



Balancing digestion for better sleep and energy

Guest: Dr. Gayetri Chudasama

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Kirsty Cullen - [00:00:16]

Hi, I'm Kirsty Cullen, CEO at the Optimum Health Clinic, and welcome to the Fatigue Super Conference. To add to our discussions on the importance of both gastrointestinal health and sleep, today I am joined by Dr. Gayetri Chudasama. Welcome.

Dr. Gayetri Chudasama

Thank you very much. Thank you for having me. Thank you for inviting me. It's a privilege to be here.

Kirsty Cullen

Our pleasure. So to introduce, after suffering her own health issues, Dr. Gayetri turned to functional medicine as a way to regain her own health. She has now gone on to support hundreds of individuals across the whole spectrum of health challenges, including women's health issues, male health, digestive issues, diabetes, autoimmunity, fatigue and more.

Dr. Gayetri holds an array of professional memberships, including the Institute for Functional Medicine, the General Medical Council, the British Medical Association and the Royal College of General Practitioners. And she combines her 11 years' of experience as a GP with extensive training and experience using the functional medicine approach.

So I would love to begin just there actually, to discuss really, what brought you to a functional medicine approach as a bolt-on to your own, more conventional, medical qualifications and training.

Dr. Gayetri Chudasama

Yeah, sure. So I qualified as a medical doctor and I had been practicing for a good sort of 8, 9 years actually. I had done my training for becoming a general practitioner, so I was a GP and I'd been practicing general practice.

And then I was very enthusiastic about medicine altogether when I first started. And I think most doctors are, I mean, we have a passion to help care for people. And I think that's why we all go into this profession, really. But as I was practicing in general practice, I started to get a little frustrated, actually, I think, because I sort of realized that there was a lot of lifestyle things that I was aware of that could help patients. But often we didn't really emphasize on that. And medical training almost teaches us to diagnose somebody with a condition. And then we have a set pattern on how we treat that particular person with whatever illness they have.

And I just started to recognize that actually, a lot of these patients were coming again and again. So I would give them a medication and then they'd come back, because the symptoms weren't improving. So I'd increase that medication or I'd add another medication to do that.

And then sometimes we were, sort of, almost treating side effects of medications. Then there's the added time constraint of the 10 minute appointment, which doesn't help the situation as well. And often I just felt like I wasn't giving a holistic approach to that particular patient, really.

So I was looking for different avenues and different ways on how I could combine that. And I wanted to include lifestyle, holistic medicine with my medical training. But I didn't know how to do it. I had no idea where I go to or what I do, how that could work. And so ultimately, eventually, I was at a conference for doctors and I was talking to a colleague there and I said, you know, it would be really good if we could include all this lifestyle, holistic medicine, into normal medicine. And she said that already exists. It's called functional medicine. And she goes, it's very big in the USA. It's not so big in England.

And that was it really that was really it for me. I started doing my research. I was so thrilled to find that actually it was validated by research. So many doctors worldwide were actually practicing it. And I thought, this is it, this is what I need to be doing.

So a month later, I jumped on a plane to go to Chicago to start my training. Literally, it's October 2017 is when I was at this conference. November 2017, I was at the conference and pretty much thereafter I started practicing functional medicine and saw amazing results pretty, pretty quickly, much more, and much more quicker than I had seen in conventional, in my conventional practice.

So it just kind of sped me on. And yeah, I just carried on really. And now I do both. I do both. I do think there is a place for acute conventional medicine as well, I still practice as a GP. But I also recognize that a lot of our chronic kind of conditions probably need a bit more time and a bit more of a holistic approach. And that's where I practice the functional medicine side.

Kirsty Cullen - [00:04:47]

Absolutely superb. And obviously for those that don't know, functional medicine is obviously a systems biology based approach, isn't it? That focuses on identifying and addressing root cause.

Dr. Gayetri Chudasama

Root cause, exactly. So we're always, and I guess that's the slight difference in the way that we practice conventional and functional medicine. Conventional medicine is a lot about symptoms and treating the symptoms and helping the symptoms, suppressing the symptoms. Whereas with functional medicine we're always trying to look for what that underlying imbalance is. What's going on underneath and how can we actually address that rather than just treating the depression or the diarrhea, the constipation, whatever it is that we're treating. We're looking for why it's happening and we want to address that.

Kirsty Cullen

I mean, certainly here at OHC, we follow a functional medicine style approach, which considers how those functional systems interplay to underpin chronic illness. And I think it's fair to say, isn't it, that healthcare can be quite disjointed. So, I mean, does your dual specialism and the successes you've obviously seen in your own clinic, concern, in your mind the need for joint thinking and partnership as a health paradigm moving forward?

Dr. Gayetri Chudasama

Absolutely. Absolutely. I mean, I think it is very much happening already, but I think as time goes on, there will be more and more medical doctors, conventional doctors that will probably see. I think a lot of them know already, really. But it's just fitting it into the system, fitting it into the time constraints and fitting it into the system that's, I think, the bigger issue. But, yes, I think, you know, I think as the years go on, more and more people will realize the importance of the dual nature, as you're saying.

Kirsty Cullen - [00:06:29]

And my clients will certainly laugh at this point because I'm renowned for overrunning, even, sort of, in a 45 minute consultation. Quite often find me on the phone still 60 minutes later.

Dr. Gayetri Chudasama

My initial consultations are 90 minutes, they don't always last that long.

Kirsty Cullen

Absolutely right, but there's lots to discuss always isn't there? So, it is good.

Dr. Gayetri Chudasama

And it's interesting, I think, for patients as well, what they find interesting is that we really go down to everything that's happened with them since they were born. Nobody's probably ever looked at their health like that, nobody's probably ever looked at what their birth history was like and what kind of things happened through their childhood, and things that they're not even aware of, that they then start putting two and two together, oh, I went through that and I did see a rise in all my symptoms at that point.

So it is quite in-depth really, isn't it. And I think that's almost a therapeutic journey for the patient itself really.

Kirsty Cullen

Yeah, and I think there's nothing more rewarding, clinically, than seeing those light bulb moments, as you say, where you kind of join the dots for somebody, back to a life event from which point health sort of started to deteriorate. So it's very rewarding.

Dr. Gayetri Chudasama

When were you last well? That's our key question, isn't it?

Kirsty Cullen

Absolutely right.

Dr. Gayetri Chudasama

When did you last feel well?

Kirsty Cullen

So let's dive into some of the elements we wanted to talk about today specifically. So, two of the symptoms we commonly see within, certainly our ME/CFS population, are both gastrointestinal, digestive and IBS related complaints and then also insomnia or sleep issues.

And in fact, it's true to say that actually we commonly see medications prescribed around those complaints within our patient group. If we dive into considering some of the root causes behind those issues, do you see a functional connection between gastrointestinal health and poor sleep patterns? And if so, what is the relationship between gastrointestinal health and sleep?

Dr. Gayetri Chudasama

Yeah, I think previously there was a lot of research that showed us that sleep, or poor sleep caused gastrointestinal problems, Crohn's disease, ulcerative colitis, IBS, those sorts of things. But now we're looking at it the other way around as well, isn't it? So what came first? Was it the poor sleep that

caused the gastrointestinal disturbances? Or was it the gastrointestinal disturbances that caused the sleep disorders?

So I guess, the first thing is when somebody has poor sleep, then sleep is, of course, the time when we rest and we recuperate and we replenish ourselves. And one of the systems that would also be affected would be the digestive system as well. So, the digestive system, in the day, your body is wanting glucose, it's constantly breaking down all the food particles to produce the energy that your body needs. And so it's constantly working. So at nighttime, at sleep time, that's the only time that it gets to rest that system.

But then when that person has poor sleep, then, of course, that doesn't happen, which then would often lead to that particular patient having problems in the day because they can't break down the nutrients properly. So then they're going to get bloating, they're going to get constipation, they're going to get all those other issues. And then that leads to other problems really because then if you've got constipation, then your bad bacteria starts to build up in the system, then that causes more issues. That's one of the ways.

I guess the other way is hormones as well. So the hormones are affected when you sleep or when you sleep badly anyway. So when you sleep badly, then your satiety hormone, Leptin, is going to get suppressed and your hunger hormone, Ghrelin, is actually boosted almost. So, you have a double whammy for the next day, where you crave all these sugary foods because you haven't got something to suppress your appetite. And you also got one that says that you're incredibly hungry.

So I think those are probably the two key things. But we know also, that it affects the diversity of the gut as well. So poor sleep then means that there aren't enough bacteria in the gut. And now we know, there's a lot of research to show that the more diversity of bacteria is in the gut, then the more your better, overall health.

So I think that's probably the key, sort of, relationships between the two.

Kirsty Cullen - [00:10:43]

Yes, so there was some great research, wasn't there? That specific, I think, bacterial species that, Bacteroidetes for those that are interested in Firmicutes, have a positive impact on sleep efficiency and sleep time generally. And conversely, a dysbiotic gut or an imbalance gut bacteria, in other studies, showed more sleep fragmentation and shorter sleep duration. So actually, it's really interesting for us, isn't it, because it makes us question how we might be able to support improvements in sleep through manipulation of that gut microbiome.

Dr. Gayetri Chudasama

Yeah, and of course, then those who do have IBD or IBS and those symptoms, there's research to show that those patients are probably more in the REM sleep, which is, of course, the not so restful sleep, which then adds to the problem really for the next day, because then poor sleep, it's the same issues again. And it's like a vicious cycle, really.

Kirsty Cullen

Yeah, it's that kind of perpetuating cycle. And as you sort of say, sleep loss can drive the overgrowth of less helpful bacteria. And then those unhelpful bacteria, ironically, can then produce the byproducts or LPS, which might then contribute to fatigue. So it's kind of that chicken and egg situation isn't it, we're not quite sure where it started, how it started potentially. But we know the cycle that it perpetuates.

Dr. Gayetri Chudasama

Yeah, absolutely.

Kirsty Cullen - [00:12:02]

It's interesting also, you mentioned there IBS, because there is a possible link between inflammation and sleep disturbance, suggested in some research. So a suggestion that sleep disturbance might, in some cases, be associated with increased levels of inflammatory markers, things like CRP and interleukin-6, and of course, I think it's recently actually in this last year in 2021, there were some studies to show that some of the inflammatory bowel conditions might also be associated with increases in those same inflammatory markers. Again, it kind of links the two, doesn't it? Where inflammation is the central role.

Dr. Gayetri Chudasama

Yeah, and that's actually, probably, again, hormone with the cortisol and stress and things like that as well isn't it. So, again, if you don't sleep well, then you've got a lot of the cortisol stress hormone and the stress hormone, you know, IBD, IBS patients would know about it and they don't like it really. And again, stress would cause, what we call leaky gut, intestinal permeability, that side of things as well, which then of course means that particles that shouldn't get into the system do get into the system and then they start causing inflammation. And inflammation, it's related to so many different things, really.

I mean, I think most patients that probably come to us, have some degree of inflammation going on. Now, whether that inflammation is in the brain, whether it's in their joints, whether it's in their gut, there is inflammation going on, which is one of the key things that we're always trying to address really isn't it?

Kirsty Cullen

Absolutely right. And of course, central to the function of the parasympathetic nervous system and obviously the ability to both rest and digest is the vagus nerve.

Dr. Gayetri Chudasama

Yes.

Kirsty Cullen

How much consideration should we be giving to the health of the vagal nerve where as a clinical picture that includes both sleep and gastrointestinal health issues? Is that something that you consider, in the clinic, how to work with calming and parasympathetic nervous system support?

Dr. Gayetri Chudasama

Yeah, I mean, in general, you know, I'm always saying to patients that our bodies are designed to actually be, 90 percent of the time, or a lot of percent of the time, in the parasympathetic system. And only now and again jump into the sympathetic system. But the way that our lives are, in the way how busy our lives are and everything that we do, we are actually going the other way around where we're constantly the sympathetic. And actually we have to actively make the effort to get into our parasympathetic system.

And then hopefully, as you do that more and more then you're in that 90 percent of the time and less sympathetic. So, I mean, you know, stress management is a key root of our functional medicine tree. And, yes, I do think it's very important. I am always telling all my patients to include some form of relaxation, but acts of relaxation into the everyday lives. And it's whatever works for them, really. So if they like breathing exercises, they do breathing exercises. If they like listening to music and going for walks, it's that. If they like meditation, if they like yoga, whatever it is, but just something that they enjoy doing and will do everyday.

Kirsty Cullen - [00:15:08]

So what are some of the key digestive issues you see in your clinic? As practitioners we find ourselves talking about the bowel every day, but obviously it's not always a comfortable discussion for some people. So, within your particular patient group, what would you say are some of those key digestive symptoms that people might look out for?

Dr. Gayetri Chudasama

That come to me for? Did you say?

Kirsty Cullen

Yeah, yeah.

Dr. Gayetri Chudasama

I see really, quite a wide range of patients. I do see a lot of IBD. So Crohn's disease and ulcerative colitis patients who are, a lot of them are already on immunosuppressant medications, but they're not getting better with that, and their general health is declining, and so, they're looking for kind of alternative approaches. And I also see a lot of IBS as well, because again, I think in the conventional world after they've treated with, either something to help with the diarrhea like Loperamide or something to help the constipation. There's nothing more, there's nothing more that can actually be done.

So, and actually all of these patients, their quality of life is really affected. They can't travel to places because they're constantly thinking where the bathroom is and things like that. So, you know, whatever it is, their quality of life is affected between those. And I think these are probably the ones that I see the most.

And then, of course, as we mentioned before, leaky gut or intestinal permeability. That's, although nobody actually comes and says, I've got leaky gut. I see a wide range of patients with all sorts of different illnesses, actually, who probably have some degree of leaky gut. So, I probably see that as well.

Kirsty Cullen

And it's interesting isn't it, because it's not always localized to the gut, is it?

Dr. Gayetri Chudasama

No.

Kirsty Cullen

As you say, where there's a picture of inflammation that may well present in many of the different inflammatory symptoms. But we link it back to the gut from a functional medicine perspective.

Dr. Gayetri Chudasama

Yeah, because we obviously hold the gut as central and now I'm not surprised at all. Initially when I started, I did find it odd, I found it strange that somebody with brain fog, or somebody who's got concentration problems, thinking problems, can be anything to do with the gut, really?

Like, you know, again, in medical training, we probably wouldn't have put that connection together. Even people with autoimmune conditions, rheumatoid arthritis, thyroid, all of that side. You know, I never would have seen the connection between the gut and those other things. But now when somebody comes, I know almost immediately that there probably is something going on in the gut. And they're usually, is because they do have symptoms, 99 percent of the time. And then we help

resolve those issues and some of their other issues seem to disappear, which is brilliant.

Kirsty Cullen - 100:17:52]

So on that subject then, how do you work with people to bring more balance to the digestive system? And what are the key fundamental tools that you might suggest from a functional medicines perspective?

Dr. Gayetri Chudasama

Yeah, I think it depends where they are actually on their journey. A lot of my patients have already done a lot of research themselves. They've been on various different diets already. So it's then meeting them as to where they are. Some of them also haven't at all, they've never really looked at their diet, they've never been told to look at their diet. Or they've been to the doctors and ask them, what can I do about my diet? And the doctor said, not very much, you know, or the usual sort of 5 a day. That kind of advice is what they've been given.

So I think, I do always look for simple things first, really. So just ensuring that they are having lots of phytonutrient foods in the diet. So not the 5 a day, we're talking 9 to 13 portions a day, which is often a shock, isn't it, to a lot of people. And then I do talk about the, in that balance of having 4 to 1, so 4 vegetables to 1 fruit, because, of course, we don't want upset sugar balance. Water intake, very important, of course, because again, if you are not having enough water, then you're not going to be opening your bowels as well. And then that leads to constipation and all the problems we talked about before. Making sure that they have protein with every single meal.

So these are probably some of the simple things I would start off with. And then we start looking, delving a bit deeper really. So, are they willing to take out foods from their diet? What we call an elimination food plan. Taking out foods that we know are common, inflammatory triggers and, they may not have been putting two and two together, but if you take it out for a prolonged period of time and then add it, you see the connection. So they want to remove that. So there is that.

There's simple tests, of course, I do like to test because I don't want to guess. So if they are harboring a parasite or some sort of, a lot of bad bacteria or SIBO or something like that, then I want to know about it and I want to treat it accordingly and appropriately. Common things like probiotics, prebiotics to help the beneficial bacteria. Digestive enzymes again, to help with the breakdown. So I think those are probably some of the common more things that I do to help with the gut.

Kirsty Cullen

Wonderful. Thank you for that.

So insomnia, let's just shift focus slightly. Insomnia is such a common symptom, and so patterns of restlessness, difficulty in falling asleep or remaining sleep are often seen alongside, obviously, the classic ME/CFS hallmark symptom of unrefreshing sleep. And it raises the question, doesn't it, over whether circadian rhythm might be regulated slightly differently in ME/CFS patients? So I'm curious as to what your experiences are clinically of sleep disorders or just sleep issues as part of the CFS picture?

Dr. Gayetri Chudasama

I think it's always there. I think there is always some degree of sleep issues going on with ME and fibromyalgia and that kind of patient. And sleep is such a complex subject because there are so many things that affect it and very easily affected as well. And with somebody with CFS and ME, they've usually, sleep is also causing the problem and also part of the problem. So, yeah, I think it's a huge part.

Kirsty Cullen - [00:21:24]

I mean, what are some of the key principles that you might consider to support sleep? Because as you say, the root causes can be so very different can't they?

Dr. Gayetri Chudasama

I think circadian rhythms, sorry you mentioned circadian rhythm and I missed that part altogether. And so, you have circadian rhythm is often not regulated, isn't it, in these patients. Because they feel so tired, they're sleeping at all sorts of times of the day, which doesn't then further help the circadian rhythm, which, of course, we know is a 24 hour biological clock. So I think getting that into balance is really key. So many patients either try to catch up with sleep on weekends or sleep in later, which then means they sleep later that day and it's all over the place, which then means the body doesn't know when it's meant to be secreting the cortisol, which is the waking hormone, and then the sleeping hormone, which is melatonin.

So I always say to them that, find a time that works for you. You probably know, because when you're at your best, you normally sleep at a certain time and wake up at a certain time. And they probably know that because, but it doesn't stay that way. And I say try and wake up and sleep half an hour within that time. And it doesn't matter if it's the week days, doesn't matter if it's the weekend. If you've had a really bad night, you'll have one day, which is really bad but then hopefully things will get better because your body is designed to fall asleep. When you're super tired, you will fall asleep. But then when you've got pockets of sleep added here and there, then of course your body is confused. So yeah, that's one of the key things that I do always say.

Kirsty Cullen

And I think particularly now, our bodies are even more confused by light exposure, aren't they? Because we've designed to have a surge in melatonin when it's dark and we're designed to have a surge in cortisol as the morning daylight hits our eyelids. And obviously in this current world, we are surrounded by light from screens, we're surrounded by environmental light all of the time. So actually managing that light exposure can be a really important part of establishing a good sleep pattern can't it?

Dr. Gayetri Chudasama

Yeah, I agree. So the research actually is that you avoid all blue light emitting screens for almost three hours before bed. I often say this to patients and I say, I think it's a little bit impossible in this day and age, really, but at least if you can do an hour or an hour and a half where there is absolutely no screens, then that's going to have a huge positive impact on your sleep. There is obviously the blue light filter glasses and things like that, but I tend to recommend that actually just avoid screens altogether.

I say, form a routine, a routine that you like doing, a routine that you do every single day, a winding down routine for busy moms and busy people working a lot. It's often their only time actually that they have as their me time. Some often say, to do some yoga, read from a paperback book, do some meditation, do some breathing, have bath, have a shower, but just a routine of doing some particular thing that you do every day so that ultimately, again, your body starts recognizing, your mind starts recognizing that it's time to wind down, time to sleep.

Kirsty Cullen

And those patterns can be so important to that whole cortisol, melatonin balance, because obviously, if we're busy watching something that's very bright on TV and it's very stimulating, it's very tense, so it's very exciting, then we've got a body system, essentially, that just is not prepared for sleep.

Dr. Gayetri Chudasama

Stimulated aren't you. And then when you're trying to consolidate the memories through the night,

you're consolidating whatever you've just watched on TV or whatever the news that you just watched before going to bed.

Kirsty Cullen - [00:24:52]

And obviously from a dual approach perspective, with the medical side of your training. Obviously you're able to suggest melatonin aren't you? How helpful do you find that as a stand alone approach in regulating sleep patterns?

Dr. Gayetri Chudasama

I don't do melatonin very much. Because the problem is with the conventional side, it's not licensed.

Kirsty Cullen

Oh ok. It's interesting because obviously we're not allowed to recommend it, but often we kind of see it there on prescription

Dr. Gayetri Chudasama

And it's everywhere, like in America, you can buy everywhere but. You can buy it in a supermarket, exactly. But yeah, here it's a trickier thing and so with GMC and guidance and all that.

Kirsty Cullen

So, quite often what we see clinically is kind of this about face, in terms of what I would call a night owl. So often we'll have somebody who finds their wakeful time during the night, and actually might not sleep till kind of 4:00am in the morning and then will sleep till noon, but then find themselves, during what would be their daytime, as feeling very fatigued and tired. And it's not unusual to see that reversal of circadian rhythm within CFS.

How would you go about gently trying to alter that? Would you move that slowly back to more of a traditional rhythm? Or would you move to switch that process quite quickly?

Dr. Gayetri Chudasama

I try to move it as quick as I could but it really depends on that person's lifestyle, really. You know, if it's just, because they are going to feel terrible for at least a couple of days, they're going to feel awful and it's going to take time for that body to regulate. So it depends on what their lifestyle is and whether it's OK for them to not feel 100 percent their best for those two or three days. If that's not possible, then I would suggest gradually. So sort of shifting it by 2 hours, 2, 3 hours until it is a traditional night and morning.

Kirsty Cullen

And another key question that we always get is that I need to nap during the day, I find it important, do you want to cut those naps out to try and establish a better circadian rhythm? Or because I'm fatigued, is it better to rest and have those naps? What would you say to that?

Dr. Gayetri Chudasama

So I often say it's better to nap than to spoil the rhythm that we were just talking about in the morning and evening. So if it means that they get up at, I don't know, 6 or 7, but have only had 3 to 4 hours of sleep, I would suggest to have a nap, but not make it longer than 30 minutes or so, in the afternoon as a better way to handle that fatigue. Rather than the sleeping in, in the morning.

Kirsty Cullen - 100:27:30

And just to round this topic off, if you could give three top tips, I suppose, around really securing a better approach to sleep, what do you think those would be? What are those simple tips?

Dr. Gayetri Chudasama

Well, one of them, I think I've already mentioned, which is having that routine before bed. That's something I always say is quite key, really. The caffeine is another big one, actually, because a lot of the patients don't realize, a lot of them will say to me that, I don't drink a cup of coffee after six o'clock in the evening and I think to myself, that's probably still having an impact, you know, because obviously we know the half life of caffeine is between sort of 5, 6 hours, which means that even one that you have in the morning is going to be in your system.

And if we do your genetics and we actually check how you metabolize caffeine, that could be longer. So, caffeine is a big one. Caffeine, tea intake or stimulant drinks and things like that, as well. So I normally recommend no more than 2 cups and no later than 10am in the morning. That's probably one of my other ones.

Regulating the rhythms, so having the same pattern for morning and evening, that's probably. And the screens, I think limiting all those screens is probably another one. What else? Mornings, I think getting outside and getting the morning daylight, again because of that circadian rhythm. So, even if it means that you have your morning coffee outside in the garden or something like that, then that's probably better than exposure to the brightest light inside. Yeah, I think those are a few key things.

Kirsty Cullen

I agree. You'll often find my clients sat with a blanket right in front of a big window or on the patio. I'm also a big fan of the sunrise lamps, particularly three weeks of the month.

Dr. Gayetri Chudasama

Yes. So that's another good one. Especially in the winter months when you've got seasonal affective disorder kinds of things which is affected so much by light. So yes, that is another thing that I would suggest as well. You know, whatever their natural sleeping time is, if they have one of those lights that comes on gradually, that's probably better for them waking up.

Kirsty Cullen

Fantastic. That has been so informative, Dr. Gayetri, so thank you so much for joining us.

Now let's just direct people who want to find out a little bit more about your work, where would they need to look?

Dr. Gayetri Chudasama

They can go online and just look at my website. The website is drgayetri.co.uk. They can go there, they can find all the information that you possibly need.

Kirsty Cullen

Wonderful. Many thanks again for joining us today.

Dr. Gayetri Chudasama

Thank you so much for having me.