

Paleo Solution - 259

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Howdy folks, Robb Wolf here. Another edition of the PaleoSolution podcast. As I keep saying, six listeners can't be wrong. Today I am very excited to have my good friend New York Times best-selling author and just general all around amazing doctor, Dr. Amy Myers author of the newly released The Autoimmune Solution. Doc, how are you doing?

Amy: I'm great. Thanks. Excited to be here.

Robb: I'm super excited to have you on. I was certain that I've had you on the show before. But I have not. And I've been feeling horribly chagrin for not doing that. I've let all of my listeners down not having you on the show at least multiple times by this point. So many apologies all around.

Amy: But we're here now and we have been in this place before because you are on my Autoimmune Summit and I've believed you've been on my podcast. So that's why it seems familiar but not quite it.

Robb: It seems familiar but clearly when you were running the other side of the show, things were much professional and better organized. So that's the

main difference. This one has basically slid down to approximately like trailer park Jerry Rig kind of level. So luckily you managed to get into the New York Times best seller list before I completely tank all your sales and all that stuff.

Amy: I don't think that will happen.

Robb: Hey doc, I'm certain all of my listeners are familiar with you. But can you give folks a little bit of your background?

Amy: Sure. So I am a conventionally trained physician. So I'm a medical doctor but after I finished my residency and emergency medicine and worked in a trauma center here in Austin, Texas for a couple of years, I went through some training for the Institute of Functional Medicine. And ultimately opened up a functional medicine practice.

I myself, if you want my whole story which is the first chapter of the book, I'll be happy to tell that about how I even got into functional medicine and my own autoimmune disease.

Robb: Yeah, please do. Please do.

Amy: Okay. So the story goes. I was born no, I'm just kidding. I kind of grew up in this holistic household. My dad will give us Chinese herbs when we were sick. We had a garden, my mother grew sprouts and tomatoes and we made homemade whole wheat bread and homemade yoghurt and we're kind of hippy little family eating at the house food store.

At 14, I became a vegetarian. After college, I joined the Peace Corps and went to the middle of nowhere south America and worked with farmers and grew stevia and had medicinal herb garden and had the idea that I would come back and be a natural physician so to speak.

Got back from the Peace Corps and kind of looked around, ultimately decided I want to go to medical school. Did all my electives and holistic medicine, I was president of the Complimentary Alternative Interest group.

In my second year of medical school, I start having severe panic attacks, I was losing weight, I had tremors, I had leg weakness and eventually my friends convinced me to go to the doctor. And I got there and the primary care doctor said oh yeah, you're just stressed. You're just thinking that

you have everything that you're learning about in medical school and she's completely brushed me off.

And I said no, no. I mean my mother had died the year before I went to medical school. I had very unexpectedly, I obviously been in the middle of nowhere the Peace Corps by myself. I've been through a lot of things and never responded this way. So I said no, this is not stress. I need a full workup.

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And she called me back about a week later and told me that I had Grave's disease which is an autoimmune disease of the thyroid where it's overactive. So most people are probably more familiar with the Hashimoto's which is underactive. So you kind of gain weight and everything slows down and you maybe get depressed or dry skin. I have all the opposite. Everything was revved up. I was having these panic attacks, my muscles were breaking down and I was getting weak. And then I have this tremor.

And so in conventional medicine they really offer you three choices and none of them are ideal. One is to take some medication to shut down your thyroid. The other is to have your thyroid blown up like Hiroshima with Iodine-131. So basically kills it. And then the third one is to rip it out, to cut it out surgically.

And none of this seems great to me so I didn't do anything for a while. Then I went back to my roots of Chinese medicine and try that and it didn't work. So I begrudgingly tried the medication. It seemed the least of the three...

Robb: Least on the risk, right.

Amy: Right. So about a month later I started feeling really terrible, went back to the doctor. He checked my liver enzymes and they were sky high. My liver was I don't want to say starting to fail but it was being harmed for sure by this medication. And I definitely could have had liver failure from it. So I have what's called Toxic hepatitis.

And so I was told that I had to just go get in bed, get off the medications and figure out what I wanted to do. I'm going to cut the story short just

so I don't ruin the whole first chapter but I ultimately had my thyroid ablated. And it's honestly really one of the only decisions in my life that I really regret. It certainly led me to where I am today which is seeing people from literally all over the world with all different types of conditions mainly autoimmune although I'll see any and everything.

And I've helped many people with what I have, Grave's disease, really get off medications, have their antibodies go away and have a perfectly normal acting thyroids by going through my program. So it's always bittersweet when that happens but it's definitely, the silver lining is that I get to do what I do and help other people spare them from my fate. And I say conventional medicine failed me and it's my mission to not have it fail you too. And that's really what gets me up everyday.

So anyway I went into Emergency Medicine and then eventually found Functional Medicine and opened my own clinic in Austin, Texas and I see people from literally around the world who come in to see me. Again mostly with autoimmune diseases but I really see anything. A chronic fatigue, fibromyalgia, I don't consider myself a Lyme expert but certainly digestive disorders even just allergies and eczema. All kinds of things people can't figure out.

Robb: I can say quite honestly that I've referred a ton of people to Dr. Myers. The one thing about you going through the ablation and doing everything that you end up doing, you've kind of mapped every potentiality that exists. There's not many more stones that can be turned over with this thing. And the folks I've referred to you have had huge success.

Amy: Well thank you. Yeah, everything led me to this point and I wouldn't so to speak do anything differently. I mean I probably would still have my thyroid if I could do it differently. But otherwise, I tell my patients I live and breathe what I write about in my book and what I tell you in my clinic and what I blog about and talk about. And so there's really nothing I'm not asking anybody to do anything I don't do myself.

I really do walk the walk and talk the talk and I have experienced it all. And I do think that that's what resonates with people when they come to see me particularly with autoimmune disease is they know I've been through it. I've been through something really awful to have you know your thyroid. And I talk about it on the book.

It wasn't like oh you just get rid of thyroid, it gets blown up and then you're fine. I mean it was this whole thyroid dumpings, hormones dumping into my system, panic attacks. It was getting regulated on medications. At least two years of just a full rollercoaster while trying to survive medical school. So it was a really dark time that's for sure.

Robb:

Well I know for myself that I develop some kind, it never appeared to go fully autoimmune but due to stress and pushing myself too hard I think I had some cortisol antagonizing T3, T4 conversion. Had some really high TSH which for me it was really high. It was three times higher the normal but it was still well within normal bounds.

And just felt terrible and actually Dr. Kirk Parsley helped me a lot with that I believed I chatted with you a little bit about some of that too. But by getting my adrenals put back together, addressing some other gut issues then I was able to eventually titrate off of thyroid medication. And I've been motoring along really well since then.

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But it was a good year and a half, two year process and I felt worse initially then versus – okay folks I'm not sure what happened. We had a 10 minute internet hiatus but I was talking a little bit about my own thyroid issues which took some time to resolve. Doc, could you help me with something?

Between Grave's and Hashimoto's thyroiditis which of them do you feel is more difficult to treat? I almost feel like looking at some of the ideology in the progression of Hashimoto's because you're getting the thyrocyte are actually dying. It ends up reminding me of type 1 diabetes.

So many of these autoimmune conditions response so well but I've seen a lot of difficulty in recovering people back fully with Hashimoto's because even if we get the autoimmune condition kind of squared away, they're still deficient manufacturing the thyroid hormones.

Amy:

So that's a great question. And whenever I talk about you know my book talks about preventing and reversing autoimmunity and I always get an angry mother with a child with diabetes telling me that it can't be reversed.

So when you have a vital organs such as the pancreas or the thyroid that produce a hormone that is necessary for life, if there has been enough damage to where it is not producing enough hormone to sustain you for life of course you're going to need hormone replacement.

And so the earlier we catch this, the better able we are to reverse them. I have kept people who have type 1 diabetes, children who are newly diagnosed off of insulin by diet alone and gotten antibodies to go down. And I mean we're still on the works but they have continued to stay off of insulin.

The same thing with Hashimoto's patients either not going on meds or going on meds, just to stabilize them and get them to feel better and then have been able to get them off medication. But if you're coming into my office 10, 20 years down the line, so much as you mentioned, tissue destruction has likely happened that I'm likely not going to be able to get you off thyroid medications and vital hormone that you need. It's like me, I don't have a thyroid so if I didn't take my medicine, ultimately I would die.

So the bottom line, the sooner you get to me and the sooner if it's happening then we can either prevent from medication going off, going on or potentially getting you off medication. But once enough tissue destruction has happened, you are going to need that hormone. In general though, I find in working with Hashimoto's patients and Grave's patients it is harder to kind of turn that boat around with Grave sometimes than it actually is with Hashimoto's.

Sometimes just going on a little medication with Hashimoto's would get those antibodies to go away. And it just seems easier to put out that fire than it does. The train seems to be running away in just a completely different direction when you're dealing with Grave's. And then symptoms, I don't want to try to say one is worst than another.

But feeling tired can be pretty bad but this racing heart and panic attacks I mean you can literally you could – if untreated, you know, also die from Grave's disease. You could have a heart attack. It's like being on a stress test.

Robb:

Like a drill fit kind of deal? Yeah.

Amy:

Yeah. And so sometimes the symptoms are much harder to with the Hashimoto's patient I can typically give them some thyroid medication and get them feeling better as we're trying to work on all the causes and then ultimately get them off the medication. Whereas Grave's, there's not really a medication I can put you on to solve the actual symptoms. Fast heart rate, anxiety, they're only medications that work at that asymptomatic level.

Right when you can put somebody on anti-anxiety medications, you can put them on beta-blockers, you can put them on something to shut down their thyroid which is going to potentially have side effects that you're going to feel or detrimental side effects like what I experienced.

So I find it's kind of easier to work with the Hashimoto's patients so to speak than it is in Grave's patient. But that's just my experience in terms of getting somebody asymptomatic relief pretty quickly while we're trying to alter the immune system or turn the titanic around. For some people that can happen really quickly and for other people that takes a long time.

Robb:

And maybe we're throwing in there in know that folks, I don't want to couch this. I feel like if there's one part of this kind of Paleo functional medicine scene that this methodology is really shined it's been in autoimmunity. Like there's lots of ways to get into skinny jeans, there's lots of ways to improve athletic performance or what not.

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But I would say that we've just been beaten the pants off of anything else out there with regards to autoimmune conditions but I've been doing some more reading on Hashimoto's in particular. I know that folks in this community maybe lean towards that kind of complimentary alternative medicine scene and often times folks are reticent to go on some medication and what not. But particularly in the Hashimoto's scenario and again doc, stop me if I'm explaining this incorrectly but if we can get into that Hashimoto's individual early and one of the things that we can do is put them on some Nature-Throid or some Armour, something like that.

That would bring the antibody count down so that we can kind of cool the autoimmune fire on that side and then start tackling nutrition,

lifestyle, gut biome and what not. And so it maybe that the initial intervention of using some thyroid medication could really save the person a lot of hassle in the long run.

Amy: Oh for sure. And I feel like people frequently feel like oh I'm defeated or I haven't done it because I'm on thyroid medication. And I don't want people to feel that way. I mean it's a vital organ that you need that hormone and you need it to be at its optimal levels. And just because you're on some thyroid hormone, it's not stopping there.

I mean as you said you've got to fix as I talk about my book Four Pillars, dealing with the diet, dealing with the gut, dealing with the toxins, the infections and stress. And when you deal with all that I mean hopefully we're reversing it where certainly tidying up your immune system and hopefully preventing you from getting something else.

Because once you have won, you're three times more likely to get another. And then next time it might not be something as "easily treatable." It might be something with far more side effects like rheumatoid arthritis or lupus or MS or just something that you've really, really don't want.

Robb: Right, right. Doc, I had I guess we'll call this person one of your colleagues. Just this person shares an M.D. and I think that that's probably about as far as the two things go. But I got a Facebook ping from this person and this individual was just cranky at both Dr. Terry Wahls and you because of the autoimmune oriented books and this person which was saying what is it. Is it just kind of claiming up a diet, is it this, is it that? It seems like all these claims we don't have a lot of randomized controlled trials out there.

Part of what I responded to the person was that we've had the Swank diet out there for a long time with also some people like John McDougal has been advocating a vegan diet for a very long time for autoimmune conditions. And really with very middling results.

And it's interesting Terry Wahls was just invited to the National Multiple Sclerosis conference and historically she's been kind of a pariah, like they would tackle her and arrest her at the gate if she showed up at this thing and this year, they actually invited her there and the reason for that was

that on the multiple sclerosis society's message board they're 15 times more conversation about Paleo related approaches and the Swank diet and the vegan diet combined.

So what are your thoughts on that when people are fishing for the definitive randomized controlled trial to "prove" even though in science we know there aren't enough of proofs. But what are your thoughts on that? I mean clearly you do this every day, we do similar stuff in our clinic everyday but for these people that are really wrapped around the axle of evidence-based medicine, what do you do? Or did you just flip on the bird and then go save some lives? Which is kind of where I'm at.

Amy:

I don't really respond to it. I mean and it's even people on there writing things about my book versus somebody else's book or other people's books in the Paleo world or in autoimmunity. I really not to toot my horn but what sets me apart from most people out there is that I actually am an MD as you said and actually have a clinic.

And so I've done this. I've lived it and I do it everyday with people as oppose to some other people who might have blogs and yet they help people through the blog. I mean to have a clinic and to see these people time and time again and to have the labs. And to see it, to see that antibodies to go away, to see the markers go down, to see the people get off their medication to see it and it's great that other people are doing this through their blog and other things but I mean have a clinic. And I have all the data there both in lab results and talking with patients and seeing it happen.

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And so it just – you put yourself out there and there's nothing like writing a book to put yourself out there. Right? Like a freaking one star review on Amazon because somebody can't figure out how to download the PDF's attached to the audio. First why are you writing that as a review to me, I have nothing to do with that. I can't help what you can't find that.

But anyway, so you just put yourself out there and just everybody. I mean people tend to like more negative information than they do positive information. And people feed off of drama and I mean I kind of feel like that's one of the things it's keeping a lot of people sick. It's just this

negativity and feeding off of this drama. So I try not to engage in it in that sense.

I had somebody from United Health Care call me to come be on the board to help them show that this diabetes prevention that they were doing that the diet was all wrong and they wanted me to come and convince the other doctors that like my diet or a Paleo type diet was the better diet. I'm like that is so not worth my time. Thank you.

If you want to go into business about using my programs to help more people, give me a call and let's do it and can I fly down and see you. Now we actually are in talks about that. It's just not worth my time. I'm not trying to change medicine from within the establishment. I'm trying to change it out on a grass roots movement with patients, with people experiencing these changes and then demanding, telling other people and telling other people and then hopefully the tide would change by the demands.

So I mean they're inviting Terry which is amazing because they are seeing the demand by the patients. And that's I think the only way all of us together are going to do that. But the proof is in the pudding as what I have to say. And at the end of the day, I actually from my Autoimmune Summit which you were a part of and I interviewed four different experts, I actually asked Joel Fuhrman if he would be on the Summit because he is not fully vegan but promotes more of a vegan lifestyle.

And initially he said yes and then he saw that many of the people were not necessarily Paleo. I mean I had any and everybody on the summit right. But I guess he didn't agree with it and he ultimately and in a not nice way declined basically telling me that he felt we were all damaging people and his way was right.

And I found it very unfortunate because clearly I suppose, I don't know the number of people that he has helped with autoimmunity but he claimed that he has helped thousands of people as well reverse autoimmunity. And so my whole thing is whatever works for you. I can tell you what I do in my clinic and that is I try to get vegetarians which I was one for 27 years to eat meat and to eat more of a Paleo type diet. I have found that to be very helpful and that is what I advocate in my book.

I call it the Myers way and there's some nuances that are different between just the total Paleo autoimmune protocol. I let you eat cardamom and cumin and other things because I don't think you need to go to that extreme in my experience working again with thousands of patients in my clinic. I have not seen that to be inhibiting somebody from getting well from autoimmunity.

The research may show that but clinically I have not seen that so I don't advocate that. But again there might be people that cardamom is the biggest trigger for them. So there's no one right way, we're all individuals. And you've got to find your own path. And part of that path is honestly I believe believing that what you're doing is going to work for you.

And so if you're a vegetarian and you're believing that that's the way and you followed your Joel Fuhrman and everything that you read you just resonate with him, there is something to be said about that. I am not going to tell him that he's wrong and that he hasn't gotten people well that way. There are people who are going to tell you they went on a juice cleanse or a raw diet and that reversed it for them.

So all I can speak to is what I've seen, me personally and what I see in my clinic and that's then of course what I'm advocating because I'm seeing that. And I do feel that there are more people in our camp so to speak that are experiencing more success.

But again, it's not a right or wrong and it really was unfortunate to me that he wouldn't be a part of the summit because there would be somebody who might resonate with him. And it's just another part of the puzzle. And I just found that very unfortunate that there are people out there even sort of "in our community".

I mean he's in our community in a sense that he is more holistic, he's more open minded, I wouldn't call him functional obviously he's not Paleo. But he's not mainstream. I found it unfortunate that even in our camp of being outside the mainstream that here was somebody that was like I'm right and you're wrong. And that I just don't feel like there's any place for that.

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Even with conventional medicine, there are things that we do very well. And so I don't think there's any point in saying I'm right, you're wrong, this is that, this is the only way. I even had somebody put a one star review and say conventional medicine helped them with their autoimmunity. Like rock on. Go for it. I mean if that's what you want to do.

Conventional medicine can be helpful for people with autoimmunity, right? At the expense of typically lots of side effects or whether long term or immediate of these drugs. But they can be effective for people. And if that's what somebody chooses to do, it's not my place to tell them that they're wrong. That is what somebody wants to do and that's totally fine.

Robb:

Absolutely. My wife's mother had a really aggressive variety of early on-set rheumatoid arthritis. And the Methotrexate and some immunosuppressant drugs probably one, saved her life at that point. Also probably prevented having multiple joint replacements but what it did is it put her in a very immune compromise state.

And her mother did end up needing some surgery diffuse a bone in her ankle. And she ended up getting an infection with that and it was a year long fight to stay ahead of this infection. And then ultimately she ended up with liver failure and she died.

And her mom died at the age of 50 years old and three months before I met Nikki and I have testimonials of hundreds or thousands steep of people tinkering with this autoimmune protocol and I don't even have the background to be able to get in as deep as you do. But I have this really strong sense that had I intervened or met these people nine months earlier, her mother would still be alive.

And so clearly some of the interventions of modern medicine, of mainstream medicine clearly have a therapeutic advantage in certain situations but I think is generally being put forward is that these conditions may to some degree be transitional if we adapt certain ideological features not everybody can put 100% in remission and there's going to be a spectrum there.

But there might be a lot of people that could have save her dramatically improve their lives. And really what we're asking them to do is eat, sleep and move and attend to gut biome and in kind of a specific way there's

nothing really crazy or onerous about this. In 30, 60, 90 days later we should be able to look at some lab work and look at clinical manifestations and say hey, we're making progress or okay go see Joel Fuhrman. I couldn't do anything so go see someone else.

Amy:

Yeah. So a couple things with that I'm terribly sorry about Nikki's mother and you know my father too had an autoimmune disease or has an autoimmune disease and on three immune suppressive drugs going into a hip replacement. And his story actually is the last story in my book so I won't spoil it. But he was yearlong of five different surgeries because of the infection he got from those. And he of course did the diet and is off of all his medications now and his numbers remain normal.

The other thing about that is I just want to say we're really focused on diet which is awesome and I think that there is so much that can be done by autoimmune Paleo type diet. But in my book is a 30-day program that comes with meal plans and recipes and all that kind of stuff.

But it's also for the people who've done the diet and like it's helped but there's still more. And then the next step is obviously the gut which people are really waking up to. I mean that was probably one of the biggest things a lot of people in the Paleo community were coming to see me. They were doing the diet but still having all kinds of problems if not worst problems because of all the fermented stuff that's advocated on a Paleo diet and they were just feeding their sibo or their yeast and I view differently than many people I say to stay away from the fermented stuff till after you healed those infections because it feeds them as well or it can.

But I think some of the issues that other people aren't talking about and haven't been in some of the other books or the two other pillars which is I have a whole chapter on toxins and their effect on us and particularly with autoimmunity and ways to prevent these from coming in and then ways to detox from these.

And in general I mean the book really gives you I think enough information to realize that it's serious and that there's literature to support all of these but it's not so much that you get bogged down in it or you get overwhelmed or you just want to close the book out of fear. I kind of give you the highlights and big statistics and scary things and then

I really give you solutions. I mean the whole book is called the Autoimmune Solution but I'm constantly giving you solutions for the things that I bring up in the book. And pretty easily attainable solutions. And that don't require like going to see a doctor.

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And then of course infections and there are certain infections that we're now realizing that go with certain autoimmune diseases. Yersinia with Hashimoto's and Grave's. And I've actually seen this. You read about this stuff in the literature and by being able to do testing, I actually see these things. Not everybody, not everybody by any stretch of the imagination but occasionally I do pick them up and it's pretty cool.

And you know then stress, I know that certainly the Paleo community is waking up to that about sleep and movement and stress and community. And we both love Dan Pardi and all of his sleep strategies which of helped me dramatically with my amber lights all around the house. Kind of gets me in a couple of fights with my fiancé, everyone's not really. But I mean he's like honey, I can't see anything. I'm like do you want me to fall asleep tonight? These lights have to be on.

But anyway, and you know really talking about those sort of three final aspects that I feel a lot of people aren't talking about I mean particularly the toxins and infections. And then I personally got exposed to some toxic molds in my work environment and I have now seen many, many people with toxic mold, I talk about lyme.

So kind of everything that I talked to you about when you come to see me as a patient is in this book. And when you see patients, I mean I see some crazy, crazy stuff. I mean I had this woman the other day and I've had several women get their breast implants out right, because it's causing them some issue.

This was a new one for me that and apparently the woman's written not she. Another woman has written a book on this, there's a specialist in Atlanta that deals with this. There was a faulty valve in her breast implants causing some sort of leak that was leading to basically mold. And she came in with biotoxins. I mean basically she was experiencing everything that I see in a patient who's living in or working in a toxic

environment with mycotoxins, toxic molds. But it was in her breast implants.

And so then literally I had seen her and then yesterday I had another woman come in and because I had just seen this other woman, it was on my radar. She's experiencing all these stuff with toxic mold and she had had it in her Pilates studio but she had moved. So then they're more like okay well is it in your house or do we potentially have to invest to get this thing with your breast implants.

It's really fun and cool to do what I do because I mean here it is five years in, never heard about this, never seen a patient with it. And you know here I have one and then literally the next day have that knowledge to wonder about it in this next patient. And wonder you know god, have I missed that in some previous patient because would have never thought to I mean of course I would think breast implants, you can have some immune reaction to that as there's something in there that you're reacting to.

Of course, I mean I'm going to think that but this whole mold thing and there's apparently a massive problem to the fact that some woman has written a book about it and there's a breast surgeon in Atlanta that this is primarily what she's doing is removing these implants for people.

Robb: Interesting. You know Nikki's mom when they thought back about kind of the precipitating for her, they lived over in coastal Northern California and she started just not feeling good, kind of lethargic, run down, joint pains and what not. And this went on for a while and then as you were want to do every once in a while you do some spring cleaning and they pulled the head board of their bed away from the wall and the wall was completely caped in black mold.

And it been that way months at least because this was back in the early 80's something like that. The house was a little bit on the older side. You'll never know for sure if that was the thing but when you start looking at some of the immunoreactivity of yeasts and molds and a number of other organisms, it make sense. We'll never get to know but it's fantastic that you detail all these information in the book for folks to start tracking that down.

I'm curious where are you within the spectrum of carbohydrate intake, ketogenic diet, quasi-ketogenic diet do you use those in kind of a targeted fashion with people? I mean it sounds like probably looking at what GI status is like currently before you would modify carbs up or down one way or the other.

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Amy:

Yeah so again I like to, it's hard for me to, I feel like I'm a hypocrite if I give advice and it's not something I'm doing myself. So I find it really hard to do ketogenic, there is no doubt people with cancer, people with certain autoimmune disease do better with that. And so yes, my nutritionist I mean there are times where I say have them do ketogenic and I will say if you can do this, this would be helpful.

I find it personally hard. I mean I suppose if I had cancer I might find it a lot easier. There is research supporting that that is helpful. I eat on the lower carb side. It's just naturally what I do. I do find that most people and again I talk about this in the book as well and give you quizzes and test and again a solution for it. Most people I see that are seeing me are fairly complex and they have at least yeast overgrowth if not also SIBO, small bowel bacteria overgrowth and these are very, very common in people particularly vegetarians because they're typically eating a lot of grains and legumes for their energy and for their protein frankly.

Or if you're like I was eating a bagel with cream cheese for breakfast instead of you know I was that sort of poor eater, thought I was eating healthy vegetarian. I wasn't eating kale salad for breakfast at the time. So naturally a lot of people that see us are going on our yeast protocol or sibo protocol which is very little carb and that's mentioned in my book. So we give you some quizzes to track do you think that you have SIBO, do you have Candida, do you even have a parasite. We tell you that you'll need to alter the basic diet in the book to more Candida protocol and tell you how to do that.

But naturally, we took that into account when I say we my nutritionist Brianne Herman Williams she's married now, helped me with the diet aspect of the book because that's what she does in my clinic with patients day in and day out. And we really took that into account when we're doing the recipes that are already fairly low carb as it is.

But there would be some places that you need to modify that a little bit more and then give you some options for some supplements, some herbs for some supplements and herbs or some caprylic acid or Candisol, some things to kill yeast.

So in general I personally eat on the lower carb side and many of my patients at least for some period of time while working with me would be on a lower carb diet because we're dealing with yeast or sibo. And people who have a propensity towards those I find again it's just kind of their weak link in their gut so to speak. I know that if I do end up eating more carbs, I have a propensity to feel like those things are coming back so I'll quickly hop on some caprylic acid or some of the herbs just to kind of ward that off in the midst of planning my wedding and we're getting married in three weeks now.

Robb: No stress.

Amy: And no stress and the great thing we're getting married in the Four Seasons in Austin. It's basically a Paleo wedding. We're having some crab cakes and there's a little bit of rice flour in the crab cake but otherwise it's gluten-free, dairy-free and a Paleo. I mean we don't have any other grains in the wedding other than my cake. They're doing his groom's cake out of almond flour but they just thought it was too dense for my thing and I don't sit at home and bake. And so I just I didn't want to deal with it.

But they couldn't quite get even the gluten-free, dairy-free run right because they've never had a completely gluten-free, dairy-free wedding. So I'm at home literally every night for almost two weeks baking freaking cupcakes. I mean my staff is like everyday I'm like don't worry, I got my cupcakes for you. So every night I'm making this gluten-free, dairy-free cupcakes and of course eating them. So I'm like, most brides are on a diet and here I am eating...

Robb: You're on a mass gain.

Amy: So literally last night I'm like I think I need to start some caprylic acid and some herbs after two weeks of cupcakes every night. Luckily we figured it out and we've found one so I'm off the cupcakes now. But yeah, there's just periods in your life where you over indulge in something and you might need to treat those infections again.

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So back to your point, I do have people who we do specifically put on a ketogenic diet. It's not where I go to first. I go to my basic the Myer's way program. And then if you have SIBO or yeast then we're putting you on even lower carb. But traditionally our diet in general is compared to most Americans certainly on the lower carb side for sure.

Robb: Right. Man, I tell you the low carb hiatus just make me pull my hair out like I'm as big a fan of low carb and ketogenic diets for different things as you could find and then I feel like I end up in a fight with those folks who thinks it's the end all, be all for everybody. I'm in bigger fights with them than I am with people on the mainstream where I'm like hey do you think a lower glycemic load diet, some good protein, mono unsaturated fats would be good for type 1 or type 2 diabetic.

And even the completely orthodox mainstream doctors and dieticians are like yeah, that sounds okay and then recommending that maybe not everybody particularly really intense training athletes might not benefit from a ketogenic diet, the low carb hiatus just come out of the wood work.

Amy: With a lot of people too, I mean my program was a 30-day program or longer. I mean I say that we want to reverse your disease. I don't say I can cure it so I'm not telling you that you basically raise a magic wand and you never had lupus. It's that can you get off your medication, can you be symptom-free and likely antibody-free or at least have lowered your antibodies. And that's what I call reversal.

And once you have achieve that whether 30, 60, 90 a year from now, then you can start experimenting. I never want you eating gluten, likely not dairy just because of the molecular mimicry and the cross reactivity. But if you want to eat a piece of gluten-free, dairy-free cake on your wedding, go for it if you can handle that. I mean as you get well I believe most people can handle some of these foods every once in a while.

And do I ever eat a corn chip? Yeah, I do. Not frequently but I eat a corn chip. So I can handle that now but you got to figure out what are your absolute no's in this process and again we teach you how to do that and some bonus material on my website that we guide you too in the book.

And from there, life and your health is a continuum and there maybe some period like myself when I got exposed to toxic molds or you might have the death of a loved one or divorced or a loss of a job or something that tips you over the edge with stress or you might get an infection or you might be exposed to a toxin.

And it tips you over the edge and then you got to hop back on that protocol pretty hardcore and clean up the gut again and get rid of whatever it is, deal with the stress, deal with the toxins. And as you've recovered from that, you can maybe branch out again.

Again, I think there are people out there that advocate this diet for the rest of your life and you can never put a corn chip in your mouth and never put a grain in your mouth. You know I don't live like that and I don't expect people to live like that. And so far, my people are doing fine with that.

Robb: But I would definitely agree with that. Doc, how often is it that when you've looked at say like a stool analysis and played around with all these stuff, how often do you have to breakout like a really pretty hardcore antimicrobial like a Flagyl or even like a round of just GI specific antibiotics and do a pretty big system reset? When does the more complimentary medicine type stuff not work or how often does that happen and when do you have to pull out really big guns like that?

Amy: Yeah so I mean I think, for me I wouldn't say I do it often. Certainly I use Diflucan and one of the antifungals which is very specific to fungus and isn't going to affect your good bacteria. I do that all the time. By the time people have come to see me they are already most of them tried all these stuff on their own, they might have even gone to another functional medicine or alternative practitioner.

I mean I'm not usually getting people who are like I don't know what I'm in for. It's like they have already done the research, tried everything on their own. I even saw somebody yesterday he'd seen five different functional medicine practitioners by the time they came to see me. So I figure most of these people are ready to get on with it. They've tried the caprylic acid and the Candisol and it's just not doing it for them. So I used that all the time.

In terms of actual antibiotics if you have SIBO and your insurance pays for it the antibiotics are pretty effective and again very specific to the gut. So that Xifaxan but unfortunately the insurance doesn't pay for it so I used some herbs that I talk about in my book Microbe clear. And those can be very effective for people with SIBO and so that's my go-to herb for kind of a lot of things.

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A lot of times when I do a stool sensitivity test, when I have a bacteria or something in there or even a parasite, it would often tell me what it's sensitive to. And frequently it's sensitive to some or all the herbs in this great kind of herbal blend that we used. And I used that typically first line. Because most people obviously they're trying to come to me to be more natural.

Often they're sick and they don't do well with prescription medications. But there are times that sometimes it's not sensitive to these things and we unfortunately do need to use a prescription antibiotic. But I would say antibiotics for bacteria because they are not very specific. I really try to limit those.

But when it comes to again the Xifaxan for the SIBO or the Diflucan or Nystatinb for the yeast, I used those pretty frequently. And they're very effective. And I mean again, we advocate in the book or in my blogs and everywhere start with the caprylic acid and the Candisol and if that does it for you that's awesome.

But often by the time you've made it into my office you've already tried those things and it hasn't done it and so people are kind of thrilled to get their prescription. I mean Diflucan in my office is probably like Percocet in somebody else's office. I mean look at these people are there just like but I need another prescription you don't understand that I'm like they've already had two, I'm not writing another one.

I'm just kidding, I mean it's just obviously it's not like the standard of care and it can be harsh on your system so I'm very careful with it. Check your liver enzymes and make you retest to show us that you actually do have an infection and that kind of stuff.

Robb: Fantastic. Doc, you have in your appendix the Myer's way system tracker, could you talk to people a little bit about that. I mean how much of that has grown out of just your day-to-day practice? How did you put that together?

Amy: Well I mean quite honestly it started with years ago when I went and spent some time with Mark Hyman and I'm like hey, can I have like all your material? He looks at me like oh my god this is a woman being so bold to just ask me that. But he's like well I can't advocate that, I want people to do this if I don't share my information so here you go.

And then he ultimately shared it with everybody at the Institute of Functional Medicine and I think it's just kind of part of the kit. So originally, it kind of started out of that and then we really tweaked it to what I was seeing in my office and the issues and the areas and complaints that people were having. So, initially it honestly came from him and then over the years it had evolved into what worked for me and what was I asking patients and what did I see as to be factors that people are really tracking.

And it's really helpful I mean we have that in the book for you to kind of take the quiz so to speak or just kind of get your score it's called the Myers way tracker and to just get your baseline score. And as you go through the program every week, we ask you to score yourself again and see and the reason I did this I used to just do it at the first appointment and then I was having people come back to me saying I'm not any better.

I mean I wasn't having a lot of people but occasionally somebody will come back and say I'm not better and then I will have them fill it out and we compare and it was like oh wait they have forgotten that their ear ringing went away. Or they had forgotten that their bloating went away. It's just like maybe their joint pain or something was still there so they're like I'm not better.

So now I have people, we have them fill it out before every visit because it's really powerful. You know people will feel better but it's really powerful to see that number go from a 105 within a couple of weeks down to 50 or 20. And so it really, patients love it as well. They know they're feeling better but to actually see that number and to see that it's declining is helpful along with patients love getting labs and seeing that

well my joint pain is gone well look also your rheumatoid factor was positive and now it's negative. I mean it's like wow, it's double star that they get.

Robb:

Yeah, that outside validation is definitely powerful for people and this is again kind of circling back a little bit to some of the evidence based medicine crowd. It seems like they just want to wait until this problem, the irony in all these stuff to me is that in this somewhat kind of market decentralized fashion of good docs like you practicing good outcome based medicine, we will largely have this problem solved and then the academics will say by Joe, I think we've got it. And the randomized control trials will come through.

I know some folks in the kind of Paleo diet research scene have been trying to get an NIH grant to study this more specifically but they've continually had to tweaked and fiddle the wording and the way that this thing is put together because the charter of the National Institutes of Health is to study disease.

And it's been a really fascinating process to see how this grant proposal has been turned down because it's focused on health and the restoration of health and the assumption that addressing a gut irritant, immunogenic factors, different bacterial and pathogen overgrowth and few other issues that that just sniffs too much like health and not as a sufficiently like disease management or disease study.

So there's not really an interest in funding this stuff. So that's again why I'm very frustrated with the folks that are so wrapped around the axle of the randomized control trials instead of giving these clinical outcomes a fair shake.

Amy:

Right. And so because of that I don't know that this actually will, probably not in our lifetime. I honestly mean I like to be hopeful person, I don't think that this will be the standard of care because there's nothing in what I write about that anybody can patent and there's nothing that somebody can make money off of.

So I just don't see it. I mean do I see they're becoming more adoption of diet at least and somebody rheumatologist saying well maybe adopt this lifestyle, diet and then take these drugs or maybe we can use less drugs or a different type of drug. But I don't ever see it being I mean again I'm

not trying to be a Debbie Downer here. I'm just trying to beat the the reality of you know no matter how many success stories we have, there's just ultimately not going to be something for them to make money off of. So I don't know how that's going to work.

But to the other point of that sort of on this topic is anybody out there listening that's kind of on the fence probably they're listening to your podcast, they're not on defense. They're completely on board but at the off chance that there's anybody out there on the fence and I mean I know I have patients, I had a poor patient the other day who's going to a rheumatologist. We've gotten her off all of her medications except for she's on 10 milligrams of Plaquenil.

She's just getting the riot act from her rheumatologist scaring her even though her symptoms are resolved that she needs to be on Methotrexate and all of these medicines in order to prevent it from coming back.

And so I just want people to know if they are on the fence and they're on conventional drugs and they're doing that route, this is not an either or. You can follow the program in my book and read everything in my book and if anything it's only going to help you get off these medications but it certainly not going to derail you from what your rheumatologist is trying to do or whatever type of doctor you are seeing for your autoimmunity.

So this is not an either or and as I told this patient of mine, it's her choice ultimately. She can still be my patient and be on conventional medication. She can still be my patient and be on Methotrexate or be on Plaquenil if that's what she wants to do. My goal is obviously to get off those things and to be symptom-free but it's not an either or in my opinion.

And this is anybody who's just beginning to dabble in this and you're doing the conventional route, pick up a copy of the book, do the program and see if it helps you. You might be able to reduce your medication, hopefully obviously get off of it. But even if that's not your goal, it's going to help your immune system so that it does not continue to be on fire because these medications are just suppressing your immune system. They are not stopping the fire.

That's just kind of the point that I wanted to say because a lot of people to feel like you know in everything that we do that it's either this or that and you can do the two things simultaneously.

Robb:

Wow. Chris Kresser and I have talked about this and the black or white positions it reminds me of when you're surfing. If you're on the beach or you're completely out, you know passed the break, then you're pretty safe. It's that inner tidal zone where you get pounded on the rocks and held under water and I feel like doing good clinically based outcome based medicine where you need to use a huge variety of tools and be very you know, we have some generalities.

Sleep, food, exercise, largely unprocessed foods, etcetera, etcetera that will get us maybe 80% there but then that remaining 20% can be a lifesaver for folks. And it can be very, very different from one person to the next.

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And being someone who advocates that versus a black or white approach, it's really not popular and you don't build a cult around your following very easily with that. So, it's actually a tough sell so I take my hat off to you that you take that middle ground and take your licks the way that the good folks do.

Amy:

Yeah. That's what you have to do I mean in my opinion and that's where the differences of being a practitioner. There are people writing books and this is the way and this is what the research says well that's great. But what do you think clinically? That is the important thing and that everybody again is an individual and somebody may need the conventional route, somebody else may need this, somebody else may need that.

I have people all the time come in and it's like oh you're an alternative practitioner, you must use Armour and Nature-throid and it's like well yeah I do use that but I also Centroid and I also use compounded T3 and I use compounded T4. You know I talk to you and there are people and I have this yesterday I mean somebody who did horribly on Armour but he's tolerating actually twice as much medication on Synthroidin compounded T3. It feels great.

And if I had only been in one camp or the other because oh I'm alternative so I must use just Armour and Nature-throid, then this guy would have been out of luck. And I don't, I mean I personally take Armour and some Synthroid because that's what I need. And so it's having the – you know I just think when people are trying to bring other people down in this world and particularly in our field, it's out of either jealousy or lack of confidence.

I mean I have the confidence to look at everybody as an individual. I learn from my patients day in and day out. Thankfully I have people who are so sick and they're at home and they're researching all these stuff and I love learning from them.

And I mean sometimes it's something that just like no, I don't agree with that, that might be unsafe but otherwise it's like oh that's working for you great. Keep doing it, could you tell me about it so I can do a little more research? Maybe that could help somebody else. And just not feeling like there is only one right way because there are many right ways and I do think that ultimately people seek out the practitioners that they resonate with and that is the right way for them. And that's great.

Robb: Absolutely. I could not agree more. Doc, let folks know where they can track you down on the interweb.

Amy: Yes. So everything is amymyersmd. So my website is amymyersmd.com, Twitter, Facebook all that stuff. And you of course can get the book the Autoimmune Solution at any book store, online retailer wherever you would like.

Robb: And we will have links to that and to your website, Twitter, Facebook in the show notes. Dr. Amy Myers, New York Times bestselling author and just generally kick ass person. I just – it's such an honor to know you and call you a friend. You have helped a lot of people who either I just knew peripherally, knew very, very closely and you've been able to help a lot of folks so I've sent your way, so I'm eternally grateful for your friendship and for what you're doing.

Amy: Thank you so much. I really appreciate it. I'm psyched to know you too. Looking forward to seeing you at Paleo f(x) and thanks for all your referrals and helping me spread the word, prevent and reverse autoimmune diseases.

Robb: Well, what else can we do? We got to fight the good fight. So well doc, I'll buy you a North Cal margarita and try to track down some sort of gluten-free, dairy-free snack that we can both split at Paleo f(x).

Amy: It sounds great. Look forward to seeing you. Thanks so much.

Robb: Okay doc, take care.

Amy: Bye.

Robb: Bye.

[0:58:52] End of Audio