Introduction and Trudy Scottu2019s background

Welcome back to this episode of the Reversing Marcel Activation and Histamine Intolerance Summit. I'm your host, Beth O'Hara of Marcel 360, and I'm so excited today to have with us Trudy Scott, who's going to share with us a lot of information about anxiety and panic, which is really common in people dealing with mass activation syndrome.

Not a lot of people are talking about resources for this. So, so much gratitude and appreciation for Trudy for coming on and sharing this with us. Let me tell you a little bit about her.

So Trudy Scott is a certified nutritionist who's a food mood expert who educates anxious individuals about nutritional solutions for anxiety. And she's really known for her expertise in the use of targeted individual amino acids, nutritional solutions for social anxiety condition called prior Luria, and the harmful effects of benzodiazepines.

She's the author of the Anti-anxiety Food Solution and the host of the Anxiety Summit. She is someone whose work I've been following for quite some time.

And she also educates health professionals via the Anxiety Nutrition Institute, sharing research and practical how to steps. And I know you've had your own history with anxiety and with panic, as have I.

So I'm really excited to hear about your your background. But first as welcome and thank you so much for joining us. Thanks so much for having me, Beth.

I'm really excited to be here to share my expertise and my experience and help folks who do have anxiety because, you asked me to share my story, and I can totally relate to this feeling of waking up with this feeling of impending doom, feeling anxious all the time, and you sort of look back and think, well, why am I anxious?

There's no reason for me to be anxious. This growing social anxiety, and this is all sort of happened to me in my late 30s. I was actually, it was before I was a nutritionist.

I was working in a corporate job in America, and, was under a huge amount of stress. I was, in perimenopause. So my hormones were changing and I had this perfect storm of factors that were contributing to my anxiety.

It was all physiological, all but, you know, biochemical. I had gluten issues. I had a mouthful of amalgams. So I had these, you know, heavy metals and growing up in South Africa and worked in, in, places where there was a lot of lead.

So I was exposed to a lot of lead. We had needed fuel in South Africa. I just, I had gut issues. I was eating a vegetarian diet as I was eating processed soy.

So I had this combination of things that were causing this perfect storm of anxiety, and I started to look for solutions. I worked with a wonderful nurse practitioner and a natural panic doctor, and started to realize that it was biochemical and there was something I could do about it, and diet was a huge factor for me.

So I made some dietary changes. I went back to eating quality animal protein. I got off gluten, I traced adrenal issues. I and I used nutrients, I used a Gaba.

We're going to talk about gamma a little bit later. But gamma stands for gamma amino acid. It's a calming amino acid. It helps to calm Gaba which is also a neurotransmitter.

I also use tryptophan. I addressed hormone imbalances and as you know, started to detox. So I found resolution pretty quickly. And there's so many women in my community who have the same experience, and they have no

idea where it's coming from.

They don't, they don't have solutions. And they, they, you know, medications are commonly prescribed benzodiazepines and antidepressants. And we'll talk about that a little bit later too.

But I want folks to know that firstly that there is hope, because when you're in the midst of this anxiety, you just feel so terrible and you just can't imagine getting out of it.

So there is hope, there are solutions. And, and there's the options. There's a lot of options. So, you know, I'm really excited to, to share all of that.

Another root cause that I forgot to mention is paranoia, which is this genetic genetic condition. It's a little bit of debate about that or that could be triggered by environmental, onslaughts.

And that caused the social anxiety that I had. And some of those nutrients, made a huge difference. Simply six evening primrose oil, in the paranoia and then also help as a, you know, foundation for making the neurotransmitters.

So, long story short, no more anxiety. No more panic attacks and no more social anxiety. As long as I am following these protocols and looking after myself.

And the interesting thing is for for this event with mast cell activation syndrome, low Gaba, low serotonin, paranoia, all common and can be effective.

So using that knowledge, we can use that to help folks who also may have anxiety from mast cell activation syndrome. And we're going to talk a little bit about how that can differ from from some other kinds of anxiety.

But that sort of sets the stage for what we're going to talk about today. Thank you for sharing that part of your story. I think it's really important for people to have hope, and I wish I had heard your story when I was dealing with anxiety for about 20 years, and I remember having panic attacks just driving to the grocery store, and I couldn't even go in.

I'd have to get back in the car and drive back home and having days where I just wanted to dig a hole in the ground and bury myself in the earth because I couldn't get any relief.

Personal anxiety story and recovery

But there is hope, and I'm anxiety free, today as well, unless I start some new supplement. Doesn't agree with me. I go too fast, or I sometimes forget to take my supplements and realize, oh woops, that's what happened.

That's wonderful. So one of the questions that I've been asking some of our speakers who've had stories like ours is what what helped you get through that?

Because so many people give up what what helped you keep going? Well, with my, in the midst of it, I, had the most terrible PMS. So I was a basket case for three weeks of the month.

But one week of every month I had, I was okay, and, you know, I had brain function. Then, I was sleeping, and I could, I could focus. And then that one week, I read everything that I could get my hands on.

And I remember, going into the doctor, because I also had a breast biopsy because I had, you know, lumpy breasts as a result of, you know, perimenopause.

And that was the wrong thing to do. You know, it was not it wasn't an issue. And I went back in and they wanted to do another breast biopsy. And I said, hey, what's going on?

And they said, well, this is, this is perimenopause. And I thought, well, you know, in my late 30s, I now have to think about menopause when I get to my 50s.

What's this weird period of pause? And, you know, this was many, many years ago. I didn't even realize I had to start thinking about it, but I read every single book that I could on menopause and perimenopause, and they weren't a lot in those days.

Certainly not that you know, that what we've got available to us today. But I just read everything that I could. And then once I started working with this nurse practitioner in the naturopathy, I had hope because I knew that there were solutions and I knew it was just a matter of getting to the solution.

So I would say that's what what worked for me. And that's one of the reason, reasons I wrote my book is because I wanted people to to read something and feel hope that it was a solution.

And that's what kept me going was those moments where my brain would work, and I had a pre-med background so I could pull on that. But now we have experts like you and lots of resources from experts on this summit that can help people.

Let's talk about the types of anxiety, the way that it shows up and mast cell activation syndrome. So the the reason why I want to talk about this first is because a lot of people don't realize that there are different types of anxiety.

In other words, a different root causes of anxiety. And a lot of people say, you know, having ZT and I took Gaba and it didn't work, or, you know, I was given this and told, take it, you know, take, tryptophan once a day for my anxiety.

If it's really bad, take it twice a day. There's a lot of there's more nuances to it. We firstly, we need to figure out what the what the causes, what the trigger of the anxiety is.

And you know, my focus is using, neurotransmitter supports. So addressing like Gaba and low serotonin. But there could be more to it than just that. So, you know, you may think, well, I've got anxiety.

And therefore I need to look at like all those who are returning. But what if there's also muscle activation going on? Then you need to think about, well, is that is that triggering my anxiety as well as like AB and I see your child and we'll go into all the symptoms that we see with the low Gaba in the low serotonin in a second.

But certainly with mast cell activation, you're going to have the racing heart. You're going to feel flushed. You may have shortness of breath. You may have a panic attack.

That's very common. You may have, tummy upset. Now, these are, you know, common things that we sort of associate with anxiety. And you may even have difficulty swallowing, choking spasms in the throat, because of the, the, the, the histamine reaction or whatever.

The other mediators that are causing this sort of inflammatory situation. So this, this is this is what we might see with, mast cell activation syndrome and the the way that we could differentiate it from other types of anxiety, like, like Gabba or low serotonin or high cortisol.

Anxiety is looking at the other mast cell activation syndrome symptoms and saying, well, do I have those as well? So do do I also have a runny nose and nasal congestion?

Do I have a headache? Do I have brain fog and do I have a rash or hives? Excessive fatigue, weakness, maybe anaphylaxis. This, you know, having an anaphylactic reaction.

Insomnia and PMS. So there's a whole host of symptoms that are, mental symptoms, you know, anxiety, depression symptoms and then also the physical symptoms.

And that that could be a clue if you just thinking, well, do I actually have this issue. Is this something that I need to be thinking about? Those are some clues that that would would give you an idea or say a few reacting to certain foods every time you eat sauerkraut, or if you eat leftovers, that could be a clue as well.

I mean, maybe you've heard a little bit about this and you're thinking, well, I should try low histamine diet or quercetin or some of the other nutrients.

And I'll talk. I'll talk specifically about some of those towards the end of the interview. But if those those are going to be clues that, yes, now you need to maybe work with, mast Cell Activation expert to test and diagnose and treat.

But what I want to share here today is that if you do find out that you have, histamine intolerance or mast cell activation syndrome, some of the solutions that we're going to talk about today could help with the anxiety aspect that you are experiencing.

That's very helpful. And with the mast activation, I just want to recap, because I know we've got so many people who are brain fog on here, that anxiety can be a subset of the symptoms, but they're going to be symptoms in multiple systems.

So we're going to have we might have skin symptoms like the rashes the hives you talked about. Now everybody gets those. It could be GI symptoms sleep issues reproductive hormonal symptoms like PMS.

People can have issues with throat closing. They may have anaphylaxis and may not. They may have allergy type symptoms. They may not. One of the hallmarks is that there are inflammatory symptoms in two or more systems in the body.

And histamine can trigger anxiety. And sometimes people could just have histamine intolerance and just have an issue with that and have high anxiety. But then mast cells can release histamine and lots of other over 200 different inflammatory mediators and their neuro inflammatory.

So we kind of have this multifaceted situation here. But you also see different types of anxiety. And they can occur with the mast cell activation or the make or stand alone.

Can we talk about some of those. Yes. And I'm so glad you talked about the fact that some of these symptoms can happen to some people. So one that can look very different for different people who have mast cell activation, issues.

So it's and that's why it's challenging to diagnose because, different people can have different symptoms and their symptoms can overlap with other conditions.

So and the same can be said for anxiety as well in this kind of situation. And so as I said it could be triggered by the the histamine or the other mediators that are being released or the, the low carb or the low, so turn.

But so you do need to know what the cause is in order to address the symptoms. And the analogy that I like to give is, you call it won't go. So is it a flat tire? Is it. No gas?

Have you got an oil leak? Have you got the wrong gas? You know, maybe you've got, you know, the wrong, wrong gas in there or you've got, something else going on.

So you need to know what's wrong in order to fix it. There's no point in just, putting gas in the car and not dealing with the flat tire. So you need to know what the root causes in order to fix it.

So that's my sort of thinking of why I wanted to talk about this. And before we talk about the the actual symptoms of recommend low serotonin and how to deal with them, I just wanted to share a case study that was published in 2017.

I read the name of the study in case anyone wants to look it up. It's called mast cell Activation Disorder masquerading as a nervous Breakdown. And in this report, they present a case of MCs diagnosed as an anxiety disorder.

So it was a 62 year old male. He went to the, I mean, he had three days of recurrent flushing diarrhea. He had mild edema in his hands. He was very emotional.

And he was diagnosed with severe anxiety and actually discharged from the ER and sent to a mental health clinic that he'd previously been seen in an allergy clinic for suspected, mast cell activation syndrome.

And some labs were pending, and they they had been they tested, plasma, histamine, triptans and a few other markers. And that he was found to have elevated histamine.

And treatment was started for their mast cell activation. He was started on some, medications. And this helped ease his physical symptoms and eventually the brain fog and the emotional symptoms and the anxiety.

The study, the authors say this case highlights the difficulty of MCs diagnosis and the importance of of assessing, especially in patients who have multisystem complaints.

And my commentary is if he had not had a prior allergy assessment, he would have just been prescribed psychiatric medications. And then, you know, PA hopefully received a correct diagnosis down the road.

So, this just sort of illustrates that it's very common, for this, you know, to be confused. Is it anxiety or is it, something physical going on. So I'm so happy you shared that.

First of all. And I'm going to link to that in our summit resources page. This is I wish this was not a common story, but I hear it all the time. I'm sure you hear it all the time.

And it's part of my own story, is that so many of us with chronic conditions, first of all, how can you have body wide chronic inflammation and not have some involvement, a nervous system, inflammation, and not have something going on with your neurotransmitters, which can be anxiety, depression?

However it shows up and then so many people are dismissed until it's in their head. I was told many times that I wanted to be sick, that I was crazy, and I was trying so hard to get well.

How mast cell activation can mimic anxiety

I was doing everything I could to get well, and I didn't know anybody else who was working harder on their health. But it's just it's demoralizing. I understand what's happening.

The practitioners are frightened. Are they not seeing this before? They don't have a framework for it. Whatever's going on, I just want to validate people out there.

I've had that experience as well. And to share with them that, you know, to keep going. And I often see as well, treating. I'm sure you do too, that this becomes a social issue because, well, the doctor said that you're crazy and you must be crazy, but anything psychological is physiological.

It doesn't even make sense to me that we segregate these out. We don't even. We put them on entirely different campuses and in university. I totally agree.

It's it's it's really crazy. And, it's as you say, it happens all the time. I in the midst of everything that was going on with me, I had to via, brain fog.

I couldn't do my job. And I went to the doctor and they said, well, here's a prescription for an antidepressant. I said, no, I, I don't need an antidepressant.

I need to figure out why I can't think you know, why. I feel like I thought I had a brain tumor or something. It was that severe. So, unfortunately, we often not listen to.

And we have to. We have to figure some of this at ourselves until we find a practitioner, who's knowledgeable about this. And then there's a that whole trauma aspect of being ignored, of not being heard, of being brushed off, of being told it's it's all in your head.

And that's that is a very big issue as well. And, it's just healing for people to have that validated and to know that they're not the only ones. And I mean, I hear this five, six, seven times a week in the clinic, unfortunately.

But the good news is, if you hang on to yourself and you say, I don't think I agree with that and you know yourself, then you can keep moving forward.

So this can show up in some different ways. And we're going to talk about things like serotonin and Gaba and cortisol, high cortisol. But I also want to talk about low cortisol.

If we can we can touch on those. Yes certainly. So the with the work that I do I primarily focus on neurotransmitter support. So the first thing I do with people who come to me with anxiety and that's, you know, the primary focus of my work is working with folks with anxiety is look at low Gaba and low serotonin.

And they they different. So with low carb there's just physical anxiety. There's tension in the shoulder. And stiff intense muscles. Whereas with low serotonin it's a very ruminating kind of anxiety.

So those are the differences. They there's no reliable test to confirm whether you have low Gabe or low serotonin. A lot of unfortunately a lot of practitioners are using urinary neurotransmitter.

So I use a questionnaire and then do a trial of the amino acids. So that's great. I think that's helpful. And I know those studies have shown that there's some relationship between the urinary transmitters, but it sounds like it's much more reliable.

So you can also use these questionnaires. Yeah I just use the question is and though let me give you some of the symptoms that we see with low Gaba. So I'll have someone fill in the questionnaire, write their symptoms on a scale of 1 to 10 with ten being more severe.

So you may have this physical anxiety feeling of being overwhelmed, stiff and tense muscles, intrusive thoughts. That's usually low serotonin. But there is one study that shows that intrusive thoughts can be affected with low Gaba, stress eating or drinking alcohol in order to relax.

So if you need to drink alcohol in order to fit in and relax at the end of the day or to socialize, that's often lower. Gaba gets pain. Spasms, like laryngeal spasms, rectal spasms and insomnia.

So rate your symptoms on a scale of 1 to 10. And then, we'll we do a trial of the amino acid Gaba. But I just want to bring it back to what we talked about earlier.

So how do you know if this is low Gaba or if there's some sort of overlap with muscle activation? So in this case, if you don't have hives, you don't have nasal congestion.

That could be a clue that it's not muscle activation. Now this is very sort of high level. It's not as cut and dry as this. But I'm just giving you some examples here.

Because going back to what we were talking about earlier, you do need to be your own detective for yourself. And then also when you're working with a practitioner so you can share what's going on with you, you might just add there, treating that.

So if, if you only have the neurotransmitter symptoms low, don't transfer to them and you don't have anything else,

then it's probably not mass cell activation.

But if you've got other types of issues in addition, and one of the common things we see a massive activation to is sensitivities, sensitivities to medications, supplements getting triggered by chemicals.

Sometimes people have the hives and the rashes. But I just wanted to share that because there's a lot of times people retold if they don't have hives and rashes, they can't have muscle activation.

And then they're they're dismissing it when it may still be on the table. Yeah. And that's good. It's a good point because not everyone has everything.

And thanks for adding in the sensitivity. And that sort of clouds things a little bit because that can happen with like it can also happen with adrenal issues.

It can also happen with paranoia. So it does get tricky. But yeah. So yes. So that's that's good to clarify that. But going going on with how to sort of figure out, is it like ABA is there the stress eating or this need to drink alcohol to relax.

Now that could be a clue that it's more Gaba than than something else. Now, unfortunately, there's anxiety, there's got pain, there's insomnia, there's the throat spasms and the choking that we see in both.

So it could be both. Now the the easiest way to confirm that it is low Gaba is to do a trial of Gaba and see what the result is. And a lot of people don't realize that when you use the amino acids, in the trial method, which is using them sublingual.

So just putting them on the tongue or using a sublingual, you will get results within five minutes. So now you've rated all your symptoms on a scale of 1 to 10, you may have eight out of ten for physical anxiety.

And you may have, you may be able to relate to needing alcohol to relax. And, you do this trial of the amino acid, and within five minutes you can say, I just feel like I had a glass of wine.

I just feel so relaxed. That's what we're looking for. So it's not. May not take all the symptoms away. Certainly if you've got some of the the muscle activations, symptoms, it's not going to take those aspects away, but it's going to help the I gave us some.

So now you know yes Greg Abbott is definitely a factor here. I wanted to just, clarify, an issue that I've seen with, different types of Gaba. There's a former Gerber product which is fermented, and that can be problematic, for folks who have, muscle activation.

So if you suspected, I would start with Gaba and not the former Gaba. I actually, have had done some blog posts and communication with some people in my community, and one, woman shared that my daughter has high histamine and did not tolerate the form I gave at all.

She had increased ADHD, agitation, rages, tics, and was very emotional. And she has the same reactions with fermented foods like sauerkraut. So the you know, you've got to be careful that, something like that could actually make things worse.

And I would just start with Gaba in that situation. Now, not everyone responds badly to the farmer Gaba. So it's very, very variable is everything is unfortunately in this world it's it's a matter of figuring out what's going to work for you.

But I'm going to pause there before I go on to serotonin to see if you've got any follow up comments or questions. Yeah, those are great pearls. And when you're talking about sublingual, I know you can just open the capsule, put a little under your tongue. So just wanted to clarify.

People don't have to find some kind of sublingual Gaba tablet. That's generally how we're doing it now. I see problems when people start with too much, gather apps and because we know Gaba can kind of go back over to the glutamate pathway for too high, and then sometimes people say, well, I can't do Gaba at all because they went to high school.

How do you start? I start really low. And unfortunately most products 500mg or seven 50mg, if people take start too high, they can get a flash. They can, get a nice, like a nice and top flash.

They can feel dizzy, lightheaded. It can be too sedating. So I typically start with 125mg. There's a very nice sublingual chewable. And I mentioned product name shadow.

Sure. Yeah. This fun. So so Naturals is an over-the-counter Gaba calm which is one that I use for the trial. It's very helpful for a lot of people. It has a little bit of tyrosine, which counters the sedating effects of the Gaba.

And it's 125mg. And if someone's going to take the powder, or open a capsule, they want to measure it out and start really low. And for people that are really sensitive, you mentioned earlier, people with mix being really sensitive, if you all, you could use even less in that.

I've had people report, back that, you know, one quarter of a 125mg is enough. I remember one of my clients when I first started working, she put the Gerber Common in mass, and before I even had a chance to pick up my pen and write down, she said, I feel relaxed.

I said, okay, take it out right away. She just needed one eighth of a of the 125 milligram. So it is very variable and you do need to go slow. So I'm really glad that you brought that up.

And for super sensitive people, I actually have them open the capsule, put a little sprinkle in water and they can stir it. And then they can just hold that water in their mouth. Absolutely.

We can start with that kind of microdosing, particularly for the people who struggle with supplements. This can be a really nice entry point for them.

Yeah, I'm glad you brought that up. I've seen amazing results with people with choking, and spasms in the throat just swishing the, Gaba in the mouth.

Before a meal can make a huge difference. I've had people who, you know, haven't been able to eat at all. Whether it's from, you know, muscle activation or other causes, they've got these spasms and just doing that, swishing that and not even swallowing it can make a difference.

So yes, that's a great way to do it. And fortunately that doesn't taste bad at all. So it's an easy way to do it. And it does mix well. Now that's not not the case with tryptophan.

It's a little bit more challenging. It doesn't mix as well and it doesn't taste as good. But certainly with Gaba that's very effective since I find it to be a little sweet, bitter kind of profile there on the ground.

And I also have seen that Gambas heat sensitive.

Low GABA and low serotonin symptoms

So we don't want to put it in a hot window. We don't want to get it from where it might have been sitting in a hot warehouse. It's important that it has stayed temperature controlled.

I haven't not seen that. So do you see that it's not effective if it's being affected by heat? Yeah, it tends to lose its effectiveness. So that concerns me when, I had a client who worked in the Amazon warehouses and he told me he wouldn't ever buy supplements there because they've sat and it might get 130 degrees in the warehouse.

So some things like calcium, magnesium, they're not heat sensitive, but some things are more heat sensitive. So I have seen that with the, Gaba and some of the other sensitive settings.

So then so we've got Gaba then are we ready to talk about serotonin. Absolutely. So with low serotonin it's that worry kind of anxiety. So the ruminating thoughts you land bed and you think about a conversation you've had and you can switch or such that off.

You may also have this fear or phobias, crossing bridges, flying, driving on a highway. We see the hormonal, issues like PMS, Pmdd, perimenopausal symptoms, even menopausal, issues with low serotonin.

Irritability and rage and anger are very common with, low serotonin. Depression, the winter blues symptoms of of of depression more pronounced in winter, and also more anxiety in the winter.

And a TMJ, insomnia and then the the with all of the neurotransmitter deficiencies there's a cravings aspect. So with low serotonin it's the afternoon and the evening cravings for carbs.

So you need something afternoon or dinner time and then bringing it back to mast mast cell activation. Again, no hives, no nasal congestion, none of the other things that maybe no sensitivity.

Some of the other common things that we might see, that clue that it may be just low serotonin is that the afternoon and evening craving sets. That would be something that differentiates it.

But then all of the others could be both. And, you know, we see depression, we see anxiety, we see, sleep problems with both. So again, it can be tricky.

But again, doing a trial of tryptophan or five HTP, once you've rated your symptoms, do this trial, see how it changes. What I didn't share with Gaba and I should have shared, which would apply to, doing this, tryptophan or five Http trial is you do the initial trial and you see how many notches the symptoms improve.

And then over the course of the next few weeks, you adjust up, to get more and more resolution of your symptoms. And then if you're not getting more resolutions or you get an adverse effect, then you'd adjust that back down.

So you finding your ideal dose and it can be different for each person. So in this case we start with an initial trial of tryptophan. Also on the tongue I usually start with tryptophan.

And then if someone knows that they don't do well with tryptophan then we might use fiber http. But again you're going to get results very quickly that when I don't use fiber, HTP is if someone does have high cortisol, we know that fiber Http can raise cortisol.

Can make you feel more wired. Can actually affect sleep and make you worse sleep. And then the dosing for the tryptophan and fiber Http is typically 500mg.

For tryptophan is a starting dose, 50mg for five HTP. But again, if you're very sensitive, you would want to start a lot lower than that. And some people do better with five HTP.

Some people do better with tryptophan, which is the precursor. Do you have a sense of why? I know they I know the pathways, but I'm just wondering if you've seen any patterns in terms of who might do better with which I have not, but that is very important to be aware.

You know, if you don't just think that tryptophan, is there any solution or fiber is the only solution. If you're not getting results and you've got the low serotonin symptoms, and you're not getting results with one of them, definitely switch to the other and see what happens.

And I, I would love to know what the mechanisms are or why that happens, but it's, you know, it's like, you know, why some people do really well with Gaba versus some people do well with pharmacopeia.

And you know, with just talking about people doing well with different supplements. I've, you know, I've got this, group program gave a quick start where I'm walking people through how to use Gaba when they first learning about the amino acids.

And I had someone in there recently. She cycled to five different Gaba products until she found the right one that was going to work for her. And it's just amazes me, you know, she used the Alaska Thermal Gaba Theanine product and she used gabber calm.

Then she opened up, a Gaba capsule, and then she used Gaba powder. And I think she used something else after that. There were five of them. And and it was, you know, trial and error to find the right one for you.

So unfortunately, some people it takes a little bit longer to get the, the answers. For some people, first time we get an answer. So, it's a matter of persevering if you're not getting those answers.

And then I wanted to just clarify with with tryptophan and fiber Http, there is a contraindication. With antidepressants there's a potential of serotonin syndrome.

And so it's always important I always, you know, make sure my clients, have their, their prescribing doctor on board, to know if they are going to be trying the, tryptophan and fiber Http.

And they do need to be working with a knowledgeable practitioner. It's a little bit tricky, I don't know. I'd love to hear your thoughts on this, Beth, but there is no research showing that taking tryptophan with an anti SSRI might cause a serotonin syndrome.

There is not one study. They are number of studies showing that tryptophan is used in addition to exercise to help make them more effective. But there is always this potential.

So we just need to be very cautious about it. I have not seen it, but it is something that I have not seen it in, supplement medication interaction. I have seen it when the medications were too high.

The serotonin medications. And, and I do think it warrants being careful because serotonin syndrome is concerning. What about the Gaba and benzodiazepines?

Because benzodiazepine is helps in meso anxiety. Because there are receptors on the mast cells for the benzodiazepines and there is a use for them. They're tricky.

And it's certainly not, what we want to be one of our first go tos. But what about using Gaba with with benzodiazepines? I have not seen it to be an issue.

The only time that's an issue is for folks who have been on the benzos for long term, and may have they gave a receptors down regulated. Then they they're battling with any supplements.

And for some people there's a there's about a, there's sort of three groups of folks with, who've been on benzos. You have issues with them, and we're going to talk about benzos in a second.

But the folks that have that, there's a third that do find getting off the benzos, there's a third that have quite a hard time getting off the benzos.

And then there's another third that have a really, really hard time. And those those are the sort of second, third and the third third, if that's the way to describe it.

They may have a problem with Gaba. But taking it with the benzos, I have not seen an issue with it, you know, making things worse or making someone more sedated or relaxed.

I haven't and I haven't seen any research showing that they are contraindicated. So, I'm fine with it, but any time

someone is on medications, I always say, you know, talk to your doctor.

They may not have an answer for you. You can always talk to your pharmacist as well, but, you know, I'm all about empowering people. So a lot of folks read my book, do my programs, do this work on their own or what?

You know, they might be working with someone to help with Lyme disease or something else, but they're doing some of this work on their own. But it's always wise to be, you know, to bring the doctor in and make sure that they know what you're doing, even if they might not always have that answer for you.

Any other times when somebody maybe shouldn't use Gaba or five HTP or tryptophan? Well, the precautions with the, all the amino acids, if you have, kidney disease, that can be problematic.

I have not seen it to be an issue. And then, Gaba can lower blood pressure. So it's just something to watch. I have not had anyone need to stop Gaba because it's lowered their blood pressure too much with, tryptophan, asthma, potentially can be an issue.

I've had one client in 15 years. Think that maybe the tryptophan made the, asthma a little bit worse. But there's also research showing that, that it helps.

So, it's, it's a matter of of of figuring it out. Yeah. I know we're going to talk about cortisol and benzodiazepines, but I did want to just touch on one other thing you mentioned in your story about getting so much worse when you were on a vegetarian diet, and I was vegan for two years and vegetarian for four years outside of that.

And, you know, my anxiety got worse, and I'm sure it had to do with the quality of the protein I was getting getting the amino acids. Can you share more about that?

So this, researcher in Australia, Felice Jacka, she's done all this research on, nutritional psychiatry. And in her thesis, she actually was a vegetarian.

And she went in to show that vegetarian diet was superior. When you have, anxiety and mental health issues and was very surprised to find that the strongest correlate for good mental health was red meat, grass fed red meat.

And it's it gets controversial. And people say, you know, his problems with red meat, but quality red meat has the amino acids. Of course, you need to be able to digest those amino acids.

So your digestive system needs to be good. It's got zinc. It's got iron, which are co-factors for making the neurotransmitters. Because of the protein, it helps with blood sugar stability.

It's got omega threes, which, you know, we think of fish being, you know, providing omega threes, but grass fed red meat. So, I have just seen in my population that quality animal protein makes a big difference.

Now, you you could do it, as a vegetarian, but it's more challenging. And you really have to work at it. And then, of course, what are you using as your protein sources if you are, a vegetarian, if you're eating a lot of processed soy.

I was eating soy yogurt, soy cheese, you know, textured vegetable protein. And that was not, you know, I think it really did a number on my digestive system as well.

So you you've got to just be very careful. So I'm glad you brought that up. Felice Jacka has now published. I don't know, she's a over 200 papers talking about, nutrition, and the effects on mental health.

A lot of our new research is on the microbiome and the gut brain axis, but, mean her initial research has been incredible. So her first paper was the effect of Traditional diets on women in Australia and found that traditional, real whole food diets that included grass fed red meat, had an impact on mental health.

We'll link to that one as well. And I just want to highlight that grass stat component.

Cortisol, benzodiazepines, and medication cautions

And that reminded me that, you know, one of the game changers, it took a lot of factors to get my anxiety settle down. But one of the game changers was between HDL and getting the stomach acid to where I was digesting the protein and able to get those amino acids.

Let's talk about cortisol. Let's talk about high cortisol, which we know is really associated with anxiety. And I don't see many people with high cortisol in my practice.

There usually have gone past that. And they're hitting the much lower cortisol. And I think there's a relationship there as well. I'd love to hear you tease that apart.

So with high cortisol, and this can happen with the low serotonin, the low carb, the mast cell activation, some, symptoms. You've got this, the clients that I see there have this sort of adrenaline rush.

Like, they just feel like a big rush of adrenaline. That's how they describe it. Waking in the night, not being able to sleep. I've had high cortisol, a few times in my life, usually from overdoing it.

But, you know, anything can trigger that high cortisol. It could be stress type situations. It could be, market toxins. It can be Lyme disease. Any kind of stress on the system can, trigger that high cortisol.

And now the nice thing about cortisol is that it is easy to test. You can do saliva salivary testing. You can use, do a urine test so you can confirm if the cortisol is high.

There are some, fights for title. Serine is, a nutrient that is commonly used for high cortisol. I've had really good results with a product, called phosphorylated serine, which is, which is made by Sarah Foss.

That's the one that I've had the best results for lowering high cortisol, also lactam, which is Botox research has a product called lectin which is a hydrolyzed casein product.

And that can lower high cortisol. So I haven't I don't see a lot of low cortisol. So I'd love for you to, contribute to that part of the discussion. Sure.

So once people have had long term stressors, whether we're talking the toxins, the pathogens, the, emotional stressors or traumas, initially the cortisol go high and then we start to get dips.

And there's kind of these what are called three phases of adrenal fatigue. This signaling that HPA axis signaling starts to get affected. And eventually we go to where the the signaling the to the adrenals is blunted and they're not releasing the cortisol.

And that can give us really combined with all these other things that are going on that wired but so exhausted feeling and it makes it hard to relax. It makes it hard to rest.

So sometimes when we just bring the cortisol up a little, it'll soothe both of those kind of wired and tired. And that's why it's so important to know because sometimes people have high cortisol and they're fatigued.

And I've had a few instances where people presented in ways that, based on their symptoms, I would think that they were low or high. And then we tested and it was the opposite of what they seem, just because these cases are quite complex, good to good to know.

So now let's talk about benzodiazepines. And I've referred a number of people to your work, because of how hard it can be for some people coming off of these, it's particularly one of the things if somebody has had benzodiazepine withdrawal or come off too quickly, or sometimes it's just coming off, no matter how slow, it can trigger a lot of sensitivities. Yes.

They, can be very, very problematic. They, as you know, they are meant to be prescribed short term. A lot of people have been on them ten, 20, 30, 40 years.

I have no idea that that it should have, you know, it should have been a short term prescription. Tolerance develops dependance. More and more is needed.

Then they get breakthrough symptoms in between doses and then withdrawal. They can be these severe physical and psychological symptoms. And as I said, there's a subset who seem to do fine tapering often if they've been and then, you know, shorter term it can be easier to taper.

But some people who've been on them two weeks can have a hard time tapering. So the length doesn't always tie into how challenging it can be. I've I've looked at some of the research on why some people have harder times.

I've found connections with antifungal medication, SSRI, birth control pill, alcohol consumption. And then there's some polymorphisms that that seem to, you know, play a role here.

So, unfortunately a lot of people don't, don't realize that all of these, can, can play a factor. The other thing that can play a factor is fluoroquinolone antibiotics.

So it's like Cipro. Yes, absolutely. And that's commonly prescribed for bacterial infections. And other other injury, other bacterial sorry bladder infections and other bacterial infections. So really it's concerning, you know, there's documentation about how it can affect, tendons.

But, there's the they are these other issues, and now there's a lot of, documentation on, for Quinn to alone antibiotics causing neuropsychiatric symptoms.

People who've tapered off their benzos get put on, fluoroquinolone antibiotic Lexapro, and all of these symptoms can reemerge. So it's a, you know, very sort of, interrelated connection there.

But what concerns me is, the fact that benzos are commonly prescribed for anxiety in those with nasal activation, and, and I'm even seeing it, in a blog post and articles, you know, written by functional medicine practitioners.

So, that's a reason I was so pleased to, you know, be interviewed to speak on the summit, because I want folks, practitioners to know that Gaba is an option.

You know, you don't have to use benzodiazepines. And there was actually one of the papers that I looked up here called Pharmacological Treatment Options for Mast Cell Activation Disease, published in 2016.

And they list benzodiazepines as an investigational drug which might have activity against mast cell activation disease, which you mentioned earlier. That concern also with, benzodiazepines is that, are you familiar with the Ashton Taper Protocol for getting off benzodiazepines?

I'm not, but I'd love to hear about it. So, Professor Ashton's, British, psychiatrist who has actually passed away, but she has, has she published a taper protocol that's specific to the type of benzodiazepine that that you are tapering.

And it's very specific if you on Valium use this kind of tapering protocol. If you on Xanax, this is what you should use. But what they recommend is switching to Valium at the end of tapering.

So if you're on Xanax, taper to a certain point, switch to Valium at the end and then taper the Valium. This is a problem with histamine intolerance and mast cell activation syndrome.

Yes, Mina histamine chef. This is a little tribute to her. She shared in an interview with me, on one of my anxiety summits. That Valium is a de, blocker.

Diamond oxidase, which is a it's a histamine liberator. So it's going to prevent histamine. And being removed from

the body. Also Xanax. And the pink that has the pink pill, Xanax is a problem because dyes are also triggers.

So you now tapering benzos, you're having all of these terrible side effects, tapering issues. And you now put onto Valium, which is going to make things worse.

So, I just wanted to put that out there because a lot of people aren't aware of that. The other one, you know, saying we're talking about, medications.

SSRI in the same paper that I just mentioned, they're listed as high risk of release of mediators from mast cells. So if you on, an antidepressant, which is an SSRI, this could be making things worse.

And, you know, and, benzos are so often prescribed, SSRI is so often prescribed. I really believe that this is part of, of making things worse when it comes to, mast cell activation, syndrome.

And I'd love to hear your thoughts on it. I have I have seen it both ways. I have seen some people who just nothing was working and supplements weren't working, and they were at risk of being put in a psychiatric institute or suicide.

And it was lifesaving. And it's tricky and it's tricky coming off. And it's tricky long term. And I've seen other people that they've definitely caused problems.

So I think this is a very important conversation. I also want to encourage people because one of the things I did, Trudy, was I was prescribed all kinds of psych meds.

Sarah Kewell and Depakote, lots of things. And most of them I was terrified to take, but just a little eighth of a Depakote, had severe reactions in my body and shut my organs down.

My my whole autonomic nervous system was shutting down. Basically not not liver failure, but my autonomic nervous system shut down and my body temperature dropped to about 94, which is dangerous.

We had to put me in hot bath and I couldn't move, and it was frightening. And after that, I threw, I just said no medications. And then I did myself a disservice because there were some things like H1 and H2 antihistamines that ended up allowing me to tolerate mild detox and became critical.

So what? I encourage people to remember that there are lots of different types of medications, and it's about looking at the use. But these these are challenging.

And I think they're they're overprescribed. One of the things I think we should take a look into truly, is Will Gaba work on the same mast cell receptor in the same way as the benzodiazepines.

So could it be interchangeable in that way and nasal activation. And maybe we can pull some research together and, and put something out there on that.

I think that would be wonderful to do. And I'm glad you mentioned the fact that there are benefits to be seen, but there they're also overprescribed. And then also, I think being a way like, you know, I'm sorry what happened to you, but being aware that something like this could happen.

But then the, the going back to your comment about Gaba and could it replace, benzodiazepines as I think a lot of people, a lot of practitioners that I've, spoken to and certainly, you know, when I've worked with, with clients who've worked with other practitioners, they a lot of practitioners are saying, just swallow the capsule and it just doesn't work.

So I think if we can if we can figure out a way to make sure that we're doing everything that we can with Gaba before we resort to a medication that might cause problems, I think that's really important.

So making sure that folks know that it does need to be sample sublingual even after the trial, it always just needs to be sublingual. And then it's dosed according to your unique needs.

So start low and then build up. And I've had people go really highs. You know sometimes you think oh my gosh that's really high. I mean with my first client that needed really high dose of Gaba, I reached out to my mentor and I said, is this okay?

And she said yes, if they need it, that's fine. So I think if we can get that message across, that's going to, to be good and then just being aware of these kind of side effects.

The other one that is a little bit concerning to me is Singulair and it's, it's got a black, it's got a box warning now that it can cause neuropsychiatric events.

And they're, they're saying only 1 in 10 people can be affected by sleep, mood, anxiety issues, but it's more severe in older adults. And then they also had discontinuation syndrome.

So I don't know what the mechanism is yet. What really concerns me is that, is hearing that this suicidal ideation, with this, we know that there's also, you know, the suicidal tendencies or ideation with, with SSRI as well.

And I would just love it if there was a way that we could test people before they get put on these medications to know if they are going to be adversely affected.

But unfortunately, we're not at that point yet. But yeah, so I just wanted to put that out there because we need to be aware of these. You know, I had feedback from moms whose six year old started talking about dying.

I mean, that's just just, you know, terrifying. And they need to know that this could be a trigger. And there is some interest in genetic testing. It's of course, not 100% definitive, but interesting genetic testing coming available around the way that these sacred psychiatric meds are detoxifying the body.

I find that mold toxins really affect how these things are metabolized. And I've seen a lot of issues with the benzodiazepine withdrawal and people with mold toxicity and having a harder time.

So this has been wonderful information. Any other root issues with anxiety you want to touch on before we talk about some of your top tips? No. That's it.

Let's talk about what kind of recommendations you have. I know you've talked in more depth about Kyra Lauria, but if we could just touch on that briefly, I see that a good bit in in my population, people with more toxicity.

Where do people start? We talked about the Gaba, the serotonin. What else can they do? So the first thing is figure out what the root causes. You know what what it is.

If you know that you've got, mast cell activation, then, looking at the low histamine diet using, the DHA enzymes, not, you know, not eating leftover foods.

And I'm going to leave that to the other experts on the summit. You're going to talk about those. But I wanted to bring some of this back to anxiety relief.

A lot of the natural antihistamines that are recommended, full, mix, you know, like quercetin, stinging nettle, bromelain, vitamin C is actually research on each of these that show that they help reduce anxiety.

So that's really encouraging. And then you mentioned paranoia. So the protocol paranoia is a genetic condition. Also now thought to be triggered by, MCR toxins and Lyme and other environmental onslaughts that responds really well to zinc B6 and evening primrose oil.

And, Doctor Deirdre Kling Hartz talks about a higher incidence of paranoia in his, mast cell activation patients, the

zinc, the B6 and the evening primrose oil, which helps with the social anxiety that we see with paranoia.

Also have each of those has a study showing that there's a can, you know, it helps with, muscle activation and I actually talk about this extensively.

In my interview in Doctor Kelly, McCann's, mast cell activation summit. So, the other thing with zinc and the power, Lauria supplements the the B6 in the evening primrose oil is as well as decreasing histamine, and and helping with mast cell activation is that that helps with neurotransmitter production.

So we're getting that additional benefit for the Gaba and the serotonin.

Root causes, nutrition, and practical next steps

And then as far as you know, if you know that it's Gaba, then definitely use the Gaba. I talked about, swallowing issues earlier, and we talked about swishing Gaba in the mouth with people who have, choking episodes.

I've also, had them take a little powder and just dab it on the inside of their cheek. And in the midst of a spasm where they're choking or they can't breathe, they want the straddle and they can't breathe.

That'll relieve, things, right away. And then just to remind and not to use the form of Gaba, if you know that you have, mast cell activation. And then the other thing that I want you to mention is, one thing that I wanted to just clarify with low serotonin and with low Gaba.

And I mentioned Doctor Felice Jackie doing a lot of research on the microbiome. We know how important gut health is when it comes to anxiety. And in my recommendations I'll say it fermented foods.

But if you have mast cell activation, you may need to make a change there. So you need to take what you can from different recommendations. The Gabba and the tryptophan can help with sleep as well.

We talk mostly about anxiety, but sleep is a big issue with mast cell activation so they can help with sleep. And then another amino acid, which we didn't talk about is Deepa de phenylalanine.

It's an amino acid that in essence boosts endorphins so it can help with pain via this mechanism. And, I see it as an over-the-counter version of low dose naltrexone.

I also have people do the low endorphin questionnaire and with lower endorphins you get this emotional pain, and physical pain. And then you love this, reward or comfort eating.

And in the case that I shared the gentleman was very emotional and he was crying a lot. And Deepa is wonderful for that kind of emotional pain with you.

Very teary. And you cry a lot. So those are those are some of the nutrients that I want you to mention. And then earlier on you asked me other causes.

So just tying it back line. Is a mixed trigger increases anxiety and we see low Gaba and low serotonin with Lyme disease. I've had a lot of amazing results with Lyme clients who are working with another practitioner to address the Lyme disease, but they also have low Gaba as a result of the infection.

And we use Gaba and an eliminates they panic attacks and the anxiety mal toxicity as well. Gaba or tryptophan can help in the interim while you're dealing with that.

And then some of the other things, gluten I talked about being an issue for me. It's a big, big trigger. Caffeine, obviously, for anxiety, insomnia and then oxalates.

I we didn't talk about that, but, that can be, trigger histamine release and be, you know, be problematic. So dietary

oxalates, can definitely be problematic.

And then as far as avoiding some of the triggers, stress is a huge trigger for mast cell activation. So if you can reduce stress and use some of these nutrients that I've talked about.

Yeah. Avoid some of the drugs that we've talked about. Yeah. That's, that's, that's a sort of a little wrap up I think is avoiding some of those triggers are really important contrast dyes, alcohol, surgical procedures can be a trigger.

Odors, perfumes. You mentioned people being very sensitive. So focusing on all of those aspects and the mast cells are playing in here because they can act they can start to release these mediators within microseconds.

So this is where somebody might just smell perfume. And the anxiety comes on. I used to have to hold my breath going down the laundry detergent. I can't do that because it would just be my heart would be racing and I just feel like I gotta get out of here.

And I still can't. I can handle I can make it through. I don't enjoy it, but I can make it through today. This has been such a wonderful interview, Trudy.

And I'm really grateful for your work. I've had some people who, we were just stuck in terms of the benzodiazepine. The drama couldn't move forward, and they went and followed your work, and then they were able to come back and and continue.

And what you offer is, is just a huge service and gift to the world. Well thank you. I'm so glad to hear it. Could you tell people how they can find you?

Yes. So, the my website, every woman over 29.com. I've got a very active blog. I write articles every week. It's a great resource. It's also a great learning opportunity for me.

I've got a very engaged community and I get people asking questions, and then I write other blog posts, and I'm always looking for connections and research and trying to find other ways that we can help.

So that's, a great resource. My book, The Anti-anxiety Food Solution, has a whole chapter on the amino acids and another whole chapter on, paranoia as well, if people want to look more into that.

And then I do online programs, map walk people through using the amino acids. As I said earlier, I like to empower people so you can take my book and and do all the basics, the dietary changes and the gut health and using the amino acids.

And then if you've got more complex issues, obviously you need to work with someone like Beth or other, practitioners with expertise in the areas that you need.

And then the practitioner training, I said, I'd love more practitioners to be aware of of this. So if you are a practitioner and you want to learn more about the amino acids, I'd love to have you be part of that community.

And if you, as as Beth just shared chair, if you're working with a practitioner who doesn't know about the amino acids, you know, send them my way so we can get more practitioners who know how to use the amino acids because they are very powerful.

In conjunction with everything else that you're doing. And it's I'm so pleased to, have, you know, been invited to speak on this and, I really look forward to sharing this summit and all the other speakers with my community who don't know much about, and muscle activation and histamine intolerance.

So I think this is going to be a great resource. So thank you for doing it. It's been wonderful to have you. Before we close here, I just want to also let people know quickly that you have a free download for them.

And it's called Gavin the Gavin Tryptophan amino acid solution. Go to the bonus section. You can you can get that resource, completely free from Trudy.

And there's some questionnaires I believe. Can you tell them a little bit about what the what they'll get in there? Yes. There's a few case studies on using the amino acids.

So you can just see how they, you know, the application and different, case studies and then the, amino acid questionnaire, so you can see what the low carb symptoms are, what the low serotonin symptoms are low.

And often we also have, symptoms there for low catecholamines, and also low blood sugar. But the ones that we talked about today, you'll see all those, symptoms listed.

So you can start to figure out if this is something that you need to be considering. Thank you again so much. Thank you for your time.