# What GI Doctors Missed About His Acid Reflux Transcript

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## Podcast Introduction and Guest Background

I just think a lot of problems with digestive health could be solved if people just ate actual food. So we try to get everyone to clean up their diets, eating whole food, showing them what a healthy plate looks like.

It's not the plates that we were taught. What if aging isn't about slowing down, but leveling up? I'm Dr. Isaac Jones. This is the Longevity Leaders Podcast.

Welcome everybody to the Longevity Leaders podcast. I'm your host, Dr. Rudy Mueller, and our special guest today is Jenny Eskew. She's a registered dietitian and has a practice where it focuses on GI health.

So I am curious, Jenny, what really got you interested in becoming a Registered Dietitians and then led you down this road of functional medicine maybe and dealing with gut health?

Is there any particular story? So much. So I started off as a personal trainer right out of college. My undergrad was kinesiology. I went into personal training and I just felt like there wasn't any room for growth in that industry really.

Not the way that I wanted to be able to grow professionally. wanted to help people with diet, and I realized I wasn't really qualified to do that with my undergrad in exercise science.

So I went back to school and became a registered dietitian. And when I was in graduate school, my husband started having really—well, he was my boyfriend at the time, but he—was having a really bad acid reflux.

We actually ended up linking his acid reflex back where it had started in college.

## Jenny's Path Into Dietetics and Functional Medicine

And just now kind of realizing what that was as I'm in graduate school, it was really severe and really debilitating. And we were in our early 20s, we had just moved to Atlanta, and we would go to GI doctor after GI and no one could help him.

He was, really, sick. And all they did was put them on acid reducers and it wasn't helping. And his reflex was so bad, like he couldn't even sit down to eat a meal.

He had a stand for all of his meals. We were in this like new city making new friends. out to dinner, and we couldn't, you know, go out for drinks because he was just so debilitated by this.

And it was really ridiculous and really frustrating. I was like, what is going on with our healthcare system? Why is he twenty-something and this ill?

And his acid reflux was so bad that he started to go into panic attacks. So then they put him on Yeah, right, medication for that. And he gains 20 pounds.

Things are getting worse and worse, and all the while I'm in school studying nutrition, getting my master's in it. The real turning point for me in all of this is that one day he fainted.

because of his anxiety attacks. And I called 911 and I had him taken in an ambulance to the emergency room. I was like, someone has to figure out what is happening here.

Like we are just rock bottom. It was bad. So the ER doctor comes in and I had pictures of his esophagus in my purse because I was just showing anyone and everyone that would listen to us, what was going on?

Can you please help us? We can't function like this. And so I pulled him out and I showed the ER doctor. I don't know what's going with him. Give him a brain scan, give him an MRI.

Like, I didn't care what you do with them, but we have to have answers today. This has got to stop. And he was like, oh, yeah, let me look at those pictures.

He goes, Oh, this looks like myosophagus. Myosofagus looks swiss cheese. And that's OK. You don't need to be worried that he's having acid reflux. I was, OK, God, at least we know where not to go.

We have to find something else that really helps. So one of my friends in graduate school had psoriasis. She had cleared it up with a diet protocol that she had done with food sensitivity testing.

So, I was like, well, if it helped my friend psoriasis, like maybe, you know, looking at alternative things here, it will help Blake's acid reflux if we can figure out how to get this test done.

So I did the testing for him. We found a dietitian in our area who was offering it. She's still a mentor to me to this day. But we realized with his history, when we is she was asking all these questions that we never even thought about.

It was amazing. She was like, you know, talking about birth, about antibiotic use, and that was it for him. Like, he had three years of Accutane in high school, antibiotics, for three year.

I still could just explode thinking about how crazy that is. So we did all the things. He had Candida. he is actually a celiac, which no one knew. And we were eating a lot of processed foods.

Just being in grad school, things like Quaker oat bars, and I don't know, like the American cheese. We hadn't really graduated to this, unfortunately, higher way of thinking about real food until this came up.

And it was just so eye-opening. The first time, I'm in graduate school studying nutrition, And I go to the grocery store to shop for this new diet, which is very much, it's like several, It's a well-balanced diet but it single ingredient foods.

It took me two hours to get through the grocery store because I was reading every label and everything just with my jaw on the floor. Like, what is going on with our food supply?

It was so eye-opening. No one was talking about this in graduate school. I even was ousted by some of the staff for doing this for him. It was wild. While you're in school, the people that you were supposed to be looking up to and learning from.

Yeah, they're like, I can't believe you doing that. That's not evidence-based. And we were like well, here's your evidence. He's functioning. he's on medication anymore.

Like, he is better. Her psoriasis went away. Why do you need a white paper? Really? Give me a break. So, yeah, so that's how I got here. And then I started my practice using this food sensitivity test.

It gets amazing results.

## Finding the Root Cause of Severe Reflux

We still use it to this day, but then, you know, I starting realizing like there was so much I didn't know. I went back and I needed more tools in my toolbox, right?

You can't. scale of practice with one single test, right? There's so much more to look at and think about. So I went and I had additional training. I've done three additional years studying integrative and functional medicine and specifically in nutrition.

And then Yeah, we pivoted from really like, I was more of a generalist for a while, doing like you know, exercise and fitness and like food enhancing health.

And then we were really, like GI is where it's at for us. Like we're just so passionate about solving gut health problems because when you do that, like you can solve so many more problems and I feel like if we were from a business perspective to a focus on anything else, we'd be bringing it back to the good anyways.

So I just felt really good and like that's just where we're supposed to be. And we just are such specialists in GI health. We really think about all the things I'm so blessed to be in the Atlanta area where we have such an awesome network of practitioners that you could literally throw a rock and hit someone's office who was an amazing functional practitioner in some of the areas that we've got in Atlanta.

It's incredible. So yeah, and you know, kind of from my story and all the things that I learned with helping my husband and getting him through this. And then kind my personal health history too, like I've just learned about all these other ways to help people heal.

Like we have an osteopath that i love. We send people to energy healers. we recommend therapy. um We recommend specifically pelvic floor therapy for a lot of our clients.

Yeah, it's really cool. It's nice to be in that city as you mentioned earlier and have all of those options for your clients, right? It is such a gift, yeah.

And to develop that, because we have a lot of practitioners that listen to this podcast, what was it like establishing those relationships with the other practitioners?

What were some of the key things for you that, you know, really assisted in your ability to connect with them? Were you just reaching out cold calling?

Where you attending events or talks by some these doctors? Like, what were those key areas? Because, when we're talking about delivering the best care for our patients, it's pretty hard to have it all under one roof, right?

And so, these relationships are really key. And Atlanta, obviously, a large metropolis area, like, You're going to have these opportunities. So for somebody that's maybe looking for partnerships locally, what would be your recommendations on how to find it?

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## Building a GI-Focused Practice and Referral Network

Yeah, so I would say anytime that you go to the doctor, bring your business cards with you. Bring handouts, like show them your value, tell them what you do.

Like I don't go a single doctor's appointment where I'm just the patient. I am constantly working. Beautiful. Yeah. So I do have a conventional doctor that I see for just like labs every year to keep eyes on everything.

And because we do like in our practice, we are functional. I am crunchy, like all the things, but like we never skip conventional care. We require all of our patients to have annual labs done.

You know, we at least want a CBC, CMP. Like, you know like everyone should know what their blood sugar is. Everyone should have their pressure checked.

so far out there that we disconnect from those things. So mine saw me wearing, she's so conventional. She saw my wearing a CGM and she was like, you have diabetes?

I was, like no, I don't have a diabetes. I'm doing this for my health. And you know what? Next year when I come in here, and I want you to have worn a cgm for a month.

But I have no diabetes, it's optimizing. Amazing, but she was like terrified and like crazed by the idea, But I think she's gonna do it because we have that kind of relationship.

She does what I do. she sends people to me. Yeah, and some of the practitioners that I see I found kind in my own healing journey. So I have a really good relationship with them.

They know what they do, I would never go to a doctor's office and not let them know who I am and what do when I leave. I've met a lot of people at networking events.

I don't know if anyone loves networking, but it can be really fun. Yeah, we have some really good networking events and just like a great group of people in Atlanta.

And this is really cool. I think everyone should take this idea from me. Anytime someone comes in, We're getting a list of all their health care practitioners and their permission to send, and they can opt out, But their permissions to a copy of their notes and what we're doing together to everyone on their team.

So we'll send their plan of care, we will send a flyer on our practice introducing ourselves and what we're doing. And that's just another way that people can know about us and know to refer to us.

This weekend, this is such a good opportunity to talk about things to do better in our practices. One of my team members is here. We're going to start identifying STAR patients and sending their doctors even more follow-up.

Beautiful. Yeah. I think that's a wonderful way to establish trust from other practitioners because often it is when we're trying to established relationships with other doctors, you can often perceive it as being we are competing against one another when really it's just it all about the individual that sitting in front of us.

So to be that open and sharing your notes and sending it over and being like just being very open in and honest about what we trying do and accomplish here.

And then when they go back for their annual or their semi-annual visit, That's in the chart, the doctor sees it, asks about what the results have been like, what types of things have they been doing, and they can lean on the result that they're getting from you.

And it's phenomenal. Then that's going to light up a light bulb moment for that practitioner, for the next patient that see, oh, well, perhaps this person could help.

Yeah, that's brilliant. That's a great way to go about it and establish that trust, so good for you. So, spinning off of that, obviously talking about gut health and nutrition as being one of the foundational pieces that we're focused in on, right?

Is there a particular one-size-fits-all nutrition plan that you're giving? No. Loaded question. Yeah. No, absolutely not. And so, how do you customize it to the individual?

What are some of key things? You know, it depends. I mean, everyone comes in with a different story, a difference reason for why they're in the position they are in and struggling with what they struggling.

## Personalized Nutrition and Functional Testing

I mean, just, you know, I think covering the basics is that everyone should be eating actual food, right? Like I just

think a lot of problems with digestive health could be solved if people just ate actual foods, like from the food chain.

So we try to get everyone to clean up their diets, eating whole foods showing them what a healthy plate looks like. And it's not the plates that we were taught in, unfortunately, graduate school.

The grains at the bottom. Yeah. Oh my gosh. Yeah, so it's kind of different. We do encourage like savory versus sweet in terms of like getting someone's palate right.

So we like craving the right foods. caveat with digestive health, but usually on protein and fat, depending on what the person's struggling with, right?

Like thinking about stomach acid levels, enzyme production, bio flow, all the things. But yeah, it kind of comes down to whole foods, But then we've got to meet them where they're at in terms of like, what they're struggling with.

And then obviously like SIBO patients might need to eat a little bit different for a while than like a non-SIBO patient. But yeah. So in general, single food ingredients is kind of the big recommendation and then customizing it depending on what you're seeing with that individual.

Yeah. Perfect. From that perspective with You started out with food testing and so I did too. Like that was the first test that getting into this industry of functional medicine was like the go-to.

And then I started seeing people that if we tested, I'm making this number up, let's say we've tested 70 foods, 60 of them. would be positive for some sort of reactivity, right?

And then it became more debilitating for that patient than anything to look over, these are all things that I can eat. I got to focus on what, all right.

So from that food allergy, I'm just curious about what your progression was. From food sensitivity testing to what? What was the next test that you brought in and were like, wow, now I am gaining even more information and then where are you today with labs?

Yeah, so it would probably be stool and SIBO was next, because, gosh, isn't it so interesting? I'd be interested on your take on this. But let's say someone has SIBo, but you do a really good job of decreasing inflammation with diet, and their symptoms go away.

And then you put them on these amazing 90-day gut restoration protocol, maybe by microbiome labs. And they're fine, right? Like sometimes I think when you reduce the inflammation in the diet enough, the body heals itself and you can rebalance totally fine.

And that was the case with a lot of my patients, but then there were these people that they would do well for a while and come back and I was like, something was amiss.

So that's when I pulled in this stool testing and the SIBO regularly to get a look at like what's really going on in GI tract to help re-balance. And with the right testing, you can pick up if you know how to look at it, like on low stomach acid or potential gallbladder, liver issues, detoxification issues.

So we pulled in that. I've always loved micronutrient testing too. We'll pull that in to help the body kind of finish healing, post food sensitivity stool SIBO.

So we'll pull that in too. I do really believe that everyone should be tested for celiac too, the more I'm in this, and the I want that rolled out. That can be tricky depending on if they're still eating gluten or not, but we will do that a lot.

Depending on the patient, we might pull in like a thyroid cardiac or like really in-depth, like metabolic, diabetes kind of panel. So we've been integrating that.

And then the other thing too, this is in the last like three or four years for me, that I've really been into detoxification and getting that correct.

Um, so for that, we use Cellcore and we love their, the quiz that really helps us hone in on things and their like comprehensive protocols have been. Oh my gosh, they're parasite protocol.

We use that all the time. Yeah. It's amazing. Okay, cool. And I think that when you're talking about these tests, for people that are focused only on conventional studies, you have to go beyond the conventional stool analysis, the O and P, right?

You've got to with the functional labs to be able to pull up on the acid markers, to microbiome markers and inflammatory markers etc. But then that gives you more clinical information to guide your protocol that's specific to that individual, right?

Yeah. Yeah, I like the idea of the especially dealing in GI health and in that being your main focus.

## Detoxification, Resources, and Closing Remarks

We've interviewing a naturopath the other day, and that all disease begins in the gut, that Hippocrates quote and really the foundation of where natriopathic medicine started.

And so the fact that you're able to do that and started with that, it's a natural progression for you to now be moving into the detoxification world as well.

Because if the gut's not healthy, what's going to happen if we detox? It's gonna go backwards. We're gonna have a problem. So that's wonderful. Really good.

And if people are interested in contacting you, reaching out and learning more, What is the best way to that? Yeah, go to our website. It is nutritionfordigestivehealing.com.

nutritionfordigestivehealing.com. Yeah. All right. Awesome. Well, thank you so much for being here, Jenny. I appreciate all of your time. Uh, I know what's your best of luck as you're moving forward.

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