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 Neuro Immune Summit. You have so much expertise on anxiety, and that's a big issue for my tribe.

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

I'm really excited to be here. I'm a nutritionist, and I actually got into anxiety because of my own anxiety issues in my late 30s, 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 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 adrenals, I had gluten issues, discovered all of these, issues that were contributing to my anxiety at mercury led toxicity to, 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, the 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 a powerful diet and lifestyle and targeted supplements can be.

So, you know, I said, yeah, absolutely. So let's let's talk about anxiety and multiple sclerosis and other new immune conditions. Do you know, how common that is?

So certainly when it comes to multiple sclerosis, but there's, growing research looking at the incidence and prevalence of psychiatric disorders or psychiatric disorders, not just anxiety.

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

And then that also looked at, depression that was 23.7%.

Anxiety in MS and Benzodiazepine Risks

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 comorbidity remains understudied.

So it's not as well recognized 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, you know, could be applicable to other neuroimaging conditions as well. And for one who's listening, I want you to know that anxiety and depression are programs for Ms.

and neuro immune conditions. So if you have anxiety or depression, you're at much greater risk of developing Ms. 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 and our immune conditions.

What are your thoughts about that? So it's one of the areas that I educate a lot about because as beneficial as they are, they are they are problems, with this class of medication, if someone's not, familiar with this class, they typically prescribe the anti-anxiety medications at events.

Valium, Xanax. And they prescribed for anxiety and insomnia. Pain and then and Ms.. They also prescribed for spasticity, issues. And this, 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 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, 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 used for many years. And we get issues with dependance, which means you need you need it more and more tolerance, meaning it's not working as well as that.

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 all of our population.

So we know that's definitely going to be a problem in your immune 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 a benzodiazepine, 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. So she turned out she actually was prescribed it for dizziness, and she was put on Xanax.

And then she started to feel anxious and 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 that her symptoms that she had in the moment that she, contacted me was, locked metal muscles, in her neck and Joel, internal vibrations, headaches, jelly legs, distorted vision, fireworks, teeth, feeling that they kind of fall out.

Cortisol rushes through 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 is another third that have a hard time, but it's not as bad. And then some people can get off quite easily. The thing as we don't know who is going to be affected by this.

And I want to just say also, Doctor Wahls, if someone is 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 me or works with me, I'll work in conjunction with, say, their 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. And anyone who's listening.

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 Gabba? Gamma? I mean, a butyric 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 and mean apertura acid, which is a calming neurotransmitter.

There's also an amino acid called Gabba, which is used to raise Gaba levels. So it's used to raise the levels of, calming neurotransmitter. And what I found interesting is I use Gaba a lot.

That was when I was a baby girl.

GABA, Physical Anxiety, and Muscle Spasms

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 amino acid concentration is associated with physical disability and progressive multiple sclerosis.

And I'm sure you know about this, Doctor Wahls, but what they talk about is reduced labels and the hippocampi post there 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 in Gaba may be a marker of neurodegeneration. And the study supports the idea that modulation of Gaba neurotransmission may be an important target for neuro protection and multiple sclerosis.

Now, of course, I 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 Gaba and I'd love to see some research are using Gaba, 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 Gabby's symptoms of physical anxiety.

So there's different types of anxiety with low Gaba. It's physical physical tension and stiff 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 the 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 neuro immune conditions, is the muscle spasms, the specificity, voice spasms.

A lot of people with Ms. have the the laryngeal spasms and voice issues, difficulty swallowing. About a third of folks with Ms. have difficulty swallowing, and Gaba can ease the spasms very quickly.

And I've seen this and in a lot of people in my population with and without Ms. 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, Lorenzo spasm, they can take a sublingual Gaba and they can notice an improvement within five minutes.

It can get progressively better over the next 30 minutes. So that's how we know that Gaba is is 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, Doctor Wahls, is because a lot of people will go and buy Gaba in the store. It says on the 507 50mg, take 2 to 3 times a day, and that's often too much for most people.

I will start with 125mg 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 Gaba 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 8 or 9 out of ten, down to a 2 or 3 out of ten.

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

Do you think Gaba would have, a role there? I've definitely seen it having a role in, the autism community with those same issues. And men, and adults as well.

So this is in children. 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, I 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 describing. But, based on, the other clinical, evidence, I would say yes, certainly.

It may be worth exploring if you have those issues. Now, another interesting molecule is 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, having OCD, obsessive type behaviors or tendencies or thoughts.

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 low serotonin and TMJ, which is the jaw issues.

But overall pain can be associated with low serotonin and certainly with Ms.. Patients often antidepressants, prescribed for some of these symptoms. And also for certainly depression that we see in multiple sclerosis.

So, definitely, a connection here and a benefit of using the amino acid, tryptophan or five HTP. But before I did, before I shared 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 paper that also talked about elevated levels of glutamate. So we've got low Gaba, elevated glutamate.

So we've got that Gaba 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.

And so we look at those symptoms I've just described, we read them on a scale of 1 to 10. And then we do a trial of one of the amino acids and typically start with tryptophan just because it's closer to being a food.

And their concern with five HTP is that 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 fiber Https. So it's a matter of trialing with tryptophan, seeing if we can get that anxiety that worry, those fears of panic attacks, down.

Serotonin, Low Mood, and Pain Support

We can improve the sleep. We can also, maybe get some benefits for pain. And, and then if that doesn't work, as we would expect, then we would do a trial of five FTP.

And with tryptophan, the starting dose is 500mg for adults. And with five FTP the starting dose is 50mg. Also with adults. And if we're working with children, then I will halve the dose for like a 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, something that I have on all my question is, is are you very sensitive to supplements? And if someone is very sensitive then we just be cautious and we start start low and mid build up slowly.

And the thing is with low serotonin is that you have this fear and this worry. So a lot of people who have low say return and 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, 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 trap 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 antidepressant.

Now, if someone's on multiple psychiatric medications, we don't even consider tryptophan or five and we just don't know what what could go wrong. And then, once, you know, a lot of people come to see me because I 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 is, you know, commonly used in EMS for depression or anxiety, for nerve pain, for sleep.

And if we can use something like, you know, serotonin support with tryptophan or five HDP, what we're doing is we are 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, any amino acids for pain relief. Yes. So and so, but but the Gaba helps a little bit with pain relief if there's at 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 and that it supports endorphins.

It boosts endorphin labels. And the amino acid is dpa d phenol 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 e in y l a l a in and a d phenylalanine. And for folks who don't know what endorphins are, those are our body's endogenous opiates.

In 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 they endogenous opioids system.

And they said that these clinical observations in patients with M. S. and converging lines of evidence that implicate the endogenous opioid system, 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, depression, both of which are common when it comes to M. 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, eating for a treat. And often as someone you know, the way the way I do it with, with, 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 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.

Endorphins, DPA, and Hopeful Takeaways

That's a clue that we've got, the 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.

We penis 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 getting acupuncture, you get this endorphin support, using the amino acids I do find up to walls.

Is that using DPA opened, gives people a lot of benefits as well. And if someone is, craving sweets, it does have a slightly, but, dark chocolate kind of taste.

And they get some pleasure from their taste as well. And using, using it opened in the same way that we use get it opened. We're getting absorption through the blood vessels in the mouth.

And we're getting feedback very quickly that, yes, this is helping a 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 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? The message that I always like to share is to have hope. And to know that they are answers out for you because they're out there for you.

A lot of time, folks, feel like there's just no hope that they, 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 in your 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, the nutrients that I've talked about. Yeah, 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, I have dietary approaches that I use with my clients is a lot of overlaps with the walls protocol, 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 on society. And you deserve to feel your absolute best every single day. This has been fabulous. Now, Trudy, 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.com, has a very active blog.

I send out a newsletter every week. I'm active on Facebook at Judy Scott Anti-anxiety Food Solution. And then I have, 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, Judy, this has been marvelous. And I look forward to, connecting, in person again sometime soon.

Thanks, Doctor Wallace, for having me. And I look forward to sharing and hearing the other interviews.