

Rebellious Wellness ^{over} 50

Heal Your Gut Without Meds, Looking at You, Carbs



Episode 29: Heal Your Gut Without
Meds, Looking at You, Carbs
with Dr. Norm Robillard

Gregory Anne

This is the Rebellious Wellness Over 50 podcasts for women over 50 who aren't done yet. You may have seen the worst of aging and are hoping there's a better way. There is, and I'm going to show you how in interviews, book reviews, rants, and stories. Each week I'm going to bring you the latest science-based info on how to age better. I'm Gregory Anne Cox, and I believe it's time to bust the myths that aging equals decline in every area of life. It pisses me off and it's BS.

Look, aging happens. It doesn't have to ruin your life. You just need to get a little rebellious in your approach.

Gregory Anne

Welcome back, everybody to another episode of the *Rebellious Wellness Over 50* podcast where I bring you guests and all kinds of book authors and experts to talk about what you might not hear from your doctor, what you might not hear from your friends, or read on Dr. Google. These are scientists, medical professionals, and others who have found an alternative to lots of prescriptions, lots of the you know, what are they like, surgeries and things. And today my guest, Dr. Norm Robillard, and he is an expert in gut health and helping people with the problems that are so common these days.

Gregory Anne

Gut problems like CIBO and Leaky gut, and silent reflux, something we talked a little bit about a minute ago. So, Dr. Norm, thank you for being with us and welcome.

Dr. Norm

Thanks, Greg. Thank you for having me happy to be.

Gregory Anne

So, I know that this is going to be a hot topic because gosh, it seems like so many people these days are suffering from reflux and problems sleeping because they have Gerd, as we get older, especially after 50, maybe put on a few pounds. But you got into this, started as a microbiologist, and you got into this specific solution for people with these problems. Why?

Dr. Norm

Yes. And it did have to do with reflux, a little bit of IBS as well.

Gregory Anne

Yes.

Dr. Norm

I was trained as a microbiologist. I was working in the biotech industry, but I found in my mid to late thirties, I started having a real problem with acid reflux, and it became quite bad and quite chronic. Some of the worst issues I had, not only heartburn, but also waking up in the middle of the night with aspiration reflux going into my lungs and scared the daylights out of me and wake up thinking, you know, is this what it's like to die? I mean, my lungs were on fire...

Dr. Norm

I had no idea why, and I didn't understand what was causing reflux and my aspiration reflux. I had no idea. I'd never been on a diet. I was just working, doing my job, eating whatever I wanted. So, it involved a lot of, you know, pasta and vegetables, and meat, I was an omnivore. But it was only when I ended up going on a low carbohydrate diet. One of my sons told me I could lose a few pounds if I went low carb and got a treadmill.

Dr. Norm

So, I thought, okay, I probably should. But what I realized when I went on low carb made me forget about the weight loss issue because my reflux was dramatically improved in really, just a few days. It just made such an impact on me that I started asking why? I started reading. But what, what is known about reflex, what causes it? And I read about things like the lower esophageal sphincter muscles on top of the

stomach, they're closing right, they're too loose, they're relaxing. Everything seemed to have to do with this sphincter muscle.

Dr. Norm

And I thought, how do carbohydrates play into this? Because here I am, removing a lot of them from my diet and feeling so much better. The theory, and it was a theory, even though it was 60, 70 years old, didn't really explain that. So, I started, I actually thought I'd trace the digestion of fats, proteins and carbs through the human body and just see what I could learn. And the funny thing is just doing that for one or two days. I already came up with an idea that I thought really fit my observation.

Dr. Norm

And that was, as a microbiologist, I realized we have these trillions of bacteria and other microbes in our intestines. And I just thought, I know bacteria, ferment, carbs, carbohydrates very efficiently for fuel. And I know that most of these strains produce a lot of gas, things like hydrogen and methane and so forth. And I thought, perhaps I'm just eating more carbohydrates than my body is capable of efficiently digesting. My 39-year-old body is not digesting all of these carbs I'm putting down my throat, and I'm suffering from carbohydrate malabsorption.

Dr. Norm

And I've got overgrowth, so blooms of these bacteria, not necessarily bad or pathogenic bacteria, but bacteria that are normally in my intestines overgrowing. And when they produce all this gas, it creates gas pressure. That pressure is building up, parts of my intestine, translating into the stomach. It's well known that people with GERD have more intra gastric pressure in the stomach, and it's pushing on this sphincter. And it's actually driving acid reflux. And so it was a pretty simple idea. But once I latched onto that, I was like, this could be something.

Dr. Norm

And so I took a little time to try to destroy my own theory, to be on the safe side. Maybe I have something wrong. But the more I researched this issue, there was a lot of evidence for this way of looking at it. And so of course, I had to write a book, even though I'd never written one before. And I was, I was working at Amgen, the biotech company down in Southern California. So, I was up late at night after work writing it. So, the book is hot burn cured. It's filled with typos. It's out of print. But it gets the job done.

Dr. Norm

I needed to get this off my chest and get this theory out there. And so I spent many years after that. Really it drove me to make a change out of the business I was in, into Digestive health. And I followed that up with some refined approaches, a refined approach that I cover in the books Fast Tract Digestion. There's an IBS version and a heartburn or reflux version, and we developed a mobile app, but it's based on restricting certain types of carbs that are hardest to digest and most likely to be fermented.

Dr. Norm

So, it's a little more of a finesse approach, and it also has a couple of other parts to it. One is focusing on not only on limiting these certain types of carbohydrates with these so-called FP points, a calculation I developed, but also really looking deeply for underlying causes. So there's a chapter in the book on underlying causes that can contribute to this issue. And, of course, in my consulting practice at Digestive Health Institute. Org. I also use these fundamental ideas, limiting these five types of carbs, working on underlying causes.

Dr. Norm

And there's a whole behavioral and practices realm to this that are kind of pro digestion of pro absorption, because when you digest carbohydrates better, more of them will enter your bloodstream. Don't consume too many you might get diabetes, but fewer of them will feed these blooms of gas producing bacteria. And for the last 17 years, I've really been focusing on these three parts.

Gregory Anne

And you said that other factors can contribute to this besides food. Just give us a quick story or what other kinds of factors.

Dr. Norm

Sure. Well, what this idea evolved into was first, I really thought perhaps this overgrowth is SIBO, small intestinal bacterial overgrowth, an overgrowth of bacteria in your small intestine. And I do think that SIBO is a factor in many of these cases. In fact, we're in our second clinical study, with the Fast Tract Diet. And one of the components is we are doing breath testing to specifically answer the SIBO question, but it's not the only form of dysbiosis. A couple of really key papers in 2014 and '15 indicated that people with IBS, which is closely related to GERD or acid reflux, have an overgrowth of bacteria in the early part of the large intestine.

Dr. Norm

So that could be a factor. And the two might be connected together. And we now know there's overgrowth of fungi and some people they call it CIFO small intestinal, fungal overgrowth. There's over growth of these ?? organisms that produce methane in the gut. And so that's called IMO, and that's now well recognized as a problem.

Dr. Norm

So, what causes these imbalances or these overgrowths? Right. That's really your question. And there are a lot of things that can feed into this. Motility is a big one. You need to keep things moving through your digestive tract and any time that's not whether it's from surgical adhesions or kinks in your intestines that slow things down or scarring from something like scleroderma.

Dr. Norm

Diabetes can impact the vegus nerve and cause some motility issues. Gastrointestinal infections are notorious for kind of an autoimmune reaction that slows down motility. So, all of those motility issues, stomach acid. It's a big one. You need it for digestion. You need it to absorb key nutrients and minerals. You need it to prevent pathogens from getting past your stomach, from your diet or environment, into your intestines. You

need it to protect your lungs and your upper throat and sinuses and so forth from bacteria from your own gut.

Dr. Norm

And so this acid, it really has this kind of two way block that's important. And it turns out that hypochlorhydria, or low stomach acid, is a problem for a number of people, but not everybody. So in my consultation program, one of the first things I do on day one is go through an assessment of the risk factors just for low stomach acid to see if someone needs to be tested or they're a low risk. Forget about it for now. That's the way I work through all of these things.

Dr. Norm

So there's many more of these types of factors. There's probably 25 or 30 things that can promote these types of dysbiosis. And it's important to try to work through those systematically, to try to rule as many out as you can if you're working with somebody. So, you're focused on the things that really matter. The immune response is another one, your own immunity. Do you have enough of the secreted immunoglobulin A, in your gut, are you in an inflammatory state, right? There's a molecule called calprotectin. It's a metal chelating molecule that's in neutrophils, one of our immune cells.

Dr. Norm

And so when people have a very inflammatory state for a number of reasons. But I think I guess the most well-known, ones are like inflammatory bowel disease, calprotectin level goes through the roof because it is in antimicrobial molecules and it's in these neutrophils. So the neutrophils are rushing to the site of inflammation, you're going to get high levels of that. So that and some other inflammatory markers are in the common comprehensive stool testing. So, I mean, there's many, we can spend a whole hour just talking about that.

Gregory Anne

No. But that was great because and you answered the last thing you said was an answer to a question that I would have had next. Which is what kind of test is this? So we're basically doing a bowel smear or whatever kind of thing?

Dr. Norm

Yeah.

Gregory Anne

Blood work? And, like, what an inflammation? If CRP showed up high on your blood work, would that indicate that possibly your intestinal system is also inflamed?

Dr. Norm

Well, I mean, that would mean you had a systemic in your whole body. Right. But I do think that a comprehensive blood test with all of the different panels lets you look at a number of things that could be factors. We didn't really talk about hypothyroidism that will change in motility. So it is really good to make sure that not only TSH is in spec but also T3, T4, that you want to get a good look at the thyroid. And then if somebody is hypothyroid, you want to know if it's Hashimotos.

Dr. Norm

So, there's some antibody testing, because if somebody does have an autoimmune condition, whether it's Hashimoto's whether it's ankylosing spondylitis, rheumatoid arthritis or type one diabetes, it's very common for people with autoimmune issues to have other autoimmune issues. They kind of travel in packs. And so if I was working with somebody and say we were doing that stomach acid, we were trying to determine if they had adequate stomach acid. And so that would be one of the things I wanted to know. If they had other autoimmune issues, I would look at autoimmune atrophic gastritis, which is also known as pernicious anemia.

Dr. Norm

And that's a simple antibody test. Take a blood sample, they can test it. But here's why it's important. Your own body is attacking these parietal cells, which are located in the body of your stomach. And those are the cells that produce stomach acid. And so imagine you've got this insult your body, attacking those cells, you can end up with hypochlorhydria or even achlorhydria, little or no stomach acid. You may also, the reason it's called pernicious anemia. You may be anemic because the same cell type produces intrinsic factor, a protein that is required for B12 to be absorbed into the body.

Dr. Norm

So if somebody had an autoimmune condition, I'd want them to get that antibody test just to make sure. And then while we're on the low acid topic, right, I'd also want to look at HPylori because over time that bacteria that infects your stomach can cause atrophic gastritis, can damage the cells that line your stomach and you lose functionality whatever these little colonies of infections are. So if they're neo parietal cells, you could have low stomach acid. If they're, there are other types of cells that produce regulatory hormones that regulate stomach acid, you can end up with too high stomach acid...

Dr. Norm

hyperchlorhydria, and those are the people that are at risk for ulcers. So you want to look at that. You want to look at if somebody says they have sports injuries and they take a lot of NSAIDs, because those can cause gastritis damage of stomach lining. The same story all over. So you want to know if they have that, and also these NSAIDs can damage the small intestine condition called NSAID enteropathy, whole other story, but equally, you know, problematic. And of course, if they're on taking H2 blockers or Proton pump inhibitors, game over but they have no stomach acid when they take...

Gregory Anne

What I was just going to ask you. Because you know, how many billions between prescription and over the counter of acid blockers are floating around in people's systems? And I get that it has for somebody who's suffering with acid indigestion and reflux at night, GERD, whatever when they go to sleep, it must feel like an answer to prayer if they get relief pretty quick from those things. Which I think they do. I mean, I used to, when I was a chef, high stress, whatever, bad eating habits, Maalox Tabs were my best friend, right? They felt really good.

Gregory Anne

However, how does somebody that, and I know that long term use of those things is contraindicated, but most doctors don't say is good for three months, six months, and

then we're getting you off of here. And then how do you I mean, what solution could you offer somebody if not for that, if they're in pain?

Dr. Norm

Well, I work with people in this situation every day. And by the way, I mentioned this study we're doing at a teaching hospital in Chicago, and it is on people with reflux, it's 90 people in the study. It's about halfway enrolled right now, but they aren't just people with reflux that want to try the diet and see if they get better. They actually have to go off. They have to be willing to go off the Proton pump inhibitor and try diet as an alternative. So we'll see what happens with that.

Dr. Norm

But when I work with people that have chronic acid reflux, whether it's laryngopharyngeal reflux or heartburn, any version of reflux. And they are taking these acid reducing medicines. First of all, for LPR, the throat issues, it's in several studies and meta analyses, in the proton pump inhibitor, acid reducing drugs don't work any better than placebo. So, they're still highly recommended by a lot of doctors to treat that. I'm not sure why, because the data says they are not really that helpful. Might find somebody that says helps a little bit, but for heart burn, absolutely.

Dr. Norm

You know, half of the people that take these drugs for heartburn related issues find symptomatic relief, half don't, but even the ones that do, you don't want to be on these for a very long time. For a couple of weeks or a month, probably not a big deal, but the list of long-term health consequences, side effects too, but long-term health consequences, significant long term health consequences, it just grows all the time. Every year there's a few new papers that come out whether it's heart problems, or kidney damage, or an increased risk of pneumonia.

Dr. Norm

Another big one is an increased risk of clostridium difficile infection, which tends to come back more often and is more difficult to treat because imagine these PPIs are getting rid of the stomach acid, which is one of your control mechanisms for these bacterial populations. And so they change. And there's been studies they can show the microbiome changes when people are on these medicines and the normal protective role it plays against when C diff is to enter your intestines from any number of sources. Whether you visit a nursing home or doctor's office, you picked up the spores and they enter your digestive tract.

Dr. Norm

A healthy microbiome and your own healthy immune system can protect you. For people that are either immune compromised or they have dysbiosis unbalanced bacterial populations, they don't get that kind of protection. And so they're more susceptible to that.

Gregory Anne

While we're on the subject of medication, prescription medication, let's talk about antibiotics, friend or foe. I get it when you need them, because you have a bacteria

raging through your system, you need to shut it down. Right? But frequency and long term use, talk about that, and a healthy gut.

Dr. Norm

Not only am I somebody that's had to take them from time to time. I had Lyme disease a few years ago. Bad case collapsed. You too?

Gregory Anne

I didn't collapse, I had long term.

Dr. Norm

Collapsed on the couch and found the tick right in the middle of my back where I couldn't reach it. Had been hiking in New Hampshire four days earlier, so it was really clear cut, identified it and had to go and get some Doxycycline which was horrible on my gut but I didn't want Lyme disease either. I spent a good part of my career working on antibiotics and antibiotic resistance.

Dr. Norm

I studied it when I was a postdoc at Tufts. I was looking at the transfer of resistance genes for clindamycin, an antibiotic, between intestinal bacteria. So in this case, *Bacteroides Fragilis* and *E. Coli*, we were kind of interested in how these genes spread around. Then we published that work and then I went to, from academics I joined Bayer Pharmaceuticals and I worked for many years on antibiotic resistance and also antibiotic development. I worked on the development of ciprofloxacin. It's an antibiotic that's saved a lot of lives, but it also has side effects like they all do, and not only some possible health effects, achilles tendon issues, and so forth.

Dr. Norm

But these antibiotics would do wreak havoc on the gut microbiota. They will reduce the diversity. They're not just going in there and killing the bad strains are the ones that you don't like are the ones causing symptoms. They're killing a wide variety of them and that variety that they kill or inhibit. Some antibiotics are static. They just stop the growth and some cytal, they kill. Every antibiotic has a certain dose range in pharmacokinetics, how well it will reach different tissues and all of this kind of stuff.

Dr. Norm

And some antibiotics stay in the gut. They also have a spectrum which types of bacteria or other microbes do they kill or inhibit? And so a lot of the antibiotics these days are broad spectrum. And it's great because even when you don't know what the infection is caused by or you didn't culture it, you might kill it with one or two of these broad-spectrum antibiotics. Downside is they will kill an even wider range of microbes in the gut. And so there's been studies on that.

Dr. Norm

And it shows that there is some level of dysbiosis after antibiotics functionally, it tends to recover in the following months because of the bacteria kind of fill in the spot with whatever the role of that particular microbe was, whether it's helping to break down certain fibers or sugars, but it's less diverse. And so it's going to be less dynamic and less

robust for all aspects of health, including how well they help break down the foods that we don't digest, complex carbohydrates and other things that interact.

Dr. Norm

They help regulate bile levels, bacteria and the liver work together to regulate bile levels. It's really complex, but interesting science. They are involved in cross talk with our immune system and many, many other things. So, all of those things will be impacted. So, what I say, what I write in my books and my blog, when I work with people, there will be times when you need to take an antibiotic, but try to make that as less often as possible. I do believe that myself.

Dr. Norm

I had a cuticle infection a few years ago. It was a terrible little infection. It was very swollen, very sore, even brushing by a fabric was very painful. And I knew I had to do something, but I knew the more dangerous type of infection on your finger is when it's on the pad. Not that cuticle. And so I decided that I was not going to take antibiotics for that. I think some people might have, it didn't look good. I started soaking it in salt every night, soften it up.

Dr. Norm

And then one night I just cut up my courage. I'm no surgeon, but I got a scalpel out and I lanced it and then I kept cleaning it and soaking it and keeping bacitracin on it, and it went away. And I was proud of myself and not buckling and going on an antibiotic. But it does take a little more effort to go the holistic route for things, but I do feel that strongly about avoiding antibiotics, unless you absolutely need to be on them.

Gregory Anne

And yogurt doesn't sound like it's up to the task of real replenishing all the evil that has just been wreaked by those drugs.

Gregory Anne

What do you say about taking yogurt?

Dr. Norm

With yogurt a little bit of yogurt, I recommend people with functional GI issues IBS, GERD so forth, limit the amount of all of these sugars and carbs. So I would recommend they might try a plain yogurt sweetened with like, a non-carbohydrate sweetener.

Gregory Anne

How do you consider sugar alcohols, noncarbohydrate sweetness?

Dr. Norm

Sugar alcohols, they're not technically a carbohydrate, but they're very closely related, and they're related in an important way. And just like carbohydrates, they're very fermentable by bacteria and the difficult for humans to digest and absorb. So that's why if you go on the FDA website and put in sorbital or some of the sugar alcohols, you'll see the warnings on the FDA website. These will cause gas, bloating, diarrhea. You have too much of them, you gotta be really careful. So in the fast track diet approach, we do limit sugar alcohols.

Dr. Norm

With one exception. Erythritol is a unique sugar alcohol that's not metabolized by the human body. It's not metabolized by microbes, and it's a natural sweetener. It's produced by fungi. That's one of the ones I use. I use a blend of erythritol and Monk fruit, which I think is a very good one. You know, like anything, there will be some outliers, some people that say, well, you know, if I use too much of that erythritol I get nauseous. And there's been studies that have shown, and there are a couple of people who report a couple of symptoms here and there..

Dr. Norm

But these things are so much better than sugar. I guess that's my answer, sucrose and fructose. So I forget why we were talking about that. But that's the deal.

Gregory Anne

I was asking if yogurt was up to the challenge of..

Dr. Norm

Right and yogurt, and also about yogurt I guess while we're on the topic... Is they're made with a few, a handful of lactic acid bacterial strains. So are they that healthy? Probably, if you have a half a cup and it isn't loaded with a bunch of sugar.

Dr. Norm

Probably. Okay. Probably good. If you wanted a wider complement of lactic acid bacteria, I think lacto fermented vegetables or even better. Kimchi, sauerkraut come to mind. You know, most pickles too, but pickles are not truly lacto fermented, pickles. I make my own. So I get them that way. You will get a broad variety of lactic acid bacteria. But you know, when you compare that to all of the bacteria. And I've got the trillions of bacteria from a thousand different species. It's so diverse that the probiotics we use and the probiotic foods, it's like, sure, yeah, it's okay. It's good.

Dr. Norm

But I don't think you can really expect it to just come in and fix everything like that, right?

Gregory Anne

Which is true of any time we look to one isolated food, med, whatever to fix the problem. We're still a holistic being with a whole environment around us and people and emotions driving hormones, right? So, it's always more complex than. But I just wanted to talk about the yogurt thing... Even I had to. I was given antibiotics. I didn't take them. Don't tell them I got an infection in a wound, a site where they did a little suture thing. And I just had this feeling it wasn't that bad, right?

Gregory Anne

Three days. No fever, I was like, all right. But the doctor dutifully said, "now do you eat yogurt? Make sure you have a half..." I was like, yeah, yeah, I got you. I'm good. But anyway, I didn't want to not take it, but I didn't want to take it, so it all worked out fine. I wouldn't suggest...

Dr. Norm

If somebody has good luck with something or it's a favorite thing, I try to support that whenever I can, it'll do no harm.

Gregory Anne

Yeah. And unless yogurt is not agreeing with your stomach, I think it can be a healthy food, especially non-sweetened. I like to sweeten mine with berries, and coconut flakes and things like that, and it works out fine.

Dr. Norm

And I agree. And I do that once in a while. I especially like a Greek yogurt with with herbs for, like, kabobs kind of maybe the half Greek person...

Gregory Anne

A couple of cucumbers in there, stirred in.

Dr. Norm

I like it too. And here's something that is really positive about fermented foods, whether it's fermented dairy, or fermented vegetables, and the some fermented meats too, we can talk about those later. But the bacteria, these lactic acid bacteria, are breaking down sugars in these foods. And so what you get on the other end is a well preserved, lower carb food. So I'm all about watching the level of carbohydrates in our diet. And so that's a good way to do that. So for that reason alone, of course, when you go to the yogurt aisle, 90% of them are going to have berries and sugar in it, it's a sugar treat.

Gregory Anne

And chocolate chips and crunchy flakes and it's gotten crazy.

I'm a big fan of the low carb diet as many I don't know, 20 years ago or so when I it's funny. When I was in San Diego and I are talking about California earlier, I worked for a heart surgeon. I was the chef of this new concept called Daily Fit and Fresh. It was the first quick food healthy food restaurant. But Dr. Daily was at the time a proponent of low fat, high carb. So all the recipes couldn't have more than 12 or 15% fat, which is hard when you're doing fast food, even, you know, grilled chicken meat.

Dr. Norm

You had to make them taste good, too.

Gregory Anne

Thank you. Yes, it was the challenge, but I learned a lot. I had a great experience and his point was, and the point is still the same. But the dietary recommendations have changed, was, as a heart surgeon, he said 60% of the patients I see and operate on don't have to be on this table. And so we're going to try and educate them, giving them good food. Right. So now, like I said, the prescription for the ratio of carbs to fat and protein has changed for most people.

Gregory Anne

But the sentiment was the same. And now we know what lifestyle is like, 80% related to how we age and whether we're sick or well or I know that things go wrong in the body genetically, however, that's a small percentage. All I'm saying is to what we can do and

how we can care for the body through our choices of diet. High fat, low carb, whatever it is. Low carb seems to always come up when I speak to Docs as the, not THE solution for everybody but many, many people benefit from having less of these carbohydrates that create more sugar in the body, et cetera.

Gregory Anne

And I'm just curious if you think that that's the case. Like, would everybody better? Because some people say I can't do high fat. I don't feel well. I'm a high carb person, that's how I run. So are there sugar burners and fat burners, as they like to say in the keto world.

Dr. Norm

Or, yeah, that's an interesting way to phrase that question. Right. There are people that may do well on a lower than higher Carb diet. Protein in all these discussions is somewhere in the middle, and it may depend on where their genes evolved. People closer to the equator consume a diet of more carbohydrates and people that get further away all the way up to the Inuit and Northern Canada, will eat fewer and fewer carbohydrates because they're not available, at least back ancestral days. So, there was a variation in the normal diet people ate back then, and it comes out in genes that are expressed.

Dr. Norm

For instance, there's a wide range of gene copy number four, the amylose gene in saliva. We have this enzyme in our saliva can be up to 60% of the protein in our saliva that breaks down starch while we're chewing it, before we even swallow. But some people have very few copy numbers for that gene and don't have very much of that amylase in the saliva. Some people have hygiene copy #, it's kind of a duplication of the gene. They have high levels of amylase, and not only do they tend to digest starch better, but they tend to have better blood sugar control from eating starches too.

Dr. Norm

So, there probably is this evolutionary difference. But what I think has happened is that we've kind of overridden anything that's reasonable, because even in those areas where there are more carbs, you might need a fruit that seasonal. You wouldn't have it all times of the year. You might not have it and eat as much of some of these vegetables if you had an animal kill. So nowadays sugar is bigger and sweeter. They're cross bread and cross bread to get bigger, plumper, juicier, sweeter. And you can have them shipped up from Chile in the winter in the US and so forth.

Dr. Norm

So you can always have access to all the sugar and all this high carb. And I think the numbers are clear that a huge number of people in the US, probably the rest of the world, the same are either diabetic or pre diabetic. I mean, potentially up to 60% or more of the people in the US, and that is an insidious disease. You know, people, if their blood sugar fasting blood sugar is showing up anywhere over 100 or 105 or their A1C levels are high, take notice because you do not want the complications of diabetes and diabetes.

Dr. Norm

I mean, there's obviously autoimmune type 1 diabetes. For the most part. I'm referring to type 2. As we get older a lot of it is diet driven. It's a carbohydrate intolerance, consuming too many carbohydrates. And so there's a number of people in the nutritional circles that I'm involved with, it's a lot of experts in this area and a lot of doctors treating people and either getting them off insulin completely or dramatically reducing their insulin, the amount of insulin they have to take just by teaching these people how to really watch the diet and go on kind of a low carb, high fat diet.

Dr. Norm

In the case of pre-diabetes diabetes, you could throw metabolic syndrome in there as well, there's no question in my mind, it's the inability to process carbohydrates metabolically. And you should be on a lower carbohydrate diet. So if you can't be, well, you better come up with something else, whether it's fasting, but you're intolerant to carbohydrates metabolically. It's interesting that in the digestive health space, in the area that I do research and work in, that carbohydrate intolerance is also a digestive problem. But instead of high blood sugar issues, you've got these overgrowth dysbiotic growth, low diversity, but high abundance, a lot of gas, a lot of symptoms.

Dr. Norm

So you're also intolerant to carbohydrates from a digestive standpoint. So the best of all worlds is a low carbohydrate diet. But of course, in my approach, in my consultation, there are some options with these pro absorption behaviors and so forth and understanding the difference between these individual carbohydrate species that there are options to consume more carbohydrates. For somebody that can, that their otherwise metabolically healthy. Otherwise you wouldn't want them because the carbohydrates that are least likely to impact your digestion are the ones that are higher on the Glycemic index, more apt to impact your blood sugar.

Dr. Norm

Like Jasmine rice and sushi rice, they can contain the starch amylopectin, which is very much easier to digest and break down and absorb than other starches like in Basmati Rice or Uncle Ben's Rice than have a lot more amylose, a linear starch molecule that's tougher to breakdown, it's more like a fiber. And so it's more likely to drive digestive issues. So, there are, the book and my consultation program, gets into the weeds on that a little bit because there are options. Some people, for whatever reason, either feel like it stabilizes their weight to have a few more carbs, or they're convinced that it's messing with their hormones.

Dr. Norm

We can finesse it that way. I'm talking half a cup of rice, not talking.

Gregory Anne

Come on. Not that whole big quart they give you when you get Chinese food?

Dr. Norm

Not the whole like white container with the little metal, Yeah.

Gregory Anne

I was reading something on your website, one of the things you said is about chewing, speaking of amylase. Chewing your food 25 times I think you said, and I remember when I was kid somewhere in high school biology, maybe they said you should chew your food 21 times before swallowing. To this day, I don't count anymore because I just know but I am constantly made fun of because I'm the slowest eater on the planet. And guess I have a really good gut, so I don't know whether that's the whole problem or the whole solution.

Dr. Norm

Good for you. I do the same thing. Generally, I'm on a low carb diet.

Gregory Anne

Me too,

Dr. Norm

But occasionally I'm not. I go out with my friend. He's got a big trawler and we take it up to Nova Scotia. But on his boat, there's granola bars and oatmeal and bread, and it's a carb rich environment. So a lot of times I'll end up eating carbs for the better part of a week. And when I get home, I have symptoms. I might have soft stools. I'm like, man, I need to just get on a low carb diet immediately, but when I'm there, I at least will do the behaviors...

Dr. Norm

I'll eat slowly, just like you and chew really well, I watch my portions and water do what you can do.

Gregory Anne

Speaking of motility water right? Throughout the day. I just want to remind people you rattled off your website pretty quickly. So it's Digestive Health Institute. Org. And you have a store there which has your books, which I assume the books that are here have been edited and polished up and don't have typos anymore as the first one.

Dr. Norm

Well, no, the new ones I did get a professional. I got a professional editor. So the Fast Tract Diet series one on IBS, one on heartburn. Yes, professionally edited, very spiffy and clean, professional cover, all the things I didn't do in the first one. Well, and they can get access and read about the Fast Tract Diet mobile app.

Gregory Anne

I was just going to say you've got an app for Android and Apple.

Dr. Norm

Yeah, and it's a good tool because it lists a lot of foods. These is an FP calculation I created that basically it's symptom potential.

Gregory Anne

What's FP? Tell people what it stands for.

Dr. Norm

Fermentation potential.

Gregory Anne

Okay.

Dr. Norm

And it's a rearrangement of the Glycemic index formula. Glycemic index tells you how quickly one carbohydrate is going to be digested and absorbed in the bloodstream compared to glucose, which is absorbed most quickly. So that's where the Glycemic index is. How fast will this food raise my blood sugar?

Gregory Anne

Right.

Dr. Norm

So I've rearranged the equation to measure this fermentation potential, because what we really want to know was for any given food, how likely is it, the carbohydrates net food, will stay behind and fuel overgrowth of bacteria. So we had a different purpose. So we rearrange the equation and people can plug it into Excel. If they just Google FP calculator, it will take them to a free calculator on the website. But the app, of course, has that all built in. So if you just, you know, say you're going to add carrots to your dinner, it will ask you how much and you say, okay, maybe a quarter cup.

Dr. Norm

Well, it will already calculate, it has the nutritional facts and it will calculate these FP points and then you can change the serving size too, to say, oh, half a cup. I can't afford that many points today. You can reduce it and it will keep track of that. And then you can stand back at the end of the week or month and you can look at your symptoms because you can plug your symptoms in so it will track your symptoms. Will track these FP points and you can stand back and look and see...

Dr. Norm

Are my symptoms following when I have higher FP foods? Usually they will. But if they don't, maybe something else is going on. So you can see both the points and your symptoms being tracked together and you can use it for shopping lists and making meals and all of that. And it has these 100 or so foods to pick from in all these tables of dairy, vegetables, meat and seafood sweets, condiments, the whole nine yards, so you can

Gregory Anne

Wine?

Dr. Norm

Of course it has wine!

Gregory Anne

Thank God.

Dr. Norm

Good for you. I'm a whiskey drinker, but I like a good wine too. Of course you can't live in California and...

Gregory Anne

Right?

Gregory Anne

Yeah, definitely. So somebody could, listening to this call, somebody could say, I really need what that doctor offers. They can have an appointment with you. Yes?

Dr. Norm

Virtual? Oh, absolutely. Yes. I'm a consulting microbiologist, right. I'm not a licensed physician. I'm a consulting microbiologist, but people can make an appointment with me, and typically you can make a 1 hour appointment with me, pick my brain and then I'll write a report afterwards. But I typically recommend to book a couple of sessions because that gives us a chance to have one deep dive for at least an hour on the front end. And then afterwards I'll spend a few hours with that information and I'll generate a report.

Dr. Norm

I'll also send people, if they have another session, a diet and symptoms log. And I ask people to keep that log. But two weeks prior to the second session, if possible, send it to me the night before the second session because I will really spend some time on what are they eating? What symptoms are they having? When are they having those symptoms? Because not all foods and types of carbohydrates are fermented at the same rate. And everybody's microbiota is different. And so you can have digestive symptoms and say, oh, man, I just need to stop eating that yogurt, when really, it might not have been that half cup of yogurt, but it might have been the pizza you had the night before...

Because with a lot of these tough fibers, it can really take a long time or you consume it before your bacteria, working collaboratively, all of these types of microbes, they specialize in breaking different bonds in these complex fibers. The many, many different types of bonds work collaboratively to start breaking this down and fermenting it and cross feeding other bacteria, and at some point it can be many, many hours after you eat it, they build up kind of a head of steam, and then they start generating gas and you're feeling symptom. But you might be blaming the wrong food. That's why this log, the way I look at it, takes that into account.

Dr. Norm

And of course, people consume things in mixed meals. So you might blame the pepperoni. But actually, it was the wheat in the pizza dough. So that's why the food log is very helpful. So I write these reports after every session and people can look at it. They can make dietary changes. They might try an over the counter supplement. I won't and can't recommend any prescription medicines, but they can also take these reports and share them with their doctor.

Dr. Norm

And I think that's the really valuable part of this kind of situation for people that want to keep with their doctor, right? They're happy with their family physician or interns, but

they feel like they're not getting the answers that they need, and they don't want to have a surgery or endoscopy or

Dr. Norm

Yeah, I mean, it's something you couldn't do in that format because it's not a 15 minutes visit. It's a deep dive. And in one of these programs is many, many hours go into really understanding what's happening and what to do about it. And some of these conditions are challenging. There can be multiple conditions and multiple things to keep in mind.

Dr. Norm

There, I'll take on some unusual cases. Occasionally I've worked with somebody that had pouchitis. She had inflammatory bowel disease, ulcerative colitis, had her colon removed, but ended up with pouchitis. Very challenging situation where half of the people that have this pouch made from the elium part of the small intestine, they get this very inflammatory situation. So in certain unique cases, if I take on a case, I've agreed that it's going to be kind of a research project. I'll do those occasionally, not all the time.

Gregory Anne

Okay. All of you one off specialty cases? Dr. Norm is your man. Well, this has been so fascinating. We could spend another couple of hours going on rabbit holes that are still left to be undiscovered. So maybe we'll have you back at the end of the year after people, maybe the beginning of the year after people have indulged too much and everybody has acid indigestion.

Gregory Anne

Okay. People don't be shy if you are suffering with any of these kinds of heartburn acid reflux, irritable bowel, small intestinal/SIBO, at least stop by Doctor Norm's website and check out his books.

Gregory Anne

He's got lots of free resources, including recipes. So for people who say, Well, I know that I should be eating more or less of this but I don't know how to cook it, I don't know what to do with it. He's got some recipes there, too. Thank you very much. I appreciate your time.

Dr. Norm

My pleasure, Greg. Thanks for having me.

Gregory Anne

You're welcome, Peeps. I'll be back next week. Be well. Till then. That's the end of another episode of the Rebellious Wellness Over 50 podcast. I hope you've enjoyed it. If there's anything that you've heard or here when you tune in that you think would benefit a friend, a sister, a mother. Hey, even some guys send him my way, would you? And if you've not ever been to the web. Rebellious Wellness Over 50 Dot com head on over there. There are resources things that I don't always get to on the podcast that might help you. Age better be well until next time and stay that way.