

Insomnia solutions that also ease anxiety

Guest: Trudy Scott

Disclaimer: The contents of this interview are for informational purposes only and are not intended to be a substitute for professional medical or psychological advice, diagnosis, or treatment. This interview does not provide medical or psychological advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical or psychological condition.

[00:00:10] Alex Howard

Welcome, everyone, to this interview where I'm super excited to be talking with Trudy Scott.

We're going to be talking about nutritional therapy approaches for optimizing sleep, particularly we're going to talk about the role of neurotransmitters, we'll talk about the impact of stimulants. We're going to talk also about some of Trudy's recent personal experiences with her own challenges with sleep and the impact of dietary oxalates.

It's going to be a fascinating interview. Trudy, I always find very impressive in terms of taking some complex ideas and making them accessible and easy to follow.

To give you a bit of Trudy's background, food mood expert Trudy Scott is a certified nutritionist who educates anxious individuals about nutritional solutions for anxiety. She is known for her expertise in the use of targeted individual amino acids, nutritional solutions for social anxiety condition called Pyroluria, and the harmful effects of benzodiazepines.

Trudy is the author of *The Anti-Anxiety Food Solution. How The Foods You Eat Can Help You Calm Your Anxious Mind, Improve Your Mood And End Cravings*. She's also the host of The Anxiety Summit, an online educational platform for both consumers and health professionals, and dubbed "a bouquet of hope".

She also educates health professionals via the Anxiety Nutrition Institute, sharing research and practical how to steps. So welcome, Trudy. It's a real pleasure to have you back with us again.

Trudy Scott

It's a real pleasure to be here. And as we were just saying before we started, this is a really important topic, and I know from my community of women with anxiety, insomnia is a big thing. So I'm really excited to be here today to talk about some solutions for insomnia that also tie in very closely to helping people with anxiety.

Alex Howard

Fantastic. So I was actually going to ask you just to say a bit about the people you work with, but you've just perfectly spoken to that, so maybe the next point is with your community, what do you see as some of the most common causes of sleep issues?

[00:02:32] Trudy Scott

Yes, and this is a great question, and I think a lot of people in the summit are going to see that there are many causes of insomnia. And I often see colleagues talking about it and they'll say, oh, I always do this, or I always do that.

And with my community, because they have anxiety and they often have the low GABA kind of anxiety, which is the physical tension kind of anxiety or they may have the low serotonin kind of anxiety, which is the worry, ruminating anxiety. Those are two very common causes that I see of insomnia in my community.

Now, that may differ from other people, but that's what I see. And because most people are coming to see me because of their own anxiety, we start there. We're starting with looking at low GABA, and we'll go into how we can figure out if someone has low GABA and what to do about it. We also look at low serotonin because of their anxiety and because their insomnia overlaps with that.

There's also other factors that can trigger anxiety and that's caffeine, alcohol, sugar and gluten consumption. And we'll talk a little bit about that and how that can also tie into insomnia as well. And then high Cortisol is another very common factor. So firstly, I'm looking at the neurotransmitters, I'm looking at diet and then I'm looking at high Cortisol.

So if you've got an adrenal dysfunction, you could have high Cortisol at night. That can keep you awake at night and you can feel amped up and you can feel anxious and even have panic attacks with that high Cortisol. And then the final area that I'm going to talk about is not as common as I used to see, but I'm seeing it more and more of an issue after perimenopause in women, and that's dietary oxalate issues.

And I'm going to share a case study that actually happened to me. It was a case study, a situation that happened with me and how I figured out that dietary oxalates, which are these compounds found in certain foods, can actually keep you awake and can have this restless leg symptom.

But the good news is, we'll go through each of these in detail today and there are solutions for all of the above. And these solutions, as I said at the beginning, they help with the sleep problems and then they also ease your anxiety. And I feel very passionate about talking about this topic because my background is in anxiety.

I had my own anxiety and panic attacks. I can really empathize with folks who do feel this tension and fear and anxiety. But also I've had bouts with insomnia and I'm a hot mess. If I don't get my 8 to 9 hours of sleep a night, I'm just a hot mess. And very recently, I'm actually in South Africa at the moment visiting family and I was exposed to a lot of chemicals and that affected my sleep. And we'll share a little bit about that when we talk about dietary oxalates.

So we can be going along really well, we can have addressed low GABA, have addressed low serotonin, not be drinking caffeine or alcohol, eating sugar or gluten, not even have high Cortisol, and then things can go off the rail. So I think it's good to be aware that these are things that we can address and get results very quickly, that things can shift and we may need to course correct as we go through trying to figure things out.

[00:05:50] Alex Howard

Fantastic, Trudy. Thank you. There's a lot to get through here and I'm really pleased you put it together in such a comprehensive way. Should we start with low GABA and how does one recognize if that's going on for them and then we can come to some of the things that they can do to bring balance?

Trudy Scott

Yes. So low GABA is typically associated with physical tension, anxiety. And then if you've got the sleep problems, you may lie awake at night feeling very tense. So my clients will tell me they've got this tension in their shoulders. They might feel it going up into their heads and feeling just physically tense. They may feel butterflies in their stomach. So, any kind of physical tension.

And then you could be lying awake at night and you just suddenly realize, oh, I'm all tensed up, why is that? And it could be low GABA. The other thing that we see with low GABA is intrusive thoughts. So just thinking about something terrible that might happen or has happened or is going to happen, just imagining the worst and then self medicating with alcohol.

Now, some people may use it in the day just to socialize and fit in, or you may feel like you need it to get to sleep. So if you're feeling like you've got to have some drink at night in order to sleep, that could be low GABA. And we self medicate with alcohol in order to relax and calm. What we want to do is use an amino acid called GABA, and that will raise your GABA levels, and it can alleviate all of these symptoms.

Now, the great thing about using an amino acid like GABA is you get results very quickly. When I do a trial with someone, I will rate their symptoms, physical tension maybe, and they lie awake at night. So maybe they'll say physical tension is a nine or a ten out of ten. And they lie awake feeling tense, maybe it's an eight out of ten.

We'll do a trial of GABA and they should say, ah, I just feel like I had a glass of wine. So you want the GABA rather than the glass of wine, because that's going to have long term effects in terms of depleting vitamin B1, in terms of affecting your adrenals as well, and a whole host of other things. You don't want to use that alcohol. It's not actually getting to the root cause.

Now, you can use GABA in the day, and you can use it if you've got that anxiety in the day. And then you use it just before bed. And then a lot of my clients will use it if they wake in the night, and it can help them go back to sleep and ease that muscle tension. You can also combine GABA and Theanine. And there's a few studies that show the combination of GABA and Theanine can be more effective for some people. Now, that's not the case for everyone, but it does work well for some people.

And then I wanted to mention benzodiazepines, because they are often prescribed for folks with anxiety and with insomnia. The problem with this class of medication is they are meant to be prescribed short term. As you know, Alex, one to two weeks maximum. And even then, you can get tolerance, meaning they are no longer working or you need more and more. You can get dependent, meaning you can't stop and then you can get very bad withdrawal symptoms.

So if we can figure out that it is low GABA and use GABA to start and not have to resort to a benzodiazepine, that's really important. Now, I do want to just say one thing. If someone is listening

and is on a benzodiazepine and that would be like Ativan or Valium or Xanax, you don't want to just stop cold turkey. You do need to do a very slow taper and then work with the prescribing physician.

[00:09:26] Alex Howard

I think what's really interesting about GABA as well, and you touched on it briefly, Trudy, is that it's a very instant effect, which is also really helpful for people in identifying if it is something that's out of balance for them.

Trudy Scott

Yes and that's what's great because you get those quick results. Now, there may be other underlying factors. Firstly, why is your GABA low? So we're using GABA to get those quick results. Then we need to dig deeper, we need to look at diet, we need to look at stress levels, we need to look at environmental toxins. Is that affecting your GABA levels? We know fluoride can affect your GABA levels, we know pesticides and insecticides can lower your GABA level.

So we've got to look at all of those lifestyle factors but at least you're getting those quick results. And it's amazing because you have hope right away and now you can sleep and now you can sort of deal with everything else that you've got to deal with. I wanted to mention Ambien as well because that's a common one that you're probably familiar with too, Alex, and that is a medication that's similar to benzodiazepine.

It's considered a short acting hypnotic drug and the research and the documentation says that it has similar effects to benzodiazepines but they think, because it's slightly different, they feel that it doesn't cause this dependence issue that we do see with benzodiazepines. Unfortunately, clinically, we see that it can cause problems.

So there's a few case studies where they talk about abuse, dependence and then also sudden withdrawal of Ambien can cause seizures. So it is very unique to each person. Some people don't have issues, others do. Just being aware that some of these medications that are commonly prescribed do have these issues.

Alex Howard

And I just want to amplify what you're saying. Obviously it goes without saying, as you said, that people need to seek medical advice and this is not meant as any kind of recommendation in that sense, but just anecdotally I'll add, that certainly have seen some very troubling examples of people having withdrawal issues from benzodiazepines and a very difficult time doing that.

So certainly, as we would always say, it's important to look for underlying issues but also to avoid things where you're trying to put in place a solution, but actually it ends up causing a bigger problem as a result.

Trudy Scott

Absolutely.

Alex Howard

Should we come onto low serotonin next Trudy?

[00:12:07] Trudy Scott

Yes. So this is different from low GABA, which is the physical tension, in that with low serotonin, it's more in the head. It's worry. It's ruminating. You may lie in bed reprocessing something, a discussion you had with someone at work or with a friend or a colleague and thinking, should I have said this? Or should I have said that? Or did I say the wrong thing? So you can't switch that busy mind off.

You can also have fears and phobias with low serotonin. PMS. So the anxiety and these worry thoughts and reprocessing could be worse just before your period or during your period. And then sleep can also get worse at that time. If you're in perimenopause, that can be if you've got a lot of fluctuations, and even in menopause, that can be made worse if you've got hormonal imbalances.

The other things that we see with low serotonin is the afternoon and evening cravings. So with each neurotransmitter imbalance, we've got a craving aspect, as I said, with the GABA, it's usually alcohol, in order to relax. With low serotonin, we may use carbs to relax in the evening, we may feel like we just gotta have some chocolate in the evening. We also have depression, negative self talk, lack of confidence, rage, anger issues. Those are all signs of low serotonin.

So obviously the main thing is I've got insomnia, I can't sleep. Have I got these other symptoms as well? That's a clue that maybe we need to be looking at low serotonin. And again, there's amino acids that work really well to raise serotonin levels, and they work quickly as well. And when we say quickly, you mentioned that earlier, Alex, when we were talking about how quickly we get results. You can see a difference within five to ten minutes, you can notice something.

So again, I would have someone rate their symptoms on how they're feeling. I can't stop worrying and I'm not sleeping. I just think about things the whole night. My mind won't switch off. Rate those on a scale of one to ten and maybe someone will say, eight out of ten. We do a trial of either tryptophan or 5-HTP, and I'll talk in a second about when to use one versus the other.

But within five minutes of doing that trial, you should be able to say, oh, I'm not even thinking about what I was worrying about, I'm feeling a little bit more positive. Wow, I feel like, yes, I think this might work, this might be a solution for my problem. And you feel more confident and you feel more optimistic.

Now, the dosing is important. Obviously, there's a starting dose for each of these and you may not be at the ideal dose when you do that trial. So it may not be that it goes from an eight out of ten to a two out of ten, but if it goes down two notches, maybe to a six out of ten so you've got a little bit of improvement, then you know you're on the right track. And then we increase the dose of each of those until we find the ideal dose for each person.

And with the tryptophan and 5-HTP the dosing is afternoon and evening because that's when serotonin starts to go down. And there's some research, and I've seen it clinically, that if someone has high Cortisol, which we'll talk about in a second, 5-HTP is not going to be the first choice because it can raise cortisol. So I typically start with tryptophan. But then some people do better with tryptophan, some do better with 5-HTP.

And you can also use, depending on which one you're using, you can use it in the night if you wake. Ideally, we want to get the right dosing so you're not waking. And it could be a combination of GABA and serotonin. If you've got the physical tension, you've also got the worry and the ruminating, you may need to address both. And then if it is both, we do one at a time so we can establish, okay, we've

addressed low GABA, we've got the right dose. Okay, now we can address low serotonin and find the right dose for that.

[00:16:09] Alex Howard

And do you want to say a few words as well about the relationship between serotonin and melatonin?

Trudy Scott

Yes. So serotonin is used to make melatonin. So we can give the body the amino acid precursor, the tryptophan or the 5-HTP to make serotonin, and that should help us to make melatonin. But for some people, that conversion is not happening very well initially. And so we may also recommend melatonin.

And you can use a sublingual, which helps someone fall asleep, and you can also use a time release melatonin, which helps you stay asleep. Now, I love melatonin. It used to have a bit of a bad rap about don't use it too much and don't use it for too long and don't use too high a dose. But we're seeing more and more research on how it's a great antioxidant. There's actually some studies showing it helps to ease anxiety as well.

And then through the pandemic, a lot of research showing it helps with immunity, immune support. So I think it's a wonderful nutrient. And if you're not converting the serotonin into melatonin, then by all means I would add in either the sublingual or the time release melatonin. I like to use the tryptophan or the 5-HTP first. Give it a chance, let's see if that's enough. If not, then we will add in the melatonin.

And then another thing with me traveling at the moment, jet lag is always front and center. And of course, if you travel and you've got jet lag, you've got insomnia for a few days, or you're sleeping at odd hours, melatonin is amazing for that. Typically used two days before travel, during travel and then afterwards.

But I will just say that during the pandemic, I really increased my melatonin to ten milligrams a day just for the immune and the antioxidant benefits. And when I arrived in South Africa, I had zero jet lag. Normally, even with a little bit of melatonin just before traveling, during traveling and afterwards, that helps, but it didn't help as much as that ten milligram for two months before I came and then continuing it.

So it's interesting that we can go to pretty high doses, and I'm sure you've seen some of the research, you can go even higher than that for cancer. It's not something that I've recommended to folks, but I think a lot of folks are pretty scared about melatonin. So I just wanted to put that out there.

Alex Howard

Yeah, amazing. Thank you, Trudy. And should we then come to some of the stimulants that people can find themselves using? So things like caffeine, alcohol, sugar, gluten, not all stimulants, but all irritants, perhaps, and the impact that they can have.

Trudy Scott

Yeah, so we've got to always think about diet. And when I'm working with folks, I will say that caffeine is one of the hardest things for them to give up. They'll often be fine to give up the alcohol and the

sugar and even the gluten. Caffeine is a tough one. There's plenty of research showing the connection between caffeine and anxiety and insomnia. So it really needs to go before we start thinking about all these other things.

[00:19:23]

The good thing is, there's an amino acid that can help with that need for caffeine, if you need that caffeine jolt to give you that focus or to get you going in the morning. And that's Tyrosine, it's another amino acid that we use. And if you've got the low dopamine symptoms of poor focus, low energy, needing some stimulation for energy, that's something to look at.

And there's one study that I like to quote where they had, I think it was 200 women who had been through therapy, they had been on medications for anxiety and insomnia, and they just got them off the caffeine and everything resolved. So it's a tough one to give up for some people, but it can make a very big difference.

And then alcohol, social drinking can be problematic. It's not just heavy drinking that's a problem. And certainly alcohol can cause hot flashes in menopause, so that can keep you awake as well. Sugar can do the same. And then gluten depletes serotonin, which we just talked about, it depletes B vitamins, and it can cause bloating and gas and discomfort in the gut, and that can keep you awake as well.

Now, with all of these, we use all of them to self medicate. I mentioned how you could use alcohol to self medicate if you've got low GABA. You would definitely often use caffeine to self medicate if you've got low dopamine. Sugar and gluten, we self medicate with comfort foods, as a reward, as a treat. But if you address the neurotransmitter imbalances like we've been talking about, then you don't feel that need to use sugar in order to get that reward or that comfort.

And then it's easy to quit because it's all good and well saying you need to get rid of these foods, but if they are something that you're using because you got a brain chemical imbalance, it's really hard to quit. So the amino acids that we've talked about up till now are very helpful. There's another one, DPA, which helps boost endorphins, which really helps when you've got that desire to eat as a reward and it can completely eliminate that need. And then the downstream effect is that you're going to sleep a lot better.

Alex Howard

In a sense there's often a level of wisdom in the choices that we make, it's just that we haven't got better choices. And a lot of what you're talking about here is having better choices and better ways of actually addressing the underlying issue, not just trying to soften the symptoms.

Trudy Scott

Right. With caffeine, as well as addressing those underlying issues, which is the brain chemical imbalances, it's helpful to find an alternative. There's wonderful herbal teas coming from South Africa, rooibos tea or red bush tea is actually being shown to help with blood sugar stability. It's a good antioxidant. It's got a lot of the same benefits that we see with green tea without the caffeine.

So adding something like that in or using other herbal teas, like licorice tea or lemon ginger tea, I'm just drinking some lemon ginger tea at the moment. So finding some alternatives. There's also some very nice chicory type coffee alternatives. Just finding something else that may work. And then if you

go and socialize and you're worried about everyone else drinking and you're not drinking, you can make something that looks like a nice alcoholic beverage and feel like you fit in.

[00:23:00]

Hopefully set an example for some other people who may not be aware of what it's doing to their bodies. I'll usually have a nice wine glass with some Kombucha in it and you fit right in and then you sort of tell people what you're doing and why you're doing it and they're intrigued. So, yes, definitely, there's a lot that we can do.

Alex Howard

Fantastic. And Trudy, you mentioned a little bit earlier about the impact of high cortisol, so let's explore that a bit more now.

Trudy Scott

Yes, so with the high cortisol at night and the way we know that it's high is we would do an adrenal test, it's a saliva test, and you can actually measure cortisol four times in the day. First thing in the morning, noon time, afternoon, evening, like at 10:00 P.M. And then you can actually do a night collection and see if it's high in the middle of the night. If it's high in the evening and in the night, then that can definitely be affecting your sleep.

So it should be high in the morning and then it should go down towards the end of the day, which gets you up out of bed, it gets you energized and it gets you going, and then it should lower at night and now you can go to sleep. So if you've got that high Cortisol that can cause this insomnia, this feeling anxious and jittery, maybe you have heart palpitations as well, the common recommendation for lowering high Cortisol is Phosphatidylserine. I've had great success with a phosphorylated Serine and it's a product called Seriphos.

And using one to three of those an hour to 2 hours before the high Cortisol is really effective in lowering that high Cortisol. The other thing that I like to use for lowering that high Cortisol is Lactium. It's a hydrolyzed casein product and there's a number of studies showing that it helps lower high Cortisol and it's also very calming as well.

Now, if someone has high Cortisol, sometimes it's really high first thing in the morning and it wakes them really early and it's higher than it should be, you don't have that two hour window when you could use the Seriphos so that's when I'd have them use Lactium when they wake and they wake up with that high anxiety, feeling jittery and anxious in the morning.

But then the other thing that we've got to do is, why has someone got high Cortisol? We don't want to just be addressing the high Cortisol. We want to say, well, why have they got it? So, as we said earlier, we've always got to go upstream and see, have they got gluten issues? Is that what's causing the high Cortisol? Have they got parasites? And we haven't even talked about parasites. I'm sure you've got someone on the summit talking about that, but that's a big trigger for anxiety and insomnia.

So we want to figure out if they got something else going on, stress in their lives, have they been exposed to mold or have they got Lyme disease? All of these could affect your cortisol levels, your anxiety and your insomnia.

[00:26:15] Alex Howard

Fantastic. And there's lots of rabbit holes there that we could go down, but I'm going to keep it on track. You mentioned a little bit earlier, Trudy, about dietary oxalates and also a little bit of some of your own personal story on that recently. So I'd love to go into that piece.

Trudy Scott

Yeah, this is something that I haven't talked about on any summits and I thought it would be really relevant because it's something that happened to me recently and I'm always learning, I'm always trying to figure things out, and I'm often a guinea pig.

Alex Howard

That's how it generally works, isn't it?

Trudy Scott

It is. It really is. And then I'll write a blog post and I'll get feedback and I'll get other questions. So let me just share what dietary oxalates are in case someone doesn't know what they are. And I happen to have an issue with them. I'm trying to figure out how to fix it. At the moment, I'm just eating a low oxalate diet and I'm doing a few other things, which I'll talk about now.

But what they are, they're sharp compounds that are found in many healthy foods. So think of things like spinach, sweet potatoes, also white potatoes, beets, raspberries, legumes, many nuts and seeds, wheat and most grains. So these are things that we would certainly, spinach, beets, raspberries, legumes, nuts and seeds, we think of these as being healthy foods, but they're these sharp little compounds. Think of like a little jagged star, but it's multi, jagged, three dimensional.

And they lodge in your joints, they lodge in your muscles, they lodge in your soft tissue, they can lodge in your thyroid and other organs. There's research showing that they can lodge in your heart, so they can cause a lot of damage. The immediate issue that we notice is mostly pain. You can also get irritability, you can get mitochondrial damage and dysfunction. You can get increased anxiety.

But the main thing that most people notice is pain. You can also get brain fog, and it's difficult because those symptoms can be caused by many things. But the clue is, are you eating a lot of these foods? A lot of people go on a big health kick and they'll be making smoothies, throwing in loads of spinach, loads of berries, and eating lots of nuts and seeds, sort of on a health kick. And then they'll start to see a lot of problems.

It causes oxidative stress as well as the mitochondrial damage and then damage to the other organs. Typically, they'll lodge in an area of weakness. So for me, they were lodging in my feet. And it was right after my book was published, I was doing a lot of speaking around the country, and I'd fly into a city and do three full day tours. I'd speak in Boston for one full day, I'd speak in a nearby city for a full day, in another city for a full day, and my feet were in agony.

It felt like I was walking on shards of glass and hot coals. That's how bad it was. And it took me a while to figure it out, actually. A colleague of mine, Judy Matthews, works with autism, and one of the areas that can trigger autism symptoms is dietary oxalates. And I was listening to her present, and she was talking about oxalates causing pain. And I went, I wonder if that's what's causing my issue.

[00:29:38]

And because I was traveling and speaking, I was taking my blender with me and making a smoothie every morning and my snack was nuts and seeds when I was traveling and I was trying to eat healthy while I was on the road. Anyway, long story short, a few years ago I figured out I had oxalate issues and I'd always had issues with my feet as a rock climber and a hiker. So it lodged in my feet and that's where I had my pain issues.

Later on, it started to affect my eyes. I had actually stuck a branch in my eye when I was rock climbing one time and my one eye is the one that I get affected. So if I'm not careful I will wake with these restless feelings in my legs and feet and then my eyes get all crusty and sore. But following a low oxalate diet, using calcium citrate, using vitamin B6 and making sure that my fat digestion is good, I'm fine. I don't have any sleep problems caused by the dietary oxalates.

But what happened to me recently, I'm going to pause here and see if you've got any questions and then I'll tell you about what happened to me on my trip here in South Africa.

Alex Howard

No, I think what you're saying makes a lot of sense. I think maybe just one point to elaborate a bit more is people may think should I just not eat any of the foods that you described? And I guess maybe because I'm always mindful of how people talk about foods not to eat, and people watch too many interviews and they're left with nothing else to eat.

So just maybe how one identifies if this is actually an issue for them and if so, is it total exclusion or is it limiting amounts?

Trudy Scott

Great question. So there is a range. There's a number of lists of foods that contain oxalates all over the internet and a lot of them vary. A really great resource is trying low oxalates. It's a Facebook group. Susan Owens is the founder of it. She has published papers on oxalates and is an expert in the area. And they have a whole spreadsheet of the foods.

But just in summary, there's a group of low oxalate foods. There's medium oxalates and high oxalates. You don't want to just completely go down to low oxalates. The recommendation is to cut back on the high oxalates, then a few months later cut back on the medium and then just eat the low oxalates. There's another website called lowoxalate.info. It's also Susan Owens' website. It's a very scaled down list of the foods. That would be a good place to start and look.

And just say, do I have these weird symptoms? Am I eating all these foods? It's something to think about. There is a consideration if you go too quickly they have what you call dumping where all the stored oxalates can start coming out and causing issues. So it's a good idea to go slow. So I agree with you, a lot of people are on limited diets, and they suddenly hear this and think, oh my gosh. But if it is causing problems, it's definitely worth looking into.

Alex Howard

And it sounds like quite specific and obvious symptoms which are triggered here. Maybe you just want to say a few words, you described it from your experience, but perhaps in a more generic way, what would be some of the clues that this is an issue for someone?

[00:32:55] Trudy Scott

Well, pain is the biggest thing. So it could be foot pain, it could be leg pain, it could be joint pain. You might think I'm getting arthritis. Vulvodynia is commonly caused by dietary oxalates. Mainly, I would say the pain, but then you get the other things that go with it. So the pain might be keeping you awake. You can also get the brain fog and irritability and anxiety.

But a lot of people just think, what is going on with me? Why am I having so many issues? And then they realize that it's oxalates. So it's tricky. And the good thing is that you do see results pretty quickly once you start to remove it. I've heard stories of people saying, I'm using a cane now, or I'm needing to use a wheelchair, and they can get out of a wheelchair or stop using a cane because of reducing the oxalates.

The other thing that I wanted to mention is during the pandemic, a lot of people were taking really high doses of vitamin C, and vitamin C can convert to oxalates. So a lot of people really increased their vitamin C to really high doses and had all sorts of problems. I did a blog post about that, and people realize, wow, this is causing our pain and my insomnia and my anxiety. So it's not just these foods. There's a few other things that can do it.

There's a constipation medication movicol that can also create oxalates. So it's tricky. And the problem, Alex, is that all the research is looking at kidney stones, saying if you've got an oxalate issue, you've got kidney problems and kidney stones, but you can have the oxalate issue without the kidney stones. So that's what makes it a little bit tricky. And you can have both. But, yeah, I don't have any kidney issues or kidney stones, but I've got the oxalate issues.

Alex Howard

Yes. And then do you want to say a bit more, Trudy, about some of the things people can do? Obviously a low oxalate diet is part of it, but what are some of the other interventions that either you've been using or can be helpful?

Trudy Scott

Okay, so let me share my story, and then I'll tell you what I'm doing. And then I'll go into if there's anything else that I didn't mention, we can go into that.

Alex Howard

Right.

Trudy Scott

Well, I'm using calcium citrate, so I use that once a day. Vitamin B6, it's not always the case, but for some people, vitamin B6 can help. I have Pyroluria as well, so that's part of that protocol. And then good fat digestion. So I'm going to explain, I'll explain that when I talk about what happened to me. So I'm traveling at the moment, I'm in South Africa. I was exposed to household cleaning products, fragrances, when I was flying, and it was starting to impact my fat digestion.

And what happened is I started to wake 02:00 to 04:00 A.M. every night. So I first got here, and as I said, the melatonin was working beautifully. It kept me asleep for the first three weeks. I was doing

great, and then suddenly I was waking, 02:00 to 04:00 A.M. every night. And I'm taking GABA, taking tryptophan, taking melatonin, doing everything else. I wasn't eating any sugar or doing any of the caffeine or gluten or anything.

[00:36:13]

So despite all of that, I was waking. So I know that early morning waking can be a liver thing. So I'm thinking, okay, liver, fat digestion. And I noticed that my stool had changed color to pale. So when you've got pale stool, that's a clue that you're not producing enough bile or your bile is sluggish. So now I'm thinking, okay, liver. So I did a bunch of research.

And what happens with, I'll just read this quote from one of these papers, is unabsorbed bile acids and fatty acids may react with calcium in the intestinal lumen, forming soaps that limit the amount of calcium binding with oxalate, and a consequent increase in intestinal oxalate absorption, leading to high oxalates.

So what happens is calcium binds to the oxalates and it helps escort them out the body. But if you don't have enough good bile production, then that's not going to happen. And then you get this increase in oxalates, and then you get these oxalate problems. So I'm thinking, well, what can I do? And I start prowling around the health shops here.

And it took me a long time to find something that was clean because a lot of the products had rice flour in it, or some of them had gluten, and some of them had other products in them. I couldn't take milk thistle. Milk thistle is a problem if you've got oxalates. I tried a liver gallbladder tincture, herbal tincture, that also the herbs had oxalates in it. And then I found that taurine was the solution.

So I did some research on taurine and taurine, the research talks about it helping with bile acid conjugation, detoxification, and modulation of cellular calcium levels. And what does it mean if you hear this term, bile acid conjugation? So I'll read from this paper as well, because it just puts it so well.

After biosynthesis from cholesterol and before excretion from the liver, bile acid molecules are conjugated with glycine or taurine, which converts a weak acid to a stronger acid. And what that does is it changes the PH and it allows fats to be better digested. So basically, adding in that taurine countered the fat, it increased my bile production, it allowed my fat to be digested, which stopped the oxalate being absorbed from the diet because I didn't have that good fat digestion.

And the other interesting thing, Alex, is that taurine works on GABA receptors and it has a synergistic effect with GABA. So I think that played a role for me too. And within the first day I took 500mg of taurine. The next day I took 500mg twice and I did it between meals. And by the third day I was sleeping through the night right away. And I could just as well as addressing the fat digestion issue, I was addressing the oxalate issue. And then that taurine was working synergistically with the GABA.

So it's pretty amazing. I know that in the UK, GABA is not readily available and taurine is often something I'll recommend instead of GABA, if you can't get hold of GABA. So it's been a pretty interesting experience. I did a blog post about it and I've so far had about eight people tell me, wow, they read this, they figured it must be causing them the similar issues, they got on taurine and they're sleeping through the night. So pretty interesting.

[00:40:07] Alex Howard

Amazing. I really appreciate you sharing your personal experience there, Trudy. And I think it's also a great example of the kind of detective work that we sometimes have to do with these issues, that it's not as simple as you have this symptom, do this thing.

And often we need to be a bit more inquisitive and either work with a practitioner that can pull together the different pieces or go down that path ourselves. It's, for me, a great example not just of the power of nutritional therapy for healing, but also the importance of that diagnostic clarity.

Trudy, I think we're out of time, but I want you to talk about how people can find out more about you, your work, and some of what they can find when they do that.

Trudy Scott

Well, thanks, Alex, and I appreciate you saying that about the detective work because that's what we are. We kind of figure things out. And sometimes it's very obvious, like if it's low GABA and you've got the low GABA symptoms and you take GABA. But other times you have to be a little bit creative. And yeah, it was an interesting experience and I'm glad I've learned about it.

And I'm going to be doing some more digging into taurine because the more I read about taurine and what it can do, the more interesting it is. So I think there's definitely a place for taurine in other applications as well. Seems to be really good against the other thing that I found after this was that it helps against, it's a protective compound against toxins. And I was exposed to toxins, so I was getting that benefit as well. So yeah, very interesting.

So, yes, resources. My book, *The Anti-Anxiety Food Solution*, I write all about the amino acids. There's a whole chapter on gluten. There's a whole chapter on caffeine and alcohol. So pretty much everything that I've talked about here today, obviously not this oxalate story that I shared, because that's a new one.

And then, like you, I do summits. So I've done a number of anxiety summits, and I think you've spoken on two of them. So there's always great resources for folks. And then I've got online group programs and practitioner training, teaching practitioners how to use the amino acids with their clients and patients.

Alex Howard

Fantastic, Trudy, thank you so much. I always learn a lot when I talk to you. It's fascinating, and I really appreciate you bringing your latest discoveries as well. So thank you so much.

Trudy Scott

Thank you. Thanks for having me. And I look forward to hearing from the other experts, and I look forward to sharing this with my community.