

**EPISODE 270**

[INTRODUCTION]

**[00:00:19] AVH:** Hello, hello, everyone. Welcome to your favorite podcast ever, Paleo Magazine Radio. I'm your host, Ashleigh VanHouten and it's time for your favorite topic ever, one assumes and that is gut health. Because most of our health in general stems from gut health. It's kind of a topic we can't really overdo, can we? Although if you are getting tired of me talking about gut health or just saying the word gut, because sometimes I get a little tired of saying that, I understand but that's why I need your feedback.

That's why I need you to reach out to me, talk to me, participate, send me a message on social media, you can do that on any of our platforms, @paleomagazine or you can send me a message on Instagram, @themusclemaven and tell me what you like me to talk about instead because I'm happy to talk to different people about different things and I'm happy to explore different topics but you got to let me know what you're interested in.

But, in the meantime, I know you will get a lot out of my guest today and I know it will be helpful to you. Let's dive in, this is the second time I've spoken with Dr. Michael Ruscio for the podcast. He is a doctor, a clinical researcher and bestselling author and he has very practical, pragmatic ideas about healing chronic illness and disease that has really made him an influential voice in functional and alternative medicine. A really accessible voice too.

His research has been published in peer reviewed medical journals, he speaks at medical conferences across the globe. He has a bestselling book called *Healthy Gut, Healthy You*. Which I've talked about in the past and he really comes at health with us, start from the gut approach which I think makes a lot of sense.

It's helping other doctors and patients really kind of learn and empower themselves and get healthier without having to, either, I guess, be as involved in the medical system, pay as much money, be as reactive, taking drugs, there's a lot you can do proactively and lifestyle wise that can make a huge impact on your health and your gut health.

Today, he and I are talking about – well, we're sort of building on topics, we've covered in the past. Things like fasting for gut health, the importance of certain lifestyle factors, even over nutrition, how obsessing over perfection with your diet can have the opposite of its intended effect.

We talk about a topic that I've actually only recently sort of learned about and that's high histamine foods and how that can have a negative effect on some people's gut health and digestion. The craziest part of this for me is that high histamine foods, we get into what that is, what that means, they're often some of the foods that we tout as being superfoods.

The healthiest foods across the board and foods that I would certainly recommend to everybody all the time without even a second thought. Things like sauerkraut, oysters, avocado, foods that I just kind of assumed were baseline healthy foods. It's just a reminder that everyone is so different, we all have such different challenges and issues and goals and ways that our bodies work and what is a superfood to me can be a super bad food to you.

Lots going on this episode but before we get into it, I want to read a nice review from someone who wrote me on iTunes and this is courtesy of Beth Cocker and she says, "I am currently finishing my masters in social work, however, I have a great interest in the intersection between food and mental health. Particularly leaky gut." That is a cool subject of interest.

"I did some research in my undergrad about autism and the microbiome and my interest has only continued to grow. I listen to PMR in the car and I find it so useful and I love the range of topics covered. Way more productive car time than listening to music." That's nice. "I recently listened to the episode about probiotics and I know idea that 90% of our serotonin is made in the gut." Yeah, me neither.

"These are the kind of nuggets of gold that you learn listening to the podcast. Thank you so much for the content." That is awesome, thank you so much Beth, for that. I really appreciate you taking the time and giving back to the podcast. It means a lot and because of your generosity, we are going to send you a Paleo Magazine Reader's Favorite's cookbook. Enjoy that Beth, let me know what you think. Thank you so much for that and without further ado, here is my interview with Dr. Michael Ruscio.

[INTERVIEW]

**[0:04:35.4] AVH:** All right, Dr. Ruscio, thanks for coming back to the podcast.

**[0:04:37.9] MR:** Good to be back, thanks for having me.

**[0:04:39.9] AVH:** I appreciate it. Before I kind of just attack you with some questions that I have since the last time we chatted, I guess you were on the podcast maybe about a year ago or so. I'm sure that there is plenty more that you've been researching and doing and learning since then. What have you been up to, what have you been doing, what's exciting in your world?

**[0:04:55.2] MR:** Gosh, how long do you have? Lots of stuff. You know, I've been continuing working on research studies that we're trying to publish through the clinic, we have an editorial paper on small intestinal bacterial overgrowth that we just submitted for publications so I'm pretty excited about that.

We're really trying hard to roll out this randomized control trial and it's been quite the learning curve because going from the type of research that I've been doing prior which is not to get in terms with the details here but known as a retrospective chart review where you essentially go back and look at your charts and you can pull out conclusions from looking at enough kind of case studies. That's what we've been working to publish thus far.

But going to a randomized placebo controlled trial has many other layers of difficulty and so it's been humbling trying to navigate some of these nuances but you know, I also think it's worth it because if we can find a way to do a randomized control trial, a bit more efficiently and cheaply then I think that's really going to be a huge win for kind of all of us who want there to be more research in the realm of natural and functional medicine.

There's definitely some bureaucratic red tape to cut through and just go hurdles to try to surmount but you know, all that's trucking along and the clinic is always great, I'm continually learning more and more from the patients that I work with. The book has been doing great, been a lot of lecturing. I've been getting pretty deep into some nuances in thyroid and I'm sure we'll

venture there at some point in the call today and we also released a new compound that's immunoglobulin which is essentially said loosely, a way of taking a supplemental version of the mucus membrane in your gut that can kind of bind to toxins and irritants and that's a pretty cool and new and novel therapy in gut. In the IBS gut research.

Yeah, there's been a lot going on in that's just a few of the things that come right of the top of my head.

**[0:07:01.1] AVH:** Yeah, it sounds like anyone of those topics we could talk for a day or two about. I think it is, it's good for people to sort of air-quoting over here, lay people like me and I think like a lot of the listeners to realize and recognize the research and the studies that we get to read and then we get to hear about for free and podcasts and online, we sometimes forget just how much of course how much effort and research and work goes into it but the time that these things take because for things to be done properly, for things to be reviewed properly and then to go through any kind of editing publishing process and peer review and all of these things, it takes an incredibly long time.

That's why it's easy for people on the receiving end to get frustrated with why isn't this information out yet. Why can't we access it but like you said, there's a lot of red tape and there's a lot of just steps that you have to go through to make sure that things are done the right way. Thank goodness there are people like you who have the patience to do it for us.

**[0:07:58.2] MR:** Thank you, also to your point, what a gift, the amount of vectors that we can easily pull up through something like PubMed, it's truly amazing how much work is aggregated in a research database like that. It's a true gift of what we have but it is hard to contribute more to that body of knowledge, it's definitely not easy science. Science is a slow process unfortunately sometimes.

**[0:08:18.6] AVH:** But, I mean, if it was easy and quick then we probably be right to be a little bit weary of the information that we're getting, right? Like the stuff that I can throw up on a blog tomorrow, you probably should take with a grain of salt versus the stuff that took years and a lot of smart minds working together to create it. That's also something that us, impatient people on the receiving end should be aware of.

Tell me a little bit more about this last thing that you were talking about for the thyroid therapy and it's like a product that you guys are creating, like a medicine?

**[0:08:50.1] MR:** Two different things that I touched on and let me draw a little bit of a line in between them in case I kind of blurred the line. I've been doing quite a bit of additional research, clarifying some finer points in thyroid care, not necessarily a product there but more so, recommendations for medications that patients who have been diagnosed hypothyroid, you know, what is kind of an honest narrative on do you actually need to be on this "special medication" like Armor Thyroid or Nature Thyroid or it does something more standard like levothyroxine or synthroid, hold merit and hold benefit. All the way through how legitimate are some people even being diagnosed with hypothyroidism. How legitimate is their diagnosis?

There's some strong questions arising now unfortunately, in the field of integrative medicine in terms of illegitimacy of some of the diagnoses being made. That's just one kind of thing and I'll just pin that really quick and the other is an immunoglobulin supplement which is essentially like I said earlier, kind of taking a sub mental form of the mucus membrane in your gut, that's a new therapy for IBS and IBD.

We can springboard into either one of those that you want.

**[0:10:02.9] AVH:** Okay, first. I would love to talk about the first part of this and people being maybe misdiagnosed because we talk a lot on this podcast to gut health experts and functional medicine doctors and autoimmune researchers and there's a lot of talk about how people can get to the point where they at least know what the challenges they're facing because it can be so difficult to pinpoint what autoimmune issue or not they're facing because there are so many symptoms and so many, it's so complex, right? We haven't really touched much on this show about how and when people are misdiagnosed.

I'd love for you to kind of get a little bit more into that like how that happens, why that happens.

**[0:10:46.6] MR:** Yeah, I'd love to kind of elaborate on that because there are some really important – I guess, stumbling blocks that patients really do need to be aware of. Kind of the

broader view here, I think to start with is, if you're someone who is suffering with a constellation of symptoms and you're trying to figure out what is causing those symptoms, oftentimes, when you start researching on the internet, thyroid comes up. One of the challenges is that the symptoms that can be attributed to hypothyroidism are so broad that just using symptoms isn't accurate in determining if someone is hypothyroid and yes, there are some research based questionnaires that can be used.

When people go on Google, you know, they're not going to a recreation of a research verified questionnaire to give you a probability if you have a thyroid problem, it's more so – this isn't a disparagement, it's just how this kind of plays out, the person who wrote the best article about thyroid symptoms is the article you're going to land on and it doesn't matter if the symptoms that they're tying to thyroid are actually shown to be caused by thyroid or by something else.

This is one of that I think the weaknesses in kind of the Google algorithm is, it's hard for Google to give you the most accurate information per se but more so, what is the most interesting article that most people are clicking on and sharing and therefore, it climbs higher in the search feed and so now when you go on the Google and you type in, "Is my depression, hair loss and brain fog caused by hypothyroidism?" Or something like that.

You're likely to find some type of article that lead you to believe that that is the case. This is one of the main stumbling blocks that I think patients are struggling with. They're looking for answers to their symptoms and they'll find evidence that supports, that thyroid might be the cause. It certainly could be. What we have to look at is what is the probability and unfortunately, far more people are being told that the thyroid is the cause of their symptoms than actually is occurring.

This is something I've been writing about in my clinician's newsletter now for about a year and a half, perhaps a little bit longer. I've been seeing this and I've been trying to build a case and so I've been publishing some of these in our clinician's newsletter. About a year ago, November 2018 specifically actually, published in the journal thyroid, there's a group of researchers in Athens, Greece, Livetus et al. They decided to kind of check in on this and they took a group of about 200 patients who had an ambiguous hypothyroid diagnosis and they rechecked them.

They found that 60% of those patients were incorrectly diagnosed with hypothyroid, were actually able to come off their medication without any problem at all. Now, that's a huge finding. It's gotten so bad where even clinicians who are reading my newsletter seeing some of what I'm chronicling, they're now applying that in their practices and we've even had a case study from another doctor published in our newsletter of finding a patient in their practice who is incorrectly diagnosed with hypothyroidism and had to be undiagnosed.

It's unfortunate that we're getting to a place now where the diagnosis of thyroid disease, hypothyroidism is being given out far too readily. I think it's done with the good intention, clinicians are trying to help patients, patients are looking for answers. But unfortunately, what ends up happening is people get put on a medication more so because the clinician may think, "Well, some of these thyroid levels don't want perfect and so maybe you'll benefit from a little bit of thyroid hormone support."

They get put on a medication, they may not be given that explanation at the time of diagnosis, so they think that they have a thyroid problem and then three to five years later, they find their way into an office such as mine, the doctor does some double checking about how that diagnosis was made and they find that the diagnosis was illegitimate and this person is able to come off the medication they've been on for years and years. Oftentimes, but not always, the underlying cause of the symptoms can be the gut.

I don't want to paint it as a panacea but I would certainly start there and the two case studies that I'm mentioning or some of the case studies that I'm mentioning, the one from the other doctor and the few that I've published in our newsletter, that's what we're seeing. We're seeing that the fatigue, the insomnia, the brain fog, are just a couple of examples were caused by the problems in the gut and indirect manifestations of problems in the gut.

I know it's kind of a long launch there but there's some really unfortunate mishaps that are occurring and if I can save people from incorrectly thinking that they have thyroid disease and going on a medication when they don't need it, then that's a huge win. By the same token, do not just stop taking medication right now if you're on it.

You want to make sure to run this through a doctor and go through the appropriate checking. But there may be some people listening to this who are on thyroid medication and they don't really need to be.

**[0:16:00.1] AVH:** Okay, I think there are a number of points there that are worth sort of highlighting and bringing out and one of them of course being that as we mentioned, despite the fact that Google is an amazing resource and there's tons of information out there, it isn't replacement for a doctor and you can't always just accept everything that you read at face value and as you said, a lot of times, what you're gaining access to is more about popularity and clickbait than it is about relevant, applicable information to you. I think that that's worth kind of keeping in mind.

But then there's also, there's the step between people who are maybe misdiagnosing themselves based on what they're researching at home and being misdiagnosed in the doctor's office and is there a connection there, is it people who are coming to the doctor and saying, "You know, I have these symptoms, I think it might be thyroid stuff," and then we're kind of influencing the doctor who is saying like, "Yeah, well now that you mentioned it, these kind of results, yeah, maybe it's a thyroid thing, let's put you on medication."

Is that an accurate thing?

**[0:17:01.3] MR:** Yeah, that's a great point. I think the culpability lies both on the doctor and on the patient. Again, I don't say this in such a way where anyone's doing anything with malintent. I think we're all trying to find a way to feel better but when the doctors get pressured by their patients.

Doctors are humans too and doctors try to be empathetic and unfortunately, some doctors who try to be a bit open minded may entertain some of these things and what's really challenging here. There was one study that looked at this. They found that any change in medication, let me take it one step back because this kind of broaches into a different issue but it is kind of important because it illustrates the power of the placebo effect. Yes, some of this is driven from patient pressure and influences a doctor to put them on medication.

Here is where things get even messier. Let's say Mary-Sue has again, we'll use the same symptoms as before which is fatigue, depression and I think fatigue, depression and brain fog were the three that I threw out. Fatigue, depression and brain fog. Mary-Sue goes to her doctor and says, "I want a full thyroid evaluation, I think I have a thyroid problem, everything seems to match, you know, you've told me that my blood pressure is good, my weight is good, all these things are okay. Where could this disease be coming from?"

The doctor obliges and the thyroid panel looks normal in terms of DSH and T4, you're kind of two main barometers. But some of the downstream hormones like T3 and avert T3 look a little of. The doctor says, "Well okay, let's try you on a short course of thyroid hormone medication and see how you do." They're put on, insert whatever drug there you want, [inaudible], Armor, doesn't really matter exactly what but they're put on a thyroid hormone and then a couple of months later, the patient comes back and reports to the doctor and she says, "Yeah, I'm feeling better." That's oftentimes, enough confirmation of the doctor and the patient to think that there was a thyroid problem.

But here is where I think get really unfortunate, messy but also interesting. In some of the research studies that have followed these patients, they find that there's a placebo effect that lasts to three months but then when his patients are followed up again with at 12 months, that drops off. They've even done studies where they've taken – this is a little bit different of a concept but it reinforces the same underlying premise. They've taken patients who are on one type of thyroid hormone and they want to see, would they feel better if we put them on a different form of thyroid hormone.

One of the other debates is you have your synthroid or your levothyroxine which is just T4. Might it be better if people go on something like Nature Thyroid or Armor Thyroid instead? When some of these studies, what they've done is they've put patients on a medication but the patient doesn't know what the medication is. It's kind of this non-labeled pill.

What they find is even for the patients who come in already on something like Levothyroxine, when they're given Levothyroxine as part of the study, the patient can't tell what they're taking, they went on Levothyroxine, started the study and they were given this kind of white pill, the

didn't know what was in it. Patients report benefit even after going back on the same medication because of the placebo effect.

That improvement drops off at 12 months. I think what tends to happen is, patients have the short term placebo effect and when they first go back to the doctor's office, they say, "Yes, I feel better," but there's not enough follow through to determine that that placebo effect wears off after three months and then these patients, when you get a year out, are right back to where they were before and now they think they have a thyroid disease or hypothyroidism when they actually don't.

I hope I'm not getting too kind of into the weeds there, does that kind of make sense?

**[0:21:03.9] AVH:** Yeah, you're going a little nerdy on us but I can follow. But one way that I'd like to kind of bring it back a little bit is one of the things that I wanted to highlight about this entire conversation is in terms of like being misdiagnosed and, you know, the obvious human error that can occur on many levels during this process, is also the idea of finding and supporting and making use of functional medicine physicians as well as a maybe more traditional general practitioner.

Because correct me if I'm wrong here. But the risk of being misdiagnosed maybe was a thyroid issue, if you're just kind of looking at it at home on the internet or if you're dealing with the functional medicine doctor. I mean, even if you're still trying to figure out what the issue is, if you're approaching it using lifestyle factors first before you go directly to medication, you probably aren't going to be hurting yourself even if you haven't figured out what the actual cause is yet, right?

Because we're talking about improving lifestyle factors, we're talking about improving stress and sleep and food and, you know, movement and exercise and gut health and all of these things which can basically help anybody suffering from anything and that's kind of a more sort of holistic approach to take anyway, right?

I guess that's another thing that I kind of wanted to like, highlight about the whole process is if we're dealing with – from a functional medicine standpoint, whether you have thyroid issues or

not, whatever the mysterious cause of your depression or gut imbalance or whatever it is, that approach is going to work for you or at least start to make some changes, right?

**[0:22:43.3] MR:** Yes, absolutely, it's a great point and it's a great one I think to reiterate which is if you're floundering for where your symptoms are coming from and we want to start with diet and lifestyle basics. Because that will clear so many symptoms. Whether it be a paleo diet or going on something more nuanced like a paleo low FODMAP diet, getting more sleep, exercising to the right extent, time in nature, time with friends, those are an arguably the foundation. 100% absolutely.

I guess the main point I want to highlight here just to make sure it's kind of clear for people is, don't be too quick to jump on the potential diagnosis of hypothyroidism because some of the contemporary research is showing that you may have a 60% chance of being incorrectly diagnosed as hypothyroid. That probability does increase when working with a functional medicine provider. It seems the conventional medicine is a bit more conservative in this regard.

Functional medicine and again, they're probably not going it in a malicious way or what have you but you do see that increase probability. Not to say that no conventional doctors will do this but it does seem to be more prevalent in kind of functional medicine, integrative medicine and alternative medicine circles.

[SPONSOR MESSAGE]

**[0:24:02.3] AVH:** All right guys, sorry I have to interrupt this amazing interview very quickly to tell you about a new show sponsor we have that I'm excited about. This is Pique Tea. You've probably heard about cold brew coffee already but apparently, there's such a thing as cold brew tea and that's what Pique Tea is all about. They make cold brew tea crystals so the tea comes in basically a powder form and it's really high quality tea and a bunch of different flavors that are meant to give you lots of antioxidants, a nice sort of smoother caffeine hit than maybe cold brew coffee would give you.

The products are triple toxin screened for heavy metals, pesticides and toxic mould so you're getting something that's very clean. It's never bitter because you can't over steep it. It's just

mixes perfectly in cold or hot water if you like your tea iced. You don't have to bring your tea bags everywhere when you're traveling or going to work.

It's faster, super convenient, there's a bunch of different flavors. I'm trying to think of the favorite one that I had. I normally like an English Breakfast and I have that one and it's very good but they also have like a mint-green tea that I've been drinking iced, that's really good and I sometimes find green tea to be a little bitter at times but this one isn't at all. It's really tasty.

One of the good things about tea, if you're trying to maybe transition away from caffeine or drinking too much coffee or if it messes with your gut, the caffeine in tea is known to be a little bit less crash inducing, a little less jitter inducing because it has higher levels of alphanine that helps I think the caffeine be more sort of time released in your system like I know when I drink coffee with alphanine, I have less of jittery reactions.

That might be something that you want to look into if you love your coffee but it sometimes doesn't love you back. Definitely worth checking these guys out, especially if you're trying to transition to maybe – I'm just going to say it, a slightly healthier, less jacked up version of coffee, there's a bunch of different types for you to try, super convenient for you to take everywhere and Pique Tea is giving you guys a discount.

If you go to piquetea.com and use the code paleo at checkout, you get 15% off on anything you buy, plus free shipping. Worth a shot if you ask me. Thank you Pique Tea, you're a great sponsor and back to the show.

[CONTINUED]

**[0:26:28.9] AVH:** Interesting, okay, I think that is actually very useful and I think you know, it is again that we're all out there seeking answers, we want to feel better and it's normal to – when something kind of hits mainstream and everyone's talking about thyroid or autoimmune or placebo or whatever it is they're talking about and you kind of recognize some symptoms, it's normal to be like that sounds like me, now I have an answer, let's attack it.

I think it's just a good reminder always to kind of do your due diligence and take the time to really figure out what's going on. But I do have some specific kind of diet questions that I have here I want to ask you because I know I can't keep you forever so I want to get into some of these and we'll kind of see where the conversation takes us. The first one is, I don't even remember where I read this and it might have been one of your Instagram posts but it was about histamine intolerance.

Even for healthy people with sort of no gut health issues to speak of, can you talk about that a bit? Because I've had some friends who maybe have struggled with gut health and they've done this elimination diets and they've been strict paleo or low FODMAP and all these great things and they're still having problems and then they're doing more research and finding that foods that they thought were very across the board, healthy and safe for people end up being high histamine and then problematic for them.

What's healthy for some people isn't for another and I don't want to make people too scared but I think that this is a topic we should talk about in the paleo world especially.

**[0:27:51.9] MR:** Yeah, you are dead on in the sense that you will see an increased consumption of histamine rich foods in a paleo-like diet and especially if you are doing a moderate to lower carb paleo-like diet and that is not necessarily a bad thing but for some people who coming back to the foundation are trying to get all the foundational items in place and that of course includes diet and they are saying, "Gosh, I still don't feel better even though I am eating all of these healthy, paleo-like foods."

You may have drifted into consuming too many high histamine foods, which are seemingly healthy. Things like sauerkraut, kombucha, kimchi, really anything fermented. Any kind of canned protein like canned sardines or oysters or salmon, avocados and spinach, many berries are high histamine. So there is certainly a fair number of healthy and also kind of low carb foods that are high in histamine and why this could be a problem is different people have varying abilities to clear histamine out of their system.

And if histamine builds up, it could cause a wide array of symptoms some of which would even look like hypothyroidism. Fatigue, insomnia, brain fog, depression, joint pain. You can also see

things like skin rashes or lesions, sometimes you will see racing heart, low blood pressure. So the way that one can get an initial termination if histamine intolerance is a problem is going on a low histamine diet for one week. You only need to perform a one week trial on a low histamine diet thankfully to be able to tell if it is helping.

And if you go on a one week trial and you noticed that you are symptoms improving, great then you can simply just try to be a bit more mindful of histamine. It is not something you have to be dogmatic about. You can have high histamine foods, you just want to try to spread them out and be more cognizant of okay, maybe you are having a high histamine food or even two at every or at most meals.

Then you go on a little histamine diet and you feel a lot better and you say, "Okay, I am not going to go back to my former of having high histamine foods at every meal. I can still have some of those but I am going to work to spread them out and also incorporate some none high histamine foods into my diet." And that could be very helpful for people. You don't have to avoid high histamine foods in the long term or every day to see benefit and there is some evidence that shows that people have an ability to improve their histamine tolerance with time.

It's just that we need to have this reset phase where we get the histamine drained out of the system and if you are typing my name in search of a low histamine diet, you will find that we have a hand out that will help people to navigate this but it is not hard to do. All it takes is a week and then that can give you some real insight in terms of histamine overload. This is something I have actually personally suffered with is inflicting you or not.

**[0:30:48.9] AVH:** Okay that is really useful information. Firstly because as you said a lot of high histamine foods are literally the foods that we see repeated time and time again is being super foods like oysters and avocado and sauerkraut. I think it makes people really sad things that they have to take it out of their diet forever but it is also good to know that they'll be able to see differences in a week and that was the question I was going to ask you next is whether people are able to increase their histamine intolerance.

And I think people have found that with other things as well in terms of even their ability to tolerate gluten or dairy or anything if you can get it out of your system and clear your system and

build up sort of a strong base you are able to tolerate things later down the road in moderation once you have done the ground work to get there.

All right, you have also talked about the specific carbohydrate diet. Can you talk a little bit about what that is and what that is for?

**[0:31:43.5] MR:** So the specific carbohydrate diet, it is not typically one that I recommend all by itself, although I certainly have no quarrel with it being used in that capacity. But the way that I've – so essentially the goal of the specific carbohydrate diet is to eliminate carbohydrates that people mal-absorb. It's got a lot of overlap to the low FODMAP diet and where I typically would use it is if someone goes on a low FODMAP diet and they only see partial improvement, then we can unite together low FODMAP map and SCD in a really carb restricted diet.

And I don't mean low carb per se, I just mean limitation of carbs that are either hard for people to break down or are prone to feed things like bacterial overgrowth and same concept where you can use a diet like that for a short term and a strict application and then heal and be able to reintroduce more food in the longer term. So the diet that I use there is a low FODMAP with SCD diet. I talk about it in my book, *Healthy Gut Health You*, you in terms of when the best time to use it is and I may lay out this pyramid of different dietary options with some recommendations in terms of how to navigate through this to determine which diet approach is going to be the best for you.

And it is one of the diets that I have people escalate too. If you were to think of a progression, you'd go paleo then potentially paleo low FODMAP and then potentially all the way to low FODMAP with SCD. Probably one of the most restricted diets one can do but definitely for people with stubborn gut issues that are having a hard time responding, that can be something used in the short term to allow you some healing and then in the back end of that people can usually reintroduce and have a greater tolerance for these foods.

**[0:33:32.6] AVH:** All right that is yet another good point that I want to highlight. I want to make notes of these to tell my mother because she is somebody who – it is so ironic that I literary was born despite being a huge fan of the paleo diet and that kind of lifestyle in general, I think I was born with a steel trap for a stomach and I can tolerate a lot of things and my mother is actually

the opposite and has very long standing journey with gut health and food intolerances and issues.

But one of the things that I am asked so much and it is so confusing for people is when they are dealing with any kind of gut health issue or any issue that they think even could be related to their diet or digestion or gut health it's like, "Where do I start? Do I go straight to a Whole 30 or an elimination diet or no carbs or no vegetables." Because people are having trouble with that now, "And where do I go?" And I think you've just laid out so clearly is you have to start somewhere.

And the first one you try may not be the answer but it is about starting generally and working more specific and more restrictive as per your needs and how you are reacting. So I've always said that a great first step, if you are eating a standard American diet is to try to cut the processed foods, cut the sugar and try to have a whole foods based paleo-ish looking approach. Try that for a bit and then just dial in from there and that's what you're saying.

There are many, many layers and many ways you can drill down but there is a process to it as you start reasonably easy and then dip your toes in with paleo and kind of go deeper as you need.

**[0:35:08.8] MR:** Exactly and you said a really key thing there, which is there is a process. That is exactly why I wrote the book, which is because I saw so many patients who have literally spent years just looking for the next it thing and just going from trying it thing to the next it thing to the next it thing and they got little to nowhere. And it is because people didn't have an overarching map or plan for how to repair their guts. And really, when you understand the landscape of the gut, navigating the train isn't that hard.

But you know that's easy for me to say. It is easy for a lawyer to say what to do in a legal situation because they know the law. It is easy for me to say because I have been doing this for almost 10 years and everyday people coming in with, "I am depressed. I am bloated. I am gassy. I am diarrhealy" and so after a while and also just opposing what you see in the clinic with research, you really start to figure this out and have a solid map.

So that is what I wanted to provide people with, which was a guideline for how to navigate this because yeah, you're right. People can try stuff on the internet ad infinitum and never really get anywhere because they might even do some of the right stuff but to do the right stuff in the wrong sequence and they take two steps forward and they take two steps back. Two steps forward and two steps back and they do that for years and years.

So I would really recommend to people the book because I want to save people from that. If I can save people from that merry-go-round of just trying different things and feeling like they are never moving forward that is a huge win and having an overarching guide to help you do that can be very helpful.

**[0:36:44.8] AVH:** Are you – I know this is a very it depends questions but in general terms because we were talking about trends and fads for lack of a better word that come up that everyone wants to jump on because it sounds like the next answer. Are you a fan in general of fasting?

For the general population who is trying to either lose body fat, trying to get cravings under control, trying to establish more control over their diet and I don't necessarily mean five day water fasts or whatever. Even if it is just intermittent fasting or restricted time windows, what do you think about fasting in general?

**[0:37:21.2] MR:** Yeah, I like fasting. I talk about this in the book. It is one of the first steps in the book protocol, which is diet but within diet one of the things we wanted to determine is your meal frequency. So some people will do better with less frequent meals and this would be kind of like your intermittent fasting approach and there is definitely some evidence to support that. There are different people who feel better when they fast, anywhere from maybe skipping one meal to maybe two per day.

Or even doing a prolonged, multi day, liquid fast. However just like sun exposure, there is a threshold. A certain amount of sun exposure will make you feel good. It will help with resetting and stabilizing your circadian rhythm. It will produce vitamin D. It will protect against many different causes of morbidity and mortality but too much sun exposure will cause some people

to burn and it varies from skin type to skin type. I can go outside for 30 minutes on a sunny day and have no problem.

If someone has really fair skin that 30 minutes will probably burn them, same thing applies with fasting. Some people will fast for 12 hours and they will feel foggy and irritable and tired and other people will feel great. So we want to listen to an individual's response and use that to find the threshold of the appropriate dose of fasting.

**[0:38:39.8] AVH:** But do you think that there is an element of – and we will go into the next and last question and topic that I want to talk about before I let you go, which is lifestyle but do you think that when it comes to fasting there is an element too of, of course personal preference and maybe your schedule, your work schedule or whatever but also your attitude towards it because one person can look at, say a 24 hour weekly fast as a lifestyle maintenance positive thing that they enjoy and isn't stressful and is a positive experience and some people can look at it as a dysfunctional unhealthy practice that I don't have to eat for a day.

It is obsessively controlling how they eat. There is a lot of I think about your mental approach to what you are doing, right? So long story short, the fasting could be a dysfunctional starvation method for one person and a perfectly healthy lifestyle tool for another, right? So how do we determine whether it is one of the other for us? You know if we are navigating all of these different sort of lifestyle approaches and we are confused and overwhelmed, how do we know when we're walking that line?

**[0:39:48.6] MR:** Sure and certainly I agree with your point. Some contextual factors can help. If someone has had a history of eating disorders, for those patients I oftentimes do not give them strict dietary recommendations of any type nor do I recommend fasting especially if there's been history of starvation and anorexia. And there are also people who you have to be careful how you explain things because they always have to be doing something.

Even when they are taking a day off it is, "Well, it's my active recover day." They can't ever just not be doing something. They are always doing and they are so dialed in that it is dysfunctional also. So yeah, I think we have to be careful with the personality type and maybe not so

changing the recommendation to the personality type but also yes to some extent but also just how we coach our recommendation should interface with the personality type.

And that is something that you take on a case by case basis but you know there is some simple things there that can be incorporated if there is a history of eating disorder or compulsion then you want to be careful with how strict the dietary recommendations of any type are and you may want to be much more cautious with the recommendation of fasting and then of course, if someone has a tendency to overeat and they call it the carb quicksand or [inaudible] carbs.

And then they eat more and more and more and this may function as a very healthy periodic reset for that type of person. This is one example, so there is not necessarily an easy answer there but applying a little bit of logic I think people can probably – well logic combined with inability to read one self effectively and that's another challenge I think that some people don't read themselves accurately at all but you know there are some things that I think can help people at least try to navigate that somewhat successfully.

**[0:41:38.7] AVH:** Yeah, I mean this conversation we are having now is why some of the answers may be simple and available but they take longer to actually implement because as you said, it's knowing yourself, knowing your triggers, knowing what are your specific challenges. It can be – that is like a whole other topic and also carb quicksand sounds like a very familiar place to me. So that I relate deeply to that one.

And I know this could be a whole other topic but I am interested because you touched on here, if you have dealt with clients in the past that have had serious eating disorders and you are saying that it can be tough or not advised at least in your personal experience to give them specific dietary recommendations, how do you even approach that? And if you aren't in a position where you can just say, "Try eating this way, try not eating after this time." Like you have to walk very carefully around these recommendations, how do you even approach a client like that or a patient?

**[0:42:35.6] MR:** Right, it is actually not that hard in my experience. I think oftentimes these people are looking for reasonable recommendations and as long as you don't make them feel like any deviation from the plan means that they are failing then people do pretty well. It is just

when they get into that mentality of being very rigorous, being very strict that's when I think some of their demons come out. So if we can give them, let's say we are going to have them go on the paleo low FODMAP diet.

And I will typically tell patients, "You don't have to be perfect. I expect you to have some misses. If there is a social function or a family party or if you are in some place where you don't have control over your food, fine. I want you to generally move in this direction understanding that there is going to be some mishaps and some off plan eating and that doesn't mean that anything is wrong or broken or that you set yourself back. I am more curious to see if you move in this general dietary direction 80-ish percent of the time and then we follow up in a few weeks. I am curious to see how you feel."

And it is as simple as that and so I think when we paint the recommendation to them as just moving you in this general direction from a dietary perspective and not making it this fear based, "Well if you have any gluten then you are going to be inflamed for the next six months and you have to reset the diet." And then you'll make it this very easy to fail scenario. If you avoid that, we take a lot of the stress and pressure off of diet and I found that people do pretty darn well with that type of recommendation.

**[0:44:12.1] AVH:** I would imagine of course that that applies to everyone across the board not just people who have had a specially dysfunctional attitudes to food but we can all be in that place where we get a little too obsessive or a little bit too worried or try to be too perfect and we all know that that's a recipe for disaster. So I think for everybody across the board, it is about that it is a harder thing to find balance than it is to find following someone else's rules.

But I think that is the direction you eventually want to go is how you can not obsess over it and how you can make it seem a little bit more like a lifestyle and a little bit more effortless versus something you have to accomplish and do perfectly every day. No one wants to live that way when it comes to how they eat or how they probably live.

**[0:44:55.4] MR:** Exactly and also if people, if they eat off plan a little bit and they don't feel well then they are now experientially figuring out what their dietary boundaries are and in my view,

you are much better off letting someone make mistakes to learn what to do and what to not do than keep them in this bubble where they've never tested any of the boundaries.

**[0:45:16.3] AVH:** Right, exactly. Okay, well I know I do have to let you go and that makes me sad because I feel like we could talk forever. We'll have to do a part three soon but maybe one way that we can end this off here because we are getting into this conversation and maybe it is where we can leave people to learn more about you and listen to more of your work is I believe it is a YouTube video and you might be able to direct us to it.

But the title was, 'Your Diet is Fine, Your Lifestyle Sucks.' And I love that because I think everyone has heard about this before. It is the concept of if you are eating 90% paleo or whatever you are probably doing okay. It's your obsession, maybe you are working too hard, maybe you are stressing too much that is the problem and is that something that you see even more so than people who just don't even know what they are doing with their diet?

**[0:46:06.3] MR:** I think I do because typically people don't go to a doctor's office unless they have exhausted some of the other basic options of diet and lifestyle. So the people I see tend to sleep to a certain extent and tended to diet to a certain extent but what ended up happening is they get so worked up about their health that their lifestyle suffers now because they are trying to be so healthy and there is this – it is known like an inverted U where some intervention improves the situation.

But too much intervention then makes the situation worse and this can happen with health endeavors. Another way that this is said is don't make yourself miserable in attempts to be healthy and this is what happens sometimes where people never stay up past 10:30 and they will never have any restaurant food, you know they become boring and they put themselves in such a restrictive box that part of what is leading to their illness is just this incredibly restrictive lifestyle and diet that they are living.

There have been cases that I have written up in our clinician's newsletter where the only thing that I have to do and in fact one of these stories is such a crisp example of this, this very intelligent psychologist came into the office and she waited probably six months to see me and she was expecting, "Okay, I am here to see the specialist," and she comes in with a binder full

of lab work and we are going to roll up our sleeves and we are going to dig in and figure all of this out.

And when I looked through all of this information, I fairly quickly come to the conclusion that the problem is not elevated zone you on the marker of leaky gut, small intestinal bacterial overgrowth or some type of insufficiency or imbalance or toxicity. It is that this woman kept reading about all of this stuff that could be wrong with her on the internet and she kept internalizing all of these different things and she thought she was far sicker than she actually was.

And so I told her, "For the next month, I want you to back off on your diet a little bit. I want you to allow yourself to have a little bit of wine," which she loved, "Have a little bit of off-plan food and just relax your health pursuits a bit." And she did not like that recommendation, right? It was a very tense visit because that is not what she wanted to hear and her expression was essentially, "Well screw you. I paid all this money to see you and that is what you are going to tell me?" It was very tense.

But a month later, she could not have been happier and she said, "My God, you know I can't thank you enough. I am feeling so much better," her partner who was there with her was thrilled. She goes, "Oh my god!" You know she is so much more lively and happy now. So you will see cases of that where people they keep reading stuff and they keep thinking all of those things pertain to them and they keep making their world smaller and smaller and smaller because they are trying to eat in case they're oxalate sensitive.

And also eat in case they are lectin sensitive and eat in case they are histamine sensitive and eat in case they are carb sensitive and not stay up too late because their circadian rhythm can cause inflammation and not go here because there's EMF exposure and you can read all of these things and you drive yourself crazy. And so sometimes yes, your lifestyle has to change a bit and you can literally heal a significant amount just by doing that.

**[0:49:28.8] AVH:** That is such a great story. I happen to know a lot of people who would pay big money to have a doctor tell them to drink a little wine every now and then. So I appreciate that story but I think again, it all goes back to it's a journey. It takes a while, it is easier said than

done but it is about finding the balance and the lifestyle that works for you and it's individual for you and I mean it takes a lot of work but it is worth it in the end and you know life is too short to go to bed early every night and never eat food with histamine in it, so that is why we got to do the work.

**[0:50:01.2] MR:** Right and there is that great example or analogy of the bank account, where you want to be making deposits into your health bank account. So get a good night sleep, deposit exercise, deposit time and nature, deposit but if with your money all you did was save and you never bought anything, it would be a pretty boring existence. So we want to take those withdrawals sometimes. It is just we want to make sure we maintain a positive balance, yes but we don't want to be only be saving, we want to also be taking those withdrawals on occasion.

**[0:50:31.0] AVH:** All right, key point takeaways from this podcast, Dr. Ruscio says drink some wine every now and then and spend some money. That is what I'm taking out of this.

**[0:50:40.0] MR:** And have a little fun, absolutely.

**[0:50:41.3] AVH:** Exactly, I appreciate it. Well thank you so much for taking the time. As always, it is very, very helpful, useful information that people can takeaway right away. So thank you for doing that and just remind our listeners where is the best way to connect with you and learn more about what you are doing and maybe pick up a copy of your book.

**[0:50:58.9] MR:** Yeah, thank you. It's always a pleasure chatting with you and the book is *Healthy Gut, Healthy You*. It is available on Amazon, Barnes & Noble, the audiobook will be released pretty soon for that also and you can learn more about the book at [healthygutthehealthyyoubook.com](http://healthygutthehealthyyoubook.com) and my website is [drruscio.com](http://drruscio.com) and I would just offer people, if you are floundering with what to do for your health, I totally get that and I was there about 15 years ago.

When I was pretty sick and trying to figure out what to do and I did a whole bunch of stuff. I self-treated with thyroid herbs and did detox and I really didn't get anywhere until I got my gut straight and again, it is not to say that improving your gut health is the magic panacea but that's

a really important foundational place to start and that is why I wrote *Healthy Gut, Healthy You*, to give people a reasonable responsible narrative on gut health.

Non-fear based, non-overzealous and to give you a map for, “Okay, day one do this. Day two, do this,” In a simple step by step map to improve the health of your gut and you can go through all of the steps in the book for probably what it would cost to do one visit with the functional medicine doctor and get the same results.

So I really hope that people read the book because the goal was to get people healthy and energetic and happy so they can go live their lives and do whatever they want to do. You know, be a better mom, be a better athlete, be a better piano player or whatever it is. So yeah, I appreciate the opportunity to share that with people and hopefully it will help some people get some of their gut sorted out and reap all of the other benefits that one can reap after improving the health of their gut.

**[0:52:46.2] AVH:** Absolutely and it is for everybody, not just people who think they might have specific autoimmune or thyroid issues because I have a copy. I read it cover to cover and like I said, I feel like I got a steel trap for a stomach and I learned a lot. So thank you for writing it. Thanks for all that you do and let’s do a part three sometime.

**[0:53:03.4] MR:** Sounds good, thank you.

**[0:53:04.4] AVH:** All right, take care.

**[0:53:05.0] MR:** Bye-bye.

[END OF INTERVIEW]

**[0:53:10.3] AVH:** All right everybody, that’s it for this week. Thank you for listening. Thanks again to our show sponsor, Pique Tea. Head to [piquetea.com](http://piquetea.com) and use the discount code “paleo” for 15% off your purchases of their cold brew tea crystals. They are really tasty, they’re very good. If you are like me and you don’t drink enough water during the day and you need a little flavor because let’s be real, water can be boring sometimes, it is great for work.

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So that's it, join me next week. I appreciate you guys and have a great day.

[OUTRO]

**[0:54:47.8] AV:** The intro music for Paleo Magazine Radio is a song called Stronger performed by Alter Ego and I hope you love it.

[END]