



Conscious Life presents

# ANXIETY SUPER CONFERENCE

## Nutritional support for intrusive thoughts

Guest: **Trudy Scott**

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### **[00:00:10] Alex Howard**

So welcome, everyone, to this interview where I'm really happy to be talking with Trudy Scott.

Firstly, Trudy, welcome and thank you for joining me.

### **Trudy Scott**

Hi, Alex. It's a real pleasure to be here. Thank you for inviting me to participate.

### **Alex Howard**

You're so welcome. I always really enjoy our conversations. And I think the topic that you've chosen today, I think is an incredibly important one. We're going to be talking about intrusive thoughts.

And Trudy and I were just saying before we started recording that one of the things that can be so difficult for people that experience intrusive thoughts is the sense of isolation it can create, the sense of anxiety about the experience it can create.

So we're going to hopefully normalize some of that experience. And then we're also going to get into some of the ways that we can start to work with intrusive thoughts, specifically from a functional medicine perspective.

Just to give people Trudy's background, Trudy Scott is a Food Mood Expert and nutritionist who educates anxious individuals about nutritional solutions for anxiety.

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

Trudy is past President of the National Association of Nutrition Professionals. Trudy is also the author of *The Anti-Anxiety Food Solution*, which I really recommend. And she's also the host of The Anxiety Summit.

So I think Trudy is incredibly well placed in terms of the conversation that we're going to be having.

So I think a good starting point for this would just be to talk a little bit about what intrusive thoughts actually are. Just to give a little bit of a broad frame before we come into some of the specifics.

**[00:02:05] Trudy Scott**

Yes, I think what I'd like to do is set the stage by starting with a quote from the author of an article that I shared on Facebook. And I had an overwhelming response, and this is why I dug into it. I like to dig into some of these symptoms that we see with anxiety. We hear about anxiety, but let's talk about some specific things because different people will resonate with different aspects of anxiety.

And what you shared in this introduction was really good. Some people have the anxiety and maybe a little bit of intrusive thoughts. For other people, that is the main thing.

And the response that I had was amazing, overwhelming response. I did a series of blog posts, but this is an article title, it's called *The Debilitating Anxiety Symptom No One Ever Talks About*. And I read the article and I thought, that's true. You don't hear a lot of people talking about it.

The author, Katelyn Son, shared her intrusive thoughts. So let me just read that because I think hearing how other people describe the way they have these intrusive thoughts can give you insights as to whether it's an issue for you as well.

So she says, "As I gain more life experiences my intrusive thoughts developed into other fears." Which is what you just alluded to there. "Now that I was older, these thoughts turned into new scenarios, ones that felt more real. For example, when I started driving, I see myself veering off the road, hitting a side rail, flying off a ledge, or running head on into a semi. I really didn't want to do any of these things. I just wanted to get to my destination, but these thoughts would keep running through my mind and I couldn't stop them".

And when I shared this, these are some of the responses that I got. And a lot of people didn't realize that it was a thing. They didn't know that there was such a thing called intrusive thoughts.

One woman said, "I've never identified with an article more, wow". Someone else said, "I didn't realize intrusive thoughts were a thing, a symptom of something". Someone else said, "I thought this was just me". That was a very common thread. They just thought it was me. They were too scared to talk to other people about it. And one woman said, "I've had these thoughts nearly my entire life and I had no idea there was anything that I could do about it".

So I really wanted to do this series of blog posts and then talk about this here in your summit because I want to open up the discussion. I want people to realize that they're not alone. A lot of people feel very alone about it because it's a scary thing to talk about for a lot of people. Scary thing to actually have happening to them, to think these things.

And then share some feedback. I've got some other stories from some of the other people to show you how varied these intrusive thoughts can be. And then some of the solutions that we are going to talk about, the nutritional solutions, how much it can change people and some of their feedback once they start doing some of those things.

So it's more common than you'd expect. I was really surprised to see how much response there was in the Facebook post, follow up Facebook posts, blog posts. It's very common.

And there are nutritional biochemical solutions all backed by research. And I'm going to share some of that. And we'll cover all of that coming up. But it's something that we need to be thinking about and talking about.

**[00:05:27] Alex Howard**

And I think also, Trudy probably part of the reason why you had such a big response to the post is that because of the anxiety people have about intrusive thoughts, they don't talk about it. And sometimes when they do talk about it, the response from other people is their greatest fear, that that person thinks that they're crazy. Or the fact that they're having these thoughts actually means they're going to do the things that they're having the thoughts about.

So I think it's really important that people recognize that they are not alone in this experience. And this experience, if you're having intrusive thoughts, it doesn't mean that those thoughts are going to become things. It doesn't mean that those thoughts are going to become actions.

**Trudy Scott**

That's a really important point to make. But unfortunately, it's still distressing, even if you realize that that is the case.

I got into this work because of my own anxiety and panic attacks in my late 30s and I knew logically that there was no reason for me to be anxious. I had no trauma. I had no reason to be anxious. When my anxiety suddenly hit me I was a world traveler. I was a rock climber. I climbed big cliff faces in Zion National Park and spent the night on a portledge. So I didn't consider myself an anxious, timid person.

And yet even though I had this anxiety, I couldn't justify my way out of it. I couldn't find a reason for it. And I think this is what happens with these intrusive thoughts. You have it and you think, well, why have I got this? And you don't know where it's coming from and you can't turn it off. You just can't turn it off.

So that's why addressing the biochemistry and the trauma aspect, if there is a trauma aspect, is really important. Any comments on that because I want to share a definition from an organization in America that describes this?

**Alex Howard**

I think the definition would be great. I know you've got some examples as well, which I think will help bring it to life a bit more for people.

**Trudy Scott**

So the definition from the Anxiety and Depression Association of America, ADAA, this is what they say on the website. "Unwanted intrusive thoughts are stuck thoughts that cause great distress. They seem to come out of nowhere and they arrive with a whoosh". I like that description. "And they cause a great deal of anxiety".

So sometimes they'll hit you when you're driving and you think, where's this coming from? Or it might hit you as you wake up in the morning. I know with me, with my anxiety, I would just wake with this feeling of doom, just impending doom, like something was going to happen. In my life today I had no idea what it was, I didn't know where it was coming from. So that's how it affected me, usually in the early hours. So it could be at different times of the day.

**[00:08:21]**

They go on to say, "The content of unwanted intrusive thoughts often focuses on sexual or violent or socially unacceptable images. And then people who experience these unwanted intrusive thoughts are afraid that they might commit the acts they picture in their mind". You just shared that. And that they also fear that the thoughts mean something terrible about them.

And the fact that they are socially unacceptable thoughts or images, that drives the anxiety, that drives the feeling that they can't possibly tell anyone about it. So then it just makes things get even worse.

And they also say on the site that these unwanted intrusive thoughts can be very explicit and many people are ashamed and worried about them and therefore keep them secret.

### **Alex Howard**

I think it's also worth adding that these thoughts can be images, they can be internal dialogue, they can be things that we imagine in all kinds of different ways. So it's not just a thought. It can be any kind of internal expression, let's say, in a way which feels intrusive.

### **Trudy Scott**

Yes, absolutely. And the AADA website has a great overview that's really worth reading. Reading up on other psychological websites are good, talking to your therapist is good to try and understand all of this, but often we don't hear about the nutritional solutions that we know can eliminate these uncomfortable intrusive thoughts.

And that's what we're going to talk about today, what you can do to try and figure out what your root cause is, because it can be different for different people, and there can be multiple root causes that may intermingle together and we start to address those and that those intrusive thoughts can go away.

But I think the important thing to know is that you're not alone and that there are solutions. Because it's a very troubling time for folks who are in the midst of this and they just don't know where to turn or what to do.

### **Alex Howard**

I wonder if it would be helpful to actually share some examples of intrusive thoughts? I can give some examples, if you've got some examples that come to mind.

### **Trudy Scott**

Yes, I can. I wanted to share a specific one that I was going to share when we talked about the low serotonin, but I can talk about that now. So this one gentleman said, I have issues with intrusive thoughts that present daily challenges. On top of that, I've been living with anxiety and panic attack issues for so long that I've adjusted it.

I've been trying mindfulness for the intrusive thoughts, and he wanted to try GABA because he's got agoraphobia so he doesn't want to go outdoors. So that's one particular gentleman.

**[00:11:09]**

The example that I gave of the woman wanting to drive off the road. I've had a lot of feedback where moms say they imagine if their child is home late that something terrible has happened to them and they imagine an accident or being abducted or something like that.

So those are some of the examples that people are describing.

### **Alex Howard**

And as you said earlier, often they're related to things of a violent nature or a danger nature or a sexual nature. And I guess, the key thing is that there are thoughts that are coming in that, I think that woosh is a good example, like where is that coming from? And there's that repetitive nature that can be there.

Do you want to start to open up some of the different biochemical causes of intrusive thoughts? Because I think sometimes people can think, and one of the reasons why I find these conversations so important in the context of the conference, is that people can often think that if something is mental in nature, like it's a thought process that's happening, the intervention has to be a cognitive intervention.

And of course, there's definitely a place those can be incredibly helpful, but what I think is fascinating is that from the perspective you're bringing, that there is a biochemical aspect often to this experience.

### **Trudy Scott**

Yes, absolutely. And I'm glad you mentioned cognitive behavior therapy, because that's helpful trauma therapy. All of these other approaches have value, obviously, but for some people, they need to layer in the biochemical healing and balancing. For other people, it's just biochemical.

For me with my anxiety, it was purely biochemical. It was low GABA, low serotonin, gluten, heavy metals, hormone changes in my late 30s. So it was all biochemical. And once I addressed that, my anxiety went away. And I see that with a lot of my clients.

So in the case of intrusive thoughts, specifically when it comes to anxiety, we're going to talk about low GABA, low serotonin, Pyroluria and hormone imbalances. And all of them can contribute to intrusive thoughts. And in each section we'll go into detail on what it can look like and what do we do and what kind of outcomes we've had. I've got some research to share as well.

But you'll see that a lot of them are very interconnected. For example, Pyroluria, which is a social anxiety condition where you have a higher need for zinc and vitamin B6, once you start addressing that with the zinc and the vitamin B6, those nutrients are co-factors for making GABA, which is a calming neurotransmitter. They also help to make serotonin, which is your happy neurotransmitter, so to speak. And they also help with hormone balance. So they start to help balance your progesterone and estrogen levels.

So often I'm talking about specific things like low GABA or low serotonin, but often in real life we'll see them very interrelated. And you can tackle it from one area. Some people may work with a nurse practitioner and do hormone balancing work and see very similar results. I start with the amino acids because they are easy to figure out, do you need them? And I'll talk about how we do that in a

second. We use a questionnaire. And then you do a trial of the amino acid and if you get results, you know that, yes, this is something I need to pursue.

**[00:14:51]**

So I like to start with the amino acids because we get quick results, people get hope right away because they're starting to feel better. And then we start looking at some of the other things that can take a little bit longer to figure out. But the results can be profound using this approach. So I'm ready to talk about taking a deep dive into each one of these different areas with you.

**Alex Howard**

That's great. So let's walk through each of them. Should we start with low GABA symptoms and how we can work to address those? So what the symptoms are and what we then can start to do about it.

**Trudy Scott**

Yes. So low GABA is, the well recognized signs of low GABA is this physical anxiety, this tension. You'll often have stiff, intense muscles, you might have a stiff neck where you can feel the tension going up into your head. So it's a physical kind of anxiety, butterflies in the stomach, maybe a tummy ache when you're in an anxiety provoking situation.

So if you're driving somewhere, you're anxious about being on the highway and you may start to get these intrusive thoughts, but it's very physical. So you're feeling the physical tension.

If you have the low GABA, you may lay wake at night with this physical tension. So you're lying awake, you may feel your shoulders like this, and you think, I need to relax my shoulders so I can go to sleep.

The other thing with low GABA is we see the self-medicating with alcohol. So you need alcohol in order to fit in socially, in order to relax at the end of the day.

So those are more recognized signs of low GABA, but what's less recognized are the intrusive thoughts. Now those can happen in the day and that can happen at night as well. It's a new symptom that is on the low GABA section of the Neurotransmitter Questionnaire, and I'll talk in a second how we use that.

So what's less recognized with low GABA are intrusive thoughts. And in my book, *The Anti-Anxiety Food Solution*, I've got the symptom questionnaire, the Neurotransmitter Deficiency Symptom Questionnaire, and it's broken down into categories. So we've got low GABA, we've got low serotonin and we've got some other categories.

But in the low GABA section I don't actually have intrusive thoughts because this research that came out after I published the book. I now use it as part of the Symptom Questionnaire, and the question is, do you have intrusive thoughts? Do you have an overactive brain or unwanted thoughts? In other words, thoughts about unpleasant memories, images or worries?

And we typically associate this with low serotonin, which we'll talk about in a second. But I added this, firstly, based on feedback from my community, because I had a lot of people saying once I started using GABA these intrusive thoughts go away. And I thought that's strange because I've always thought about it as a low serotonin thing. But they said, yes, it's definitely happening.

**[00:17:41]**

And then a paper came out in 2017 in *Nature*, and the title of the paper is, *Hippocampal GABA Enables Inhibitory Control Over Unwanted Thoughts*. They talk about intrusive memories, hallucinations, ruminations, persistent worries being hallmark symptoms of posttraumatic stress disorder, schizophrenia, major depression, and anxiety. And they talk about greater concentrations of hippocampal GABA predicted better control over intrusive thoughts.

Now, they were not doing, it wasn't a study where they gave people GABA and saw that their intrusive thoughts went down. This was just looking at levels of GABA concentrations in the hippocampus. They do talk about the need to find a treatment for this problem, but obviously we want to use clinical results that we see in the meantime. And then the next step is to do a study to look at the benefits of using GABA supplementation for this.

So the way we do this, is look at all those symptoms that I mentioned, the physical tension, the physical anxiety, the insomnia, the need to self-medicate with alcohol and these intrusive thoughts, and we rate them on a scale of 1 to 10 and then we trial some GABA and we see how the symptoms change.

So maybe you've got a 9 out of 10 for feeling stiff and tense and you've got these intrusive thoughts, maybe that's a 10 out of 10. And you take some GABA and within 5 minutes you should feel relaxed, physically relaxed. A lot of people say, I just feel like I had a glass of wine. I feel really relaxed. And if you've got those intrusive thoughts when you do the trial, they should disappear out of your head.

And this is how quickly the amino acids work, which is why I really love them, because you get results right away. So you feel, oh, gosh, this is amazing. I'm going to start finding solutions for this.

And then over the course of the next few weeks, you figure out what your ideal dose is. Because that initial dose needs to be really low. 125mg is a typical starting dose for GABA. Always use sublingually to get the best results. But you would then adjust that up over the course of the next few weeks.

So you start out with 125mg, you go down with improvements, one notch, maybe two notches. Then you increase it maybe to 250mg and now you see it come down another four notches. And then you increase it a little bit further and it comes down to maybe a one or two. You increase it further, doesn't come down, then you go back to that dose.

It's very individualized according to your own unique needs and adjusted also according to your own unique needs. And that's GABA, you should start to notice those intrusive thoughts disappear.

Now, this is assuming that the root cause is GABA. And as I said earlier, it can be a mix of all of the above. So we may see those intrusive thoughts diminished just a little bit. And then once we deal with the low serotonin and they go down even more. But it's a matter of using this trial method to figure out what can be causing this.

And I've got some feedback from people who've done this that I can just share, but I'm going to wait and see if you've got any questions.

### **Alex Howard**

I just want to say that I really like the way you're describing that relationship between one's choices in their body. That what often can happen when we have anxiety is that there's a disconnect that

happens between our mind and our body. And actually using interventions in such a way where we're learning to listen and we're, in a sense, reconnecting that feedback loop, I think is also in of itself a really powerful thing to do.

### **[00:21:35] Trudy Scott**

It is, and it's very empowering because you've got some control over it and you're not being told what to do. You can actually feel it and you can adjust. So you can go down, you can go up. And I'm all about empowerment, that's why I wrote my book. So people can take the information and try it themselves.

If they feel afraid, and a lot of people do feel afraid to try the amino acids just because it's the nature of the issue, which is anxiety and fear and feeling afraid, then you work with someone to help guide you through doing this. But a lot of people pick up my book and they implement what I talk about. It's not just the amino acids. There's a whole dietary aspect as well, which we're not going to go into today.

### **Alex Howard**

So, Trudy, you also mentioned that you have some cases to talk about to bring this to life a little bit more. So do you want to speak to that?

### **Trudy Scott**

Yes. And these are people who shared on Facebook in that discussion that we had, also on the blog, about how GABA had helped.

So one woman said, "GABA definitely helped with this. Also, meditation has helped me to learn to stay present. The two combined are helpful". So using other things at your disposal are obviously very important as well.

Tiffany shared how a sublingual GABA product helped too, she said, "I definitely noticed that sublingual GABA that you suggest helps calm my overactive brain".

So some people may relate to the term intrusive thoughts, some people may say, I've just got a very overactive brain. So however you want to term it, just use that term as you try to describe it to someone or as you're trying to articulate what's going on and how it's helping you.

And then I did a blog post on the seasonality of GABA. The need for GABA can change through the seasons. For example, in allergy season, you may need higher levels of GABA. In the wintertime, you may need higher levels of GABA. So keep in mind that your need, I talked about doing the trial and finding your ideal dose, that can change depending on the season, depending on allergies, also depending on your hormone level. So just be aware of needing to adjust it.

But one woman shared, "I use GABA Calm", this is a sublingual product that I like to use with my clients, "And I usually take one or two a day. In the past two days, I've taken four because I suspected I needed to increase". And this was in allergy season. She said, "I take it for the physical anxiety, insomnia, and intrusive thoughts. My symptoms had been worsening recently, and the increased GABA seems to be helping".



**[00:24:20]**

So this is pretty typical from what I see with my clients and those doing my online group programs, but each person is unique, as I said. During that trial, based on the questionnaires and seeing that positive outcome is going to tell you if it's GABA or if it may be serotonin. And we can talk about serotonin next if you like.

### **Alex Howard**

Yeah, that would be great. So let's do the same. Let's talk about some of the signs of low serotonin and then again how we can work to correct it.

### **Trudy Scott**

So with low serotonin, the intrusive thoughts, obsessive tendencies, OCD, obsessive behaviors is more recognized. So it's more recognized as a sign of low serotonin. That's already on the questionnaire, in the book, I've got a questionnaire on the blog, it's on that questionnaire as well and that's something that we've been talking about and recognizing that addressing low serotonin can help with these intrusive thoughts.

The other clues that low serotonin may be a factor is the worry kind of anxiety. So this is the ruminating thoughts, the reprocessing, the rethinking, maybe a discussion that you had with someone. Fear and phobias are very common. Maybe a fear of driving on a highway. And then you have those intrusive thoughts, possibly when you are driving, phobia, maybe a fear of flying. And then when you're in the airplane you're having these intrusive thoughts. Irritability is common with low serotonin.

And then the other thing we see with low serotonin is this anger and rage, which can be tied to irritability. Depression is well recognized as being a sign of low serotonin. Winter blues, more depression in the winter, actually more anxiety in the winter, too. So you may see an uptick of your intrusive thoughts in the wintertime when serotonin takes a dip. And then we have TMJ, we have insomnia, and we have the afternoon and evening cravings.

With all of the neurotransmitter imbalances, there's this carbohydrate or some kind of drug of choice that you use. With GABA it's alcohol, wine often for women. With low serotonin it's often carbohydrate cravings and it tends to ramp up towards the end of the day, afternoon and evening.

So you may have all of those symptoms, you may just have intrusive thoughts and a few of those symptoms. But again, you would rate your symptoms on a scale of 1 to 10 and do a trial of one of two amino acids, tryptophan or 5-HTP, and then see what kind of response you get.

And if you find that your worry goes down, your ruminating thoughts go down, these intrusive thoughts diminish, that's a clue that, yes, tryptophan or 5-HTP is going to work and that low serotonin is a factor.

I typically start with tryptophan. Some people do better on one versus the other. So if tryptophan is not working, then we try 5-HTP. And the starting doses of each of those is 500mg of tryptophan, 50mg of 5-HTP and less if you're very sensitive. If you're really sensitive, you may want to try less.

**[00:27:38]**

And there's plenty of research talking about tryptophan and 5-HTP being beneficial with OCD and these types of intrusive thoughts. So clinically we see the results and then there's research supporting it.

**Alex Howard**

Fantastic. And I know, again, you've got some cases where you can illustrate a little bit how intervention has made a difference.

**Trudy Scott**

Yes. So the gentleman's story that I shared earlier, he said he's got his intrusive thoughts and anxiety and panic attacks. And he read one of the articles and he thought, ah, GABA, sounds like I need GABA. Because he had the anxiety and the panic attacks and he also had the physical tension.

And he tried GABA and didn't get results, but interestingly enough, 6 weeks later he came back, and this is what I absolutely love about my community, they read the blog, they read the book, they maybe do the program, they get really immersed in all of this and how it can work. And if one thing doesn't work, then they'll try something else. And he said, well, I thought it was GABA, but I was wrong.

And he found that what made a difference for him was 5-HTP. So now he's supporting his serotonin levels. This was 6 weeks after he had initially said he was going to try GABA. So he gave GABA a try. It didn't work. It did help him with his physical anxiety, but it didn't help with the intrusive thoughts. And he said 100 mg of GABA, he used it for a week and he started to see a difference. And he talked about how he also read about Dr Daniel Amen talking about how 5-HTP was helpful for OCD and intrusive thoughts.

So it also helped him fall to sleep at night. It was helping with those random anxious thoughts that he was getting, the jumpy-ness that he was getting. And then it was helping with his insomnia as well.

So if one of the amino acids don't work, then we try one of the others. I would have not stayed on the GABA for 6 weeks. If you don't get any benefits initially with that initial trial, then we increase it a little bit higher to see if you're going to get any benefits to the slightly higher dose.

And then if I have people say, I've been on it for 2 months and nothing happened. No, if you're not getting any benefits at all, then you need to think about what the root cause could be, because it's immediate results. A lot of people think, oh, it's too good to be true. There's no way that something like this could work so quickly. But if you use it sublingually you get the benefits very quickly because it gets to the brain very quickly and you start to see those results.

**Alex Howard**

And just to be clear, for those that don't know what you mean by sublingually, just explain that.

**Trudy Scott**

Can I mention a product?

## **[00:30:40] Alex Howard**

Sure.

## **Trudy Scott**

So I use an over the counter product by Source Naturals called GABA Calm and it's a chewable or you just hold it in your mouth. So it's got some GABA in it. A very small dose, 125mg. It's got a little bit of glycine, a little bit of taurine, and a tiny, tiny amount of tyrosine, 25mg so it just counters the GABA because GABA can be a little bit too relaxing if you use it in the day.

And you just put it in your mouth and you just hold it until it dissolves. You can chew it a little bit. Some people don't like the fact that you have to hold it that long. You can chew it a little bit and then just hold it in your mouth so it's absorbed through the blood vessels in your mouth, versus swallowing GABA. You wouldn't swallow this one, but you can often get GABA in a 500mg capsule or 750 mg capsule, and a lot of people swallow it and say GABA doesn't work.

So I've found that using it sublingually is the best. They're using something like the Source Naturals, which is very handy to have with you when you're out driving, if you're going to fly, if you're out and about.

The other way to do it is to take a powder or open a capsule and put a little bit of powder on your tongue and just hold that. You can just put a little bit on your tongue. I've also seen results where you can squish it in some water and then just hold it in your mouth for a minute or two.

I've had some really good results recently with some people saying it helps with these laryngospasms where they're eating and they choke. So just swishing that in their mouth before a meal can make a difference.

The important thing is, Alex, if you're going to use GABA from a capsule or from the powder, you need to make sure you use a small dose, because 500mg is way too much for the most part, for people to start with. And it can cause a flush. It goes away, but it doesn't feel very pleasant. Some people can feel a little bit dizzy and feel a little bit uncomfortable. But using that small dose of 125mg is really important.

So I'll have someone get a 500mg capsule and then open it up and divide it up so they're getting at least, more or less, 125mg to do that trial. And then over the course of increasing it, they might find that they get to the need for 500mg at night, but still opening that capsule and putting it on their tongue gives them the best benefits.

## **Alex Howard**

And it's worth saying that the reason why taking it sublingually can help is that firstly, it's a faster absorption, but also we're bypassing the digestive system, which for some people, in of itself can be an issue.

## **Trudy Scott**

Yes. And also, Alex, there's a lot of controversy about whether GABA does actually work. It's one of the most common questions I get. People say that, I've been told GABA will not cross the blood-brain barrier. How can it possibly affect my anxiety levels?

**[00:33:35]**

I've looked at many studies and a lot of the papers say we still don't quite understand the mechanism. Is it getting into the brain or is it just affecting the vagus nerve and there by communicating with the brain? Or is it affecting the microbiome? We don't really know the mechanism. The good thing is it doesn't do any harm and people are getting results.

So don't get hung up on the fact that you may hear that it can't possibly work. The other thing that I get a lot of questions about is this concern that GABA will only work if you have a leaky blood-brain barrier, and that in itself can cause anxiety for people. Oh my gosh, I've got a leaky blood-brain barrier. What does that mean?

We don't have enough evidence either. Dr Kharrazian, a really well respected American chiropractor and functional medicine practitioner, proposed that as a theory. And I've interviewed him and he's discussed the fact that it was just a theory. We don't know for sure.

So the fact that it works is enough for me and that people are getting results is enough for me.

### **Alex Howard**

Fantastic. Shall we come to Pyroluria? Because this is another one, which is another really good way of having real impact.

### **Trudy Scott**

So Pyroluria is a social anxiety condition which is made worse by stressful situations. It's also made worse by environmental stresses, so having metals, mycotoxins, Lyme disease, gluten issues, whatever that stress to your body is.

And when you have Pyroluria you'll have this inner tension and this need when you're out socializing, you feel like you have to be extroverted, so you have to put on a brave face, you're forcing yourself to look like you feel comfortable. I have it myself, so I can totally relate to it and it's exhausting. Just the fact that when you're out socializing and you're trying to put on a brave face, that in itself is stress, which is making your Pyroluria worse, because then you're depleting more zinc and vitamin B6.

There's a number of other symptoms that go with it. Early morning nausea, not really wanting breakfast, a lot of joint problems, connective tissue issues, depression, anxiety. And it was a condition that Carl Pfeiffer in the 1970s investigated and defined and came up with the questionnaire.

The good news is, when you address zinc and B6 and a few of the other nutrients, the social anxiety goes away. I'm a social butterfly once I'm addressing the Pyroluria with these nutrients, and it's no longer difficult to socialize.

But there is this element of intrusive thoughts. Now, this is mostly because zinc and B6 are needed to make serotonin, and as we heard before, low serotonin can trigger these intrusive thoughts.

So when I was gathering some information for these articles and blog posts and this interview, I had someone share, "I noticed after being diagnosed with Pyrrole disorder", it's sometimes called Pyrrole disorder, "that when I'd been taking zinc and vitamin B supplements for a couple of years, the ruminating thoughts left me and my head was peaceful".

**[00:37:08]**

And she shared this, "Before I started taking the zinc and B6, everything would go around and around in my head and never stopped. And if my son was a few minutes late from coming home, I would picture him in an accident, dead on the side of the road. All of the really negative stuff. When I realized it had stopped, it was such a relief".

And I think a lot of people can relate to that kind of intrusive thinking. And a lot of people, as you've talked about earlier, are afraid to talk about it, even if you think gosh, maybe half my girlfriends are thinking this, I don't want to talk to them about it because what if they think I'm crazy?

So I think examples like this really just confirm that it's common and that it's okay to talk about.

### **Alex Howard**

And I think also people have had the experience of course, of trying to talk to people about it and then people saying, well, I don't have that. That sounds very strange. Have you seen a psychiatrist? And of course, there may be sometimes cases people do see a psychiatrist, but that reaction is one which just inflames and creates more anxiety.

### **Trudy Scott**

Yes.

### **Alex Howard**

Shall we come to hormone imbalances which can also, I think you've got a case study that can bring this together a little bit more as well. But just touch on some of the hormone imbalances that can also influence intrusive thoughts.

### **Trudy Scott**

Yes. And as I said earlier, this is downstream from the low GABA, the low serotonin and the Pyroluria because the GABA is closely connected with progesterone and serotonin is closely connected to estrogen. And then the zinc, the vitamin B6 and the evening Primrose oil for Pyroluria, help to make those neurotransmitters, but they also help to balance sex hormones.

So everyone who works with me in my practice, and I work primarily with women so this is skewed because it's mostly something that I see with women, need support with tryptophan and GABA and either have Pyroluria or have the low zinc, B6 and evening Primrose oil. Sorry, low zinc, low B6 and GLA, and then the evening Primrose oil replaces the GLA, and that starts to help to balance the sex hormones.

So if someone has sex hormone imbalances like PTSD or PMDD or heavy bleeding or something, usually within two or three cycles of using the amino acids and the Pyroluria protocol, you see the hormones start to balance. And then if after two or three cycles that's not happening or if it's not quite enough, then I'll refer to a nurse practitioner and we will dig a little bit deeper and see if there's something else that may be going on.

So I wanted to just tie that back to everything else that we've talked about here.

**[00:40:05]**

But as far as hormone imbalances go, the one that most people know about is postpartum psychosis, anxiety, OCD, very well recognized because we hear a lot of those kinds of stories in the media. A lot of women can relate to this postpartum depression. Sometimes it will be a week or two, sometimes it can be a month, 3 months, and for some women, 3 or 4 years later, they're still feeling those effects.

Unfortunately, a lot of these women are not offered nutritional solutions. There's a number of studies where we look at postpartum psychosis, high copper being a factor. And remember, zinc and copper balance each other out. So if you've got high copper, you're going to have low zinc. So that brings it back to this connection with the benefits of zinc.

But what I want you to share today is that what's not as well recognized is that in the early luteal phase, this is right after ovulation, so this is days 16 to 20 after the start of your periods, this is in the second half of your cycle, women have three times as many intrusive thoughts than at other times in their cycle.

Now, it's not all women, but if you've got a hormone imbalance or if you've got low serotonin or low GABA or Pyroluria, all of the above and your diet is not good or you've got these added traumas or these other things going on, your intrusive thoughts may be worse at this time.

And this was actually in a paper published in 2013. I'll read the name of the paper in case anyone wants to look it up, *Identification of a Narrow Post-Ovulatory Window of Vulnerability to Distressing Involuntary Memories in Healthy Women*.

So it's in the research. And if you are noticing that your intrusive thoughts ramp up in the second half of your cycle, then you really want to be looking at the role of hormone imbalances and everything that we've talked about today. Keeping in mind that what we've talked about today is going to start to make a difference, and you may need to look a little bit deeper.

If you've got polycystic ovary syndrome you may need to do more work, if you've got endometriosis, there's other work that may need to be done. But certainly working on the basics of these nutrients and balances are going to be of value.

### **Alex Howard**

Fantastic. And just to bring it together, do you want to just walk us through, and you have touched on this already through our conversation, but remind us of the sequence of how you're then approaching this.

So, of course, someone can feel a little bit overwhelmed going, well, is it low GABA? Is it low serotonin? Is it hormone imbalances? Do I have Pyroluria? So how does someone manage the working through and putting this together?

### **Trudy Scott**

So, I'll just give an example. Someone comes to me, they've got anxiety. That's why they came to me, because they know my focus is anxiety. And I will have them do the symptom questionnaire. So they're going to do low serotonin and low GABA, check off which symptoms they have and how they score on a scale of 1 to 10.

**[00:43:21]**

We also have low endorphins, which is comfort, reward. We also look at low blood sugar because that can play into anxiety. And we also look at low dopamine because that can drive a need for caffeine and coffee, which can also cause anxiety.

But just in the context of what we've talked about today, I'd have them do the low GABA and the low serotonin. Start off with that.

And some people may say, I will say to them, where do you want to start? Which area is more problematic for you? Is it the low GABA symptoms? You've got this physical tension and the intrusive thoughts. Or you've got this worry and you can't switch your busy mind off and the intrusive thoughts. And I'll let them pick which area they want to start with first. You've got to go with what resonates with that person.

And occasionally I'll say, no, we need to pick serotonin support first. If they've got a terrible, terrible fear, some people have got a terrible fear about even trying an amino acid. If that's the case, then I'll start with the serotonin support because that can help alleviate that fear and then it's a lot easier to do the other neurotransmitter balancing.

So we'll pick one of them and we'll do a trial. For example, in this case, we pick serotonin because she's got a fear as well as the intrusive thoughts and the anxiety. And she also loves her chocolate chip cookies at the end of the day and after dinner she's got to have some chocolates. And she feels terrible because she's got these three wonderful little kids, but she rages at them and she doesn't know why she does, and she feels so bad when she does.

So she's got all of these symptoms. She's also got PMS. So now we know that this is definitely a low serotonin, but she's also got the low GABA because she lies in bed feeling really tense and she loves her wine. Don't take my wine away from me. I really need it to relax. So we're going to do the low serotonin first, and then we're going to look at low GABA.

So we start off with low serotonin, rate all the symptoms, give them a number from 1 to 10, and do a trial of tryptophan. Wow, I don't even need that chocolate after dinner. That's amazing. And I'm so much better around my kids. I'm not doing all this raging that I was doing, and my intrusive thoughts have gone down. They're not quite gone, but I'm definitely not having them as often as I was having.

So this could be over the course of maybe 2 or 3 weeks after doing that initial trial. So 2 or 3 weeks, give it a chance to see if it's going to work. I like to do one at a time because then you know what's working, and you can look at each of those symptoms.

Then we say, okay, her intrusive thoughts have gone from a 10 to maybe 3 or 4, and she's still getting them when she's out driving. It's just terrible. She's in the car and she's holding onto the steering wheel and she's very tense. She's got this physical anxiety, and then she's got these images of driving off the road with her three kids in the back of the car. And she's just terrified to even talk to anyone about it, but she's got to get her kids out somewhere.

In that case, now we say, okay, now it's time to try the GABA. And up until now, maybe she hasn't been driving because she wasn't ready to do it. So we'll do the rate systems on a scale of 1 to 10, do a trial of the GABA and see how much that helps. Yes, when I have GABA I just feel like I've had a glass of wine. She'll just feel that tension relief.

**[00:46:49]**

Then we'll have her do the GABA before she goes driving. Ideally, in this situation, you want to do the GABA in a situation where you're not driving so you can test it when you are not driving. Maybe you could have a partner drive and she's sitting in the car and seeing if the GABA helps.

But then eventually get to the point where she's taking GABA more frequently, she's feeling that physical tension dissipate, she's not having this thought about, oh my gosh, when I drive, am I going to have these thoughts. And then eventually gets to the point where she's taking GABA every time before she drives.

So you can use these amino acids in a situational manner. Obviously, you want to get your levels up. So you would do it consistently through the day, and then you're going to drive and you're feeling more anxious, so then you would take it just before you're going to drive and maybe take two just before you're going to drive.

And now that's making a difference. And at the same time, over the course of those 3 to 4 weeks of trialing the tryptophan, trialing the GABA, we start to talk about all the dietary aspects. We haven't even talked about that, gluten free. I had one woman say that going on a low carb, high fat diet that was gluten free, completely eliminated her intrusive thoughts.

So we're talking about diet, adding in quality animal protein, educating about the microbiome in the gut. And we're talking about other factors that we may need to consider.

And then we also do the Pyroluria protocol. So at the same time, she's done the questionnaire and we start the zinc and the B6 and the evening Primrose oil, if she's got the Pyroluria. So all of that together is giving her results.

The important thing is that the tryptophan that she used on day one, and then the GABA that she started using maybe two weeks later, are giving her these very powerful, very quick results. So those intrusive thoughts will go away, that physical anxiety, those cravings, that raging, all of those will go away and start to dissipate.

Now we've got to be dealing with the underlying things, the diet, the digestion, the microbiome, trauma work if that needs to be done. The PTSD. A lot of these women have this PTSD and trauma from having these intrusive thoughts and holding it back and being terrified to talk about it. Or as you said earlier, they talk about it and they get blown off or they get dismissed or whatever it is. So we've got to deal with that aspect as well.

And then, as I said, this anxiety can be triggered by Lyme disease or mold toxicity or heavy metal. So we use amino acids to get that quick relief. And we're addressing two of the root causes, low GABA and low serotonin. But what caused the low GABA and the low serotonin in the first place? It can be your genetics, and women have lower serotonin than men in general. But low magnesium, low iron, Lyme disease, mold toxicity can lower your GABA levels.

I've had really good results with people who've got mold toxicity, low GABA, we get them on GABA, it helps ease that anxiety while they're dealing with the mold issue.

So we've got to look at all of these toxins, infections, have you had a traumatic brain injury? We've also got to look at medications. Accutane, acne medication can trigger psychosis. MiraLAX for



constipation can do this. Singulair for allergies can trigger these intrusive thoughts, so we've always got to look at medications to see if those are part of the picture. But at least she's getting some results. She's feeling hopeful, and that's what we're looking for.

### **[00:50:38] Alex Howard**

Fantastic. I really like that you made the point that there are lots of pieces to this jigsaw, but there are also some simple starting points where people can really work with their body to see how they respond to those interventions.

I really want to recommend that people check out your book, *The Anti-Anxiety Food Solution*, but also say a bit more about where people can find you online and some of what they can discover as well.

### **Trudy Scott**

Thank you, and thanks so much for having me. I'm really pleased that we talked about this and that you were enthusiastic about this topic. So thanks for having me. And as you say, we've got to do a full nutritional functional work up, look at all the aspects.

I don't want to simplify things when there's a lot of complexity, but a lot of people will say, things are so bad there's no way nutrition can make a difference. And I want to just tell folks that that's not the case. It absolutely can. No matter how severe things are, just believe in the power of nutrition.

And as far as resources to learn more, obviously my book. Thank you for giving it a plug. There's a whole chapter in there on the amino acids. There's another whole chapter on Pyroluria and then we talk about the gut and we talk about diet and adrenal support, lifestyle changes. We talk about alcohol and coffee which we didn't really go into today, but those are definitely big triggers for anxiety and deplete some of the nutrients like zinc that we need in order to make our neurotransmitters.

And then, I said a lot of people will pick up the book and use it and resolve the issues, but for folks who feel like they need that guidance, they need that encouragement, that community support, the hand holding, I do have online programs on how to use the amino acids.

One of them, for example, is the [GABA Quick Start program](#). If you're just new to the amino acids that will walk you through how to use GABA for helping with that physical anxiety and some of the intrusive thoughts that may go with that.

And then I also have practitioner training. So if you're a practitioner listening to this or you have a practitioner who you think might want to learn how to use the amino acids, I have practitioner training through the Anxiety Nutrition Institute.

### **Alex Howard**

Fantastic. Trudy, I always enjoy our conversations and thank you so much for taking what I think could be quite a sensitive topic and making it so accessible in terms of working with that. I really appreciate it.

### **Trudy Scott**

Thanks, Alex.