Reduce Your Anxiety And Pain With Nutrition Transcript

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Introduction and Personal Anxiety Journey

Welcome, Trudy. I am so glad that you agreed to be part of my M. S. and Neuroimmune Summit. You have so much expertize on anxiety, and that's a big issue for my tribe.

So what I'd like to have you do today is introduce yourself, explain why you became such an expert, and then we'll get into our interview. Thanks, Dr. Wahls, for having me.

I'm really excited to be here. I'm an nutritionist, and I actually got into anxiety because of my own anxiety issues in my late thirties when my hormones were changing.

I started to get increasingly anxious. I ended up with panic attacks, which were terrifying. I had no idea what was happening to me. I thought I was dying.

I developed social anxiety and luckily, fortunately, I worked with a wonderful nurse practitioner and naturopath and found this powerful connection between what we put in our bodies and how we feel.

And I went back to school to become a nutritionist. I was actually working in corporate America at the time. I had burned out adrenal. I had gluten issues.

I discovered all of these issues that were contributing to my anxiety, mercury, lead toxicity, food sensitivities. I wasn't eating I was actually eating a vegetarian diet at the moment, which was not good.

And I made some major dietary changes I added in some nutrients, specifically the amino acids, which we're going to talk about today. And I saw results, but it took quite a long time to get there.

And once I became a nutritionist, I knew I wanted to help people find these solutions for their anxiety and panic attacks. And that's why I wrote my book, The Anti-anxiety Food Solution, to help people find solutions quicker.

And now my mission is to share this information about amino acids and dietary approaches to eliminate anxiety symptoms. And the end of the story was my panic attacks went away, the social anxiety went away, and now I'm able to do this work.

And there's nothing like personal lived experience to really understand just how powerful diet and lifestyle and targeted supplements can be. So I said.

Yeah, absolutely. So let's let's talk about anxiety and multiple sclerosis and other neuro immune conditions. Do you know how common that is? So certainly when it comes to multiple sclerosis, there's growing research looking at the incidence and prevalence of psychiatric disorders or psychiatric disorders, not just anxiety.

Anxiety in MS and Benzodiazepine Risks

And there was a systematic review, I think it was published in about 2014, and they looked at 118 studies and they said among population based studies, anxiety would range between 21.9%, up to 35% in some cases.

And those who had multiple sclerosis. And then they also looked at depression that was 23.7% and they also found alcohol abuse, bipolar disorder and other substance abuse.

Also a little bit of psychosis, 4.3%, but they did say that the incidence of psychiatric co-morbidity remains understudied. So it's not as well-recognised as it needs to be, but there is definitely an, you know, high prevalence of anxiety and other psychiatric disorders when it comes to multiple sclerosis.

And we would assume this could be applicable to other neuro immune conditions as well. And for various listening, I want you to know that anxiety and depression are programs for M. S and neuro immune conditions.

So if you have anxiety or depression, you're at much greater risk of developing M. S. or other systemic autoimmune disease. So there's certainly interconnected now, benzodiazepines are often used for anxiety, and they're often used in the setting of M. S.

under immune conditions. What are your thoughts about that? So it's one of the areas that are educate a lot about, because as beneficial as they are, they are they are problems with this class of medication.

And if someone's not familiar with this class, they typically prescribe anti-anxiety medications, Ativan, Valium, Xanax, and they're prescribed for anxiety and insomnia, pain.

And then in mass, they also are prescribed for spasticity issues. And there's the you know, I pulled a study, just a recent study published in 2022, use of benzodiazepines and Z drugs, which are some of the sleep drugs in multiple sclerosis.

And they found that benzodiazepines are more commonly used in people with multiple sclerosis than the general population, and our use is often chronic, in other words, more than six months.

And they do also share my concern. And the fact is that benzos are controversial due to adverse health health outcomes, but they don't really have, you know, how problematic they are in people with multiple sclerosis.

But based on what I know in the work that I do in those with anxiety, is that any any use over two weeks is considered long term use. I mean, should be prescribed short term.

Unfortunately, they're used for many years. And we get issues of dependance, which means you need you need it more and more tolerance, meaning it's not working as well as it was working before.

And then a lot of people have withdrawal issues and then it can actually cause anxiety and insomnia and folks have maybe didn't have it, so maybe it was prescribed for pain issues.

And then suddenly someone starts to get increasingly anxious or they get insomnia, and it can also cause balance issues in older population. So we know that's definitely going to be a problem in European conditions.

And I want to just share what I like to do is just share, you know, some feedback from people who have been on benzos just to because I can't explain it.

I haven't been, you know, I haven't ever used to be inside as a pain, but someone in my community actually said, I've been totally disabled by benzos for over three years.

I've been off the medications for just over 17 months. And the impact of these medications made my anxiety. I ever felt like a cakewalk. And so she turned out she's actually it was prescribed it for dizziness and she was put on Xanax.

And then she started to feel anxious and they added Zoloft. And then she was on one antidepressant after another. Then she was tapered with one benzodiazepine and then another one was used and she was given Ambien to sleep.

So this is what often happens. You get into the cycle of all of these medications and, you know, her symptoms that she had and the moment that she contacted me was a locked muscle.

Muscle was in a naked Joel internal vibrations, headaches, jelly legs, distorted vision, fireworks, teeth, feeling like they're going to fall out and cortisol rushes to her body.

So this is I have found that about a third of people who are on benzodiazepines have this very, very, very difficult time tapering. There's another third that have a hard time, but it's not as bad.

And then some people can get off quite easily. The thing is, we don't know who is going to be affected by this. And I want to just say also, Dr. Walz, if someone's sharing this and they are on benzodiazepines, don't stop cold turkey. You never want to do that.

These medications need to be tapered very, very, very slowly. And then I will have if someone contacts Neil works with me I'll work in conjunction with say they're prescribing doctor because as a nutritionist I can never say, you know, for someone to stop the benzodiazepines.

But I like my clients to be nutritionally stable before they consider tapering. So everything that we're going to talk about today and addressing all the underlying nutritional and biochemical impacts on the anxiety need to be addressed before considering a taper.

So you in the best possible place before tapering. So I wanted to just put that out there. It's quite scary sounding, but they are scary medications and we just don't know who who's going to be affected this badly.

Yeah, I think we always want to be on the lowest, least toxic medications.

GABA for Physical Anxiety and Spasticity

And anyone who's listening. To. What all of these talks we don't want you stopping your drugs. We want you optimizing your nutrition, your self care, and then monitoring very closely as you continue to thrive to transition to a lower dose gradually, safely.

Why don't we talk a little bit about GABA gamma, aminobutyric acid. What is that magic molecule and why does it matter? So I absolutely love the amino acids because they have such a big impact on anxiety.

And what I didn't say when I was talking about benzodiazepines is they are used to modulate GABA levels, gamma aminobutyric acid, which is a calming neurotransmitter.

There's also an amino acid called a GABA, which is used to raise GABA levels that's used to raise the levels of a calming neurotransmitter. And what I find interesting is I use GABA a lot.

That was what I was. It gave a girl. It was the one amino acid that had a huge impact on my life and it eased my anxiety and panic attacks very quickly and I'll tell you in a second how we assess for low GABA and then how we use GABA.

But I wanted to just tired back to M's and neuro immune conditions because I found a very interesting paper that was published in 2015 called Reduced Gamma Aminobutyric.

Acid concentration is associated with physical disability and progressive multiple sclerosis. And I'm sure you know about this, Dr. Walls but what they talk about is reduced gave it Gabby labels and the hippocampus bursts.

They also talk about reduced GABA levels in the sensory motor cortex of patients and they found that this was associated with increased motor impairment and they actually said changes and GABA may be a marker of neurodegeneration.

And the study supports the idea that modulation of GABA neurotransmission may be an important target for neuroprotection and multiple sclerosis. Now, of course, they didn't mention the amino acid GABA.

They just talking about GABA. And a lot of these studies certainly and with multiple sclerosis, they're not saying, Well, let's use Gabo and I'd love to see some research are using it.

But just based on my experience using GABA and the clinical feedback that I've seen, this is something that we definitely want to be investigating in folks with multiple sclerosis who have the low GABA symptoms of physical anxiety.

So there's different types of anxiety with low GABA. It's physical, physical tension and stuff and tense muscles, stress eating or using wine to relax.

And what we will see with multiple sclerosis specifically is balance issues, sensory issues you heard me mention there sensory motor connection there.

A lot of that research is actually done in autism. So we do have research on using GABA and other populations, just not in Ms. at the moment, but some of the areas that we can see GABA help specifically when it comes to multiple sclerosis and other new immune conditions, is the muscle spasms, the spasticity and voice spasms.

A lot of people with Ms. have their their laryngitis spasms and voice issues, difficulty swallowing. About a third of folks with Ms. have difficulty swallowing.

And Gabby can ease the spasms very quickly. And I've seen this and in a lot of people in my population with Ms. and without M. S. as well. So it's very exciting.

And the wonderful thing about GABA and the other amino acids is you can get results very quickly. So if someone, for example, is having that physical anxiety and they're also having a learned GI spasm, they can take a sublingual GABA and they can notice an improvement within 5 minutes, and that can get progressive progressively better over the next 30 minutes.

So that's how we know that GABA is as needed. So what I do is I call the trial method. I have people look at the symptoms, rate their symptoms on a scale of 1 to 10, do a trial of a very low dose of GABA.

This is the key thing here, Dr. Walz, is because a lot of people will go and buy GABA in the store, it says on their 550 milligrams, take 2 to 3 times a day, and that's often too much for most people.

I will start with 125 milligrams of GABA used. Sublingual is going to get the best effects and was going to give you those quick results. And if you notice an improvement, that's a clue that Gabby may be helpful for you.

And then we increase the dose over the course of the next week, two weeks, three weeks, four weeks, so we can get those symptoms from a ten out of ten or an eight or nine out of ten down to a two or three out of ten.

Well, you know, listening to this, I'm thinking about how common voice, weakness, a difficulty swallowing, difficulty with poor coordination of the tongue for chewing, swallowing, speaking.

Do you think Gabby would have a role there? Have definitely seen it having a role in the autism community with those same issues and men and adults as well.

So this isn't children.

Serotonin, Tryptophan, and 5-HTP

A lot of the research has been done in children with autism. So I've seen it help in that area and then in adults and adults. A husband of someone in my community saw major improvements in balance and coordination.

So yes, definitely, I think it would be I haven't actually seen it help in someone with M. S with the with what you're describing. But based on the other clinical evidence, I would say yes.

Certainly it may be worth exploring if if you have those issues. Now, another interesting molecule of serotonin, do you have opinions about that molecule?

So serotonin we often associate low serotonin, we often associate with depression. And but we can also have a type of anxiety with low serotonin. And compared to the low GABA physical anxiety where you're feeling it in your physical body with low serotonin, you're going to feel it in your head.

So you're going to have ruminating thoughts, you're going to have worry, you're going to have fears. You may lie awake at night feeling worried and having OCD, obsessive type behaviors or tendencies or thoughts.

And the other symptoms that we see with low serotonin is PMS afternoon and evening cravings, rage and anger. And then we also see pain. So it's there's a lot of research on literature and and TMJ, which is the jaw issues.

And, but overall pain can be associated with low serotonin and certainly with Ms. patients. Often anti-depressants are prescribed for some of these symptoms and also for certainly depression that we see and multiple sclerosis. So definitely a connection here and a benefit of using the amino acid tryptophan or fiber FTP.

But before I do, before I share a little bit more about how I use either of those, I just wanted to share another study and this was published in 2021.

Altered plasma metabolic profiles in Chinese patients with multiple sclerosis, and they observed a reduction in tyrosine as a leucine and tryptophan. So that's showing us that there's definitely this low serotonin connection and that same pattern paper that also talked about elevated levels of glutamate.

So we've got low GABA, elevated glutamate. So we've got that Gerber connection as well. But in the same way that we assess for low GABA, we do the same similar method for assessing for low serotonin.

So we look at those symptoms I've just described. We write them on a scale of 1 to 10, and then we do a trial of one of the amino acids. I typically start with tryptophan just because it's closer to being a food and their concern with five HTP is at it.

There is one study and I've seen it clinically. It can cause some folks to be a little bit more wired. They and that can be because it can raise cortisol levels.

So I'll start with tryptophan, but some people do better on five HTP, so it's a matter of trotting with tryptophan, seeing if we can get that anxiety, that worry, those fears of panic attacks down, we can improve the sleep.

We can also maybe get some benefits for pain. And again, if that doesn't work, as we would expect, then we would do a trial of five htp and with tryptophan, the starting dose is 500 milligrams for adults and with five htp, the starting dose is 50 milligrams.

Also with adults. And if we're working with children, then I will halve the dose for lack of 14 year old and then go lower than that is actually a nice 100 milligram chewable tryptophan, which is really nice to use for kids and then also for folks that are very sensitive now about something that I have on all my questionnaires is are you very sensitive to supplements?

And if someone is very sensitive, then we just be cautious and we start start low and then build up slowly. And the thing is with low serotonin is that you have this fear and this worries a lot of people who have low serotonin are very fearful of introducing new supplements or making changes so often.

That is the first area we need to address before we address some of these other areas. Because of that fear and this worry that something is going to happen to them so that, you know, addressing the low serotonin is very helpful to sometimes consider first, I do want to also just mention medication here because there is a potential of serotonin syndrome using these amino acids.

If someone is currently on an SSRI, selective serotonin reuptake inhibitor. And there is actually it's a caution that we have. And if someone is working with me and they are currently on an SSRI, I will have them discuss with their doctor.

We'll switch the SSRI to the morning and then use the amino acids in the afternoon and evening because that's when Tryptophan and firebase GP work the best afternoon and evening when serotonin intake starts to take a little bit of a dip.

But I got to get the permission from the doctor and then use the tryptophan or the 5 to 6 hours away from the anti-depressant. Now, if someone's on multiple psychiatric medications, we don't even consider tryptophan or five.

We just don't know what what could go wrong. And then once, you know, a lot of people come to see me because they want to get off the antidepressant. And again, that would be done in conjunction with the prescribing doctor and a very, very, very slow taper once they are nutritionally sound.

But SSRI, as you know, are commonly used and aims for depression, anxiety for nerve pain, for sleep.

DPA for Pain, Endorphins, and Emotional Eating

And if we can use something like, you know, serotonin support with tryptophan or five HDP, what we doing is we addressing the root cause of the problem and we're topping up their levels so they they don't have those issues.

You talk about an amino acids for pain relief. Yes, so and so. But Gabr helps a little bit with pain relief if there's that physical tension. As I mentioned, tryptophan helps with the pain relief as well.

If it's related to serotonin. And then there's another amino acid that helps with pain relief in that it supports endorphins, it boosts endorphin labels.

And the amino acid is DPA, DH, fennel alanine. And it's different from DLP. This one works specifically and only on the endorphins. Could you repeat that again slowly.

D phenyl alanine. I can spell it d p h e in a y l a l a in an e d phenyl alanine. And for folks who don't know what endorphins are, those are our bodies, endogenous opiates and other words.

They are produced by the body and they help with pain relief. And there's actually a very interesting paper that I pulled from 2021 multiple sclerosis and the endogenous opioid system.

And they said that there's clinical observations in patients with M. S. and converging lines of evidence that implicate the endogenous opioid system. And in the course of multiple sclerosis and they looked at opioid peptides, the morphine opioid receptor, the Kappa opioid receptor and the Delta opioid receptor.

And they found that that had a role in immuno modulation, which we know is a factor when it comes to multiple sclerosis, and it also plays a role in the nervous system.

And they said the endogenous opioid system is well known to play a role in the development of chronic pain and negative effect, which is a depression, both of which are common when it comes to Amy's.

So with regards to how do we use the amino acid DPA and how do we know if we should be considering it? If someone has physical pain and then they all say, well, it may have emotional pain.

So there's this depression and they're the type of depression that we see with low endorphins is a lot of weakness. And the other thing that we see is emotional eating.

So comfort, reward, eating at eating for a treat and often as someone you know, the way the way I do it with but with clients is I'll say, what is your favorite food?

And and they'll tell me, it's great and better. I just love give me a nice slice of thick, warm bread with some butter on it. And how would you feel if you could never have it again and they would tear up this emotion very, very strong emotional connection to this food that they love.

And that's a clue that we've got those endorphins going on. And using the amino acid can help with the physical pain and can help with the emotional pain and can help with that weakness, and then can also stop that emotional eating.

And I it's like acupuncture in a bottle. So it's a similar way that you get that endorphin support when you are getting acupuncture, you get this endorphin support using the amino acid.

I do find Dr. Walls is that using DPA opened and gives people a lot of benefits as well. And if someone is craving sweets, it does have a slightly bitter dark chocolate kind of taste and they get some pleasure from their taste as well as and using using it opened in the same way that we use GABA open, we're getting absorption through the blood vessels in the mouth and we're getting feedback very quickly that yes, this is helping very quickly and we're getting that pain relief pretty quickly as well.

Okay. Truly, this was, of course, amazing. I could talk to you for hours, but we need to sort of wrap things up. I'm wondering if you had to pick just one take home message that you want people to listen and remember.

What would that be?

Hope, Diet, and Where to Find Trudy Scott

The message that I always like to share is to have hope and to know that the answer is out for you. Because out there for you, a lot of time, folks feel like there's just no hope that they are not sleeping well, that they've got this anxiety and that pain and when is it going to end?

And hearing this information today, knowing that there's some other tools and in the toolbox, listening to the other interviews on the summit and knowing that they are solutions and just step by step going through this information and applying it to you if applicable.

And then in addition to the nutrients that I've talked about here, we've also got to consider a dietary approach. It's not just supplements. We need to make those dietary changes.

And I know you've got the Amazing Walls protocol that you teach. And in the same way I have dietary approaches that I use with my clients is a lot of overlaps with the Walls Protocol and real Whole Foods and avoiding those problem foods like gluten and grains, the amino acids can make it easy to make those changes.

So as well as helping with the anxiety and the pain and the insomnia, they can also help with those cravings that I talked about and make it easier to get off the sugar and the problem foods.

So just know that they are answers out there and you deserve to feel your absolute best every single day. This has been fabulous. Now truly, how do people find you?

My book, The Anti-anxiety Food Solution, talks about the amino acids, talks about all the dietary changes. My website, every woman over 29 dot com has a very active blog.

I send out a newsletter every week. I'm active on Facebook at Trudy Scott Anti-anxiety Food Solution. And then I have a group programs for consumers, and I have a practitioner training for practitioners who want to learn how to use the amino acids and the nutritional approaches that I use with my clients.

Okay. Well, Trudy, this has been marvelous. I look forward to connecting in person again sometime soon. Thanks, Dr. Wahls, for having me. And I look forward to sharing and sharing the other interviews.