates. It could be all sorts of things, but any me hormonal.

Exactly. But if we look at things like burning feet or, you know, that kind of, you know, some of that burning pain or things like that, or, like you said, just that all over body pain, fibromyalgia.

I had a client once, many years ago. Actually. They weren't a client. They were a good friend of mine. And they said, you know, I have pain. And every time I get massaged, the massage therapist is going to think it helps and it just makes it worse. Right?

So things like that where it's this kind of chronic pain, mitochondrial dysfunction. So that's where we look at a lot of fatigue. But is really coming from a mitochondrial aspect.

So if someone knows that that might be helpful, or if they've looked at other things that just can't figure it out, or, you know, looking at what some of the symptoms of mitochondrial dysfunction are, like low muscle tone in children and, you know, kind of going diving a little deeper into what some of those aspects of fatigue or pain are.

And some of those nuances might help them a little bit because, again, pain and fatigue could be lots of things. Okay. Those our next story on the pain piece. Yeah.

Before we move on might spark some people. My oxalate journey. It kept I started with knee pain and then it spread to my other joints. I was misdiagnosed with rheumatoid arthritis.

I was told I had a rare palindromic rheumatoid arthritis because it would come and go. I never had the right blood markers. And then I saw an osteopath.

They want to do exploratory surgery, and, I could figure out what's going on. I had grasped and technique to get rid of scar tissue was just horribly painful.

Didn't do anything. But it got worse in the winters and people thought I was crazy. But it got worse in the winters. And when I figured out it was the oxalates, well, in the winter I was eating seasonally so they had a lot more sweet potatoes.

It was eating a lot more beets. I was eating Swiss chard, things that I could get at the farmers market in the winter. And I it was so bad by the time I was 28.

I use a cane to walk a barely hobble and to get some. If I flew, I had to have a wheelchair and use a wheelchair in a grocery store. Wow. Off the oxalates.

Completely resolved it. And I know we're going to talk about not doing that cold turkey and the pitfalls there. But I just want to share that for people are having these weird pains and nobody can figure out what it is.

And, that this might be worth exploring. It may not be it. Right. And, you know, Lyme can cause migrating pain and

things like that. But for me, it felt like I had ground glass in my joints.

It was just excruciating. Yes, yes. That burning feet, shards of glass, walking on hot coals, walking on glass. Or again, doesn't have to be that. Just have a good friend happened to be on the bottom of her feet.

But it can be other areas of the body too. And then also what's interesting is that oxalate likes to go to the site of inflammation so you can have an old injury and think, oh, it's the old injury has nothing to do with something biochemical.

But I've seen a lot of old injuries. It just keeps perpetuating that oxalate cycle. So don't, you know, just automatically discard that or disregard it as being oh, well, that's just, you know, an injury that I had, it could also be that too.

So that is that is a really super helpful story for my here's my other tip off, Julie, when I tried to do an Epsom salt bath, even a cup, then I take it out a half a cup, fourth of a cup.

I would get really red. I would get, very, very flash and I would have rages, terrifying rages. And I'm not somebody who's I'm not an angry person. I'm really. Most people think I'm really gentle and sweet.

And I'd have to tell my husband, please don't come in the room. I can't control myself. Wow. Terrifying. And so I was just getting this massive dump of this oxalates every time.

So I had to start ups and salts literally with a few little granules in the bath. Now I've worked up to four cups. It took me wow years. How many years? Ten years?

Wow. Yes, so I think, I don't know, I have all these thoughts I want to we can go down the more practical route, but I think there's probably some people that are thinking what is a salicylate and an oxalate?

Should we maybe to find some. Yeah. Okay. We can come back to the, the, the other stuff. Yeah. Okay. So salicylates are a type of phenolic compound found in plants of plants use as a natural, deterrent.

Pesticide, you know, pest deterrent, which actually oxalates have a different type that they use as their own pest to determine as well. So, so salicylates are a type of phenol.

As we mentioned, phenols need to be processed through some of these biochemical pathways. And so salicylates are found in things like grapes, ants, your resveratrol story there.

Grapes, berries, apples, herbs and spices and unfortunately most of them. So that makes it a little bit challenging. Someone might think like, oh, I need anti-inflammatory herbs, and they might feel worse when they're doing things like turmeric and that sort of thing.

Oh, let's see what else. Honey almonds, high salicylate. So those are some of an apples, a lot of fruits and a lot of herbs and spices. These are the people who say, I feel so much worse when I eat healthy.

Yes, yes, exactly. The oxalate people do that too, actually. But you're. But, particularly the salicylate people, because there are so many wonderful poly phenol rich foods that are high in these compounds.

And so that's the other thing is that I'm not suggesting that these are bad foods that everybody should avoid because they have wonderfully nutrient dense properties to them.

So, it's something that I feel it's important that if we can pinpoint what it is and just reduce or avoid what they need to, I often think of it as a threshold of how much you can tolerate and eating some of them within your threshold, I think, is advantageous.

Common high-salicylate and high-oxalate foods

It's when we have too much and overfill the bucket, that's when there can be a problem. So that's a little bit on salicylates. Oxalates are high in things like while spinach is the most common one people are familiar with.

But one thing that I often realize is almonds. Almonds are very high. So if you think of spinach has about 500mg in a serving of almonds, a single like a quarter cup of almond flour has almost the same amount as, a serving of, spinach.

So there are a lot. And so what sometimes people do is they think, oh, well, and this was really popular in the autism world. Oh, I need to get rid of grains because grains are inflammatory and they're bothering my digestion.

Well, that might very well be true. So then it became let's do almond flour and nut flours and let's do all that we want. So then people started doing, I mean, I had clients that before they came to me, they were doing nine nut muffins a day or, you know, a whole bread of, you know, you know, or, you know, just a lot.

I had some people coming to me and consuming 1000 or 2000mg of oxalate in a day, and usually that meant I wasn't going to say usually. That's definitely way above the amount that our we typically would consume in a day.

So some of these we didn't even mention before. I'm sorry to jump in, but, that's making me think about that much actually getting process to the kidneys and kidney pain. And, what's most classically known for oxalate issues is oxalate kidney stones.

But that's absolutely. And that's only a tiny percentage of people that have oxalate issues get kidney stone. Well, yeah. What's interesting is we did they did a study on autism and oxalates, and they did, a scan of the kidneys.

And they found that in the study, they none of the individuals in the study had kidney stones. And yet they all had very significant oxalate issues. They and so they were screened based on not having kidney stone issues and still had incredible, incredibly high oxalate issues.

In fact, to the point where researchers wondered how they could be, you know, walking around and functioning, it was so high, and that most of the research has never seen it before.

And actually, at the time felt that it couldn't be oxalate because they didn't have kidney issues at the time. The science was you needed to have something, you know, kidney stones or something with the kidneys in order to have oxalate issues.

Now, we know that that's not true. If you do have that in your family or individually, that can certainly be a problem. But many don't. So, just something to be aware of there as well.

So oxalates. So nuts, spinach, as you mentioned earlier, Swiss chard, some of the grains, buckwheat, amaranth. Those types are quite high. Sweet potatoes. You mentioned beets?

Rhubarb, which people don't eat much of, but if they do, that's incredibly high. So, those are a few of the high ones that come to my mind. There's a lot more than that.

That's just the the tip of them. Certain herbs and spices are going to be high, but again, not all of them and not as one was that turmeric is one that's really high compared.

And then I know clove cinnamon have, but most people don't use it as much of that as they're using of turmeric. Correct? Correct. Even things like black pepper and other things like that.

And so just being aware of the good thing about this is once people are, they pinpoint what their issue is and they become aware of it. There are things they can do in its place.

They just have to be aware of it. And then there are all sorts of strategies and culinary tips and things that they can do to get past some of those challenges.

So those are some of those foods. And then histamine, I'm guessing that you've probably had people on the summit already talking about this, but those could be anything.

They there's two types of issues with histamine foods that have histamine like bone broths, sauerkraut, things like that, and foods that trigger histamine like strawberries and other foods like that.

So there are different ways you can have a histamine reaction and a mast cell, activation from foods so that, you know, there's there's two different things to think about there.

So now that people can start identifying. So this is something to look deeper into. And we've covered and some of the basics. Where do you start people in terms of maybe we should take them individually first.

Because it's usually too much to try to do this all at once. But we also don't want to go on. Let's go low histamine, but super high oxalate, super high salicylate right.

Can cause if that's causing problems. And we know we've got to modify it. But what if we take first Salicylates some of your top tips for starting to work with that for people.

And then oxalates. So, you know, it really does depend on the person. And I hate saying that. But being bio individual nutrition, it really is always about that.

But so I would firstly look at who I'm helping or trying to help. So is it the child and their diets really restrictive and I only have so much I can't do?

Maybe something as, restrictive as I could with an adult, let's say, that might guide me. I might have to start more slowly. I might have to start with more, smaller list of foods or something like that.

I might just look at their diet and figure out what their highest ones are and just remove those. Now, with Salicylates, it's not usually as much of a problem to just remove them, as it would be with something like oxalates.

So now you might have people very unhappy about that. But it's not usually going to cause the big reaction that it's going to.

How to start reducing salicylates safely

So, you know, sometimes it's, it's removing just the biggest ones. Sometimes it's reducing them all a little bit. Sometimes it's taking all the big ones out and focusing just on the low ones.

So those are different ways that you can look at Salicylates. Also, I might look at amines at the same time. And so depending on what it is for me, when I'm looking at reducing salicylates, I always remove bananas.

And bananas are low salicylate, but bananas are very high. I mean, and so I don't want to overload that system with other types of things that can put to the system.

So I kind of I don't necessarily go all low amine because that would really restrict it. So again it might be okay. So there's there's various. So it might be on one end of the more restricted spectrum I might look at reducing significantly the salicylates and the amines.

On the other end of the spectrum, I might just look at just a few of that super high salicylates that are in their diet and see what you see. And if you see some improvement, then go further and take it from there.

Maybe reduce it just for a shorter period of time. If you're dealing with, say, a child and you're having difficulty you can't commit your brain to, you know, three months of avoiding all of their favorite foods.

Maybe you say, I'm just going to do it for a week or two weeks or I mean, usually you need a few weeks, 3 to 6

weeks, but you know, you can most people can wrap their brain around, let me just not give them those three favorite foods for three days to start.

See where we are then. Keep going. Now at the beginning, it can take a while for them to get out of the system, so it could take 3 to 5 days for them to even get out of the system.

So I never really recommend just doing it for three days. I'm just giving people just a starting point. You know, usually I'm going to say if you want to do this, usually a commitment of a few weeks is good.

And then from there you have to decide, okay, now do I need to restrict it more or do I need to look at some other categories of things but then give people an idea.

So a lot of what I see, when I'm working with kids, it's things like ketchup, berries, juices, apple juice, grape juice, raisins. Those are some of the big ones that I see.

So those are some of the key suspects I'll look for. So if I'm working with someone and they say, oh, you know, my child or my teen is very, let's say aggressive or hyperactive or can't go to sleep at night.

And I say, well, you know, tell me about what they eat on a daily basis. Those are some of the big heavy hitters I'll look for. And then I don't know if we talked, I think we're going to come back around to symptoms.

So symptoms for a child might be red cheeks, red ears, hyperactivity problems, sleeping at night. For an adult, it might look very different because they've learned coping skills to not, you know, lash out at a classmate.

You know, we can't do that when we're adults. So it might be other things that might be a lot of irritability or, headaches or, you know, just processing information, processing speed or, you know, things like that might be headaches or could be hyperactivity as well.

So could be some overlap, but then maybe not. As you know, it depends again, a little bit on what it is. So that's a little bit on. So I love that. And one of the starting points we have for people you mentioned before the inflammasome.

And I love that you brought that up because they also trigger mast cell activation. The one of my favorite tools in the toolkit, particularly for people with salicylate and oxalate issues, are by carbonates and by carbonates are known to down regulate that inflammasome production, which will down the stream reduce the mast cell activation.

And so a lot of people don't know, but they just naturally go for some baking soda or Alka-Seltzer for some people, although it's got some citric acid that sometimes a little problematic for sensitive people.

But but sometimes long as you're watching your, your blood pressure that that baking soda can be helpful. That is one of the things that a lot of times, we'll do an autism and, you know, a little baking soda and some water that can sometimes be helpful for people.

Again, it's not the most tasty thing. So depends pencil your, working with and whether that's an option. But for those and it is an option or for those accidental looks, once you've kind of figured things out, like an accidental exposure at a birthday party or something, sometimes a little, you know, thing like that can be super helpful.

So but for adults, that is a much easier solution, more doable solution. And so I'm glad that you brought that up. Yeah, there's a lot of things. So I'm thinking about the food things, but then there's a lot of other things that people can do, like Epsom salt baths and other things as well.

But like you said, you know, depending on the person can depend on what, why something something might trigger somebody.

Why oxalates must be reduced slowly

So always, you know, I think it's good to work with somebody starting slow if you're a practitioner, really getting educated on it because, you know, a few, you know, I know, even for myself, a little bit of information, you know, for my family, it's like, oh, okay, I feel dangerous.

I have a little information. I need more information so I can help my, you know, my child more or, you know, my clients more. I want to really know all of the aspects of it, because I do see a lot of misinformation online.

And, you know, they'll say like, oh, you're reacting to it. Just do it more, do it more significantly, do it harder, add more to the bathtub or whatever it is.

So right. And that I find, can be pretty problematic. So getting educated, either getting a knowledgeable practitioner or becoming really educated on all the different aspects.

And that's why I like to talk about the biochemistry part of it, because it helps both individuals, but particularly clinicians, start to figure out, well, what might be at the root of it, instead of just kind of stabbing around trying to figure out what that bull's eye is.

They have a lot more clues. As I was saying earlier, like symptoms is one piece, but what are their labs? What are the other aspects? What is their health history?

What other components can help us figure out which avenue we might want to go down? And, you know, going slow is always, you know, just a generally, more moderate way to go when we're looking at different approaches.

And I that's so critical, what you're mentioning that we've got to look at what's underlying all of this, because we don't want to have to be low salicylate for the rest of our lives, or super low oxalate for the rest of our lives.

I don't eat sweet potatoes, almonds, spinach, Swiss chard. I don't eat those big ones. When I've gotten my low back. Or I could eat a lot more. I can eat a lot more.

So let's slice. I don't struggle with anymore. We know some of the big root causes, like you talked about the beginning or the dysbiosis, the leaky gut where those oxalates are going getting cross into the bloodstream, that slow cytokine cross.

We know that there are bacteria in the gut that can break down salicylates and oxalate. So that gets off and we start to get that load building. We see it a lot. And mold toxicity.

Not everybody with mold toxicity we see. But we do see a good bit in mold toxicity, contributing to these salicylate and oxalate issues and molds. I just always like to tell people that the major phase two detox pathway for mycotoxins is glucagon.

Addition is another pathway for the salicylates, along with the salvation. There's glycine involved and mold is going to put a load on all of that. And mold is going to put a load on the sulfate pathways that are important for this oxalate.

Any other big root triggers you want to put out there. And then I want to, let people know the caveats of reducing oxalate too. Yeah. I mean, there are more, but I think for our conversation today, that's probably a good place to so we can get to some of the other key things, like you said, that I think are important in our short time that we have together.

So tell people the cautions about reducing oxalates, because a lot of people get really excited. They want to go out there, they want to grab a list and they want to get started tomorrow.

And they're going to they're a sweet potato a day, and they're going to take it all out. And then, about 50% or more people are going to be in big trouble if they do that. Yes.

So with oxalate, it is important to go very slowly in reducing oxalate. The body has this tendency to want to what we call dump the oxalate when it is not pouring into the body.

The body has a little bit of a breather and it says, oh, let me get rid of some of these. And so it can cause dumping. So, anything that can process oxalate, like you were saying, like your Epsom salt experience or, you know, certain vitamin, certain deficiencies can cause issues with oxalate.

So if we try to replenish those deficiencies too quickly, that can cause a big dump. If we get rid of too many in the diet too quickly, that can cause a big dumb.

And those dumps can be very harmful. And very, also symptom very painful and difficult. So, going very slowly, like 5 to 10% a week. So, you know, it might be just reducing one food, by, you know, a certain percentage or reducing the overall amount just a little bit at a time.

When someone's got especially when someone's diet is high in it, we didn't really talk about is that you can have an issue with oxalate because you have endogenous production inside the cell from certain deficiencies and certain other biochemical challenges, or you can have it coming from the diet.

So some people are going to think, oh, I don't really have that. I don't have that much oxalate, but it can be a problem. Just biochemically as well. There's certain nutrients that can also convert into oxalate.

And so sometimes people will do really high levels of some of these nutrients thinking that they're healthy. And that can create a problem. Think so and see glycine in those and digest it.

And then if we're low and b1, B6, those get depleted by things like molds and other toxins and pathogens. Exactly. And again, we're into this circle here.

But I just want to share for people I have worked with people who did not realize they wanted they needed to go slow. And before they came in and I met with them, they had actually landed in the ER because they had triggered kidney stones for themselves.

So just like Julie saying please, please make sure you know what you're doing with oxalates if you're going to do it on your own. I really encourage you to work with a specialist.

Absolutely. And and, you know, again, and if you are somebody that works with these diets, really understanding the different components, is it endogenous?

Is it, exogenous from the diet? Are there are supportive supplements you can add, that support some of that dumping. There are also things, like you said, deficiencies that might be present that can sometimes help people also figure out.

We were saying like, how do you know if you have a problem with certain substance? Well, some of it might be symptoms. So we talked about some of those symptoms for oxalates.

Cloudy urine. And you know, pain, you know, all of those types of things, a cyclical pattern to it is often fairly common with oxalate. And then, you know, do they have B6 deficiency, do they have Pira, Luria.

Therefore they tend to bind their B6. And so they haven't had it for a long time that, you know, again, not everybody with Pira Luria has oxalate issues.

I've seen plenty that don't.

Hope, recovery, and where to find Julie

But, some do. So that might be some clues for individuals or practitioners out there that are looking into that. What

else do you want to say? I guess those are some of the, the aspects around that that would be helpful.

Just when someone suspects an oxalate issue, just being kind of slow to anything that you change, whether it's adding a supplement, whether it's removing a supplement, whether it's adding certain foods, removing certain things, those things can be helpful.

And as you said, if you're not really sure and you are going to change your diet, just maybe having this is where practitioner can be helpful, just not adding super large amounts of the super high foods in any one category kind of.

And that might be hard if you don't know what those things are. So moderation is just a really good just basic tip, right? If we don't go super extreme on anything, then that's generally speaking now certainly could do moderate levels of lots of super high things.

And that could be a problem. But, you know, just generally speaking, if you're just getting started, not radically shifting to high levels of any one thing.

Yeah, really, really good information, such important information, because it is hard to get accurate information about these areas. I always like to end with a message of hope for people because it can.

I know how hard it was for me when I got down to ten foods and, I had a few seasonings, but, you know, so limited. It's socially isolating. It's depressing because enjoyment of our food is really important psychologically.

But we can get these foods back. I don't know if I'm ever going to be eating sweet potatoes with, you know, the almond butter on top and an almond butter, you know, almond still our muffin on the side and things like that again.

But I have a really varied diet. I have a lot of options. I eat way more variety than most people now. Took hard work to get there. But can you give people some hope to, to leave them with here at the end?

Well, I'm so glad you asked this because my autism and kids organization is called nourishing Hope. So I love this. This is my message is all about hope.

So absolutely. There are certain I have definitely seen people's diets expand. So things like salicylates. Now it depends again on the food. So some of them, like you said, with oxalates you might not be going back to super high levels of them.

But depending on the food and working on, on the underlying biochemistry, which is why I like people to really be educated not only to what to avoid, but how can we get some more capacity for some of these and more, ability to, eat some of these foods?

And it is possible. I've seen it time and time again. So yes, it's not always going to be this restrictive. I like to tell, and I work with my practitioners, teach them, you know, the diet part is to kind of, relieve some of the, burden on the system and then start to restore and replenish some of the underlying factors so that we can go back to some of them.

So it's not intended that many of these things are, expected to be lifelong diets. As I said, things like Salicylates, we want to have as much variety as we can.

We want to stick within what's possible. So absolutely, there's lots of hope at the beginning it seems very restrictive, but there are ways on working and building up that capacity and having your diet be more well-rounded.

As people go. And I think one of the keys is having some support, knowledgeable, experienced support, to help you navigate the pitfalls. Because I've seen people been low since late, low oxalate, low histamine for years and years, and it can cause its own problems, but we can get there.

Absolutely. Thank you again so much for generously sharing your time and your experience or wisdom with us.

How can people find you? Well, thank you Beth.

I'm so happy to be here. I love this topic, as you can probably see, so I'm glad to be able to share it. And I can be found at nourishing hope.com for all my work around kids, ADHD, autism, all that, and for practitioners that want to particularly study bio individual nutrition and how to choose which diet and then how to figure out, you know, removal phases.

Introductory things, how to figure it all out. That's bio individual nutrition.com. Thank you so much Julie. Thank you for.