

# Paleo Solution - 240

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Robb Wolf: Howdy folks. Good morning, this is Robb Wolf, your host of the Paleo Solution podcast. Today I am very excited to have New York Times bestselling author of the Fiber 35 Diet and the author of the soon to be released, when you guys listen to this podcast, it will be the day of the release of the skinny gut diet, Brenda Watson. Brenda how are you doing?

Brenda Watson: I'm great.

Robb Wolf: Fantastic. So now you've been on planes, trains, and automobiles here, Brenda, your feet have barely touched the ground huh?

Brenda Watson: That's true, yes. We've been all over. We did Oz. We filmed Dr. Oz on Friday on New York and got back here yesterday and probably here for probably seven days and then I'm back out again because the PBS show that will air in November-December timeframe I have to finish up so.

Robb Wolf: Okay. Fantastic.

Brenda Watson: Yeah.

Robb Wolf: Wow. Very exciting. So Brenda you start off your book talking about your past health issues.

Brenda Watson: Uh-hum.

Robb Wolf: It sounds eerily similar to a lot of the problems that I had. How did you get interested in natural and integrated health. You know tell our – give our listeners a good background. You know I've got to preface all of this stuff jumping. You have a fantastic name for your book but I don't want to folks to think that this is just a – just a weight loss book. It actually goes pretty deep on the functional medicine gut health. So tune in even if you're an uber geek and you know are interested in health and longevity and not just being skinny in your jeans so that caveat.

Brenda Watson: [Laughs] Well my personal story is started probably like many people in childhood by getting too many antibiotics.

Robb Wolf: Uh-hum.

Brenda Watson: And ruined, probably ruined at the time, got not knowing my GI track as well as my health and ended up with so many health challenges all the way from little elementary school to high school and to my 20s and early 30s. I really didn't know back then anything else to do but what you typically fall in with traditional medicine. So in the late, mid to late '80s, 1980s I started to think about doing something different and I walked into a health food store back then and began to pick some books and read them and started to detoxify sort of myself, you know, back then doing juicing and things like that that were not very actually popular, colonics and things like that. By the time –you know, about 1990, I was much, much better to the diet and lifestyle change and I decided at that time I wanted to go into the field of nutrition so I went back to school. Learned you know, the nutritional gut –through my nutrition education. I went to work in a natural health clinic in the state of Florida in the very early '90s. I was fortunate enough to be able to be in contact with a lot of I guess you would say traditional medical doctors who were transitioning at that time into we didn't call it functional medicine then. We called it alternative.

Robb Wolf: Uh-hum.

Brenda Watson: And so I was fortunate enough to work in clinics with these doctors who were starting to look at nutrition as a way of healing, people to heal, detoxification. I worked in those clinics for years. I started my own natural health clinics in the like '93-'94. I had five of those in the state of Florida doing acupuncture, detoxification programs you know, colonics, all that, massage therapy, all the different modalities. That's how I got my sort of training. I also went to school to be an herbalist and began to formulate herbal programs for people who were doing detox programs. Really, my work was focused on the gut always. Like I said back then it wasn't exactly you know, it wasn't something that people –they thought it was very weird actually.

So you know, began teaching about leaky gut in 1996 through going to functional medicine. At that time, Dr. Jeffrey Blane was still with Metagenics but he had begun to start his own training programs and I began to go to those training programs back in the early '90s and get more education as the field was growing.

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Robb Wolf: Fantastic. So you know you were operating at a pretty high level with regards to with addressing gosh it's just a host of pathologies and clearly

you know, I'm right in line with you to kind of focusing on the gut if that's not fixed and we're just somewhat peeing in the wind trying to fix anything else until that really gets addressed. But you know, why focus specifically on weight loss. I got my own ideas about that. I think that catering to vanity is a fantastic way to wrap a little sugar around a bitter pill and you can slide a whole lot of health related stuff under the guise of just getting people to look good in their skinny jeans. But what was your motivation for that?

Brenda Watson:

Well obviously, we have an epidemic in this country and I had no – was really not going to write any book on anything at the time. But of course had been studying and watching the science on probiotics and gut bacteria began to grow once the National Institutes of Health began to fund the human microbiome project. So my husband who is in the business with me also decided that he wanted me to go to –even though I'm constantly going to different symposiums, wanted me to go the New York Academy of Sciences in 2013, it was in July. He wanted me to go there to see the reports coming from all the microbiologists all over the world and what was new in gut health I didn't really want to go because I'm not a microbiologist, number one and I thought I'll just read and get the information from there but he talked me into it and I went up there. I was amazed at the amount of information and studies that were being performed and done, the papers being presented on the relationship between gut bacteria and weight and also the relationship between antibiotic usage and prescription usage and the obesity epidemic.

So it triggered in me a thought that wow, I know you know, because let me preface this one other way too. I've been doing stool analysis through the functional medicine lab since 19 probably '95. So I look at stool culture, I mean stool reports all the time because people will write into me and say well I got blah, blah, blah and I want to always look inside the gut and see what's going on. So I was very familiar with running either a doctor's data, a comprehensive stool analysis or Metametrix microbial ecology profiles. So I was used to looking at all this, used to looking at bacterial levels in the body, lacto bifido, pathogenic organisms whether someone had yeast, what their IgA levels were. I was used to this.

So when I realized that there was this correlation between a specific type of bacteria bacteroidetes and firmicutes, I call it the be skinny bacteria and the fat bacteria to make it easy for people to understand. When these levels were out of balance, those were the people that tended to be either lean or obese. What was interesting about that was during the symposium and watching what created that, what creates this imbalance in the bacteria. Well we know it's antibiotics, it's toxins in the

environment. It's the food that we're eating with too much sugar and simple carbs and we've got a whole host of the reasons, caesarian birth. I mean all of these things are affecting the microbial footprint that we have.

So when I got home from that symposium where I went you know what I know how to run stool testing, I do it all the time and I know that one of the tests Metametrix runs is an adiposity level of bacteria and I thought I want to try that. I want to get a group of people together. I want to get a baseline on them so test them with taking –no one taking probiotics or enzymes or fiber or anything, just a baseline test on them. Change their diet and of course these people wanted to lose at least 20 pounds or more, many of them have lost right at this point 50 or 60.

So I wanted to test them periodically so that's what I did. So I did a baseline, put them on a specific diet, which is very much in line with the paleo diet. It's more of the low carb diet. I'm sure the only difference is you know, some of the fermented foods like may be some kefir or yoghurts that's high quality. And then what I began to do is every six weeks I would test them to see if –now in the original testing I found in about 80%-85% of these people that their fat bacteria levels, their adiposity bacteria levels were much higher. The fat bacteria was much higher than the be skinny bacteria. There were a few people who were not as out of range as others but most of them had a wide range between these two bacteria groups.

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So as I began to change the diet, teach them how to eat and I work with these people very closely every single week, we had a –you know, I would teach them something. We had meetings and I had a wide range of people Robb. I had people who had some knowledge of you know people say healthy diet that's so like such a crazy word.

Robb Wolf: Right, what exactly.

Brenda Watson: Yeah what exactly does that mean. But anyway some people had some degree of health and others went through a drive through three times a day. So I had a wide range of people to work with and it was time challenging and I thought that some of these people would never make it. But they all did actually. So that's how I got interested in it. As I began to test these people, and watch them lose weight and watch them feel better and get rid of their GI problems because a lot of them had anything from IBS, irritable bowel to constipation, to many of them had joint problems, you know, different types of symptoms and watched

them over a period of now it's almost a year, get better and better and better was very inspiring to me, I will tell you.

So writing the book was an inspiration and I know that in putting on it the skinny gut diet I really in retrospect you know did not – would rather have put the skinny gut life.

Robb Wolf: Right.

Brenda Watson: But when you deal with publishers they have their ideas and you have to compromise and find what's appealing to the mass I guess is --

Robb Wolf: Oh yeah. I mean when I was working on getting the cover for my book finalized I wanted the paleo solution and they wanted some sort of diet thing in there. So we came up with the original human diet and it was really dragging my feet on that. But Barnes & Noble and Borders they basically said well look here is the deal. If it's paleo solution, we'll buy 20,000 copies of it. If it's paleo solution the original human diet we'll buy 30,000 copies

Brenda Watson: Exactly.

Robb Wolf: And I was like okay. You know, on the one hand it's kind of funny to folks that will hold our feet to the fire on that topic will say you guys sold out. But you know, it's if you have some good information, which I kind of think I kind of sort of do and you definitely do. So if you can disseminate that information by hook or by crook if you know so long as we're not selling the extended warranty on a toaster, then it's kind of well we'll get that out there and if the information is legit then people are going to benefit from it and that will kind of create an almost viral feed forward kind of mechanism on that. If we're out to lunch and the idea is goofy then it will kind of die a quiet death and that will be that you know.

But there is – you've got to cater to people's predilections to some degree and these folks that publish books, they do know a little something about the psychology of what makes people pick a book up off the shelf and buy it so.

Brenda Watson: And you're correct but you know what and too you as well as I are trying to help people who probably need help and those people are usually overweight, have aches and pains and all sorts of things. There's a lot of people out there may be that you know they don't need to pick up a diet book and may be they don't need the help, I don't know. But the point being is yes you're exactly right, that's exactly why my decision came

about because that was the pressure that I had and so that's the why it went.

Robb Wolf:

Right. Right. You know, we have a pretty savvy group of folks that follow the podcast. All six of the listeners are very sharp folks. But if you have – so they've listened to some other folks. We had Martin Blaser here who's a phenomenal researcher in the gut microbiome and whatnot. I think folks are starting to understand the sense that a healthy lean individual typically has a very different microbial profile versus someone who's overweight and potentially has some other health issues. Once that gut bacteria profile has been damaged let's say from antibiotics from improper eating, may be they have some small intestinal bacterial overgrowth in addition to the fact that just the ratios are all goofy. Are they stuck? Like is that it? Is the diving cast or is there – you know, I think I've alluded to this just with your clinical intervention there that there is a way to change this. But what's the story with once we have our bacteria in a particular confirmation, what do we do with it from there?

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Brenda Watson:

Well and you know if you've interviewed Martin and some of these people, you also know that sometimes with antibiotics there are certain bacteria that disappear for the rest of your life. You'll never get those bacteria back. But that does not mean that you cannot change the microbial footprint meaning I've seen it. I look at stool tests so I see people change it all the time. But that has to be done with the diet. I'm 80% you know, my focus is diet but you do have to have certain other things to implement that and to make these good bacteria that we may be lacking to proliferate. That is of course fiber being more prebiotic fiber that feeds this bacteria. I believe that in many cases you must add in multi-strength probiotics because the science in this and I just got an email this morning on it from one of the doctors I work with on constipation. They're finding with the multistrain where you have you know many strains of lacto and bifido in a probiotic that you can... all of them won't adhere and grow out in the digestive track but they will do their job as they pass through.

So yes you can change the footprint, I saw it every time I did a stool test on my group. I see people now who you know, I look at a stool test and may be a year later look at another one. This type of pathogenic or potentially we have pathogenic organisms that are what we really call neutral guys. They don't really harm us unless they grow out of balance.

Robb Wolf:

Uh-hum.

Brenda Watson: But I see that the microbial footprint changing all the time and I think it's a combination of the diet and not feeding the bad guys because the fat bacteria and the pathogenic bacteria love sugar.

Robb Wolf: Uh-hum.

Brenda Watson: So you know you're going to continue to eat sugar, you're not going to be able to change it as well at all I don't think. What I found in another organism that's very prevalent in people overweight is candida or yeast so that has to be handled. But can you change it with a healthy diet, meaning a diet that's low in carbs and low in sugar? Yes, you can. If you've got long-term problems, long-term antibiotic over usage and you really need to add in extra fiber. By that I mean especially soluble.

Robb Wolf: Uh-hum.

Brenda Watson: ,Which serves as a prebiotic and also a good quality probiotic. I believe those are very –they're very and that's the science that's coming along. You know I just talking about fecal transplants, look at what's happening with that you know? So we're seeing that taking multi and I think one of these days we'll find that there'll be these super probiotics that we can take once the science catches up to it and it will be easier for us.

Robb Wolf: Are you incorporating homeostatic soil organisms in that mix? Like do you like to see those in the mix? I've had some really good success both with myself and with the clinic that we have in Reno with incorporating HSOs like the Prescriptocyst and some stuff like that.

Brenda Watson: Yes. In some cases that can work also absolutely.

Robb Wolf: Okay. So now what types of foods are you suggesting that we change? I know that in paleo land there's a fair amount of conflict and gnashing of teeth because when folks hear kind of low carb then usually that ends up denoting say like low in starch, low in resistant starch, potentially lowish in fiber although you know, you can get all kinds of fermented vegetables and broccoli, kale, spinach , which tends to be more insoluble fiber versus the soluble fiber whereas more like you know, legumes, white rice that's been chilled, white potatoes that are cold tend to have a lot of resistant starch. Like what type of foods are you recommending so that we're both kind of checking the box of not having a lot of sugar, not potentially feeding small intestinal bacterial overgrowth but at the same time providing the substrates to let the beneficial bacteria grow.

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Brenda Watson: Well I think with me of course lean protein is a big part of it and like you said and the other thing I did do is my group did eat fermented vegetables. I've taught them how to make them so we did eat those every day. You know, not just sauerkraut lest you will think it's just sauerkraut but you can ferment any type of vegetable you want and do asparagus, which is a great prebiotic.

Robb Wolf: Uh-hum.

Brenda Watson: You can do beets and carrots and I just did a DVD on it and how we can do so many of the vegetables fermented and they're delicious, adding in garlic. So the diet really consist of a lot of making sure that you're eating lean protein throughout the day every few hours and that's to keep them from craving when they're trying to stop the sugar. That's one of the biggest pieces because that keeps the cravings low. Good quality fats as you well know the avocados and those types of fats.

Now being that we work with their blood sugar and everyone is different with that, I kept the carbs low probably at you know, 40 to 50 carbs a day in what I call in the getting phase because I'm trying to get them to lose weight. The way I have to add in the extra fiber was through supplementation of you know --

Robb Wolf: Got you.

Brenda Watson: --a soluble fiber. I had to do that because you're not good. You can't eat enough kale to get enough fiber.

Robb Wolf: Right.

Brenda Watson: Now they can add back in things like the sweet potato or things like that after what and humus and things like that once they reached a goal weight. It's so interesting. Here's what I would find. They would plateau right? So say someone loses 25 pounds and then they kind of mean go well I plateaued and I'm like okay well you know, when I had this app that I used with them. I counted teaspoons of sugar a day and all the foods they're eating and I have a little formula in the book for that. So I had to keep them at ten teaspoons of sugar a day and Robb that's in all the food they're eating. That's their fruit, that's in their vegetables and that's in any of the carbs they're eating. So when I kept that level at ten but what I noticed was when they started to plateau and I said look, if you're happy with your weight right now, then the way you're eating is fine. If you want to add back in the sweet potatoes and these other things and you're comfortable with where you are weight wise then stab at it.



But if you're saying to me I have to have – I really need to get down some more and I'm looking at you and knowing you still probably could lose another 10 or 15 pounds and be better, you know, be healthier than what I would do is I would look two or three days of their food. What I saw in every single person was the carbs coming back in.

Robb Wolf: Uh-hum.

Brenda Watson: May be it was too much of the humus or they would start I don't know eating something and so I would bring that back to lean protein teaching them you know, let's say you want to snack, do a slice of turkey but put a bunch of vegetables with it and fermented vegetables and that type of thing and fermented pickle. Give it some flavor and so that's what I taught them. So I guess in the paleo world, you know, you eat a lot of – you eat protein obviously nuts and seeds and vegetables. I'm pretty correct on that I think.

Robb Wolf: Yeah, yeah, yeah, good.

Brenda Watson: And that's pretty much where we were.

Robb Wolf: You know, it's funny on the one hand and maddening to me on the other hand that folks turn this stuff into religious doctrine. I just find such clear-cut cases of when a pretty low carb you know, even brushing into or may be even going ketogenic can be remarkably beneficial for people. There's always cost/benefit tradeoffs with the low carb intake and frequently we have some problems maintaining bacterial balance and that's where I myself started looking towards like some of these fiber products, which I'll ask you about what you recommend in that regard in a minute. But we have these great examples where a low or lower carb intervention is just exactly what the person needs. They may not need that forever but it's the way to go at least initially and then we have other situations like some of these hard charging athlete and they're working out twice a day and whatnot.

A low carb diet is probably not appropriate for those folks. You know we're dealing with completely different situations. If you have a situation where you need a screwdriver and all that you have is a hammer, then you're kind of out of luck. So we have different schools.

Brenda Watson: Exactly and it's a way people metabolize sugar. If you look at it, you know, there are and of course people don't get tested for this but you've got the APOE factor.

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Robb Wolf:

Uh-hum.

Brenda Watson:

For example I'll give you my husband. My husband cannot handle over probably 40 carbs a day. He will not and cannot handle it. He has a genetic factor, he is a 2 and so what happens with him and I've talked to several doctors about this is his ability to metabolize carbohydrates takes so much longer than me for example because I'm different. We're all different. So there are genetic factors in this and you're exactly right in what you're saying Robb, this is not like lean and mean. You do this to get people really in the beginning like you're saying off of sugar mostly because they're eating it so much and sugar in the form of carbs as well and you got to do something to kick start that up. Now does that mean that person is going to be that way for the rest of their life? I don't know because that's individual.

You know, I did fasting blood sugars and I –you know, you get your blood work done and everyone is different. like you're saying an athlete may be different. My husband actually works out every single day with cardio and weights but he absolutely if he goes over and sometimes he does it in nuts because that's where he gets the –where he starts getting the overconsumption. He'll gain three pounds in a week. [Laughs] Just by overeating nuts. You know what I mean?

Robb Wolf:

I've had a client that we couldn't figure out. The guy was losing some weight. He was five foot nine and over 400 pounds and he was pretty complaint but we just couldn't quite figure out why things weren't budging so well. I looked at a really rough and ready food log that he put together and he had almonds. You know, as afternoon snack.

Brenda Watson:

Yeah.

Robb Wolf:

I'm like well how many almonds are you eating? He said well you know like a Costco container of almonds. I was like oh my god this guy was my- he was and is my lawyer by the way too and I was like Dave that's 3500 calories you're eating in a sitting and he's like is that a problem? I'm like -

Brenda Watson:

Oh wow.

Robb Wolf:

--yeah it is unless you are Godzilla it is a problem. So yeah you know, and I think that the nuts are tough because they're pretty palatable. Clearly you could overdo your carb a lot but man you could just get a truckload

of calories in no time flat. What I ended up doing with the nuts is that I told folks that they could eat as many nuts as they wanted but they had to shell them by hand.

Brenda Watson: [Laughs] That'd stop that.

Robb Wolf: And you've got like your hand nutcracker and almonds, walnuts, whatever and that solved that problem immediately and people developed a pretty burly grip as well so.

Brenda Watson: [Laughs]

Robb Wolf: So you mentioned your teaspoon tracker, which is fantastic and you have a ton of information about that in the book. What supplements do you like? Like you mentioned mixed grain, you know, type of probiotic occasionally using some HMOs. You mentioned some fiber products. Can you give people kind of a picture of what --

Brenda Watson: Yes. Yes. I have a formula that I -- when I wrote a book with -- write with a GI surgeon and I wrote a book called gut solutions back in 2001. We had this sort of a formula for gut and this is specifically for gut. This does not mean that people don't take a multivitamin, you know what I mean or minerals and things like that. But I have this gut formula and it's called Hope and it's a high fiber. So I would recommend people get a fiber supplement that they like and I'll tell you. People just totally misjudge the amount of fiber. I've been doing this a long time and they'll tell oh yeah I have 20 or 25 grams of fiber in my diet every day and then when you look at it, they don't.

Robb Wolf: Right.

Brenda Watson: And so a fiber supplement now they come in two kinds. You can get an insoluble-soluble blend, which is I like things like flax and oat, may be an oat bran or either but that type of insoluble to soluble fiber. But what I really liked for building gut bacteria is a soluble fiber, which all that means folks is that it mixes up pretty clear. That is really what feeds the good bacteria. We use an acacia fiber. It comes from a bush.

Robb Wolf: Uh-hum.

Brenda Watson: It's very good because it's a prebiotic Robb but it doesn't cause gas. That's really important. A lot of these prebiotics that have inulin and things like that and make people so gassy and they don't like that. So I would say fiber --

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Robb Wolf: My daughter thinks it's hilarious when I use that so.

Brenda Watson: [Laughs]

Robb Wolf: I've got her when I toot then I look at Zoe and I say Zoe who did that and she says mama tooted

Brenda Watson: [Laughs]

Robb Wolf: So it's actually--

Brenda Watson: Funny.

Robb Wolf: It's hilarious in the Wolf household but it could be less funny elsewhere I get that.

Brenda Watson: Yeah. So I'd say fiber. I think omega-3s are important for people in the form of fish oil and that's the O part of the formula. Probiotics I mentioned a high potency multistrain, more bifido than lacto because you have more bifido bacteria in your colon than you do lacto. So I like at least ten, anywhere from ten to fifteen strains in a formula and then the last thing that is enzymes if people are having digestive problems and that's the E of the formula. So being that I worked Robb too with people who were not used to taking supplements in some of these people I worked with, in a clinic, in a clinic setting when I worked through the clinic of course a lot of times the people came in there they got used to taking supplements, you know, taking a multi and whatever. But in this case I had to be very conscious of people who are not used to taking a lot of supplements. So I wanted to -- I didn't want to overwhelm them and so the two important, really important things that I really stressed with them was the fiber and the probiotics and I really wanted them to take the omega-3's. But you know, they did what they could.

Robb Wolf: Sure.

Brenda Watson: You know, I also know that there's you know, I've been in this world for a long time and taking supplements for me is like eating because I just take supplements. So but that's not the case out there.

Robb Wolf: Right, right. But you know, you do a great job of trying to steer folks towards whole food sources to check the boxes --

Brenda Watson: Yes.

Robb Wolf: --necessary and then you know, my deal, I love the term that it's a supplemental to your --

Brenda Watson: Exactly.

Robb Wolf: Your sleep, your food, your exercise. Getting some sun and all that stuff. Yeah.

Brenda Watson: 80% of it is diet. I mean you know that. 80% of this whole thing with weight loss, with being healthy is diet. Now the other thing that I did with my group is I taught them to do blended green drinks. We had such --

Robb Wolf: Yeah.

Brenda Watson: --fun with this. I got everyone one of those blend texts because they're not that expensive. I have a vitamin but I really wanted to – because I do particularly personally I do some fasting programs myself still from my carry over from the '80s but I do it now. A lot of people go in. I want to say this, I'm going to say this very clearly, they go into the health food stores, the whole foods and they go in there and they buy those juice drinks. When I go in there and look at those juice drinks Robb they don't have a bit of fiber in them. When you look at the – by the time you do the formula and you figure out the carbs some of them have five or six teaspoons of sugar in them.

So what I taught my group and it was really great and they loved it and the person I told you that that was the junk food junkie just loved the blended drinks. So I would go and we'd do, I'd take I'd say like cucumber, celery, spinach, kale, a little parsley because that's a good diuretic, about a third of a lemon and I will take a half of Granny Smith apple and make this blended juice drink. I call it the mineral zinger and I taught them that and a few other ones with some beets and things like that.

They – I tried to get those to incorporate that at least the blended juice drink into their diet every day along with the fermented vegetables because the blended juice drinks still have the fiber in them and they're just so much better for us. That's a message I think we have to get across out there that people still are just taking juices and removing the fiber from them and they're really just sugar.

Robb Wolf: Right.

Brenda Watson: In many cases.

Robb Wolf: Right and you know I have – one of my just kind of rules of thumb you know, for folks that are struggling with weight loss is just know liquid foods and always with the caveat in there then people will say so what I can't eat soup? It's like no, no, no

Brenda Watson: Yeah.

Robb Wolf: You know, there ends up being a caveat to all that stuff and you know when I hear people ask about juicing then my hackles go up because usually it ends up being about 15 carrots, a couple of apples, some grapes-

Brenda Watson: Yeah.

Robb Wolf: -and then they put a sprig of broccoli in there.

Brenda Watson: Yeah.

Robb Wolf: And they're like come man really? Like you know, just go have a soda if you're going to do this and so you know, I like the blended stuff and particularly so long as people stay within the lane lines that you've put together there , which is it sounds like if we were to weigh that all out we probably have more greens than what we do apple. You just have a smidge of a tart tangy apple there for a little bit of flavor but you're not increasing the glycemic load to any appreciable amount and then like you said we're blending it not juicing it.

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So you know, and I would assume that you recommend that folks still chew that stuff to get the digestive enzymes going and all that jive.

Brenda Watson: Exactly.

Robb Wolf: But then we're actually still getting the whole food but if people are time crunched or whatever then we're being a little bit flexible on that topic. I tend to be a little bit of a hardass with those things so I'd like that flexibility on that.

Brenda Watson: Well and people don't realize but a little lemon, a little parsley, those are flavorings and --

Robb Wolf: Right.

Brenda Watson: -- actually people once we did those drinks they're like these are delicious.

Robb Wolf: [Laughs]

Brenda Watson: Sure and I'm like yeah they're really, really good and you can learn flavorings without putting just you know, 5000 carrots in there and you know, it's delicious.

Robb Wolf: Right. Right. And very, very nutrient dense. When Mat Lalonde did his nutrient density analysis for the ancestral health symposium a couple of years back, I believe it was organ meats were the most nutrient dense thing, calorie for calorie but immediately behind that was actually herbs and spices interestingly.

Brenda Watson: Really.

Robb Wolf: You know, as far as zinc, magnesium, selenium all these different things to say nothing of the antioxidant to kind of hormetic stress kind of potential that these things had. So I like that for sure.

Brenda Watson: Right.

Robb Wolf: Yeah.

Brenda Watson: Right.

Robb Wolf: Brenda what else? What else do you folks need to know about the skinny gut diet and you know why they should grab this thing, grab it for a loved one?

Brenda Watson: Well I do believe that there is a major health benefit to this book other than weight management. I see in it the ability to balance the core of your health, which is your gut. I call it your gut protection system, your GPS because it's a radar. These bacteria are radar for you. They're scanning the environment. They're adapting the environment so that you don't end up with food sensitivities and leaky gut and all these other conditions. So I want to say more than anything else is not only people who are overweight have a lot of these health issues and I believe this is a book that can help anyone get away from foods that you know, cause a lot of food sensitivities and create an inflammatory gut, which opens up our blood stream to all sorts of things that create immune problems. I just believe it's a program for everybody and when I see people that write me and they you know, may be they're not overweight but they've

got joint pain, they've got autoimmune, they've got food sensitivities. They've had candida for years. These issues can be remedied with this program. I thoroughly believe that.

Robb Wolf: Great. I absolutely agree. That's why we asked you to be on the show. [Laughs] Or we have a very well educated but critical listenership and so I do that when with skinny gut diet that there will be some gnashing of teeth around that but the reason why it's a fantastic book I think you're just totally on point with the way that you tackle this stuff. It's a very, very accessible read to. Like my book is kind of a – it's a bolus of stuff. So it's not appropriate for everybody and if somebody isn't super geeked on the technicalities of what's going on although you cover the science beautifully but it's a much easier read than say like a book like mine is. I think much more accessible and checks all the boxes necessary to get people really healthy and moving in the right direction with their gut health, which again if the gut health isn't addressed, you're not going to fix hormonal imbalances, you're not going to fix systemic inflammatory issues, autoimmune issues. Like that really is the crux of the whole thing.

I think you did a fantastic job--

Brenda Watson: Right.

Robb Wolf: --with this.

Brenda Watson: Well thank you so much.

Robb Wolf: My pleasure. I wish you huge success. Brenda Watson New York Times bestselling author. The Skinny Gut Diet is due out October 7<sup>th</sup> so definitely go out and buy several copies. Purchase them individually so that they all add towards her New York Times bestselling status. So that we can pop this thing into the bestseller list. This book will help a lot of folks.

Brenda Watson: Thank you Robb so much.

Robb Wolf: Thank you Brenda. Keep me posted on what's going on. We'd love to have you back on the show later to talk more about this stuff.

Brenda Watson: Yeah. I will. I like to I think you have a great message and we're aligned in the messaging. So I – that feels good to me. You know, like I said I've been doing this for a long time and I wasn't –you know, it took me a long time for people to wake up the gut health but now everybody is waking up to it so I'm happy. [Laughs]



**[0:40:03]**

Robb Wolf: It's good to be an early adopter but then it's also kind of like yeah we've been talking about this for a while and so...

Brenda Watson: [Laughs]

Robb Wolf: But it's good. It's good. You know, when gut health starts hitting mainstream America then the tide might be changing. I actually saw something the other day that said that diabetes rates had actually plateaued in the United States for the first time in like 40 years. So they're – and you know what I think that this whole paleo functional medicine thing, I'm actually going to throw it out there that I think that that is affecting some stuff. Like we're --

Brenda Watson: I do too.

Robb Wolf: --you start affecting 10% of the population then you can change the course of an epidemic like the obesity, diabetes scene so yeah.

Brenda Watson: That's right. That's right.

Robb Wolf: Well folks head to [TheSkinnyGutDiet.com](http://TheSkinnyGutDiet.com). Also we will have links to the book the amazon pages in the show notes and Brenda thank you for being on the show and take care of yourself while you're on the road doing what you need to do as a successful author.

Brenda Watson: Thank you, Robb. You too.

Robb Wolf: Okay. Will talk to you soon.

Brenda Watson: Uh-hum. Bye-bye.

**[0:41:13] End of Audio**