Dealing with SIBO and adrenal fatigue (01:36)

LS The first question today is “I have SIBO, adrenal fatigue, and a bunch of other issues.” I’m eating low-FODMAP, and apparently, with SIBO, it’s important to avoid starchy vegetables and fruit. But with adrenal fatigue, I end up in trouble if I don’t eat enough carbs each day. Adding to the confusion, I’ve seen articles that encourage people to increase their intake of starchy vegetables if suffering from constipation, which is my main symptom of SIBO. I have no idea what I’m supposed to be doing. Should I eat or avoid starchy vegetables and fruit? If I’m avoiding, then what on earth do I eat for carbohydrates?”

KM All right — awesome question! I love these kinds of questions because they bring up a good point: what do you do when you have more than one condition? Sometimes, the
standard recommendations for these conditions might be contradictory, as they seem to be in this person’s case. It can be really difficult to determine what to do. Let’s walk through the standard recommendations for each of these issues, and then see what we can come up with to work around these seemingly contradictory recommendations.

First up — SIBO. With SIBO, there’s an overgrowth of bacteria in the small intestine. We talked about this about two weeks ago — we talked a lot about SIBO. Normally, the small intestine is practically sterile, meaning that there’s no or not much bacteria that lives there. For a lot of reasons (which we won’t talk about today), sometimes bacteria from the large intestine translocates to the small intestine and starts growing there abundantly, causing a lot of problems. One of the biggest indicators for SIBO is excessive bloating and gas, especially in relation to carbohydrate intake. When carbohydrates go into the small intestine, and there’s a bunch of hungry bacteria waiting there, these bacteria ferment the carbohydrate and produce lots of gas. This causes the uncomfortable symptoms for SIBO patients.

FODMAP foods, which stands for Fermentable Oligo-Di-Monosaccharides And Polyols, are just that — fermentable. While they’re fermentable for everyone, people with SIBO tend to have an exaggerated response to those. For these reasons, the general dietary recommendations for SIBO are a low-carbohydrate diet and a low-FODMAP diet.

This person also suffers from adrenal fatigue. For adrenal fatigue, the recommendation is generally to keep carbohydrate intake a little bit higher and to eat more often, depending on the person. When the adrenals are worn down, people can become prone to hypoglycemia — low blood sugar. Cortisol and the stress response are responsible for making the liver pump out glucose when our blood sugar gets too low. If this process is inhibited, for example, if you’re not making enough cortisol, then the liver isn’t pumping out blood sugar into your blood when your blood sugar starts to get low. That means that your body isn’t correcting low blood sugar when it should be. As a result, these people will feel shaky, hungry, like they’re going to faint — all those signs of low blood sugar. So the general recommendation here is to eat more often, every 2–3 hours, to prevent those blood sugar dips, and to eat a slightly higher-carbohydrate diet, because a low-carbohydrate diet can stress the adrenals even further.

Lastly, it sounds like the person is dealing with constipation. It’s a pretty common recommendation, especially for those on a paleo diet, is to increase their carbohydrate intake. I’ve seen this work in many of my patients, and I think that that’s because they’ve been on a low-carbohydrate diet for so long that it tends to slow things down for them. But I think it’s also important to know what the cause of the constipation is. Potentially, as this person mentions, it could be because of their SIBO. You need to take other, underlying factors into consideration as well.

Now we have an idea about what the usual recommendations are for these conditions. Let’s talk about how I would recommend that this person starts. Let’s go again through these conditions and keeping the other ones in mind, and see what we can figure out. Starting with the person’s SIBO. Considering all the other things going on here, I don’t recommend that people try to deal with SIBO solely with diet. Obviously, it’s going to be helpful to treat SIBO at least partly with diet. It can take a long time to heal or never
heal if you’re just using diet to treat that. I like to use herbal antimicrobials to help speed that process along. They’re very safe when they’re taken for the amount of time recommended for SIBO. Usually, people think that they should take these things forever, and that’s not the case. You want to take it for just the recommended amount of time and consider it part of the whole treatment for SIBO.

7:25: Feeding beneficial bacteria while fighting SIBO

KM I would recommend that this person get some antimicrobial treatment and definitely work with a practitioner to do that. In terms of diet, I would probably keep the carbohydrates at a moderate level and still stay on a low-FODMAP diet. The antimicrobials will be doing the heavy lifting in terms of getting rid of the bad bacteria, so we don’t need to try to starve the bacteria as much. As we talked about on the last podcast, too, a lot of people are starting to think that bacteria need to be feeding on some carbohydrate while it’s being killed off by antibiotics or antimicrobials.

LS I’m thinking you mentioned that on our last podcast, because I know we talked about this at some point. Sometimes, I forget if we’ve podcasted about it or just had conversations. Do you have any references for that sort of thing? I would like to see it, and I bet our listeners would like to see it, too.

KM I’m going to have to try to find who I read this from in the first place. I don’t remember; I’m going to have to pull it up. It was definitely on a blog or something; it wasn’t a research article. I don’t know what they were referencing, but I have heard some talk about this. I’ll try to pull that up, so at least we can link to it, and people can read the blog. I’m not quite sure, and I’m not sure that there’s any research out there quite yet. But it is an interesting concept, because so many people stay on really, really low-carb diets when they’re also doing some type of treatment for SIBO, too.

LS I think that from what I’ve seen, not necessarily it being a bad thing for killing the bad bacteria, per se, but what I have seen is that if people are on super-low-carb, low-starch diets and doing SIBO treatments at the same time, then their beneficial flora suffer, too. If you don’t have a good, solid beneficial flora base to keep your gut healthy, then as soon as you stop treatment, those pathogens can grow right back, especially yeast and that kind of thing.

KM Exactly.

LS I’ve been changing my strategy a little bit with people with these kinds of gut issues. I don’t want to go too, too low-starch, unless they can’t tolerate stuff. If you’re wiping out bacteria, and granted, the antimicrobials that we use are usually more specific to pathogens, but if you’re combining that with a super-low-carb, low-starch, (those diets tend to be somewhat lower-fiber unless you’re eating tons of green vegetables), if you’re starving the bad bacteria, you’re also concurrently starving the good stuff, too.

KM A lot of times, people with gut issues they’re generally keeping themselves pretty low-fiber, too. Even if they are eating vegetables, they’re taking the fibrous parts out if they
can and cooking them to death to get rid of the fiber content.

LS Not to hijack your conversation or your explanation, but a lot of times, what I do is instead of removing those foods for people who aren’t digesting them so well, I have them prepare them in a way that gets rid of the need for the mechanical digestive function. I highly encourage doing a puréed green vegetable if you’re going to be eating them, and you have poor digestive strength. I don’t like when people don’t eat them at all. Usually, I find that when they’re pureeing them, they’re digesting them a lot better, and obviously, they’re not coming out in pieces in the stool. I try to keep including vegetables in people’s diets even if they’re not digesting them super-well, because I think…

KM You need the nutrients!

LS I think especially that if on a low-carb or low-FODMAP diet, if you’re not eating vegetables, either, you’re just not feeding your gut bacteria at all. That goes back to the original comment I made about how if people are on these intense, anti-pathogenic protocols, it’s not the best strategy if you’re not concurrently supporting your good bacteria. You’re either going to have the pathogens grow right back, or you’re going to destroy your microbiome so much in your large intestine that you’re going to end up with different issues. I don’t want somebody to have a new problem develop, because they were treating an old problem.

KM Exactly. We’re getting a little side-tracked here, but I think it’s OK. Whenever I have people with gut issues come to me after they’ve been trying to deal with it on their own for a while, maybe doing a really low-carbohydrate diet, I oftentimes will increase the carbohydrate level. Like you’ve talked about, I’ve started to change that in my guidelines, too. For people, even with a little digestive issues, I’m putting them on a little bit higher-carbohydrate diet. I have to say that a lot people are surprised by how well they can tolerate the carbohydrates — they don’t bother them. They’re sort of shocked; they’ve heard all this stuff: “Oh I should never eat carbohydrates, because I have gut issues.” But I do think it can be helpful for a lot of people.

13:03: What do we mean by a carb increase in the context of dealing with both SIBO and adrenal fatigue?

LS I think we need to define a carb increase, because carbs are one of those things that people have a hard time conceptualizing when you say “an increase.” I don’t know if you’re the same way, but for me, I’ll do between 100–150 grams of carbs, depending on the person. Even 100 grams of carbs can be enough to give a little bit of food to the beneficial bacteria, keep your blood sugar steady. I think I’ll combine that with a limitation on how much exercise somebody’s doing, because if they’re not eating that much carbs, I don’t want them doing intense exercise while we’re trying to fix their gut issues.

If they *are* an athlete or if they’re are doing a lot of activity, the carb intake will be higher. When we say a higher carb intake, we’re not talking 200–300 grams — just a
slight increase. These patients are usually coming from a very, very low-carb diet, where it’s like less than 50 grams, less than or 30 grams a day, so going up to 100 is double or triple what they were eating before.

KM  Exactly.

LS  So, I just wanted to clarify that. I know you and I know what we’re talking about when we say a moderate increase, but there’s so much stigma around carbohydrates in general, as we’ve seen after I wrote that article I wrote and the response the Chris [Kresser] wrote, there was a lot of hoopla about saying whether or not carbs were necessary — that typical response about carbs. I always like to make it clear that when we talk about a moderate-carb diet, it’s comparatively low compared to the average person and what Americans are typically eating. I don’t use the same gram amounts, depending on the person. It’s usually dependent on the amount of food they’re eating and the amount of activity they’re doing. Sometimes, it’s enough to get up to 100 grams in a day and have some well-tolerated starchy foods that aren’t exacerbating the symptoms but they’re also keeping the lower intestinal bacteria thriving.

KM  By the time you guys are hearing this, tomorrow, I’m releasing a guest post on Chris Kresser’s site about the starting points — that experimentation process to figure out the right level of carbohydrates for you. While we’re not going to go over in that article what we’re talking about today — how the heck do you figure it out when you have multiple conditions going on at the same time that seemingly have contradicting carbohydrate levels. It will at least give you that starting point. So take a look at that if things are a little bit more clear-cut for you.

LS  Awesome! Sorry — I didn’t mean to totally derail your explanation.

16:02: Wrapping up: dealing with SIBO and adrenal fatigue

KM  It’s good, it’s good. Just to get back to what we were talking about: with the SIBO, taking into consideration along with everything else [that] this person is dealing with, I’d recommend more of a moderate level of carbohydrates while still staying on a low-FODMAP diet while doing antimicrobials.

Staying on a low-FODMAP diet is more for symptom management while we get rid of the bacteria. Now, of course, I don’t know how this person would handle a moderate-carbohydrate diet in terms of their symptoms, but I would guess that they would probably do OK with it — provided that they ate the low-FODMAP carbs. But of course, if this person felt terrible on even a moderate amount, then we’d have to reconsider this plan.

The reason I recommend the moderate carbohydrate level is because of what we just talked about: it can sometimes be a little bit useful and also, because of the adrenal fatigue this person is having. I wouldn’t want them on a really low-carbohydrate diet (less than 10% of calories as carbs), because that can definitely have a negative impact on the adrenals.

So, we’re trying to find the best of both worlds here: how can they get enough
carbohydrates in the diet while still dealing with the SIBO this person’s suffering from, which brings us to our last point: the constipation. The SIBO is causing the constipation. They may not get major relief until the SIBO’s been taken care of by the antimicrobials and what we’re doing with diet. Hopefully, they can get some relief in the meantime by increasing their carbohydrate intake somewhat, and dealing with the SIBO over the long term.

Let’s recap here, because that can be a little bit confusing with all these things going on at once. Because of the adrenal fatigue, we don’t want to go too low-carb, so we’re keeping this person at a moderate carbohydrate level. This seemingly contradicts what you’re supposed to do for SIBO: usually you hear that with any kind of gut issue, when you’re dealing with bacteria, you want to somewhat starve those bacteria. So, it’s usually a low-carbohydrate diet or a very low-carbohydrate diet. But because we’re using some antimicrobial treatment to help this person in ridding that so that they can tolerate a bit higher carbohydrate intake, we’re finding that middle ground here.

We’re continuing the low-FODMAP diet, so his/her carbohydrate sources would only be those that aren’t high in FODMAPs. Over time, as we get rid of the SIBO and help heal their adrenals, the constipation should also get better. Over time, as the adrenals get better (and that’s what we’re trying to do by keeping the carbohydrate intake at a moderate level), that helps the immune system function better, too. Hopefully, this person, in the future, has a better chance of fighting off any sort of infection — like SIBO, which could try to come back again. (SIBO recurs very often, as I think we talked about last time.) You want to make sure that the person’s immune system, their adrenals, everything’s functioning well to try to ward off any further episodes of SIBO that come about; that’s what we’re trying to do.

Hopefully, that makes sense here. This person should be eating every 2–3 hours, with meals consisting of protein, fat, and a moderate amount of carbohydrates that are low in FODMAPS. They’ll also be taking antimicrobials to deal with the SIBO. There we go!

This is just a start. Depending on the person, they could find that any carbohydrate bothers them, but we would cross that bridge when we got to it. This is generally how I work with people. We start somewhere, we experiment, we tweak, and we experiment again, and so on. Eventually, we get where we want to be: the perfect diet for that person. It’s not a one-size-fits-all approach; it’s totally tailored to the individual, their conditions, and how their conditions affect their body and their ability to tolerate certain nutrients.

It can definitely be complicated, but it is absolutely worth it.

20:21 Eating during treatment vs. the rest of your life

LS I think it’s important to remind people that the types of foods you’re eating during the treatment part of your diet protocol is not what you’re going to be doing for the next, say, 6 months. I think people get a little freaked when their diet is becoming limited. They’re not sure if “Oh, is this OK for me to be eating—this type of food—is this too restrictive…” I think it’s important to keep in mind that the ultimate goal is to start broadening the diet once the SIBO symptoms have gone away.
Sometimes, with the combination SIBO and adrenal fatigue, the adrenal fatigue has to take a tiny bit of a backseat — not a total backseat — because we probably won’t get good results with the SIBO if the adrenal fatigue isn’t dealt with at least somewhat because of the role of the immune system. But I feel that, obviously, there can be a lot of conflicting dietary restrictions. Say, if they absolutely do not tolerate things like potatoes or rice or some of the low-FODMAP starches. That doesn’t mean that they never will. I know this person had asked what kind of carbs they were supposed to get. If they’re not tolerating carbs, that doesn’t mean that they never will. It just means that maybe, for now, like I was saying before, they should probably be aware of the amount of exercise they’re doing and the type of exercise they’re doing. I would probably recommend that they stick to doing something like yoga or walking and that kind of thing instead of intense exercise.

There are some ways to make the diet at least gut-bacteria-supportive without the carbs. We were talking about the vegetables before. I don’t think that this is very common — that people are that intolerant of all carbohydrates — but if it is a problem…the goal is ultimately to be getting more variety and more flexibility during your diet. It’s not like that whatever you’re doing during the treatment phase is the way you’re going to eat for the rest of your life.

23:32: Setting priorities when dealing with multiple health challenges at the same time

KM You bring up a good point of prioritizing. This is somewhat of an easy example; things just happen to work out. Hopefully, this person was doing fine with the increase in carbohydrate. But potentially, as you mentioned, they may not. Then you’re absolutely right: you have to prioritize: which condition you’re going to deal with first.

Usually, to do that, I’ll just decide which of them we can eliminate the fastest. In this case, that would probably be the SIBO. You would do the antimicrobial treatment, stick to the low-carbohydrate (if that’s all this person could tolerate) for however long this takes, which can be fast — especially when you’re using antimicrobials effectively. Anywhere between 1–2 months to at least get rid of it. At that point, they should probably be able to tolerate an increase in carbohydrates. If not, we’d probably want to check out how the rest of their digestive system is doing in terms of bacteria there, because there could be general dysbiosis in the large intestine, too. It would make sense that they would be able to tolerate more carbohydrates at that point, in which case we would move on to dealing with the adrenal fatigue next.

24:38: Be patient and prepared to experiment

LS It’s obviously kind of complicated, and I’m sure you get a lot of patients in this situation as much as I do, where they have two or more different kinds of things going on that are kind of in conflict with each other. They’re not sure what the diet protocol should be. It’s understandably confusing. A lot of times, there’s a lot of experimentation involved. I like to remind people, “Don’t be afraid of the experimental part of it.”

If you have SIBO, you obviously don’t want to make it a lot worse, but if you’re doing
things that are potentially worsening it, and you’re not going to put yourself into an irreparable situation...the ultimate goal is to get rid of it without making it worse or causing other issues. It’s something that can take a lot of tweaking and experimentation.

If I’m going to take a client that has something like SIBO, I’ll usually recommend that we work together for at least 3 months. That’s usually how long it takes to figure out what’s going on and what’s the best thing for them to be doing. It’s rare that we would figure it out in the first session and that they’d be doing 100% better. It’s important to remember that this kind of stuff takes time, there’s a huge level of variety, or I should say variability, between people. What works for one person may or may not work for you. If you’re doing research on your own and seeing what other people have done, don’t take it as gospel about what’s going to help you.

Stay open-minded, and you can try things. A good example here is potato starch. I’ve had a 50% success rate when I have clients that ask to start potato starch. I rarely initiate that, unless I think it’s something that would help them. With SIBO, I’m very cautious about it. I have some clients who say, “I’ve sounds like it would help me, and I want to try it.” I say “OK — let’s do it, but let’s do it carefully.” Like I said before, I think I have 50% success rate using resistant starch. That’s why I’m so cautious about it. I want people to remember that it may make things work great, and it may make things worse. You have to be…

KM …open to both possibilities.

LS Right. Be ready to jump ship if things start getting worse. I think that sometimes, people are so convinced that something’s going to help them…

KM It’s that “magic bullet” sort of thing.

LS Right. They’ll continue to do it even if it’s not working. I think that’s something that if it’s not working can definitely make things worse.

I feel like I always go off on a tangent with this stuff. I know we talked about SIBO treatment on another podcast. We don’t have to go super in-depth about the treatment itself. I always like to remind people to be OK with experimenting and not take anything too seriously as far as it being the right answer or the wrong answer. It could be right for you; it could be wrong for you. You just have to be open to learning and figuring it out.

KM I think that we’ve successfully answered that question. Are you ready to move on to yours, Laura?

Do I need to eliminate nightshades? (28:15)

28:15: What are nightshades?

LS Yeah — definitely!

KM Here it is: “How will I know whether or not I need to eliminate nightshades?”
The reason I like this question is that it seems to be one that people ask a lot. I don’t always understand why so many people think that they have to eliminate nightshades. I think it’s one of those weird things that happen when people are new to paleo. They read information about what they might need to do, and then they go too far. They think to themselves, “If paleo is good, then paleo without nightshades must be better. The autoimmune protocol must be the best.” It’s usually unnecessary to go that far, but it depends on what reason you’re doing it for. I’ll talk about this.

The first thing I’ll explain would be the reason that nightshades are usually excluded from an auto-immune diet. Then I’ll explain how people can know if they should exclude them or not.

Nightshades are plants like tomatoes, eggplants, sweet and hot peppers, and chili-based spices. All of these plants are members of the nightshade family, which is a class of plant foods. I don’t remember the genus or whatever — I’m not a biology expert, I’ll admit that.

Nightshades can be problematic for people with auto-immune disease, because of different things that they tend to have high levels of, like lectins, saponins; also, capsaicin is very common in the spicy plants. Certain lectins are avoided in the auto-immune diet, because they have an ability to increase intestinal permeability. There is a pretty prominent theory that some permeability, which is also called “leaky gut,” may actually be the root cause of auto-immune disease in the first place. For a lot of auto-immune disease treatment, the goal is to get rid of any sort of gut leakiness that’s occurring.

The plants of the nightshade family also contain a type of saponin known as glycoalkoloids. These are another type of compound that can increase intestinal permeability in some people and stimulate immune response. Capsaicin is steroidal stimulate found in hot peppers and spices that can both cause gut irritation and potentially contribute to leaky gut as well.

31:10: The paleo auto-immune protocol

Like I said, the ultimate goal with a lot of these auto-immune protocols is to eliminate the leaky gut issue — that’s what’s continuing the immune response and auto-immune activity.

The common theme here is leaky gut. Leaky gut and auto-immune issues are almost always seen together, at least in one stage of the disease development. Some researchers believe that auto-immune disease requires a leaky gut to develop; this is the main premise behind the auto-immune diet in the first place.

We want to reduce exposure to potential allergens, especially things like wheat and dairy, sometimes nuts and eggs. These are all common allergens when you talk about true allergies. They’re also foods that can cause gut permeability in people who are extra sensitive.

We also want to reduce inflammatory foods, such as omega-6 fats; that’s something that when you’re on a paleo diet, you’re already doing pretty well, regardless of the extra
limitations you’re placing on yourself.

We also want to reduce exposure to compounds that encourage leaky gut, like gluten, saponins, and lectins.

I want to remind everyone most of this protocol and these recommendations are based on studies done in the lab rather than in humans. Especially with the saponins and lectins, there is some debate about whether or not those really do cause leaky gut and autoimmune conditions, such as lupus, rheumatoid arthritis, multiple sclerosis, non-Hodgkin’s lymphoma, or auto-immune thyroiditis, which is also called Hashimoto’s. I do think it’s worth attempting a 30-day elimination diet that also includes the auto-immune paleo recommendations. Then you can use a reintroduction period to reintroduce foods like nightshades to see if you notice any worsening of symptoms when you do.

This is typically more challenging than the typical reintroduction period than we might have a client go through that’s just switching to paleo for general-health reasons or digestive health reasons. You have to go one food at a time during the reintroduction period. You don’t just go and have a big dinner of eggplant parmesan with marinara sauce and assume you’re nightshade-sensitive if your symptoms flare up of an autoimmune disease or if you have arthritis. That would be the highest nightshade food I could probably think of: eggplant, gluten dairy, and then tomatoes.

KM Probably not going to do so hot.

LS That would probably be the worst meal you could eat if you had an auto-immune disease — but that’s just my thought.

If you’re interested in re-introducing any of those foods or potentially being able to eat eggplant parmesan at some point again, you need to systematically test each food for a minimum of three days. Usually, people will start with something like tomatoes. It’s in so many foods, it’s important to know if you’re sensitive. If you’re sensitive to them, you have to be diligent about avoiding them. If you’re not, then it opens up your diet to a lot of foods that contain tomatoes. Then, maybe you can try potatoes in the next round or eggplant or one of the spices, like chili pepper or paprika.

Again — it’s one food type every three days. Doing just one food at a time can help you see if it’s just certain foods that bother you. Maybe you feel great eating tomatoes and eggplant, but when you eat white potatoes, you feel horrible, and you get inflammation, joint pain, and those kinds of things. You’ll know that you need to avoid white potatoes, but you don’t need to avoid all nightshades. I know this sounds unscientific, but until we have some kinds of reliable tests that show which foods people have sensitivities to, I feel that this is the only way you can know for certain how a food affects you. It’s not a fun process, and it’s challenging. Unfortunately, it’s the best we can do for people at this point.

35:08: Lab tests for food sensitivities

LS There are food sensitivity tests. There are some tests that are more respected than others in the alternative health movement. Cyrex Labs offers a gluten cross-reactivity screen
that can show if you’re sensitive to certain foods. They don’t have the level of specificity that some people might need as far as eggplant, different types of nightshades, and that kind of thing. I know potatoes are on there, but I can’t remember exactly which types of foods are on there. They don’t go through the whole gamut of potentially problematic foods. There’s also the MRT or the LEAP testing. I don’t do these right now, I know, Kelsey, that you don’t do these either.

KM I’m starting to do that now. I was not going to, but I’ve heard so many good things from other dieticians about it that I thought, “Well, it could help some people.” I do think it can be useful. What I like about this one more than other tests is that there’s a recommended protocol that goes along with it. You get your results back, and you go through this step-by-step process of introducing even the food that came back very low on the list.

You start with 20 of the lowest-reactive foods for you, and then you re-introduce every single thing on the list that you’re interested in eating in your lifetime. Basically, you’re double-checking the results.

That’s what we’re talking about here. You take things out, and then you add them back in. It’s just a little bit more personalized elimination diet. I think that it can be helpful for some people.

LS It sounds like the protocol is potentially even more long-term than the typical auto-immune paleo approach…

KM Yeah.

LS …just because there may be foods on there that fit into auto-immune paleo, like mushrooms — just random foods that could potentially come up as being sensitive.

I have a naturopath that I work in the office with. She uses the Cyrex labs. Her name is Dr. Meghan Dishman. She’ll often focus on just the “heavy hitters.” Somebody has an allergy test or a food sensitivity test shows things like cucumber as being a sensitivity. She won’t harp on that kind of stuff too much. She’ll focus more on the gluten or potatoes, the nightshades, dairy — the ones that can make a huge difference if they’re removed. Oftentimes, that’s enough for people. The people she’s seeing have never even heard of paleo, so just getting them to do gluten- and dairy-free is a big challenge.

Something like the LEAP testing would be good for someone who’s done paleo and done auto-immune but is still having trouble and doesn’t know what foods are bothering them. It’s a lot more intense in terms of a lot more foods you need to eliminate.

KM It’s quite a process — not for the faint of heart.

LS Right. From what I know about it, and I’m sure you know more than me…are you getting certified in it?

KM Not yet. They recommend that you do it on patients and help them through the process as you go through the training. It helps you to learn. You get a mentor that helps you with
the cases you go through as you go through the training.

LS  Cool! I’m sure you’d agree with me that there are some people that it would benefit, because they’ve done so many types of elimination diets and nothing’s worked. I wouldn’t think that’s the first place you start, especially if you haven’t done a paleo diet or tried an auto-immune paleo diet.

KM  Absolutely not — I totally agree.

It doesn’t test for things like intolerances, so it wouldn’t find that someone has a FODMAPS intolerance or even a lactose intolerance. If people haven’t even gone down those paths, if I suspect that might be an issue, we try those things first. Of course if they haven’t tried a paleo diet to begin with — we start with the easier stuff.

LS  Dr. Dishman’s philosophy is that the reason that people are sensitive to so many foods is that they have bad leaky gut in general. There’s so many different things getting into their bloodstream, their immune system is going after everything. Her philosophy, and I’d agree with her, is that the first place to start is getting rid of the “heavy hitters.” If you can stop the gut leakiness — we use supplements, diet, and that kind of thing — sometimes that’ll eliminate the reactions to the less typically immune-stimulating foods. Cucumber’s a good example. I’m blanking on the kind of…

KM  I know! We always talk about the foods you are sensitive to.

LS  I know, I know! There are foods that can definitely show up on one of those things that I don’t think would be a huge deal if they ate. But if they’re still eating wheat, and they’re eating dairy…if they’re nightshade-sensitive, then those things can be causing a more broad-scale sensitivity. If you get rid of the “heavy hitters” and let your gut heal, the smaller things that you maybe have some antibodies to, maybe they cause some level of sensitivity in the actual testing, and it might not be an issue. That way, your diet doesn’t have to be quite so restrictive.

Again — even with the testing that’s available, you’re still going to have to go through an elimination diet. You’re still have to going to do the reintroduction. It’s not like the LEAP testing, where you get handed a diet and told “This is what you’re going to be eating for the rest of your life.”

KM  Wouldn’t that be easy, I guess.

LS  Who knows if that’ll exist at some point? For now, you can pretty much guarantee that no matter which strategy you use, there’s going to be a pretty long-term time investment in determining what foods are an issue. Hypothetically, I guess you could stay on the elimination diet forever, but I don’t think that’s realistic for most people. It’s helpful to know if you can or can’t eat certain foods. If nothing else, whether you can eat out or cook 100% of your food yourself to be sure that you’re eliminating every single thing you have even a mild sensitivity to.

There may be people who can get away with small amounts of food that they’re sensitive to, but a lot of people, if there are foods that are causing leaky gut, they have a pretty low
tolerance for these foods.

This is all super-individual. I urge people to figure out which foods that they specifically need to avoid, not staying on these super-restrictive diets indefinitely, unless it’s absolutely necessary, [because] they’re reacting to absolutely everything.

43:34: Why Laura wanted to answer this question

The reason I wanted to answer this question is that I’ve seen a lot of people around various websites asking if they need to do an auto-immune protocol. A lot of these people don’t even have an auto-immune disease. Or they’re just new to paleo and they’re so overwhelmed with all the information that they figure, “Well, if I’m going to do paleo, I might as well go all the way and do auto-immune paleo.” The majority of these people don’t need to go that far.

If you have an inflammatory condition like arthritis or gout, or some type of chronic digestive irritation, like significant reflux, chronic pain, or fatigue, or a serious inflammatory condition like eczema or psoriasis, it might be worth trying an auto-immune protocol. When I say “try,” I mean give it a good 30 days solid to see if anything happens. Don’t try it for just a couple of days, you see no effect, and then you give up.

That said, there are a lot of people who try the protocol for the full 30 days, and nothing happens. A good example of this is Melissa Joulwan, of “The Clothes Make the Girl” website. She had done an auto-immune paleo experiment, and she said that the only thing that happened for her was that she ended up avoiding foods she really enjoyed for no reason.

If you don’t have a significant reason to follow this diet, I don’t recommend starting off with an auto-immune paleo diet. I’ve had people asking if they should do the protocol, because they have weight to lose, have some bloating, some changes in stool frequency — that kind of thing. Personally, I don’t think these are the right candidates for jumping into an auto-immune paleo diet. There are probably other reasons you’re experiencing these issues that have nothing to do with an auto-immune disease. Unnecessarily restricting yourself over and above the normal paleo recommendations is probably unsustainable and not enjoyable in the long run. If it’s not what’s causing your problem, it’s not worth the effort.

Like [Kelsey] said, that’s not going to tell you if you’re sensitive to FODMAPS, because the FODMAPS thing is a gut bacteria issue, not an immune issue. If you’re having food sensitivities, it’s not that you’re having leaky gut or there’s some sort of auto-immune process. It could be that you have some kind of microbial imbalance that’s causing the weird reactions to food.

47:00: If you still want to try the auto-immune protocol

LS That said, if you want to try the protocol, make sure you plan well in advance — not only for elimination phase, but for the reintroduction phase. That’s kind of what [Kelsey]
was saying with the LEAP testing: you’re investing a lot of time into not only getting rid of the problem foods but reintroducing foods to see which ones you can eat without a problem.

This goes for nightshades, too. Like I said before, you want to try introducing each individual nightshade plant systematically. That way, you can know whether or not there’s something you tolerate or not.

It goes without saying that you should do a strict paleo diet for a month before you start trying these further restrictions. If you’re eating gluten or having dairy here and there, and you’re still having auto-immune flares, I don’t think it’s advisable to go straight into the auto-immune paleo diet. Make an effort to avoid gluten 100% of the time. I think dairy’s one, when it comes to auto-immune disease, that’s worth at least starting off avoiding 100%. You may find that’s the only thing you have to be prudent about when choosing what to eat. Not that avoiding gluten and dairy is an easy thing to do, but it’s a lot easier than having to avoid black pepper or tomatoes, and that kind of thing.

KM The auto-immune protocol is really hard. Granted, you may not end up being sensitive to all of the nightshades equally, but if you haven’t even gone through a paleo diet first, you’re going to find it very, very difficult to stick to.

LS I think we’re on the same page. We’d like to see people do the minimal amount of restrictions they need to, based on their history of attempted elimination diets and the symptoms that they have. I’m not saying that an auto-immune diet would be harmful to somebody. But if they don’t need to do it, and they’re driving themselves crazy and trying to avoid all these foods for no reason, then it’s potentially counterproductive and certainly not enjoyable.

At the end of the day, I always like to keep people’s quality of life the top priority. If they’re doing a diet that isn’t causing them physical harm when it comes to food, but it’s causing them mental anxiety, too much stress, and not allowing them to be a little bit more flexible and laid back about their diet, that’s not necessarily the appropriate approach.

48:50: Our approach with our own clients

KM My general feeling on the auto-immune protocol is absolutely not where I start with anyone — even someone with an auto-immune disease. Potentially, even if they’ve been doing a paleo diet for a little while, when we first start working together, it may not be the first place we start at that point. There may be other things that I gather through their intake process with me that I find might be a little bit more useful to try first. It’s one of the last things I have people go through, because it can be so difficult. I find that most people who try it, it’s not all that useful for them.

I hope this was helpful for the person who asked the question. When they say, “How will I know if I need to eliminate nightshades or not?” — I don’t know anything about this person. If I had this person as a client, we’d go through their health history, what they’ve already done with their diet, and what their symptoms are. Then we could decide if the auto-immune approach was appropriate, but if you’re thinking, “I might try it just to see
what happens,” I don’t think it’s necessary for most people. The people that benefit from it — even then, they can still potentially introduce nightshades, and they don’t have to be on a strict auto-immune protocol forever.

50:20: Further resources

LS I’ll include links from a website called thepaleomom.com [Sarah Ballentyne’s site]. She has a lot of great information about the auto-immune protocol. I don’t know if you’d agree with me, Kelsey, but when it comes to auto-immune paleo, she’s one of my “go-to’s.”

KM Definitely.

LS Terry Wahls has a great book on auto-immune eating. I don’t know if she uses the word “paleo” that much, but essentially, her diet is an auto-immune paleo diet. Terry Wahls and Sarah Ballantyne are who I’d consider to be the auto-immune experts. Sarah’s blog is more practical as far as giving tips about things. There are a lot of recipes, etc. She has a history of significant auto-immune disease. Not only does she have good research about it, but she has a lot of experience to share. It can be helpful to see what other people have done to deal with their auto-immune disease.

51:51: Question wrap-up

LS I don’t think there’s a big proportion of people that need to use the auto-immune protocol. Even those that have auto-immune disease may find that nightshades are fine for them to eat.

I don’t know if this is the answer [that] this person’s looking for, but personal experimentation is the only sure-fire way to figure out what you should and shouldn’t be eating. If you think you’re going to benefit from an auto-immune approach, keep in mind that the ultimate goal is to reintroduce the foods and see if they’re something worth avoiding.

KM I completely agree with you. I’ve given my piece on auto-immune protocol. It can absolutely be useful, and the only way you’re going to know is if you try. Like we were talking about for the last question, you have to be open to the possibility that it may not be useful, or it may not be the place where you should start. That’s equally important to being open to try it.

52:56: Episode conclusion

LS I feel like we’re going to be repetitive as far as the kind of stuff we talk about. All of this stuff is just general guidelines for people to have a place to start. It’s unusual for someone to end up eating the same diet that they start with [to] determine what’s best for them.

Speaking for myself, I’ve gone through some iterations of what I’d consider a paleo or ancestral approach. What I’m eating now is different from what I was eating a year ago,
and a lot different than when I started paleo. I joked before about living off of raw almonds in the first couple [of] weeks. It’s funny — I say that, and now I think about what’s in my pantry; I don’t have any nuts in my pantry.

KM That’s exactly the same as me.

LS Not that there’s anything wrong with nuts — I almost never eat them anymore. When I first started paleo, I probably had gallon bags full of nuts to eat.

KM Because it was all that you could snack on, of course.

LS I know, I know. Then things like Epic bars were invented, and the need for nuts was eliminated.

I encourage people to stay flexible. Always stay curious about what’s potentially good for you as far as the diet goes. If you get too complacent, you might end up into a situation where you’re causing more trouble than you’re solving, if you’re not willing to be flexible about experimenting with different things. Then you’re not going to do well at optimizing your diet plan. Even if something’s doing well for you now, maybe, in 10 years, it’ll be super-different. I think Chris [Kresser] talks about this a lot: what might be an appropriate diet for you in this stage of your life, in five or 10 years, might be completely wrong. Even something you’re eating in Summer isn’t something you should be eating in Winter.

KM Especially if you have a short-term condition, like SIBO. In two months, you could be eating different things than you are now. It’s all about what is therapeutic and how long do you need to do it to gain the benefit. Obviously, for things like auto-immune conditions, it’s more of a lifetime diet that you end up with, but that doesn’t mean it’ll be for your whole lifetime. It just means that you’re having a flare-up now, so you have to be more strict about it.

LS Definitely. I think we’ve covered that question pretty well. This podcast is going to be another long one like last time. Hopefully, you guys are learning a lot and enjoying the answer that we’re giving. Of course, please continue to submit questions. We’re enjoying reading all the questions that you have and the feedback.

Next week, we’re going to have a guest on the show. Her name is Lily Nichols. She’s going to be talking about prenatal nutrition with, I think, a focus on gestational diabetes. We’ll find out next time when we interview her. She’s going to go over some of the stuff that she does with her clients.

I’m excited! I did a little bit of gestational diabetes in my graduate program, but I don’t really work with them. It’s not that I wouldn’t, but I haven’t had anyone contact me with gestational diabetes. It’ll be interesting to see what she says about her experience working with patients as far as treatment protocols and changing the diet.

KM I’m very excited for our first guest — whoo-hoo!

LS We’ve been talking with her ever since we’ve been in an online business school
program. That’s how we met her. She’s an entrepreneurial RD like we are. It’s always fun to find out what other people are doing with private practice.

We’re excited, we look forward to having her, and we hope you guys will come around next week and hear what she has to say.

KM      Take care, Laura.

LS      See you later, Kelsey.