Introduction and Guest Background

Welcome back. We're continuing our conversation on reversing chronic gut conditions. I'm your host, Sinclair Kennally. Today, I am joined by the wonderful Dr.

Will Cole, who is a leading functional medicine expert who consults people all around the globe, starting one of the first functional medicine telehealth centers in the world.

Over a decade ago, one of the top 50 functional and integrative doctors in the nation, Dr. Will Cole, specializesin clinically investigating underlying factors of chronic disease and customizing a functional medicine approach for thyroid issues, autoimmune conditions, hormonal imbalances, digestive disorders and brain problems.

He is also the host of the popular The Art of Being Wild podcast and was the host of Gwyneth Paltrow's lifestyle brand, Goop's first spin off podcast, The Goop Fellows podcast.

He's the best selling author of Ketotarian, The Information Spectrum, Gut Feelings and The New York Times best seller Intuitive Fasting. So I really wanted you guys to get the benefit of Dr.

Will's insights today about chronic conditions and how to reverse them. We're thrilled to have you here. Welcome, Will. Thanks so much for having me. How are you?

Fantastic. Thanks. How are you doing? I'm doing well. Well, thank you. Great. So I wanted to do a deep dive today. Since you are such a functional medicine expert on those chronic gut conditions, you and I really love and play in that territory.

Right. So let's do a deep dive on that today. Right. I know that you can speak to a wide range of, you know, techniques and tools that people who have been suffering from gut issues for a long time can turn to and, you know, we have a range of people in our audience from those just taking control over their health, perhaps after a new diagnosis all the way to those folks who I lovingly call them my summit junkies who know more than their practitioners do about their conditions because they really had to take their health into their own hands.

And then, of course, we have practitioners in the audience who are on the hunt for new tools, because it's a really complex DNAs that we live in. Right.

I mean, we know from personal experience that what we went to school to learn really is no longer enough to help people get well today. So we got to be got to be proactive.

So I would love to dove in and just look at functional medicine itself and what it can provide to people who have been struggling with gut issues for quite some time.

Mm hmm. Yeah. Yeah. So I really feel like it fills in the gaps in many ways for people that are struggling with chronic health problems, whether they're overtly digestive problems, chronic gut health issues, or they don't see themselves, they don't have extreme or overt digestive symptoms, but have underlying gut components to why they feel the way that they do.

So both directly and indirectly, certainly functional medicine is filling in the gaps for those people. I mean, there's a lot of medical gaslighting when you're talking about these chronic health problems that our patients are overwhelmingly, extremely erudite.

They are more of the summit junkies that you mentioned, and they know more than most doctors do. And they're doing everything their doctors have told them to do, but they're still spinning their wheels.

So for people that are newer to what we do in functional medicine, well, I mean, did being in telehealth for the past 13 plus years like a lot has changed over that time period that people just didn't know about functional medicine.

Now the Cleveland Clinic has a functional medicine center. It's not what it once was as far as the mainstream awareness of it, but still there's a long ways to go.

And I think still we're still just scratching the surface of educating people on what their options are within their own wellness and their own health care.

The main differences between what we do in functional medicine and contrasting that with conventional mainstream medicine. Number one, we interpret labs using a thinner reference range.

Functional Medicine vs Conventional Care

So, I mean, anybody going through digestive problems or any inflammatory problem that has a gut centric component to it, that right there is hugely helpful because you're looking at optimal, not average that labs reference range is largely based on that statistical bell curve average. So people that are going to labs or people that are going through health problems and that's who you're being compared to if you just look at that reference range.

So in functional medicine, we're looking at where your body functions the best. That's the functional range, where it has longevity, where it is vibrant wellness reside, which is typically that tighter interval of numbers within that larger reference range.

So that's insightful for somebody that's going through a chronic inflammatory problem, a chronic digestive problem, utilizing the labs you may already have from your conventional doctor, but interpreting it through the lens of functional medicine, interpreting it through the lens of optimal, not just average.

And looking at the gray areas is hugely insightful. And sometimes that begins on an initial telehealth consult with me. It's not running all the fancy labs per se, even though there's a time and place for this more like granular next level labs.

But sometimes it's like, has your doctor talked about this, this, this and this? Oh, no, they never mentioned that or I saw that a little bit off and no one ever said anything.

It's this sort of myriad of this confluence of different factors that are at play here. The that the basic labs can tell us if we're looking at it through that lens of optimal, not average.

And then we're running more comprehensive labs. So it's based on health history, but we're looking at what's causing these issues, right? What's what's environmentally, what's causing this dysregulation.

So looking at underlying got problems from a functional perspective, looking at things like SIBO, looking at things like increased intestinal permeability, looking at small intestinal fungal overgrowth as well.

And these food reactions, things like histamine sensitivities, we see a lot of cases like that, but then ultimately realizing the body's interconnected, they don't happen in a vacuum.

What's even causing these problems? Right. And a lot of our work is looking at not just the physiological dysregulation, but also the mental, emotional, spiritual side of it, the mind body connection of how these things like unresolved trauma and chronic stress, how does that trigger digestive problems and inflammatory problems?

And dealing with both like that and the phrase that we use is both the gut and the feelings to use that that common gut feelings, you know, human euphemism for for many things in our life.

It's this deep knowing of dealing with both the physiological and the psychological and bio individualities. And another major part of it is that you can have these cookie cutter approaches, but a lot of people are going to fall

through the cracks.

And that's done both in the conventional medicine world and also in what we call a green medicine, where it's like if you have this problem, it's the pill for the ill, right?

If you have this, then take this. If you have that and that could be an herb, it could be a medication. And the reality is a lot of people fall through the cracks of that oversimplified, reductive view of diagnosing a disease and matching it with a medication or a supplement.

Like let's actually look at the bigger context of the complexity and complexity that makes us feel the way that we do. So we really tailor all of this based off of all of this nuance.

So food, natural medicines, medications where needed mind, body practices to really integrate what's the most needle moving tools within their toolbox?

So that's my long winded explanation. I'm trying to, you know, explain what we do. Is such a great overview, though. You know, it's it's really important for us to take a step back and look at like the difference between allopathic medicine, natural healing and this like hybrid and between a functional medicine is trying to straddle both worlds using diagnostic tools and also looking at that mind body connection.

So what what would you say? You mentioned underlying causes, and I know you're a chronic illness clinical investigator just like me, and that you really thrill to those complex cases.

So what do you see as like the biggest underlying root causes behind chronic conditions today? What do you see as the trends? Well, I mean, you're absolutely right in the sense of that things are beyond the basics.

I mean, most people that we see are eating way better than the average American, but are still struggling. So there's a lot of combination of different things that are at play here that's causing chronic digestive.

And I would expand that chronic autoimmune inflammatory problems, which oftentimes have a gut centric component to it that why they're doing all the things that are still struggling.

And part of it part of it is the fact that, look, what they're doing is they're they're better off than they would be if they weren't doing what they're doing.

The good, healthy wellness stuff that they're learning in the comments or reading in the books or listening to podcasts. But a lot of what I'm talking about with telehealth patients and I'm the newest the topic of my newest book called Gut Feelings is talking about this almost like author orthorexia an obsession about it, where it's like it's stressing about healthy things and good for your health.

So what could start with the best of intentions, right? Because like you said, they had to be their own health advocate. They have had to be their own doctor.

So they've had to figure a lot of crap out. But then what began with good intentions ends up being this big. It's tough to be your own doctor, but also be the one struggling.

So I get it. And there's real trauma around the symptoms and flare ups and there's a lot of trauma around food's implication to that. So there's sort of unintended consequences, unintended complexity of the anxiety and stress around these topics of is it my actual symptoms or is it my anxiety about my symptoms?

That's then making the issue worse. So if you want to look at what the underlying causes are, there are both physiological and psychological components of it.

Physiologically, it's there's real things going on here from an epigenetic genetic mismatch or an evolutionary mismatch, as our researchers refer to it as.

It's looking at the foods that were eating environmental toxins, and it's looking at the connection between our gut microbiome and the soil microbiome and the foods that our food the food that we're eating that's grown in that soil, that's physiologically what's at play here.

And our genetics haven't changed in 10,000 years, but yet our world has changed dramatically in such a finite period of time. And you're putting that into context with the totality of human history.

So looking at it through the lens of an ancestral health perspective, I think is very helpful to understand why we're seeing this epidemic rise of digestive gut health problems and autoimmune inflammatory problems, because it's there's an epigenetic genetic mismatch going on here.

And our microbiome is living in a brave new world in many ways, and it's triggering genetic predispositions that have always been there but are being awoken like never before in human history because of this onslaught of this this mismatch.

So that's physiologically what's going on here. And we measure all this stuff on labs and we can see it and see these numbers improve. But on a on the feelings side of the gut feelings, bidirectional crosstalk, it is looking at things like unresolved trauma.

It's looking at chronic stress. And do not underestimate those things that are at play here.

Root Causes of Chronic Gut Issues

And then my connection of like what I was saying about the health related trauma, I call it shame formation in the book. Like it's this stuff is a third part of it, right?

It's like, okay, I may have stuff from my childhood that's not been dealt with, but then I've had these these digestive flares, these autoimmune flares, and I have anxiety about health related anxiety, which is another part for many people that are listening to this right now, that it's not easy, it's muddy, it's complicated because they're struggling and people aren't giving them answers.

But hopefully we can start to untangle this entanglement that that that's at play for these people. Yeah, that's beautifully said. I totally agree with you, actually.

And it's it's we're asking so much of the human body and the human psyche just just to survive modern life alone right now. You know, I certainly went through that myself.

And people always ask, well, like, why did you get so sick? Like on the other side of this? Now you're the root cause, lady woo black hat. You know, looking back, what was it that?

Nothing special happened to me? And a lot of it I was formula raised. I was the firstborn. My mom, you know, flipped houses in the seventies and eighties.

She was like, you know, so she was around a lot of toxins, but not nothing special, you know? And then I got a lot of antibiotics because of ear infections and then, you know, raised on Costco foods, but, you know, decades into organic food eating and then just getting sicker and sicker and to your point, extremely orthorexia.

You know, this is not unusual stuff in this day and age. So it had to survive in the age of Monsanto and glyphosate and all the things. So given all of that, if somebody comes to you and they are they've survived all the pandemic stress, you know, they've had some early life trauma.

Maybe they've got they've manifested these chronic gut conditions. And even though their organic now, you know, of course, it hasn't always been the case.

Where do you like to start? So somebody comes to you with like an autoimmune gut condition, like colitis or

Crohn's. Where do you start? Yeah, and I would open it.

I would like to I'm repeating myself a little bit, but just maybe to shed light on the people that are out there that are like they're interested in this information or they know they have some problems, but they go they go to the bathroom. All right.

But they don't realize that that downstream brain health issue or the autoimmune problem, that's not digestive in nature. There's a lot of people that their upstream driver is an underlying gut component to it, but they're going to the bathroom just fine.

But things like bacterial imbalances in the gut or increased intestinal permeability or leaky gut syndrome may not have any extreme digestive symptoms, but are triggering inflammation, a cascade of inflammation upstream.

But for anybody, whether we're having a digestive problem or they're having some sort of larger metabolic hormonal brain health, inflammatory problem, autoimmune problem, I it's the most unsexy is part of my job, but it's like the most like sacred and is it's a health history.

It is like spending an hour, an hour and a half with somebody everyday asking a lot of questions. I had once I had one older gentleman tell me years ago, he said, Are you in the KGB?

Because we ask so many freaking questions. But I said this had been in his in his 80 and I said, no, but I want to not be wasting your time. I don't want to be redundant and just go to the like run of the mill questions.

I want to give it a fresh, thoughtful insight. And really, what are the stones that are the most likely to have something underneath it? And what are the stones? I haven't been looked at before, so it starts with that.

And then it's that conversation that I have with people online that informs me what labs are the most relevant for them, right? You don't need to run all the labs.

I want to like what are the labs that will be the most insightful and what are the labs are going to be the most? Not just not insightful just for information gathering, but what are most insightful from a protocol development standpoint.

So there's a difference there because then I kind of prioritize labs for people. I'm like, okay, these are the ones are going to inform what we do and we can compare and contrast data to make sure we're doing what we're doing, which we should be doing.

But then what's like, okay, this would be helpful and insightful and illuminating to understand your bio individuality, but it's not necessarily going to determine what we do.

It's going to be like, okay, learn about your health and sort of curating lab data based off of that information. And then we develop protocols based on that information.

And there's a science and art to this, as you know. I mean, there's like data in clinical experience, but then it's holding space for somebody and knowing where they're at even.

And kind of what I was saying earlier, like stressing about good, healthy things isn't good for your health. So sometimes we have to like design a protocol that I would consider plan B in my sort of like type A mind of like, okay, this is like pragmatic plan B, but plan B for that person and this is like the artistic aspect of what we do.

Plan B ends up being plan A because Plan B is in causing them so much stress and obsession, which makes it more sustainable, more fun, more interesting, and not a source of dread and shame.

So that's kind of that nuance in the building of things. And all of this stuff is evolving over time, too. So involves food changes, it involves natural medicine protocols, involves mind, body, somatic practices, breathwork, trauma work to

really deal with there.

I mean, a lot of what we do has to do with the neuro amino endocrine axis of the intersection between the nervous system, which your guts, a major part of that right immune system, i.e.

inflammation, which 75% of that is originating from the gut as far as the immune system is concerned. And the endocrine system which we have, the gut brain, endocrine axis.

So it's a it's certainly a great job. It's a sacred responsibility, but it's not easy. I don't want to make it like too simplistic. It is. These are not quick fix issues at all.

Thank you for saying that. I think it's really important that we help shape people's expectations. I know for for me, whenever I'm speaking to a new group, many people want to want to hear like the aha moment, like what was the thing that got you well or what is the one thing that you do to help people get well in your practice now? And the truth is, it took eight years for us to find and gather the tools that would actually get me functioning again after six months.

And, you know, that's that's common for many people. And we tell people, come into our practice like this is at least a six month project and your body deserves that kind of time.

We care. You know, this needs to be at a pace that sustainable for you. Oh, 100%. And I think giving people those tools like our at least a guideline, it's not set in stone, but just an awareness of what is at play here.

I think people want to people want to know that it may not be like music to the ears, because ultimately we all want that quick fix, but we know it's not real.

So to be realistic with somebody I think is a breath of fresh air for someone that's struggling. At least that's been my experience with people. Yeah, yeah. That's great point.

So you said something really juicy about the narrow immune endocrine access today. To encapsulate that correctly, can you dove into the the endocrine aspects of that?

Like what? What do you think are the biggest drivers there? Wow. Yeah. So this is interesting thing. So I just you always want to put the labs in context, right?

All labs are snapshots in time. And I'm looking at data points like multiple labs perspective from that vantage point and then putting those labs in context with knowing what how this person's feeling, what they're doing and all of these things.

And over time, you get different snapshots as you're like leaning into protocols. And almost always when you're looking at these digestive problems and gut health problems, since that's what we're talking about here, a very high percentage of those people when there's this inflammatory autoimmune gut health issue.

And let me clarify this. Not everybody who had that gut with gut health problems has an autoimmune condition, but almost everybody with an autoimmune condition has an underlying gut component to their autoimmunity.

So be clarifying this. So you may have just constipation or IBS issues in there and may or may not have an autoimmune component to it, even though certainly something like SIBO small intestinal bacterial overgrowth, which is what's causing a lot of people that have IBS and acid reflux issues.

I mean, some researchers even consider SIBO may be an autoimmune condition in and of itself. Certainly having an autoimmune component and it's associated with many different autoimmune conditions.

Starting with Complex Autoimmune Cases

But regardless, so just made clear, clear with my words and not flippant with my words that but anyways, people that have these digestive and or chronic autoimmune problems, their bodies in a disregulated state there there inflammation levels are higher, their cortisol level is higher because their body stressed.

Cortisol is an endogenous immunosuppressant. It's a natural anti-inflammatory. So the body's trying to create homeostasis in this dysregulated state and their sympathetic tone is increased, their fighter flight stressed, freeze free stress, stress that is is increased and their parasympathetic, they're resting, digesting hormone balance state is weak.

So part of that is a what's known as a weak vagal tone or poor vagal tone, which is the largest cranial nerve in the body, is the vagus nerve. And it is many when you're looking at that avatar of the person.

That's really what's going on here. There's part of protocol for us is improving vagal tone and there's part of that neuro know endocrine axis dysregulation.

So when you're looking at vagal tone, being poor, like weak, and yet to tone that like strength in that weak nerve, that muscle, I don't know. I did a quote for nerve. It's an actual nerve.

But you're not. I'm thinking of a gym analogy in my mind, like you would go to the gym and flex the weak muscle that you need to proverbially do for the not that not non quotation mark nerve.

So the hormones almost will always take a back seat because you will look and measure estrogen and progesterone and test astronaut I would say nine times out of ten or at least to tell telehealth patients that I see you see very low levels of most if not all of those.

The one exception would be estrogen dominant, that there's methylation issues and like detoxification is used as accumulation of a lot of different like environmental toxins and also estrogen as well.

But, you know, even for many people, it's really low levels of it and that the thyroid is a bit sluggish as well and cortisol levels are sluggish because cortisol is not even able to attenuate in balance as an immunosuppressant, as a natural inflammatory, endogenous anti-inflammatory cortisol came in calm that.

So a lot of chronic fatigue syndrome, a lot of autoimmune cases, you actually will see very low cortisol. And then most of the time they will say, well, I don't feel like that.

I feel like my cortisol should be really high. Well, adrenaline's actually overcompensating. And for that lack of cortisol rhythm and that sort of a more progressed dysregulation that that cortisol dysregulation, is that like sort of a more progressed dysregulation of the endocrine aspect of the neuro, you know, and a can access.

So that's oftentimes the pattern of some of the data points that we see. You'll see sluggish hormones across the board, but people will sometimes look at just the downstream aspect of this and then they'll say if they just looked at the hormones, they would say, well, I have to go and be on hormone replacement therapy.

And and they just just treat the downstream, which certainly can be palliative or it certainly can provide symptom relief and which certainly isn't a lot of our patient protocols.

Right. Do provide some support there as far as the endocrine aspect, but it is in most cases when you're looking at this chronic autoimmune digestive gut health component, it's really hard to have great looking hormones when there's underlying gut components to why you feel the way that you do.

And it's going to be, at the very best, an uphill battle to have great looking hormones. And there's underlying got problems going on here. There's hormonal imbalances do not happen in a vacuum.

So in my experience, you're going to have a lot more of an impact, impact on hormone balance when you go upstream from those hormonal dysregulation. So those exceptions to that, I mean, perimenopause is a good

exception to that.

There are exceptions to that rule. But ultimately you have to go upstream from those hormonal problems and the hormones are biochemical emails to go between systems of the body.

And if the systems are not communicating properly because of that dysregulation, emails are not going to be sent appropriately. So you have to look at why the emails are being sent off in the first place.

Why are they being sent in balance in the first place? And then go there and then the hormones then. Then the emails will be sent better when the systems are talking better.

Such a great analogy. It really is. I love that it's I think it gives an even better visual than like talking about the endocrine system as the slow nervous system, you know, because like, what does that even mean?

You know? So this is really interesting. And I think you I really want to underscore a couple of things that you said. One is that, you know, hormone replacement therapy is, by nature, palliative.

And so you're plugging holes and you may still end up playing whack a mole with symptoms and how important it is to go upstream and look at those underlying factors.

And then you also talked about the vagus nerve, which I really want to pause for a second here before we get back into more endocrine stuff, before we get too far away from this and give you a chance to share with the audience your favorite tools for getting back into parasympathetic dominance state when you may have been in that, you know, disregulated, sympathetic overdrive for quite some time.

What do you see working for people who've been out of work. For a while? You know, it's I mean, the told to strengthen the vagus nerve is the one you can be consistent with. Just like so many things.

It's like working out, right? That's why I used that really poor analogy. Then try to explain when I met is like, okay, what's the best type workout? What's the one you can be consistent with?

That isn't too much and too aggressive, but is like, loves you back and you're seeing being consistent. So there's not like a path that I'm like, all right, this is everybody should do.

This is the magic, vagus nerve strength. And because if you like it, this is unsustainable, unrealistic. He doesn't like, you know, like it. Our you have stress about it like it's not going to work for you.

But I would say some low hanging fruits of what I see work for a lot of people. Breathwork is at the top of my list and like just consistent breath work and the people and I part of that is meditation like mindfulness meditation and breathwork are huge and they're almost foundational.

Like you have to at least start there and find the right one that works for you. And that's the other thing is that people are like, Oh, it's not right for me. Or like, I hated that.

Well, there's many different ways of doing that, doing these mindfulness meditation and and breathwork as being two separate things. But part of the same mindfulness act, because they're anchors in the present moment, they're rooting you in your body, they're getting you out of your head in that frenetic state and into your body.

And they're literally strengthening that vagal tone and strengthening that weak, weak aspect of that gut brain axis. So and the people that typically say they're not it's not for them.

It's typically the people that need it the most. Right. Because their bodies so disregulated that it's scary, right? It's like that being in your body is scary and being alone with your thoughts can be scary.

So start off low and slow. There's certainly like trauma responses that should be like, be gentle with your body,

don't rush through these things.

The Gut-Brain-Endocrine Connection

And sometimes it's better to have a teacher for these these practices if you do have a higher a score and like more childhood trauma, sexual trauma, physical abuse, that kind of stuff.

But I think Breathwork and meditation are very foundational from here and other practices, I think somatic practices with which Breathwork is a part of that.

I think other like movement medicines can be very helpful here too. Some metabolized, stored trauma in the body and we see a lot of success with EMDR as well, which is eye movement desensitization reprocessing, which is a type of therapy that can really work in the same vein.

Yeah. So those would be like my top picks. And then there's devices, you know, those vagus nerve devices that I think could be supportive to tool, but they're not a replacement in my opinion, for like the things I just mentioned.

Yeah, yeah, I completely agree. So breath work wise, say say just to choose that as one example because it's low hanging fruit, it's free. There are tutorials online, you can pick up quickly, say somebody starts integrating that into their health journey and into their, you know, protocol on the daily.

What kind of shifts can they expect to see, you know, support wise in their gut health if that's paired with the right protocol for them? Mm hmm. Well, I mean, I think it's just what I would say is this is I see so much is people that they do all the physiological stuff, they do the nutrition, they do the supplements, they do the exercise.

Right. They're cleaning up their life on the gut side of the gut feelings, crosstalk, that bidirectional relationship they have improved but I would call it an uphill battle for them.

And there's ups and downs and healing is nonlinear for anybody, even for people that have it, you know, all together. But even I've said that it's a little bit more of a, let's just say lovingly clunky start, right.

And they're seeing wins. But it's definitely a journey on the people that then they're ready. As we know they plan. These things really are on for telehealth patients and they'll tell us, you know, I'm not ready for that right now, or they're kind of flirting with the idea, but they're not really like leaning into it, like they deal with the physiological stuff, like they're following the physiological protocol.

So clearly and they're seeing big wins, but they're kind of like just flirting with the mind body stuff. But when I see they're really consistent with the breathwork and showing up every night like they would a meal, I call them metaphysical meals to patients because you have to treat them like breakfast, lunch and dinner, because it's not just about what you're feeding your body or supplements you're taking.

Like, what are we feeding our head in her heart on a daily basis? And these are things that are deeply in train, like in stored in our cells in like neural pathways that need to be retrained.

And it's akin to like going to the gym once in a while and expecting results. Know that vagus nerve is freaking weak. We need to strengthen that and it's going to take time to tone that.

So treat it like you would a gym. How am I going to see results in the gym? It's not doing it every once in a while. For 5 minutes. It's not. It's going to be consistent over time.

So with the people that are consistent with it, man, I all the things, all the clunkiness tends to go away dramatically. I see food sensitivities dramatically calmed down as far as severity and frequency.

I see flare ups decrease dramatically. As far as frequency and intensity, when they're fit, when they're marrying both the gut and the feelings together, then a lot happens more effortlessly.

Now I'm not. I'm making it's not really pretty. That's the truth for most people. But that doesn't mean they don't have any problems either. It just it's just comes.

There's a lot of aha moments when people marry the two. Yeah. I appreciate you setting those expectations. I think that's so important. You know, there's going to be ups and downs in a health journey.

Like you said, healing is not linear. Sometimes it's two steps forward, three steps back. In fact, that's often the case the body likes to release in waves.

It's like peeling an onion, dude. It is, you know, like, oh, my God, I feel, you know, similarly, oops, there's infections coming up because the immune system can finally see them.

Like there's so many layers to this. Yeah. So say you get somebody on the right diet for them, you know that you have really tailored to their issues and you know, they're doing the vagus nerve work and you've you've assessed their labs and you feel like you're treating their underlying root causes.

What are the additional layers in a protocol to meet their needs to really resolve those long lasting, you know, obviously conditions, but also those downstream hormonal issues as well?

Yeah. You're saying other aspects to protocols that we lean into. What are the other pillars like in your in your work? Well, food is huge. I mean, we kind of touched on it a little bit, but I'll say this, that I think that back to what I was saying about plan B as far as food is concerned.

Right. If if if something I know based on lab data and clinical experience and someone's health history, I know this would be the fastest route. Right.

Or at least I have a good get like a really educated guess on this is going to be a great food intervention for them and integrating in natural medicine protocol for them.

But there's a lot of stress and anxiety around it. We would move to more of a pragmatic plan B, and they're consistent with that. And but I would say regardless, when no matter what their food protocol ends up looking like, what I want to say to that, to the people that I find to be very successful, for people struggling with chronic gut health problems and inflammatory problems, it's what serves you now isn't necessarily what you're going to do for the rest of your life.

And I think a lot of times people get set in stone and they think like, this is my thing, right? And I think that I whether you're doing this on your own or you're doing this with a practitioner, I would just kind of say, don't get overly identified and married to like a one way of doing things and it's okay to evolve, it's okay to pivot.

And it's you should evolve and you should pivot. If you're dealing with digestive problems or just looking to feel better, you're going to change your is going to change your life is going to change your microbiome is going to change over time. So I think that's a huge thing that I think people get overly identified with.

Like one thing and like this is my thing. And when that thing doesn't work or there ends up being like kind of obsolete, it's okay to like evolve out of that.

I just think that should be a flexibility. I think there should be a grace and a lightness to this and an evolution to this. When you're talking about therapeutically rehabbing somebody's gut health or, you know, any aspect of their physical health.

Yeah, I think that's really well said. We talk about it in terms of food filters and you may have to rotate through some of them. You may have three food filters stacked for a period of time and then you can take one off.

You know, like for people with autoimmune issues, you know, we often put them on a lectern free program because they could be like really healthy and really healthy to them, could mean vegan, paleo, keto carnivore or like

whatever it is.

Vagus Nerve and Nervous System Tools

But then they could be, well, not on Carnivore, but accidentally leaning on things like Nightshades, which are extremely inflammatory to 80% of the population.

So it's like, why are we let let's just remove that piece and stop irritating the gut lining and start making the blood sticky, deliver some nutrients, and and then you can reintroduce them later.

The point is never to, you know, induce for sure. It's like to your point, I'm so glad you called that out early on in our interview. It's really to you know what what is the most pragmatic, simple approach to healing quickly so that you can get your life back up again?

Yep, 100%. And I mean, that's why the mind body connection is so important in that way. Right? Because you could have a great. What, like the meaning the protocol, like the natural matter.

Natural medicine protocol or the supplement or the food protocol. But if there's a lot of stress and shame and anxiety or sort of orthorexia energy, for lack of it, they may not be even diagnosed about orthorexia, but there's like these tendencies and they're at least on that orthorexia spectrum of like an unhealthy relationship with food, an unhealthy relationship with their body and health.

And I get it when there's a flare up associated with food, I understand that you never want to feel that again. And then you start feeling like food is your enemy.

And in many ways without immunity, you know, it's literally your body's attacking itself. So it's understandable all of this. I get it. But it's you. We need to start to heal that relationship again and just saying like letting your body know that you are with it.

It's like it doesn't have to be like I think of this like what's happening on a cellular level, it's molecular mimicry and the immune systems. The researchers actually said the immune system's lost recognition of self.

And I think that's happening on a physiological level. But how much of that is also happening on a mental, emotional, spiritual level? How many people have lost recognition of self?

And it's this shit, for lack of better words of, of, of what's up and what's down. It's tough to figure that out, but to start to heal their relationship with food and heal their relationship with themselves is huge.

Yeah. So it's not easy to repeat myself. It's not certainly not linear and you don't have to have it all figured out. I think maybe that's just another really big clinical profile.

Sometimes people get paralysis of analysis and they are the summit junkies and they accumulate knowledge and they think, I have to figure out the key before I do anything.

But sometimes there is no key. The key is being consistent with the simple stuff. The key is doing what you have. What's the next great thing that you can do to let loves you back?

And I think that's huge because we have an epidemic problem. I think of information gatherers in many ways where they feel like they have to have the all of this stuff before they do anything.

And it's really keeping them back from getting healthy. You don't have to have it all figured out to get to feel good. Yeah. Huge words of wisdom right there for my beloved gluten free yogis who are doing everything right and still. Try like less is more in many ways.

Just like keep it simple. It's like that, keep it simple. Still be like back in school. Yeah that we're not to be stupid, but

you know what I mean? For all of us, we all sick.

So we have undervalued or overly obsessed, accidentally navigating away from. Yeah. Awesome. So I would love to give you a chance to educate the practitioners as we wrap up here and kind of tie this all back together.

What are your favorite, you know, functional labs to run that you think are critical for people in this population today who are really looking to reverse their chronic, complex gut conditions?

And what are those key markers within those labs that you really look to first?

Food, Flexibility, and Long-Term Healing

Yeah, I go back to what I said earlier about our health history, because I really feel like one of them critiques we can get in functional medicine is that we run a lot of labs and look any that's relative right.

It's like, well, there's probably is a middle ground. It's like, well, anyway, they're trained in the standard model of care to diagnose the disease and match it with the medication.

So it's superfluous s to run extraneous labs if the end results are going to be the same medication they're going to give you. But on the flip side, it's not like running every lab under the sun if is not going to actually determine what we do.

So I think health history is that really the nugget here that as a clinician you need to have a confidence in the sort of balancing the science and art of how like what are going to be insightful but also needle moving.

We're going to be insightful, but also formative in the development of protocols. So I think that those are important. If you want to look specific numbers for labs, you you know, I think getting inflammation labs if you're not doing that, I mean, this is basic.

But if you want to, I would definitely run the high sensitivity C-reactive protein marker. Now, look, a lot of people that have it's different also for like credits also have colitis in Crohn's and rheumatoid arthritis like the more of the overtly inflammatory flare ups, you may chs-crp being elevated and you should run it.

But I will say this a lot of like mycotoxins bio toxin issues, chronic lyme. You won't actually see chs-crp being elevated. I think you should run it and it's good to get like for someone that is spiked is a good compare and contrast if what you're doing is, you know, being effective or not.

But also I would look at these more expanded inflammatory panel like CD 57 TGF beta 1c3ac for a these immune markers, you're going to find those off more with this larger bio toxin umbrella that we see a lot because we see a high percentage of people that have different human leukocyte antigen, gene variance haplotypes that are more sensitive to bacterial toxins, more sensitive to viral, more sensitive to mold toxins that's causing the digestive problems, which we didn't get into.

But I see a lot of people that have really stubborn gut health problems like SIBO bloating IBS issues, leaky gut syndrome that are not getting better because they're living in a toxic home, because they're living in a moldy home, or they're exposed to glyphosate or some environmental toxin and it's not food.

You have to like get the environmental, the bio toxin out because those things are decreasing. The my grading motor complex, those things are decreasing the gut brain axis and that vagus nerve being weak and allowing these overgrowth to happen.

So it's until you deal with these larger bio toxin issues. And so you have to look at the bigger context.

Labs, Biomarkers, and Closing Thoughts

I guess is what I'm trying to say that's based off of health history, but inflammation tests are a good place to start and then looking at what's causing the inflammation.

So that's when you look into the bio toxin, environmental toxin component to it. For many people looking at the landscape of the microbiome as far as gut health test and then looking at the things you can't always quantify on labs, but just you get it when you know the person, when you get it, when you talk and ask questions, you get it.

When you are curious and you have like things like the ace questionnaire where you can look at their childhood, you can look at their life and understand it can't always be quantified on the lab.

Sometimes it's going to be this chronic stress, this job that they have or this toxic relationship they have, or this unresolved trauma from the past that they have, that you'll see the effects of that on their labs.

But you're not going to actually see the trauma. You're not going to see it as far as a number on their labs. But it's impacting their labs tremendously.

Yeah. What a great overview of the factors that we need to be considering as with anybody coming into our practice today, thank you so much. Well, do you have any last words of wisdom you want to impart to our summit audience today based on what we covered?

No, I mean, thanks for the opportunity. I mean, if people are interested in what we do at the telehealth center here, everything's at drwillcole.com, I mean, there's lots of free resources there and podcast and you mentioned that the art of being well I have a few books out.

The newest one's called Gut Feelings. Honestly, thank you for the opportunity. I appreciate it. Appreciate it. It's our pleasure. Everybody go check out Dr.

Will and make sure that you're following him. He provides just phenomenal free resources for everybody. So thanks so much for joining us today.