Introduction and Trudy Scottu2019s Background

Hello, everyone. My name is Dr. Richard Horowitz, and I am the co-host of the Healing from Lyme Summit. It's my great pleasure to to bring to you from Down Under in Australia the mood.

Food. Excuse me. Food Mood Expert. I'll get this right. Trudy. Don't worry. Trudy Scott It's a certified nutritionist who educates anxious individuals about nutritional solutions for anxiety.

She is known for her expertise in the use of targeted individual amino acids, nutritional solutions for the social anxiety condition called pyroluria, and the harmful effects of benzodiazepines.

Trudy is the author of The Antianxiety Food Solution: How the Foods You Eat Can Help You Calm Your Anxious Mind, Improve Your Mood and End Cravings and host of The Anxiety Summit, an online educational platform for both consumers and health professionals.

And she's been dubbed and that's been dubbed “a bouquet of hope.” She also educates health professionals via the Anxiety Nutrition Institute, sharing research and practical how-to steps.

And Trudy is passionate about sharing this information because she was able to eliminate her anxiety and panic attacks using a nutritional approach. So Trudy, pleasure to meet you.

I'm so glad you could join us today. It's a pleasure to meet you too, and I'm really thrilled to have this opportunity to share on your amazing event.

My pleasure. So you actually have how did you get into, panic and anxiety and using natural solutions? I, I would imagine before you tell me your story, you probably went through the classical system and found it just didn't work or had side effects.

So I'm curious to hear your story of how you got into this and and also Lyme disease. I understand you've you've also been exposed to Lyme. Yes. So I my own anxiety started in my late 30s and I had, severe panic attacks, social anxiety.

I had very severe PMS, for like three weeks of the month, severe insomnia. And I actually grew up in South Africa, and we ate real whole foods and didn't, use, conventional medicine a lot.

Didn't go to the doctor much. thanks. I appreciate my mom for that. And I when I started to have my own anxiety, I worked with a nurse practitioner. I worked with a naturopathic doctor.

and I started to see this powerful connection between nutrition and nutrients and, and my anxiety and my other symptoms. And it was amazing. And eye opening and working with this naturopath, I said, oh, this is so amazing.

She said, well, why don't you go back to nutrition school to become a nutritionist? I was actually working in corporate America at the time, and that was part of this huge stress that I was under.

But I had this, perfect storm. I had a genetic issues, I have paranoia, and we're going to talk about that a little bit later. But I had gluten issues.

I was actually eating a vegetarian diet at the time, which wasn't good for me. I, had heavy metal toxicity. Later on, I discovered, you know, just in the last five years, I discovered, I just saw this first.

I'll just say that again later on. I found out that I had Lyme disease, and I was actually bitten by a tick in South Africa

in my early 20s, and I think it was dormant the whole time.

But I now suspect now that I know what I know, and I suspect that was part of my perfect storm. But long story short is I, didn't go the conventional route.

I didn't use any anti-anxiety medications. I, used the natural approach, and it's it was incredible. didn't wasn't a quick, solution. I didn't I didn't get the answers quickly.

It took me a long time. And because it took me so long, that's why I decided to write my book, The Antianxiety Food Solution. once I became a nutritionist and I had been working with people because I wanted to get the message out. And, everyone I work with now has anxiety.

That's my area of expertise. And I'm just really passionate about because because of my own experience, it's a it's a pretty awful way to live for anyone who's experienced anxiety, that constant fear, the racing heart that worry you, worrying about things that you shouldn't be worried about, you've got this obsessive thinking and ruminations, not being able to sleep and lying awake thinking about things.

And should you have said that, should you have done that? And negative self-talk, low mood and then the panic attacks, I wouldn't wish those on anyone.

And the interesting thing, Dr. Horowitz, is I, actually met my husband on a cliff face and we spent, 20 years rock climbing. so, wouldn't say that, a timid, anxious person by nature, but I had these, biochemical imbalances that and toxins and infections, that Lyme disease, was, possibly one of them that was causing my anxiety and panic attacks.

And once I saw that to address those root causes, I was I was able to get resolution. And I used Gaba and tryptophan, which we're going to talk about today.

also addressed paranoia. And we'll talk about how that ties into, Lyme disease as well. But the, the, the wonderful thing is the approach that I use with my clients helps, individuals who have, Lyme disease, who have the anxiety when they have Lyme disease.

not they are working with a lambda doctor to address the Lyme disease, but they can start to get some relief from what I call Lyme anxiety and the other mood and insomnia issues.

while they are working with a doctor. Right. So and, and I'm sure part of the solution is not going to be to be drinking six cups of coffee a day to try and stay awake, doing dark chocolate right before you go to bed.

and then you're eating lots of sugar. So your hypoglycemic swings are basically causing tremendous insulin swings with, epinephrine and norepinephrine surges.

Because I, I see this in my patients kind of all the time when they're on the wrong diets. I mean, obviously the diet, I think it was Hippocrates who said, let food be your medicine and medicine be your food.

And I mean, look at it's absolutely true.

Low Serotonin, Tryptophan, and Anxiety Relief

And, in my culture, I mean, growing up, when I did, of course, in, in Bayside, Queens, you know, eating was of course, I think it's worldwide. I mean, it's used to soothe yourself.

It's not just, of course, used for nutrition. Right? People used to get together at social events. So, no, I think I think it's very important. It's an important topic.

And, I think probably one that's not really talked enough about. So, let's talk a little bit about the neuropsychiatric symptoms of Lyme and the type of anxiety that, the individuals you're seeing are experiencing.

Okay, before we do that, I just wanted to, touch on what you just talked about the dietary aspects, because today we're going to talk about specific nutrients as used as supplements.

But we must not forget all the dietary factors that you've just talked about. So real whole foods getting off the coffee. And certainly people who have the caffeine gene are more prone to anxiety.

So that's definitely something to think about. The dark chocolate can be very problematic for people who have, issues with caffeine as well. sugar, gluten.

The, you know, eating real foods, quality grass fed meat, healthy fats, fermented foods like sauerkraut, all of those are really, really important. So we don't want to skip those. That's important.

But they are the the nutrients that we, we add on to all of those dietary changes. So to get to your question about the, neuropsychiatric symptoms, so I it's interesting, Dr. Horowitz, in other interviews that I've done about Lyme anxiety, I've created your book, Why Can't I Get Better? Solving the Mystery of Lyme and Chronic Disease And I found an article that you'd written on Psychology Today on the blog.

And I'll just quote from from there. Just for folks who aren't aware of this, connection between, mental health and Lyme disease, you say Lyme disease can mimic many psychiatric and cognitive disorders and increase the severity of underlying symptoms.

Patients in my practice who score high on standardized tests for depression and anxiety often return to near normal scores when their Lyme disease and co-infections are successfully treated.

Which, it's just so wonderful to, you know, to hear a doctor recognize this connection. Now, the problem that I have is that it takes a long time. It can take some people a long time to get resolution.

And, yes, getting resolution, from the infection is going to resolve a lot of their symptoms. But in the meantime, the work that I do with the Amino Acids and the pyroluria help get symptom relief while they are treating the disease, which makes it so much easier for them and makes life, much more pleasant because it's not pleasant having Lyme disease.

which I'll talk about a little bit later. And truthfully important, because I just recently had a new patient who came to see me and many of the patients who come to see me, I affectionally talk about them being the walking wounded.

these most of the people who've come to see me have trauma of some type, whether it's physical, emotional, sexual trauma, and they do have anxiety. The vast majority of people, I would even say, and it can interfere because sometimes they get herxheimer reactions early in the treatment, and it brings out all their underlying symptoms.

And, you know, they don't want to continue the treatment. I have to, like, keep working with them to make sure that they know to keep going and going.

So I'm curious to hear what kind of amino acids. And, and of course, I do use gavel cleaning. I mean, I do use these things in my practice, but obviously you're an expert in it, and I'm curious to hear kind of exactly how you've adapted it for your patients population. Yes.

And we'll get on to that in a second. But I wanted to touch on what you've just said as because if you've got the we going to talk about different types of anxiety.

So you just mentioned Gaba. That's one particular area that's a physical kind of tension. The other kind of anxiety that I deal with is more the worry in the head, the ruminating thoughts.

And with that, I see issues with what you've just described because you've got this. You have a hook, some reaction, or you're not sure if it's working yet.

And now you sort of imagining the worst, you obsessing about whether it's going to work, you second guessing you've got these fears and that can actually, you know, affect your progress in your treatment.

So yes, it's a very real issue that that we have to address. And that's why if we can address some of the anxiety while the Lyme disease is being treated, that's fantastic.

And I love that you use gab and Theanine. So that's really, really wonderful. I've got one other paper, I've got one paper that I just wanted to share, just for folks who like to hear what's in the research.

this was I just wanted to share a few of the neuropsychiatric symptoms that can be present with Lyme. This was a paper that was published in 2018. It's titled Neuropsychiatric Lyme Verily, verily, I was an overview with a focus on specialty psychiatrist clinical practice by Matthew.

I don't have the author in front of me, but, sure, you got it right. It was. That was Doctor Robert Bradfield. yes, I that was a single author. Yeah. So they they pulled articles from databases, search engines, clinical experiences.

They talk about immune and metabolic effects, which contribute to the new neuropsychiatric symptoms. But I'm just going to read a few of them for folks who may not realize that the broadness of this.

So they talk about, autism spectrum disorders, schizoaffective disorder, bipolar depression, anxiety. And under that they talk about panic, social anxiety, generalized anxiety, post-traumatic stress disorder, which you just mentioned, intrusive symptoms.

They also mention eating disorders, decreased libido, sleep disorder, addiction, cognitive impairments, dementia, seizures, suicide, violence, depersonalization, and D realization of impairment.

So it's very broad effects. Today we just going to talk about anxiety and insomnia. But as you'll hear some of the amino acids can help ease some of these other symptoms.

Certainly. the addiction aspect is a big factor when it comes to the amino acids. Interesting. so yeah. So please tell me a little bit about, which ones you're using most frequently.

So for example, Gaba tryptophan five HTP. What how are you using these in the different settings. And and these are personalized approaches. These are not like one shot.

Everybody gets the same thing. Like I might give valerian root for example. you know there's a product I use the pill area just to calm people down and get them to sleep.

But of course it's it's a generalized one. It's not personalized. This is personalized. This is very much personalized. So it's personalized dosing. based on doing a trial.

So and I'll talk about the, the starting doses of the each amino acid that we use. But it's personalized dosing based on the, you know, doing that initial trial and seeing how they respond.

And I'll tell you how to do that in a second. But it's also based on their symptoms. So today we're going to talk about low Gaba and serotonin. And there's a different symptom questionnaire for each of those.

And that helps us hone in whether it's low Gerber or low serotonin. And and based on my experience with working with people with anxiety, it's usually a combination of both.

So we'll do one, we'll address one area first. And I'll ask my client which area is most problematic for you. Are you having that physical tension where you can feel it in your gut and your next stuff, and you've got these physical stuff intense muscles will address the low Gaba.

If they say no, it's all in my head and I can't stop the worry. And I'm ruminating and that's just too it's too hard for

me. Or I've got this fear, you know, I can't work with my doctor to take it.

This, you know, these herbs or whatever the approaches for the Lyme disease, they will work on serotonin support. So, what we're doing is we're using individual amino acids, so one single individual amino acid.

And keep in mind, for people who don't know what an amino acid is, it's a building block of protein. And it's you it's a neurotransmitter precursor. So it's used to make our neurotransmitters such as Gaba or serotonin.

And what what what this does is it eases the anxiety, the different types of anxiety. And then it also helps some of the mood issues, some of the sleep issues.

And as I mentioned, some of the cravings, each different deficiency area has a cravings aspect that's slightly different. But let's should we start with low serotonin.

And I'll talk about the symptoms and how we how we approach this. Right. Yes. Please go ahead. Okay. So this I have a symptoms questionnaire that people for.

And they rate their symptoms on a scale of 1 to 10. And with low serotonin we're going to have this worry in the head. So the anxiety where you've got this ruminating thoughts, panic attacks, fears, obsessing or full blown OCD, obsessive compulsive disorder with low serotonin, you can also have anger and rage issues, ruminating thoughts, negativity, all that negative self-talk, low self-esteem, imposter syndrome, PMS, insomnia, and then the big clue that it's, low serotonin if someone's not sure is the cravings happen and they off to noon and the evening because that's when serotonin starts to take a dip and you may eat in order to feel happy.

So we use use the questionnaire. I'll have the client write their symptoms on a scale of 1 to 10, with ten being the most severe. And then we'll do a trial of tryptophan.

Now. And with serotonin low satiety we can use either tryptophan or five HTP. I tend to start with tryptophan. And I'll tell you a little bit more in a second.

But we'll do a try. We'll pick two symptoms. Maybe we'll say, okay, you've got this worry in your head. And I'll ask them, what are they worrying about?

They could say, well, I'm worried about, the snakes appointment with my doctor and, and and the you know what I'm going to be doing next. So I'm worrying about that.

And, I've also I'm feeling very negative about it. I'm just feeling like there's no hope. So they might say that it's a nine out of ten and maybe an eight out of ten.

So we'll take the starting dose of tryptophan is 500mg. And that's a typical starting dose. If someone on the intake form tells me they're really, really sensitive to supplements and may have had reactions, we may start much lower.

And with children, I'll start with 100 milligram, chewable tryptophan because that's a nice low dose. And I'll have them open the capsule onto their tongue, and within five minutes we're looking for a reaction.

So we'll know right away how many notches improvement they are getting. So this, worry that they had, and the negativity that they had, we should see that drop from like a nine out of ten, eight out of ten to maybe a seven or maybe even a five.

That tells us that, yes, tryptophan is something that we need to consider pursuing. And, and then we have them start with tryptophan twice a day, mid-afternoon and evening if they have sleep issues.

we'll definitely do the evening. If they don't, we might just do the afternoon. Now, I mentioned five FDP. The starting does for five is 50mg. And if they've come to me and they said I tried tryptophan, it definitely didn't work.

Then we may. We may start with five FDP and some people. Just higher rates do better on tryptophan and some do better on five FDP.

Low GABA, Theanine, and Benzodiazepine Taper Support

So if, for example, we started someone on tryptophan and they're doing quite well, but they just reach a plateau, we may add, and five FTP or we may even switch to five FTP completely.

So it's it's not unusual to use a combination. but it's, it's, you know, it's easier for the person if we just using, one often. And when you don't want to use five FDP is if someone has high cortisol.

There is some research and I've seen it clinically that five FDP can cause someone to feel wired, tired. And it's often we'll find out that, they've got high cortisol.

And then that wasn't a good thing to use. That said, some people with high cortisol can use five FDP. So we use lab results and we look at, you know, clinical response.

So we quick, quick question. Yeah. Quick question. So do you ever measure the levels because you know we can get amino acids here in the states. And we can check, you know, in the blood to see what the levels are.

And I do sometimes and find some of my, like, my malnourished patients may have amino acid deficiency, but they're also laboratories. that would do urine testing, for example.

And it was around for a while, like neuroscience. They used to do these for a while. But there was always a question as far as how much the amino acids.

I'm sure this is a question. You get asked how much these amino acids actually get up into the brain, right? As far as like with tryptophan turning into dopamine, turning into serotonin, like in the pathways.

How do you I mean, you're seeing it obviously from a clinical perspective within minutes. but do you ever test these and and other supplement by the way, companies are stuff you use like reliable ones that you like that are pharmaceutical grade, for example.

Great, great questions. And I do not do urinary neurotransmitter testing. it doesn't correlate with symptoms. and it's an expense, an added expense that doesn't provide any value.

And that's an immediate feedback mechanism with, you know, doing the trial and seeing improvements is powerful. So I'll send my clients off, and, you know, say we'll meet in a week's time, do 500mg of tryptophan twice a day and and keep a log, track your symptoms and see how your symptoms improve.

And then at the end of that week, we if we're not getting we ask them to. The symptoms are still like five out of ten. Well increase the tryptophan to 1000mg twice a day, hoping to see even further symptom resolution.

And we'll continue to increase until we find that optimal dose for that person's needs. So that's where, you know, I talk about it being personalized as far as your question goes about products, can I mention brand names?

Yeah I mean it's fine. Sure. Okay. So the tryptophan that I've used most extensively is let's key tryptophan l d tc it's very good quality. I've had consistent results with it.

They make the 500 milligram tryptophan, in a capsule, and they have a 100 milligram chewable, which is really nice for children. Now, I do like to when we're doing that trial, I'm having them open the how to the capsule onto their tongue.

That way you get quick feedback. For some people it helps them to continue to do that. So they're opening up that capsule. So getting a powder tryptophan is is useful as well for some people.

And as far as five HTP, definitely with any of these supplements, we want to be getting professional grade supplements. And pure encapsulation has a good FTP.

There's a lot of companies that actually have good fiber Https, but you definitely want something from a professional, a supplement company. and then the other thing I wanted to mention is that they're all the amino acids on an empty stomach, because with specially, tryptophan.

And you don't want it to compete for absorption with the other amino acids, that you're eating, for some people, having a bit of tryptophan with, something a little bit of carbohydrate can help some people, but I haven't seen that to be consistent across the board.

And then the final thing I want to mention, Doctor Horowitz, is, exercise is a precaution. and a possibility of serotonin syndrome if someone is on an SSRI.

So if I'm working with someone who has been prescribed an SSRI, I will work in conjunction with the doctor, and I make sure that they are being monitored.

I'll only have them use tryptophan if they're on a single SSRI. If they're on multiple, it's we just we just don't know. So we can't use tryptophan and then have their doctor, gate permission to switch the SSRI to the morning because you want a six hour window from the SSRI to when you start using the tryptophan.

now that I use, I always, you know, as a nutritionist, I need to work with the doctor, and I need to make this, you know, advise about this precaution, but that said, they are number of studies done where they've added in tryptophan with an SSRI to improve results and that they haven't had issues.

So it's there is not no study that I'm aware of showing an SSRI with tryptophan called serotonin syndrome. But there is that possible. So we just do need to be careful about it.

No, it's a it's a good point. And some of the drugs we're using these days that I'm treating a Lyme patients with, like methylene blue can cause serotonin syndrome.

So we actually have to taper people off of their necessaries, and get them off of these products. Actually, before, we use methylene blue because we do have to pay attention to it.

side question with this, some of the nutrition companies, when they do things, as I mentioned, makes one called mood food extra strength where they do five HCP, but they use things like Methyl Foley because there's a feeling that some of these people do not have a lot of methylation of the folic acid in the pathways to convert to serotonin, where they need B12, the methyl folate.

Do you find that that can interfere sometimes if they don't have these, or it's not so much an issue in the trials you're doing with like tryptophan alone.

So I prefer to use the individuals for the reason that I explain that we go up and up and up. So now, for example, using a combination product that's got methyl folate and the starting dose, the first you give them one capsule or whatever the capsule the bottle says maybe it's two capsules.

You give them that and they get some symptom relief, maybe two notches improvement. Now you want further improvement. And if you increase it to double or triple, then you're giving them way too much, possibly giving them way too much methyl foliar to way too much or whatever else is in their product.

So then that becomes problematic. So I like to do them individually. And then if someone does have issues with, methyl, you know, they've got a polymorphism or they got some kind of other issues or they need some of the B vitamins, then we address that as a separate matter so that we do need to address that.

But I like to do the the single products. And the other thing is we me working with people with anxiety, there's a lot

of folks that have a lot of sensitivities.

And then we just don't know that that the fact that the tryptophan, well, the five Http is not working or they're having a reaction to the methyl folate, for example, being too high for them.

Right. so anxiety and pain attacks also can be caused by low levels of Gaba. So, why don't you discuss a little bit the signs of low carbon. How do we raise the levels?

Okay. So this is the more physical kind of anxiety. So you'll you'll feel this tension in your neck. You may see someone sitting opposite you sort of feeling sitting like this and very, very tense.

they may have physical pain. they can also feel overwhelmed and anxious, and they'll feel more anxious in the body. Like they might have, sweats or, sticky hands, or they may have, butterflies in their stomach or belly pain.

You can also have panic attacks, with, with low Gaba swallowing issues. And this relates to spasms, muscle spasms. So you can have, laryngeal spasms and that can cause swallowing issues.

and then with the low Gaba, the cravings aspect is a stress eating aspect. So when you're under a lot of stress, you may go for carbohydrates. And then a big clue with low Gaba is a lot of people drink alcohol in order to relax and in order to fit in.

So when your Gaba levels are low, you feel like you need that one. When you go out in order to socialize and order to relax. So we do it. We do a similar trial with Gaba and the results that I really want when people, do the Gerber's, I want them to say, I just feel like I had a glass of wine.

That's the feeling we're looking for. but without the wine. So we will. I'll have them right there. Symptoms on a scale of 1 to 10, like I mentioned, with, low serotonin symptoms.

And then we'll do a trial of of Gaba. Now, the big thing with Gaba is a, it's got to be really, really low dose. I'll see a lot of people come in and say they've had a bad reaction to Gaba, and they've been recommended 500 to 750mg of Gaba.

And unfortunately, a lot of the supplement companies have starting dose of 500mg on the bottle, and people take it and they have a a lack of niacin type flash, not, as, you know, not as intense as a nice and flash, but they'll feel racing hot and they might feel clammy and they might feel uncomfortable maybe for an hour.

So 125mg is a starting dose that I use. actually, in this case broken. The rule a little bit. I use a combination product that is sublingual. It's 125mg, and it's got a tiny amount of glycine and taurine, and inositol in it, but it's such a tiny amount that it has doesn't seem to be a problem for someone who does may have an issue with those, or someone who's really sensitive.

We'll just start with a Gaba powder and just use a tiny little spoon, and measure out 125mg and, we can see results with that. I'll show you. These are the kind of spoons that I use.

I don't know if you can let me just show them if you get a spoon set like this. Woops. Sorry. If you get a spoon set like this, you can, measure out a small amount from, from the powder and it's very easy to use.

So, I, we do the questionnaire, we do a trial, and then we adjust accordingly. So we'll start someone on 125mg. They should say that, just fill that tin can go out of my body right away.

again, no one size fits all, with. But with Gaba, I do find sublingual or powder on the tongue or liposomal or even a cream. Works better. Much, much better than swallowing it.

there is. And so when I'm talking about Gamma Gaba, I'm talking about gamma amino, but uric acid they are. And there is another form of Gaba called pharma Gaba.

And that works well for some people may be an issue if someone has mast cell activation syndrome or histamine issues. and then you mentioned you use Theanine and that's an option.

Two now Theanine works on Gaba and it boosts a little bit of serotonin and it provides a little bit of dopamine support as well. So that is an option.

Two absolutely not. a fan and I would I very vocal about fan bit. Can I be you. You can't even get it anymore. They basically took it off the market where I am.

I know they did, but it's still available. I keep hearing people, being recommended it. So it's available some way. And it's very, very concerning to me.

So I'm just gonna talk a little bit about why. Because I had patients and other people ask me about it. Please explain why you don't like it. So it's, it's it was researched heavily in Russia and used, heavily in, in astronauts.

And it's very effective for anxiety and insomnia. Unfortunately, it's has very similar effects to benzodiazepines. So anyone who doesn't know what those are, those are anti-anxiety medications like Xanax and even Valium, which have you but firstly, you build up tolerance.

So you need more and more and more. and then you, where if you try to withdraw, you can have terrible, terrible with withdrawal symptoms. Now with benzodiazepines, there's a subset like a third of people who are able to taper.

It's still need they still need to be tapered really really slowly. And when I say really slowly, I'm talking about six months to sometimes three years.

Then there's another third that, may have a harder time, and then there's another third that, very, very, very disabled by benzodiazepines. So I'm not a fan of benzodiazepines.

And what they found is that a lot of people using phenobarbital have similar type of reactions. And I've had so many clients and so many feel so much feedback from people in my community who said phenobarbital has destroyed their lives.

So, that's why it's, you know, it's different in you definitely need to steer clear of it. So I know it's available in some products offered by some pretty good, companies that we would, you know, consider, good companies.

And then the FDA stopped it, I think it was 2017, but it's it's made it's rearing its ugly head again. Unfortunately. So, you bring up a good point because I've stopped using benzos like, a long time ago when I started seeing actually what was happening with people.

So do you have any tricks? Because I, I don't have that many more in my patients, population anymore because I stopped using it a long time ago. But I do have patients coming to me from other physicians who are taking Xanax, who are on out of van, who are taking librium, whatever.

They're on these drugs, and they're having a Dickens of a time getting off. And I'm trying. Do you have any tricks using since they are hitting Gaba receptors, ultimately, is there any tricks like that you know of, like with using Gaba, the way you're using it that allows you to taper it any more easily or it's just difficult.

There's really no tricks to the well. It just depends which switch. Third, they fit into, you know, and then the other other compounding issues, like if someone's been on a, prescribed a fluoroquinolone antibiotic, that can make it more difficult.

So we've got to bring, you know, we got to address that issue and that that can affect, mitochondria. So it's it's really personalized. But I will say that they are wonderful support groups that help people taper from benzos.

Unfortunately, the people in the support groups are those that are struggling the most and the they as much as I

appreciate the support groups for encouraging people, they they say no one should take any, no supplements while they are tapering.

And I have found that Gaba definitely does help. Now, as I mentioned, the starting dose for Gaba is 125mg. For some of my clients who are tapering of benzos, they will do well on like ten milligrams.

So it is just the tiniest, tiniest, tiniest pinch. And they may need to start with that. or even use a Gaba cream, to, to start to get the, the labels up.

And at some people their receptors, the receptors so trashed that it's, they've got to do other things before they can start using Gaba, but certainly they'll often have, sleep issues and then serotonin support can help in that area.

And we are addressing the diet and gut health and everything else as well. But it's a it's a very challenging area. And that's why I just love more practitioners to be like you, not prescribing them and then using these amino acids to support people who have anxiety.

So they're not getting onto the benzos and these other medications, which are just making everything a lot worse. I didn't mention gabapentin. A lot of people are also prescribed that they can be tapering issues with that.

And that's often confused with Gaba. You know, I'll I'll have someone say to me, my my nurse practitioner has said, Gaba but they really meant gabapentin.

Pyroluria, Zinc, B6, and Lyme Connections

So it's used interchangeably by practitioners. So if you're working with a nurse practitioner or a doctor or someone and they mentioned Gaba, make sure they, you know, they're talking about the amino acid gabba gamma amino but uric acid, it's not the same as the the drug gabapentin.

Right. No. Good point. so you were discussing this earlier. There's a kind of social anxiety called, pyro. Lauria, can you tell us a little bit about, the relationship to that to, to low serotonin, low Gaba, and also Lyme disease?

I think that's an interesting subject because it doesn't come up very often. Yes. That is so interesting. So it's a social anxiety condition. So it's mainly known for, the social anxiety symptoms.

And there's a questionnaire that I use as well. And the the protocol is zinc, vitamin B6, evening primrose oil, avoiding making sure you don't have high copper.

So using a copper free multi that's the sort of that's the sort of foundational protocol. And those nutrients are needed to make neurotransmitters. So there is a connection to low serotonin and low Gaba.

And I would say about in my, my community of, of anxiety clients, which are primarily women, I would say about 80% have paranoia. But Doctor Lenhart and Doctor Neil Nathan, have, said that you need to address paranoia for line recovery.

And as I mentioned, I was in the, five years ago, diagnosed with, Lyme disease. And, I believe that the paranoia protocol, together with the herbal protocol that I was on, for my not your doctor, you know, have facilitated my recovery.

So I've seen it. You know, I can't compare it with what would have happened if I wasn't on it. But I'll share some of the, let me just share some of the symptoms, and then I'll talk about the, the lamb connection.

So this other than the social anxiety, some of the symptoms on the questionnaire are avoidance of crowds. This feeling of in attention, bouts of depression.

you'll often have this anxiety or fear starting in childhood. And I remember that. And you just cover it up and you

push through. you build your life around one person.

You become more of a loner over time. You have difficulty handling stress or change. And when you have a lot of stress, then, the scripture parallels, attached to zinc and B6 and, you, excreted in the urine.

And then your symptoms become worse. you also some of the other symptoms poor dream recall, joint pains, morning noise, nausea, not wanting breakfast.

So the full question is, on my blog and in my book, if someone wants to read it. But just hearing these symptoms, a lot of people, can resonate with this.

But, doctor, I'll just read a few things about the. What doctor Neal Nathan said. he said this biochemical imbalance is surprisingly common in chronically ill patients, and missing this diagnosis by electing to test for and treated also denies us the opportunity to provide a simple, benign treatment that can help quiet down patients already overstimulated nervous system.

I want to just mention something here because we talked about testing for neurotransmitters with paranoia. when I first started working 18 years ago, we were using a urine test for test two, testing to test for paranoia.

And there was a very strong correlation between the symptoms questionnaire and the paranoia test. And in response to the protocol these days, that same lab is not offering a test, and I seldom test for it.

And, I get a lot of people coming to see me. They've done the test, they've had a false negative, and they've got a lot of symptoms on the questionnaire.

They get on the protocol and they get results. So we've got to just realize that they are false negatives. with this test, it is useful if you do get a positive.

That's obviously very helpful for people. But it can be, you know, not always positive. and then, I want to pause there for a second before I continue to see if you've got any questions.

And then I'll, I'll continue with this. the connection to labs. So the question I would have is because years ago I was using the lab and it was one of the European labs to check it.

was a couple of hundred bucks. It was not a cheap test. Not everybody wanted to do it. So I guess the question is, because it sounds like you're not testing everyone, but a lot of times I'm using B6 and I'm using zinc in these patients.

so is it okay to use it without testing these days? do you find that the specific amounts of the B6, and the zinc that are needed because, you know, the average person, if I'm giving them a multi mineral supplement like, mint or from so and it's got 30mg of zinc, and a lot of times the adrenal supplements I'm using because people's adrenals are shot who come to see me, they've got a fair amount of B6 actually in these adrenal supplements.

Is this the same thing like you're talking about with tryptophan and and Gaba? You have to be careful or because with B vitamins your body will kind of it's water soluble.

Get rid of it. Do you have to worry about the balance and the ratios or it's something you can be a little bit more? I should say that not having to worry so much about the detailed dosing of it for these patients.

So the seeing the lab, a positive paranoia test in the old days gives you confidence in being able to go higher dosing on some of these. you do need to go pretty high.

And I'll talk about what that could look like with a zinc and a B6 and a second. But having seen the correlation with the questionnaire and the paranoia test and using this protocol, I and and the clinical results have seen since I have not used the test, I'm very comfortable using the paranoia questionnaire and using those high doses.

So when I talk about high doses with someone who has paranoia or we suspect they have B6, we starting at 100mg. This is the paradox in 100mg. And we may go up to as high as 500mg.

And I know a lot of people feel a little bit and wary about that, but it is generally speaking, it's I'm using like maybe a 200 to 300. and then we also may find some people do better with P5P.

Let me start with 25mg and go up from there. And sometimes you may use a combination of both of those. And we always watching for symptom improvement.

And we also making sure we're not getting any peripheral neuropathy. And if we are we, we reduce the B6. Then as far as zinc goes, knowing that someone has paranoia for sure or we highly suspect they do based on the questionnaire, we, start with 50mg and may even go up to, 80mg.

I've seen some people talk about 100mg. So it is a high dose, and, but it's looking for symptom resolution as well. And there's some other tests that you can do.

You know, you'll use the zinc, challenge. Some people find that helpful to, test, you use a liquid zinc. And depending on how it tastes, that can give you an indication of zinc status.

I also use alkaline phosphatase. If that's below 70, that could be an indication of low zinc. B6 is challenging to test for. A zinc is challenging to test for as well.

And I will share this because it is a is controversial. at the moment there's a big, some Facebook groups and some concerns that B6 is causing, severe neuropathy that is not reversed when B6 is stopped.

And, I'm looking into it and I quite honestly, I'm thinking it's other causes that are causing these symptoms. And because they've gone to a neurologist and their B6 label happens to be high, they're attributing it to the B6 that they're taking.

And some people were not even taking vitamin B6, or they were just getting like one milligram in their multi and they saying it's vitamin B6. I do want to just put that out there to acknowledge that there are some people who feel that it's causing problems.

So it really is something that we need to hash out and figure out. Is the testing of B6 accurate for testing for high levels, and does it indicate high levels of vitamin B6?

So if you're using that level of, zinc. Because usually when we check for zinc and red blood cell zinc, I never do serum just because these minerals, most of them are in the interest of.

RBC's zinc deficient red blood cell, magnesium. So we do them. But are you worried about the copper zinc ratios? Yes. You want to testing that copper is is valuable too.

And you want to make sure that that ratios is you're not going to get well certainly when zinc as low as you know, is high and but you don't want to end up with taking too much zinc and then copper gets depleted.

So you do want to be checking that, right. agree with you, by the way, when I've had patients with neuropathy where. Right at the top of the list. You first say, Doctor Horowitz, why don't you say that again?

Because it's important. Please. have neuropathy. And we do find some people with high B6. In my world, it's generally Lyme and Bartonella. Our number one, generally followed by mold toxicity and heavy metals because lead, arsenic and mercury all are associated with neuropathy.

We will of course check for B12 deficiency. Folic acid deficiency. Do a methyl melodic acid, for a cold B12 deficiency, thyroid functions, hemoglobin A1, C for diabetes, metabolic syndrome.

But honestly, in my experience, I've never found I do find B6 levels to be high. But we see reversible neuropathy all the combination therapy because the bugs are driving it.

But if you go to a neurologist who doesn't even look for Bartonella or even know what Bartonella is, or understand, the testing for Lyme is unreliable.

You'll find an elevated B6, but you may not have done a full differential diagnosis looking for the causes. Thank you for saying that. so pleased to hear you say that, because that is what the you know, that could be all the things you've talked about, or it could be a B12 deficiency, or it could be, because of benzodiazepines.

It could be there's so many different things that it could be. So, it's really encouraging to hear that that feedback from me. Thanks, doctor. Hearts.

by the way, these questionnaires that you're using, this is in your book, the anti-anxiety, that's on a website where, where can people and practitioners access these?

Because they sound like they're really helpful for practitioners. Cuz if you just go to if you just Google Trudy Scott Paranoia Questionnaire, you'll get the questionnaire on my website.

If you just Google Trudy Scott amino acid questionnaire, you'll get that questionnaire on my, on my website as well. Okay. Great. And I just happy to I'm going to we'll be I'll be sharing a gift for you people who join.

And I'll make sure that we have the those questionnaires in that, that pdf as well for folks. Oh that's great. That's a gift that really will be helpful for people.

Okay. Great. I wanted to just mention sorry. Go ahead. no, no, please go ahead. I have another question after. I wanted to mention some of the mechanisms as to why addressing paranoia is so important for Lyme and other and the others.

You know, chronic conditions like mast cell activation syndrome and mold toxicity and heavy metals like you just talked about. So the, the there was a paper, two papers, part one and part two called Discerning the Moth factor.

McCovey assay growth factor, discerning the mode factor or the muscle factor. and they talk about, this component HPL, but they said that which hap which is excreted when you have paranoia.

it's it's highly correlated with oxidative stress. So we've got that issue going on. And then HPL is correlated inversely with plasma glutathione. And so it's affecting your glutathione on levels which we know is problematic.

And then it also it increases it affects nitric oxide. and then it affects it affects heme synthesis. So we've got all of these mechanisms, as well as the anxiety and that feeling of stress which is not good for or addressing any, any condition.

Right. Can you maybe cure a success story of someone that you treated with lime induced anxiety and, how Gaben area, nutrients were helpful? Yes. I'd love to.

This is, a story from, Trisha SodaStream. I do have permission to share her name and to share the story about her daughter. She's actually, her daughter, had Lyme disease, and she had it.

And one of her other children had it as well. And she's created this amazing blog called abounding in Hope with Lyme. And she talks about, you know, how to avoid ticks and, and, you know, how to look after your dogs and avoid the ticks and everything, but she said, she we connected on social media and she added a blog post about Gaba and she said, yes, Lyme anxiety is real.

And yes, Gaba did help. So we started a conversation and eventually, I did another blog post about her daughter's results, and then I interviewed her and one of the anxiety summits.

So we've we've created this relationship. But let me just share some of our daughter's symptoms. Yeah. And then what what helped as she says, and my third daughter turned seven, we had no idea that our whole lives are beginning to turn upside down by severe anxiety and OCD.

As the year progressed, I noticed she was incessantly washing your hands, pooling saliva and her mouth, clenching her fists. repeating motions. Her eyes were wider than normal.

She became very fearful of things that had never bothered her before. At the same time, she was complaining of deep hip pain. Pain in her feet, very bad headache, motion sickness, nausea, heart palpitations.

Her anxiety group sessions controlled her and she was incapable of thinking rationally during these episodes. With age, her episodes became more frequent and more severe.

She did work with conventional doctors. They were on antibiotics, unfortunately, antidepressants and anti-anxiety medications as well. And then she came across Doctor Klink, her teaching about paranoia and the lab connection, and she started to, adding in the paranoia nutrients.

And then she heard me present on the anxiety summit about the amino acids. And then that's how we connected on social media. And she said, I started to learn about Gaba five theanine and tryptophan.

And we added in the Gaba calm sublingual, the one that I talked about, that's 125mg. And they did that because it was easy to take. So that's a really nice one to use for children because it's a low dose and it's sublingual.

So they can just suck on it and it tastes pretty good. We also, eventually added in five https theanine. And melatonin. and at first we use Gaba with theanine.

And whenever she would have a panic attack or her OCD was too much to deal with. But then after a while, I just had to take it first thing in the morning, midday, and again in the evening when I symptoms would be worst.

And that's what I recommend. I like, recommend. My clients are consistent with dosing throughout the day, and then they take extra as needed when they in the throes of a, you know, an acute, panic attack or something like that.

And I do want to just say that. And she shares that she did this when I interviewed her and, and the blog that the amino acids and the paranoia protocol were just one part of the solution.

So we're not saying it's a fix all for everything. They made dietary changes. She also had cognitive behavior therapy, and she worked with a homeopath as well.

But she says these supplements did not cure my daughter, but they helped her get off the prescription drugs. And that helped us both during our my most trying times.

So that's why I really love them. Dr. Horowitz because it gives gives, families, kids, anyone with the anxiety that you have while you are dealing with the underlying issues and you get that immediate relief, which just makes it so much, so much easier.

And, the good news is her daughter is, fully recovered. She's now married and thriving and happy, and she's very happy to have a story shared to give people hope.

Now, that's a that's a wonderful story. And I think the thing that's beautiful about her approach is, you know, even when people learn to meditate or they do neurofeedback techniques or, some of the newer techniques like the Annie Hopper Dynamic Neural retraining, the Gupta, insula retraining what you're approaching using these specific amino acids this way, it kind of mixes in no matter what the patient is doing.

Like it's something that they can do no matter what else. One of the techniques they're using, right? To be able to

get better from the point of view of their mental health and limbic and vagal retraining.

Absolutely. We want to use everything we can at our disposal. So if they resonate with meditating and some people don't, then, they don't. But if they do resonate with meditating, if they nature is, they meditation, whatever works, we want to bring that in and, and and and everything helps vagal support.

Absolutely. That's great. Now, Trudy, this is wonderful. Can you please share some resources, for people to learn more about it? So your books, your blogs, your Facebook, how do people get in touch with you?

I'm sure there's going to be a lot more interest after they listen to this. Thank you, Dr. Horowitz. So my book is The Antianxiety Food Solution and it's got all the nutritional things that dietary changes that we didn't talk about today, gut health, a gluten issues, blood sugar issues that you mentioned right at the beginning, Dr Horowitz.

And then it's got a whole chapter on amino acids, and it's got a whole chapter on pyroluria as well. my blog is, I get wonderful feedback from folks on my blog.

people ask questions, I learn from them. I then write another blog post, a case study, so they can go to everywomanover29.com. that's my blog. and then I'm on Facebook Trudy Scott Antianxiety Food Solution, and we have some great discussions there as well.

I've got some group programs. If someone doesn't find that doing it themselves with, you know, doing the question is in the book and trying it themselves.

I like to empower people. So a lot of people just make these changes on their own. Certainly if someone's got a lot of fear and anxiety, they often want hand-holding.

And then I've got online group programs and then out of, practitioner training, for on and how to use the amino acids. That's wonderful. and is there a specific email in case people have a specific question for you?

Do you have a specific email for people get in touch or it's just through the the ones that you mentioned. So I get so many emails, I prefer to have questions posted on the blog, but if they can't find the blog or they don't know how to comment on the blog, they can send an email to support@everywomanover29.com and we'll direct them to a relevant blog that they can all say question on.

And I like folks to ask the question on the blog, because then everyone gets the benefit of the answer instead of me answering just someone directly. And then I can share other resources that may be helpful for them.

That's great. Trudy, this was wonderful. I it was a real pleasure speaking to you. In fact, now that, you know, we spoke, I'm taking care of a couple of my own patients that maybe I'm going to want to access these questionnaires and try it because I, I obviously the people who come to see me are usually the sickest of the sickest, and a lot of them are highly anxious, highly depressed.

They have multiple infections, you know, toxins in their body. And really, I do a lot of hand-holding to get them through, but it sounds like these may be solutions that, I think a lot of practitioners were not aware of and I think are worth trying because we want to make the patients feel better on their healing journey.

Right. It's it's not just about getting to the end. You want to make sure the journey itself, right, is as pleasurable as it can be because Lyme, as you know, is a bear.

And so these co-infections. So, this sounds like it's very, very helpful for. People but so. Well said. Yes, it's a journey and we want them to feel good on that journey.

Absolutely. Thank you so much for doing this work, Dr. Horowitz, and thanks for inviting me to speak on your Summit. It's been an absolute pleasure, and I look forward to hearing the other speakers and sharing this with my community.

I know it's going to be valuable. Thank you. I really appreciate it. So again, my name is Dr. Richard Horowitz. I'm co-host of the Healing From Lyme Summit.

We've been talking with Trudy Scott in The Antianxiety Food Solution. please stay tuned. there'll be more talks and, thank you. Trudy, this was really wonderful. I really appreciate it.

Thank you. Have a great night.