

# Anxiety Summit closing: Neurotransmitter testing, amino acid questions, hyperflexibility/EDS and pet anxiety

- Ehlers Danlos Syndrome/EDS, hyperflexibility, connective tissue problems and the connection to pyroluria/social anxiety
- Natural anxiety solutions for cats, dogs and horses
- Neurotransmitter and pyroluria testing: what works and what doesn't
- Amino acid questions I get asked and my feedback
- Questions from you, the summit attendees



Welcome to the closing call for *The Anxiety Summit* season four. I am your host, Trudy Scott, food mood expert, certified nutritionist, and author of *The Antianxiety Food Solution*. And today we're going to talk about Ehlers-Danlos syndrome and hyperflexibility. You might wonder how this connects to anxiety but you're going to find out. I'm also going to talk about pet anxiety, neurotransmitter and other testing and then amino acid questions and other questions that have come in that I think are going to be applicable to a lot of people who are listening in on the summit. It's been a wonderful summit. I've thoroughly enjoyed it and I have loved the interaction and the questions and the comments and everything as well as the amazing speakers and the amazing subjects that we have covered.

Before we go into Ehlers-Danlos syndrome and the connection to anxiety. I want to address a few questions that I have been seeing that will set the stage for where we're going to go. And I know many of you are in this situation so this is a question that I had.

“I love the summit. Ever since I’ve been listening I feel so overwhelmed. It’s really showing me what the possibilities are if only I had the money, sure. Unfortunately it is increasing my anxiety at the moment.” So we don’t want you to be more anxious and we don’t want you to be more overwhelmed, certainly not on an anxiety summit. But if this is your first [anxiety] summit and this is your first exposure to this nutritional information and all of this is new to you then it will feel overwhelming. We’ve covered some really advanced topics like oxytocin and fluoroquinolone toxicity and Lyme disease and heavy metals. And we’re going to talk about Ehlers-Danlos syndrome today.

But if you’re just starting out on this anxiety journey then I want you to ignore all of those for now. Just put them in the back pocket and they’re there for you to think about later. As you say you are listening to all these possibilities. They may not all apply to you and they very likely don’t all apply to you. So start with the basics and just take baby steps. So what are the basics? Switch to a real whole foods diet. Dump the junk and the processed food. Eat to control blood sugar and to do that you have protein at breakfast. Animal protein is ideal. Eggs, grass fed meat, some chicken. You could have dinner for breakfast and keep that blood sugar stable throughout the rest of the day. Have those healthy snacks to keep your blood sugar stable. Get off the sugar. Get off the gluten and get off the caffeine. Okay, so real food. Eat to control blood sugar. Get off the sugar. Get off the gluten. Get off the caffeine.

Doing that will actually save you money so you don’t have to worry about the money aspect if that is an issue for you. And I’ve been hearing that it is an issue for a lot of us. It’s expensive to look at all of these things that we’re talking about and thinking about what’s it going to cost me to address all of these factors. So do the basics. Then you can see where you’re at. And for many, many, many people - as you heard from Cyndi and I in the talk about turmeric and wheat and healthy fats - this is all that you need to do. And you will eliminate your anxiety. Now for people who have done all this and you haven’t got answers you might feel a little bit frustrated. But there are many people who just need to do that. And that’s why these are the first few chapters of my book, the basics. Just do those things. A lot of people will reach out to me and say all I did was that and my anxiety is gone.

They are also the basics if you do have some of these bigger issues like the fluoroquinolone toxicity or if you’ve got gut damage or if you’ve got gluten sensitivity or if you’re tapering from benzodiazepines or want to taper from an SSRI. And I’ll talk a little bit more about that one later because I have had a lot of questions about getting off medications. But if you’re dealing with any of these bigger issues the basics need to be in place too. So this is just fundamental. Don’t think “oh I heard about this amazing herb Venetron on the Dr. Bongiorno talk. I haven’t tried that one yet.” Whatever you’ve heard don’t jump to that as the be-all answer. Rather get these basics in place. Go for the basic supplements and then you can start playing with some of these other things because we’ve thrown a lot of things at you and that’s what I want to do in the summits, all the summits, is explore. I learn as I find these speakers, as I bring these topics there’s a lot to it. Any one of these factors could be contributing to your anxiety but certainly not all of them.

So I'm exploring, I'm bringing this to you and I do this in all the summits and that's why you will hear advanced topics in some of these summits that may not apply to you because we've covered a different topic in another summit. So each summit builds on the other and each of them stand alone and they've all got valuable information. So if you're thinking you've got a lot out of this summit don't forget the other summits. If you've been listening to all the other summits you will see that. There's a lot of information in each of them and they all are equally valuable and they all have valuable information. But we can't go back and repeat what we've done in other summits because I know that a lot of you have been here since season one and season two, season three and now season four.

So continuing along those lines of the basics. So maybe you've done these basic things and you still feel like you're deprived or you're using this willpower to get off the gluten. Or you backslide and you start eating the cookies again or whatever it is. Then you might want to think well, maybe I need to look into the amino acids like GABA or tryptophan or DPA or glutamine or tyrosine. These help you quit these addicting foods like gluten and caffeine and sugar so you don't feel deprived, so you're not having to use willpower. Now I said that I used them from day one and I shared this in my GABA talk. And it is tremendously helpful for people to see this instant relief from anxiety. So this one's a little bit of an exception. You can do the basics and ignore the aminos and then come back to them later or you could use them from day one because they are going to give you relief right away. They give you hope and they do help with the cravings because it's very easy to say get off the gluten, get off the sugar. But if you can't do that or you do it and you're feeling deprived then that's not going to work either. So I want to make life easier.

So the aminos are a little bit of the exception. But you may not need them. Some people do not need the amino acids, as much as I rave about them and say how incredible they are. Some people do fine without them. Now if you make the food changes and you're doing great. Then that's fine. That's all you need to do. But if you've made the food changes and you still need some help or it didn't make an impact or it only made a small impact then you can go back to these advanced topics. So for now put them on the back burner. Just know that they're there and be aware of them and you can come back to them in the future. If you are already in your journey and you have done all the basics this is the time to explore some of these topics. And you might be feeling overwhelmed too. Maybe you've made all the food changes. You got off the caffeine. You've tried some of the amino acids and you've maybe looked at healing the gut and you've still got issues.

Then it's time to take some of these more advanced topics like the fluoroquinolones, like the heavy metals and explore those. And again you may feel a little overwhelmed by them but just pick one. Pick one, go down that road, start to explore it and see if that might be something that could help you.

Now in the last season I did the closing call and I talked about 60 + causes of anxiety. I'm adding to that list on a daily basis. But that doesn't mean you have all 60 as being a cause in your anxiety. I'll share a link to that in the blog that goes with this call so you can look at those. And they're kind of listed at the start in the order that you should approach them. So all the food information and all the basics are up at the top and then we start looking at the aminos. But then you'll see there's a lot of other possible causes and you can just start ticking through those to see if they are factors in your anxiety. And someone actually asked me a question about pain issues and I said go through the 60 + causes because keep in mind these issues can cause anxiety in some people, it might cause pain in somebody else, it might cause depression in somebody else, it might cause ADHD in somebody else. So it's all of these underlying biochemical factors and nutritional deficiencies can impact us in different ways.

The other thing that I talked about in the closing call for season three - and I'll give you a quick recap here - is that I have these different levels of people that I work with. So the level one clients are the ones who just do the basics and they're great. So all those basic things I've talked about they implement and then they're feeling great.

Level two will do the basics and maybe a few supplements. Maybe they'll need to get on a bit of zinc. Maybe they'll get on a good multivitamin. Maybe one amino acid. Maybe GABA is what they use or theanine and then they're doing great.

Level three clients have a little bit more going on. So they want to do the basics. They will get on a few supplements. Maybe they'll need more than just the zinc and the multivitamin. Maybe they've got low vitamin D as well. Maybe they've got low iron. And remember iron's a co-factor to make these neurotransmitters. Maybe they've got gut damage or candida or parasites and they may need all the amino acids. So it's very common for someone to fall into all of these categories.

And as you heard from Dr. William Walsh there may be some other issues going on. There may be undermethylation or overmethylation. There may be pyroluria so you may need to be on specific supplements long term based on some underlying hereditary biochemistry that you have going on. So these people will need more support.

Level four would do all the basics. They would do all the above that I've talked about if it's applicable. And then these are the ones that will need to look at the more advanced topics like the Lyme disease, the heavy metals, maybe figuring out if it was fluoroquinolones or something else. Maybe the benzodiazepines. Benzodiazepines will often fall into this last category because they can start to make you more anxious. They can start to affect your sleep even before you start to taper off. And then once you start to taper off that could cause more problems as well. Now that's not the case for everyone. Some people seem to be able to get off the benzodiazepines much easier. They don't have as much hard a time. Obviously with any of these medications you would want to be working with a doctor and doing a very, very, very slow taper and doing some nutritional support as well if you can tolerate it.

So those are the levels where we're at. So figure out where you are and then tackle these things and then put the others on a back burner thinking wow, now I'm educated, now I'm empowered. I know this information. And maybe you don't need it now but maybe you'll need it later. So hopefully that's put your mind at ease if you are in the overwhelmed category because that is a lot of information that we're sharing with you. The other thing is the blogs will not be going away so you can come back to the blogs. I'll share the master speaker blogs and those have snippets from the interviews. I have links to additional resources, books from the speakers, other books the speakers have mentioned and information about the speakers. So go back to those blogs if you need to do that.

So let's talk about Ehlers-Danlos syndrome and anxiety. And you might think well why are we talking about Ehlers-Danlos syndrome. So it started because last year I got a question about a possible connection between joint hypermobility (so think about being double jointed, that might be a term that you might be familiar with) and Ehlers-Danlos syndrome (and it's spelled E – H – L – E – R – S, Danlos, D – A – N – L – O – S) and pyroluria. And it's been on my list to look at. I have this long list of topics. When I get asked a question I add it to the topic list and I start digging and start to learn and then I want to share what I've learned.

So as I learn more I want to write about it and I also had heard about this possible connection to pyroluria which is the social anxiety connection. You heard Dr. Walsh talk about pyroluria in his interview. I have talked about pyroluria in prior summits. I actually had Dr. Josh Friedman interview me for a whole hour on pyroluria in season three and we've heard different people talk about pyroluria throughout the series of summits. The big clues with pyroluria if you're not familiar with it P – Y – R – O – L – U – R – I – A, social anxiety, this inner tension that you cover up and you deal with and you push through. It runs in families. There's often many girls in the family and often look alike sisters. So back to EDS and pyroluria and I'm going to call it EDS instead of saying Ehlers-Danlos syndrome every time.

So some people are diagnosed with it and know that they've got it. Often it takes a long time to get a diagnosis – many, many years. But many people don't have a diagnosis and they don't actually know that they have it and they may relate to the fact that they've got this joint hypermobility or they may think well I'm double jointed, my joints are very flexible. And once I started looking into it it just got more and more interesting. I blogged about it late last year and the response that I got from our online community was so much bigger than anticipated. So I really figured it was something that I wanted to share on the summit. And I will warn you I don't know much about it. I'm not an expert. I'm learning here. But as you've gathered from me if you've been following me for a while as I learn I like to share. I get feedback. I learn more and then I can share more. So please share your experiences in the comments in the speaker blog that goes with this.

So let's just give you a quick recap of what joint hypermobility syndrome is. There's an article in the British Medical Journal and it's by Rodney Grahame. He's a professor who



seems to be an expert in this area. So joint hypermobility syndrome previously known as benign joint hypermobility syndrome. It's a heritable disorder of connective tissue where people will have arthralgia, soft tissue injury and joint instability. It's indistinguishable from Ehlers-Danlos syndrome and people will have premature osteoarthritis, intestinal dysmotilities – in other words it's affecting the gut - and laxity in other tissues including hernias and uterine or rectal prolapse. So it has a wide ranging effect on connective tissue. Symptoms are often minimal or mild but 24 percent of patients attending this specific hypermobility clinic that he talks about in the article had already established chronic pain syndrome at the time of their first outpatient attendance. So pain is a big factor. Serious pain, impairment of quality of life and some patients actually become chair bound or bed bound. So it is very serious for a lot of people.

And then there was a paper that was published in December 2014 and it was titled United States Physical Therapists' Knowledge About Joint Hypermobility Syndrome Compared with Fibromyalgia and Rheumatoid Arthritis. And what they said is this. Despite the fact that joint hypermobility syndrome is one of the most commonly inherited connective tissue disorders many physical therapists in the U.S. are not familiar with the diagnostic criteria, prevalence or common clinical presentation. So it's very common but a lot of people are not even aware that it exists or how to identify it. This is in the U.S. I suspect it's similar in other countries as well.

So let me just share the actual request that I received - this is from a blog reader and she follows me on Facebook as well. And this is what prompted me to start digging and do this article and then share with you. So I just want to thank her for raising this question and prompting me to look into this. "So I was wondering if you'd ever be interested in doing a post on Ehlers-Danlos syndrome. I wonder whether many of your clients suffer from it or don't even realize that they do. It's a group of connective tissue disorders that had mostly been thought to affect only the skin, the joints, the skeleton and blood vessels. But it turns out that connective tissue is a necessary part of all organs and that there are much higher than expected incidences of anxiety, depression, chronic pain which is often labeled as fibromyalgia and gastrointestinal problems."

There were a lot of people reading this article that I'd written and maybe as you're listening to it now you're thinking wow, that sounds like me. She also said "I suspect a lot of people with EDS also have pyroluria. There are high numbers of people having to deal with POTS which stands for postural orthostatic tachycardia syndrome and MCAS, mast cell activation syndrome and have very high levels of disability with it. I think that having connective tissue damage like this may make the gut more prone to tearing and leaking and may make dietary changes even more important." And this makes total sense. But "it might also be one of the reasons why some people have less than ideal responses to nutrient therapy." So now we're moving into the level two, the level three and the level four people that I was talking about. You've tried all of these things and you're not getting results. And this is why I wanted to share this on the anxiety summit because I talk about all these amazing approaches – getting off gluten, adding in protein, adding in red meat, using GABA, using tryptophan, all the amazing work that all of these

practitioners have been talking about. But if you're not getting results you might think wow, you know, I'm not getting results. Maybe this is a factor that needs to be looked at.

She also said “many people with EDS are on a cocktail of medications for pain, sleep, anxiety, depression, reflux, IBS, menstrual disorders. And I can't help but wonder if all those medications are actually making things worse for some. Is this something you've come across much?” So it wasn't something that I had come across much but I had started to hear little pieces here and there. So once I got this and hearing that she had mentioned that there was this connection to pyroluria, with my work in the world of anxiety I really wanted to learn about this connection. And then also the fact that if it's affecting the gut that's going to have a big impact because then you may not be able to absorb those nutrients and it may make gut healing a slower process. So all of that just made me very interested. I've just got a curious mind and I love to learn.

So there were a number of papers that I found that were published in 2014 and 2015 so these are recent papers looking at EDS and psychiatric disorders. None of them actually mentioned social anxiety but anxiety was mentioned a lot and it was very common as was depression. So let me just share a few of those.

This one was published in October 2015 and the title is Psychiatric Disorders and Ehlers-Danlos Syndrome are Frequent, Diverse and Strongly Associated with Pain. They found 42.5 percent of the EDS patients had psychiatric disorders with 22.7 percent affected with two or more psychiatric diagnoses. Anxiety and depression were the most commonly reported with 23.6 and 25.5 percent.

And then a paper that was published in April 2015 looked at survey results from 250 members of – they were over 18 years old - a Swedish EDS Association. And it was called Self-Reported Quality of Life: Anxiety and Depression in Individuals with Ehlers-Danlos Syndrome, a Questionnaire Study. So 74.8 percent scored high on anxiety and 22.4 percent scored high on depression. So these are high numbers.

And then a paper from March 2015, Psychopathological Manifestations of Joint Hypermobility and Ehlers-Danlos Syndrome: the Link Between Connective Tissue and Psychological Distress Revised. And what this paper does it actually looks at EDS and other disorders as well as anxiety. So they talk about a link between depression, attention deficit and attention deficit hyperactivity, autism spectrum disorders, obsessive-compulsive personality disorder.

So we've got the joint issues, the connective tissue disorder and these other factors. And I've had a few people ask me about obsessive-compulsive disorder and I'm going to share a little bit of feedback later on. But these are all factors that could be because of connective tissue issues. And of course you heard Julie Matthews talk about autism so we do need to look at the whole picture for all of these different conditions.

So the big question is which comes first? Is the fact that you've got EDS and pain now causing the anxiety and the depression or is it these underlying genetic factors or

epigenetic. It seems like there's this environment impact. Are they causing the damage to the connective tissue and at the same time contributing to the anxiety and the depression. And you're going to hear how some people have got on the pyroluria protocol - which is vitamin B6 and zinc - and they found the anxiety diminished and they've seen improvements in the connective tissue issues. So I'll share a little bit more of that as we move further on.

I mentioned the epigenetic effects. When I interviewed Lisa Bloomquist talking about fluoroquinolone antibiotics we're wondering if that could be a factor as well. She had shared that someone had asked the question about EDS and fluoroquinolones and she said "I agree completely. People with EDS should never be given fluoroquinolones" and she's actually got a link to an article on her blog that I will share with you. Fluoroquinolones and these are these antibiotics that she talked about can exacerbate and cause EDS symptoms and maybe cause EDS itself. "Fluoroquinolones definitely cause connective tissue problems. They even have a black box warning on them noting the damage they can do to tendons. In addition to tendons they can damage cartilage, muscles and collagen." She says "I'm not sure whether the fluoroquinolones trigger symptoms of EDS or if they trigger epigenetic changes that lead to EDS. Unfortunately a large number of people who have EDS symptoms have past exposure to these drugs."

When I'd written my article in December I had not heard about Lisa Bloomquist and the fluoroquinolones. This is a new thing that I have now added to my toolbox. Now I know that there's a connection to fluoroquinolones. So it will be very interesting to see how far this connection goes. So if you resonate with this and you've been prescribed fluoroquinolones do comment in the blog so we can start to learn more about the connections.

So I guess it's a combination of all of this. It's the fact that you've got the pain and now you feel anxious or depressed about it and the nutritional deficiencies and then maybe these outside factors that could be contributing to it. And it's going to vary by individual. Different people will have different responses.

Now there was a good website that I found. I thought it was good. Maybe people who are up on Ehlers-Danlos syndrome will think that it's not so good. It's called the Ehlers-Danlos Syndromes National Foundation. And it was just a good website I thought for describing what it was so I could learn more about it. They make zero mention of psychiatric symptoms so they haven't made this connection. Unfortunately they're not helping people who go to the website who may have anxiety or depression. And I think that's the case in so many instances. We focus on the physical and we forget about the anxiety and the depression that often goes along with many of these physical conditions.

So let me just share some feedback that I received up until now and I'm going to share the initial blog that I did. There were tons of comments on there so you can go and read those as well. But let's just talk about this connection to pyroluria. So we have people with pyroluria will often relate to these symptoms which are on the pyroluria questionnaire: joints popping or cracking or aching, pain, pain between the shoulder



blades, cartilage problems. And as I said these are often due to low zinc levels. Gluten issues, gut issues, being very sensitive. All of these are classic symptoms with pyroluria and you can see that they overlap with these symptoms that we might see with EDS.

Now there is another condition called thin basement membrane disease which was new to me until season three of the anxiety summit. It's an inherited collagen or connective tissue disorder and it's diagnosed by a kidney biopsy. And someone contacted me during season three of the summit. She said she has pyroluria. She's also got this thin basement membrane disease. She shared that the pyroluria protocol helped her symptoms. And when I did the blog in December she commented again and she just said "I thought you'd like to know that it's been a year since I started treatment for pyroluria. My labs are back in the normal range for a normal person without thin basement membrane disease. So it seems like the vitamin supplements have improved the connective tissue and my kidneys. I have also had popping joints in my hips, knees and wrists for many years. That has also improved over the last year." So I love getting feedback and I love people swinging around and letting me know how things have improved. And so I wanted to share that one with you. So it seems like the nutritional deficiencies that were contributing to her kidney issues were also contributing to pyroluria. And when she got on the pyroluria protocol both of them improved.

And then someone else shared that pyroluria is a big part of hypermobility. She said that "80 percent of us suffer with pyroluria" and she also shared that hypermobility is induced by the environment. So there is a nutritional approach that could reverse it. And as I've said many, many people commented on the blog so I'll let you look through those comments and then feel free to share what you have found.

I reached out to a few colleagues as well. Dr. Josh Friedman, he's the integrative psychiatrist who uses amino acids and other nutritional approaches. He's the one with the wonderful GABA quote: I don't care how GABA works as long as it works and helps my patients. That makes me happy. And he said that he's noticed a few people in his practice who have EDS. They tend towards low cholesterol. This is a low total cholesterol and you heard Dr. Kurt Willer talk about total cholesterol affecting your mood and he noticed that a few of them had cholesterol below 160. This is the total cholesterol. And they do well on cholesterol supplementation. He didn't see a strong correlation with pyroluria. Some of them did seem to have it, others didn't seem to have it.

So I don't have all the answers. As I said I'm only really looking at the anxiety aspect but there are some wonderful groups on Facebook. The person who posed the question to me is a member of a group called Ehlers-Danlos Syndrome and Polysaccharide. And I'll share the link to that group - Ehlers-Danlos Syndrome and Polysaccharide. And the actual name of the group on Facebook is EDSandaloe. I haven't had a chance to look at everything they recommend. If I waited to share things before I had a chance to look into everything I probably wouldn't get to sharing very much. But what I have looked at looks very interesting. I've seen some very interesting discussions on the Facebook group. And the woman who started this group - I've had a look at her website and the

results that she has seen with her and her children overcoming Ehlers-Danlos syndrome is incredible and I'm hoping to hook up with her and more people in the group so we can start cross-pollination and sharing of more information.

So I would just love to hear if this resonates with you if you've been diagnosed with joint hypermobility or EDS or if you feel like you've been double jointed your whole life and you have some of these issues that I'm talking about, maybe the pain, maybe the digestive issues. I did hear from someone on the blog this week saying "I've done every kind of elimination diet. I take out six foods and then I eat other foods and then I become sensitive to those and I've been doing this for 15 years. When am I ever going to get answers? How am I ever going to heal my gut?" And in that instance maybe looking at something like this is going to be important. So I hope that it's going to help and hopefully if you know anyone who may resonate with this - if you can share it with them as well that would be great.

Also if you do have pyroluria let us know if any of this resonates with you. And then if you've gone on the protocol or other protocols that help with the joint issues or the connective tissue issues please share it because there's just so many wonderful resources out there. An online forum like this is just such a wonderful way to share information and to all learn from each other. So that's it for Ehlers-Danlos syndrome and I hopefully have helped a few more people and hopefully the information that you share will enable us to help more people.

So the next thing I wanted to talk about in the closing - and the closing is usually just a hodge podge of topics that come up that don't really fit into other talks. So this one is talking about natural anxiety solution for cats and dogs and horses. And you heard us talk about it in the talk on tryptophan with Ron from Lidtke. We talked about the fact that they have a pet version of tryptophan that helps with anxiety in dogs and cats. And it's interesting when I commented on a post on Facebook talking about pet anxiety - someone asked me about their dog do I have any ideas. I had a vet from Australia saying she was amazed - no she wasn't a vet, she was a pharmacist saying she was amazed that so many cats and dogs are being prescribed anti-anxiety and anti-depressant medication. And that just boggles my brain. So if cats and dogs are anxious there are some natural approaches that we can use. And let's try and give them natural approaches as well. We love them so much we don't want them to be getting all the side effects that as humans are getting. How awful is that. So tryptophan is good for cats and dogs and also horses.

And then there is a product called Anxitane that is often prescribed by the vet. A - N - X - I - T - A - N - E. And it is - guess what it is? It is theanine. L-theanine. So you heard Dr. Zendi talk about how she uses theanine with the kids and adolescents that she works with. This is theanine for cats and dogs and it comes in different sizes for different size pets and different sizes for cats versus dogs. And I've had some very good results from clients telling me that the Anxitane or the theanine works very well. It's in a mix that is chewable so it's easy to give cats and dogs. I guess you could give them the equivalent of just theanine if you could have them take it.

Then the other thing that we want to think about is gluten. Gluten is a big factor with dogs and cats too. Firstly, they should not be eating food that is loaded with gluten – corn, soy, all of these nasty ingredients. But gluten can cause anxiety and depression in cats and dogs just like it can in humans. I worked with a woman who came into the office and had this tiny little dog with her that was just shivering and so anxious and she said he gets separation anxiety and he needs to be around me all the time. And of course going through our session we decided yes, gluten elimination is definitely on for you because she was still eating gluten. And she went home and got on a gluten free diet and because she was changing what she was eating she changed her dog's diet. And lo and behold her little doggie was no longer shivering and shaking and anxious. So it had a big impact on her and it had a big impact on her dog as well.

Then I've had feedback on the blog where someone told me that the pyroluria protocol helped her dog. He became much more social. He was fine with going to the dog park and playing with other dogs. I don't have any other evidence except what this one person told me so I just wanted to share that. Someone else told me that Rescue Remedy - which is a BACH, B – A – C – H flower remedy has helped her dog so I wanted to share that as well. I don't know for sure. With all of these I would check with your vet. The Anxitane is fine. The tryptophan is fine. The pyroluria protocol and the Rescue Remedy I would take with your vet to make sure that it's going to be okay for your little dog or your little cat.

And then the other one that I wanted to share with you is a ThunderShirt. And it's a little jacket that you put on the cat or your dog and you cinch it up and it's nice and firm and nice and tight and it's kind of like getting a big hug. And it's a very similar concept to the weighted blanket. Many of us humans find using a weighted blanket to be calming and comforting. I actually had really great feedback when I shared about the weighted blanket and a lot of people find it's very, very beneficial. It's used a lot in the autism community and people with anxiety and depression find that this weighted blanket can help as well. The weighted blanket is actually made like a comforter but you put plastic beads in there or glass beads and it just has this sort of weight on you when you're sleeping at night and it can be very calming. So the ThunderShirt has a similar concept to this where you've got this weight, this sort of hug feeling and they come in different sizes. They make them for cats and dogs and a lot of people find that they're absolutely amazing. So I'm going to share some links to some of these things that I'm talking about here so you can check them out and let us know what works for your beloved pets so they can feel great.

And then I just wanted to share something else because it works the other way around. There's some recent research that shows that vets who were given pet dogs showed a big improvement in their PTSD symptoms. Now how beautiful is that. In this particular study nine veterans were given a dog immediately. They just randomly selected them. And the other ten were placed on a three month waiting list for a dog. And the dogs were just pets. They weren't trained service animals so they were just normal pets. And the vets with the dogs showed fewer PTSD symptoms (this is post-traumatic stress disorder.) They also reported low levels of depression and loneliness which I think is so wonderful.

This was a paper that was presented at the annual meeting of the American Psychiatric Association in Atlanta. So it's new research. It's preliminary research. It hasn't actually been published in a journal but it was presented at this conference. So I just think it's heartwarming and wonderful to think that it's having an impact.

So I was going to talk more about neurotransmitter and pyroluria testing in this final closing call but we covered it so much in the other calls so I'm going to just touch on it again and remind you so you can go back and look at some of those. The neurotransmitter testing - I covered in my GABA talk. I shared how I don't use urine testing for this at all. I just use the amino acid questionnaire and the response to the amino acids. And I outlined how I do this trial for GABA and tryptophan in my GABA talk. And you would do the same for glutamine or DPA which is for the low endorphins or tyrosine which is the one for the low catecholamines. So I don't have much to add to that.

And then the pyroluria testing for social anxiety - that was covered beautifully in the interview with Dr. Walsh - so all I will say is again I use the questionnaire and the response to the supplements just because of the false negatives. But Dr. Walsh did talk about why that may happen. He did agree that if you do get a false negative but you score high on the questionnaire to go ahead with the protocol. And I'm hoping we're going to get some more information on the testing and we can get some of these labs knowing how to do the testing so we can get conclusive results because I think it'll be so beneficial if we can always get true results.

The other thing that's going to make it very good if we are getting these good results is that this will be more recognized in the mainstream because at the moment you'll see a lot of blogs and websites will just say this is a pseudo condition that doesn't exist and it's not something that we need to think about. So if we can get some testing in place I think that'll be very beneficial.

So now I want to go on to the questions that have come in. And these are various questions that have come in on the blog and on the Facebook page and I've picked some questions that I think will be applicable to a lot of people. Don't feel upset if I didn't pick your question but I pick things that I think will have a broad reach for everyone. And then I'll just share some feedback at the end of this. But let's go through some questions now.

The first one has got two parts to it. "How long do you usually suggest people stay on amino acids after doing a trial?" And then the second part was something I mentioned in my interview on GABA. "You mentioned transitioning from a vegetarian diet to help ease your anxiety. Have you had clients who do well on a vegetarian diet? I've been a vegetarian for so long and really enjoy my meals. I avoid processed foods, soy and gluten and although I know it's not for everyone, it's difficult for me to imagine eating animal products." So let me tackle the first part first. So typically one to twelve months assuming you address the basics. So you address all the underlying issues like gut health, gluten issues, low blood sugar, methylation issues.

And it does include diet. And I have found that most of my clients with anxiety and depression do better with animal protein. And I know it's probably not what you want to hear and I know when I was a vegetarian there's no way someone could have convinced me to do anything otherwise. But I'm just sharing my perspective. If you are battling maybe this is the little change that you need to make. And I'm not minimizing it. It may be a huge change and it's probably it is hearing the way you're talking about it. But think about what it's doing to you and how much better your life can be if you do change it.

I actually interviewed Lierre Keith on season three of The Anxiety Summit and we talked about her and her book and her problem with her anxiety. And she was a vegan for a long time and then a vegetarian for a number of years as well. And the big problem with her was the carbs and the blood sugar swings. That really, really impacted her anxiety. So think about healthy fats, how much you can get if you're not willing to do it. Think about low B12. Think about zinc. Think about iron. And maybe adding in a freeform amino acid blend to give you some of that protein that you may be missing out on may make a difference. I've seen a number of people just add in a free form amino and that helped them if they are on a vegetarian diet. So I just wanted to share that. Now you can eat a healthy vegetarian diet but if you have got health issues whatever they are – physical or emotional - you've got to look at all aspects and this just might be one aspect that you need to look at.

Now this is a question that I had from a gentleman and I've had a few like this, so I wanted to deal with this and it wasn't something that was covered specifically. We did talk about medication taper in Dr. Bongiorno's interview on serotonin but not as specifically as this gentleman was asking. So he says "my wife's been dealing with severe and crippling anxiety for several years. I've been researching anxiety and trying to help her with her diet." How wonderful a husband is he? "She's open to changing her diet in order to hopefully eliminate the anxiety she feels on a daily basis. The problem and concern hence my question. She's currently on medication which her doctor is adamant that she stays on. How does one taking medication make the transition in order to get off the medicine? Is it a focus on diet first without altering the medicines and then after two to four weeks start weaning off? The doctor did say he would ultimately help her get off the medicine if that's what she wants. And I'm not asking for your opinion on how she would get off her current medicines since you don't know her medical history but in general what advice would you give?"

So it's always better to be as healthy as possible before doing any medication taper. And you heard Dr. Bongiorno talk about this in the serotonin interview many times. He kept going back to it. Do all the basics. And I've talked about it here. So this could be the dietary changes, also include lifestyle changes like meditation and yoga, addressing sleep, looking at gut health. And this could take as long as two to three months. So a lot of people are in a rush to get off their medications. If you've been on your medication for ten years there's no rush. You don't have to get off it in two to three weeks and it's probably not a smart thing to do. Two months, three months, maybe six months until you're in that right place. And Dr. Bongiorno said do it in the summertime because in



the wintertime your serotonin takes a dip anyway and then it can be harder to do. So I find using targeted amino acids like GABA and tryptophan are very helpful to give you hope right away. And they start to boost the serotonin levels and the GABA levels. And Dr. Bongiorno covers the serotonin piece in his interview and I covered the GABA piece in my GABA talk - about how to do that.

Then I will have my client work with the doctor on a taper protocol so it's good that you have a doctor who's willing to do this. Get the okay to use the aminos at the same time. Be aware that they may not know about amino acids so you may need to educate them. And the way it's done once the doctor's given the okay is – and you've got all this foundation work in place - increasing the aminos as you taper down on the medication. So you get all the foundation in place, then you add in the aminos or you add in the aminos at the same time as doing the foundational work. But when you're ready to start tapering down you would increase the aminos as you taper down on the medication if you're noticing some increase in anxiety or depression.

And I just want to say I don't know what medication this was, if it was an SSRI or a benzodiazepine. Both of them can be challenging to taper. Up until last season I used to talk about the benzodiazepines as being so challenging but Dr. Kelly Brogan has just come out with her new book called *A Mind of Your Own*. I actually interviewed her a few months ago and she was sharing how the SSRIs can be as difficult for some people to get off. So keep in mind that it may be easy, it may be difficult. Just know that it could be challenging. So you need to educate yourself and you need to make sure that your doctor knows the best approach. Don't assume that the doctor knows. They may not. I actually interviewed Dr. Catherine Pittman in season one of the summit. She surveyed the BenzoBuddies support group which is a support group for people tapering off benzodiazepines and a lot of people said that their doctors didn't even know that the benzodiazepines were causing problems and they didn't really know how to do a taper. So you do just need to educate yourself and hopefully educate your doctor. The good thing is you've got a doctor who's willing to do it.

The other thing that Dr. Kelly Brogan talked about is a liquid taper and having a standard taper percentage but then adjusting that. Say you decide ten percent - you're going to reduce it by ten percent and then you do that and then you have a reaction. Then you need to have a doctor who's willing to adjust that. There are no issues with being on a benzodiazepine and GABA at the same time. With tryptophan my recommendation has always been six hours away from the SSRI. Dr. Bongiorno said in his interview that he's never seen an issue with serotonin syndrome. Just make sure that you have your doctor's okay and he is monitoring you if you're going to be adding in tryptophan or 5-HTP or one of the other nutrients or herbs that impact serotonin levels.

Now Kelly Brogan - she's the integrative psychiatrist that I just mentioned and she's a wonderful past summit speaker - she uses a similar approach to what I've just described but she uses the amino acids later. She doesn't have people start on the amino acids on day one. She has them make all the dietary changes and then when they're ready and they've got the foundational work in place then she will have them use some of the amino

acids while they are doing this very slow taper. And if everyone could have a Dr. Kelly Brogan in their town and could work with her with these medication tapers it would be wonderful.

So now we've got another question here. This is someone saying "I would love you to explore the area of anxiety and mental illness caused by psychological abuse. There must be a multitude of us out there who are suffering in silence. I know many who have taken their lives under stress and strain and there's literally no way out. No pill, no dietary change, no supplement that can truly help. One has to get rid of the root cause. How does one do this in these unique situations?" I am going to have someone speak on season five of *The Anxiety Summit*. It's going to be on ACES, adverse childhood events. So you could look that one up in the meantime but I will say that even though you have had psychological abuse or been exposed to trauma or be in some kind of situation that has led to PTSD if we have the right nutritional status we should be able to handle it and we should be able to heal. And there's so much research now on PTSD and low cholesterol, PTSD and low vitamin D, high cortisol, low serotonin. So whatever the diagnosis is or whatever the issue is it's a matter of getting to the root cause and addressing the root cause.

And this person who has asked me this question - he's been part of my community for a while and I know that he's tried many things and he is still on his journey looking for the solution. So I just wanted to share that you should be able to find a solution nutritionally. It should help a lot. The other thing is of course therapy, social support, get into some group. We heard about community on the summit, EMDR, neuro feedback are all wonderful. And they're not covered in *The Anxiety Summit* not because I don't think that they're valuable. The summit just focuses on nutritional approaches. But these other things are very valuable as well. And I haven't listed all of them but there are many other approaches that are very beneficial as well.

Then we've got a question here about OCD. "I've enjoyed The Anxiety Summit immensely but I'd also like to learn more about OCD. Where can I find natural treatments?" So I want to say this again. Everything that we've talked about could apply to OCD, generalized anxiety, social anxiety, depression, ADHD, even rheumatoid arthritis. So we've got this diagnosis and we have these labels and we think we need to find the answer for this particular condition. But with OCD gluten is a big factor. I shared a blog post recently about a child case study report who had OCD. They got him off gluten and the OCD completely went away. Low serotonin is a big factor when it comes to OCD so think about serotonin support in the way of tryptophan. Low GABA can be a factor because there's the physical anxiety connection. Dietary changes, the specific carbohydrate diet. That could be a factor. So again looking at all of these things that we've covered in this summit and the prior summits and figuring out what is the root cause for yours.

Lyme disease is a big factor with any kind of psychiatric disorder. Looking at brain food - we heard from all the wonderful brain food from Dr. Drew Ramsey. Leaky gut can be a factor - you heard Dr. Tom O'Bryan saying fix the gut and fix the brain. So these are just

all things that you could look into. Mercury can definitely contribute to it or other heavy metals. And then the two things that are specific to OCD that we haven't talked about in this summit is inositol, I – N – O – S – I – T – O – L. It's a B vitamin and it is very, very helpful for OCD, any type of obsessive behaviors or thoughts. I will usually use tryptophan first and then if we're not getting all the obsessive thinking or the OCD under control then I will add inositol. And I've had really good results with inositol with a number of clients and with children as well. And the dosage for that is 18 grams a day. It comes in a powder form. It's pleasant tasting. It's calming and it helps with the OCD.

And then the other thing that we always want to look at with OCD is PANDAS which is a pediatric autoimmune neuropsychiatric disease. And it's as a result of a strep infection. So you would want to work with an integrative doctor to see if you have any strep antibodies and then deal with that. And we did talk about OCD in season one of *The Anxiety Summit*. Dr. James Greenblatt had provided a wonderful interview and some really good information and resources.

So this is another question here from someone asking about the tryptophan presentation. And she said "I've been following you for a number of years and I listened to the tryptophan presentation. I was frustrated. I didn't feel like I got practical takeaways. I wanted to know dosages, whether I can build up an immunity." She felt the bulk of the interview was about manufacturing and it wasn't – she didn't get the detail that she wanted. "I didn't get the detail that I wanted about using serotonin." And I like all feedback and I'm not sharing this to pick her out at all. I'm just sharing this because there may be other of you who felt the same way. And the goal was never to talk about how to use tryptophan. The goal was to cover the history and the importance of quality and how to make tryptophan more effective. And I had lots of wonderful feedback from people but it may be from people who are not needing one-to-one help with the serotonin support. And certainly a lot of practitioners find it very valuable. And as a practitioner I did find it very valuable. It was very important for me to know that the quality of the supplement that I'm giving to my clients is good. So that's why I invited Ron to come and speak.

But I also wanted to give you some other resources in case you were one of the people who was a little bit frustrated or you didn't feel like you got what you were looking for. We have covered it in other summits. We did also cover it in this summit. So if you go back to Peter Bongiorno's interview we talked about serotonin and we talked about tryptophan and 5-HTP and some other nutrients to boost serotonin.

Now I wanted to just share some other summit interviews that cover this. So as I said at the beginning these summits build on each other and we can't do the same topic every summit because there are people listening to season one, two, three and four. We want to bring new valuable information and I just get that you're in different places and it may not appeal to you. But maybe down the road once you've got the serotonin protocol under your belt you'll be able to come back to listen to this and you'll see the value. But let me just share with you some of the other tryptophan and serotonin talks on prior summits. So I mentioned Dr. Bongiorno in this summit. In season three Dr. Bongiorno

talked about serotonin, anxiety, digestion and hormones. In season three I actually talked about troubleshooting when using amino acids. So you're using them and you're not getting results. In season two I talked about practical applications with using the amino acids. And then in season one we actually had Julia Ross talk about the amino acids and adrenal balancing. So as you can see I'm building and building and building and building and sharing more and more information. So go back and listen to those earlier ones if you have the summits. If you don't have them go back and look at some of these other summits and see if they might be valuable to you. They all do stand on their own and they've all got so much to offer.

And then this question. "Does GABA Calm help with sleep and anxiety problems? I've tried ashwagandha, 5-HTP, theanine with magnesium and nothing has helped me stay asleep." And if it's low GABA that is affecting your sleep then I would do a GABA trial, especially if your sleep feels like you've got physical tension. But I would use a GABA only product because of the tyrosine in there. So that tyrosine in the GABA Calm might be a little bit stimulating for you. And then I would question the 5-HTP. Cortisol can be raised by 5-HTP. If it's low serotonin that's affecting your sleep, in other words you've got the busy mind, you've got the rumination, then you could possibly think about tryptophan. Other factors that can affect your sleep – high cortisol can definitely keep you awake so maybe consider doing a saliva test, an adrenal saliva test to see what your cortisol levels look like. Thinking about medication side effects like benzodiazepines or other medications - often insomnia is a side effect. Low blood sugar can cause sleep problems. SIBO, small intestinal bacterial overgrowth - I had Dr. Allison Siebecker on a previous summit talk about this. Gluten sensitivity. All of these can affect your sleep. So it's a matter of going through them one by one to see what's going to make a difference.

"So I've been listening to *The Anxiety Summit* learning a lot, feeling empowered to dig deeper. When looking at the questionnaire I fit into almost all the categories so I will be doing trials for GABA, serotonin and the catecholamines. I know you've outlined how to do it but can you specify what order I would do it in? I'm just not sure about how to do the right order." So I'm really pleased that you're feeling empowered and you're learning. And what I do is I have my clients pick the area that is most problematic and start there. So if you've got more physical tension start with the GABA. If you've got more mental worry start with the tryptophan. And I typically do the catecholamines last. These are the symptoms where you've got the ADHD, you've got the poor focus, you've got the low motivation, you may feel sort of blah. Tyrosine is the amino acid that helps to raise the catecholamines and I'll do this last because tyrosine is going to give you focus and motivation but it might be a little bit too stimulating. And I find that this is often the case. But as I shared in my interview one woman that I worked with did fine with the tyrosine even though she had the anxiety because she was anxious about the fact that she couldn't focus. And when she got on the tyrosine it gave her more focus and then she didn't feel anxious. It was a matter of trial and error. Try it out and see how you do.

So this is a question from someone asking about the amino acids and falling pregnant. “Thanks for the wonderful summit, all the fantastic information. I’ve got a question about GABA. I suspect both my husband and myself to be low on the GABA questionnaire. I picked up some pharmaGABA, 100 milligrams. My husband tried one and experienced an almost immediate positive reaction. I held off because we’re trying to conceive and I wasn’t sure if it was safe for me. After my husband tried it I read that there can be a negative effect on sperm so we agreed he should stop taking it now. Have you heard anything about that? And just wondering if there’s any other avenues we can pursue with him if GABA is not an option?” So I was really pleased to hear this and I love it when I hear good results. I looked at some of the sources of the GABA effects on sperm which was new to me. I hadn’t heard about that. And I don’t know. I suggested that she contact a fertility expert. It’s not something that I’ve seen and there’s two studies that I looked at weren’t looking at oral GABA. It was looking at GABA receptors. So I don’t know if it’s an issue.

And my advice was to hold off before falling pregnant. You are going to both enjoy the pregnancy more. You’re going to be more calm. You’re going to be more capable and you’re going to offer a better future for your baby. And we now know from research that if a mom and dad has anxiety and depression that can impact the baby - it can impact the inflammation levels, it can impact the mood and it can even impact things like ADD and ADHD. So it’s not something that I know ready-to-be moms and dads want to hear. But it’s something that we really need to think about. There’s too many moms who go through a pregnancy not feeling great before they start and they end up with postpartum depression, postpartum anxiety. And then a lot of moms are put on antidepressants and benzodiazepines while pregnant. And there was just new research that’s just come out saying antidepressive treatment during pregnancy can affect newborn brain activity.

There’s all the research showing it can be linked to autism and now we’ve got this brand new research. And the great thing is this article says non-pharmacological interventions should be the first line of treatment for depression and anxiety during pregnancy. Now this paper is recommending therapy but I say let’s add nutrition as one of these interventions and let’s get healthy before we fall pregnant. That’s just the sensible thing to do.

So now I just want to share a little bit of feedback from a few people just to get you inspired and motivated. This was lovely and I wanted to share this one because it’s acknowledging the speakers. “Thank you to you and all the speakers for all the time, sacrifices and energy put into the summit. I have no idea how much that is.” It’s a lot I assure you. “I’m grateful that I now have a place to start with the health challenges in my family. Thank you for all the free gifts. They’ll keep us busy for a long while yet.”

So I just wanted to share that one because this could not have been possible without the amazing speakers and then all the free gifts that they have. That page will be up for a long time so you can go and get access to those and as I mentioned all the blogs are available so you can go back and look at information on the various interviews and find some of those links.



For those of you that have purchased the option with the transcripts each transcript does have a link to the blog so it will be easy for you to get back to those. And remember there's a master speaker blog that has links to all of those as well so you can find them easily.

And then some feedback on certain talks because I just wanted to highlight some that seemed to really strike a chord. Dr. Walsh's talk was very popular. It was new information. I'm not saying the other topics were not popular. All of the talks are very, very popular and each person has their own area of interest but he shared some new information. Someone shared how she's got his book and how her brother had been a patient at his treatment center in the early years and was successfully treated. So I just wanted to share that.

Lisa's talk on fluoroquinolones was very interesting to a lot of people because it was completely new. Certainly it was completely new to me. Someone shared that this was the one of the best health talks that he'd ever heard. He said "it all applies to me. I'm one of those guys who had every antibiotic prescribed for UTIs, bronchitis and prostatitis and his fibromyalgia started after taking Cipro." The good news is that there was a new article in Medscape that just came out two days ago called Fluoroquinolones Not First Line Treatment. And it's talking about the new FDA guidelines. So things are happening, change is happening. Unfortunately, there were a lot of doctors who commented on the article and a lot of them just have no idea that these medications are causing such devastating problems. So it's going to be a matter of consumers educating the doctors and hopefully getting them on board. And there was someone from the summit who very kindly went and posted all over the article sharing about Lisa's wonderful talk on the summit. So hopefully there are going to be some curious doctors there who are going to look at this and learn more which is what we're trying to do here.

So I've got one final piece of feedback that I want to share from someone on the blog and she was commenting on Tricia's Lyme story with her daughter and how GABA Calm had helped her. And she said "I'm hoping that other parents will try natural remedies first." And this applies to not just parents but anyone who's in this position of being anxious. She says "I was put on antidepressants in my early teens and began a lifelong battle to get my life back. My parents didn't know the repercussions of the medication and that's often the case." Parents do not know they're doing their best, doctors are doing their best. They don't know that all of these other options exist. But she said "I went from being an A student to being completely zoned out and then I had other problems from the prescription medications. Then came the thoughts of suicide. I had no idea what was going on with me." Later on she found a psychiatrist who was more open to natural remedies. How wonderful is that. And found out that it was hormonal issues that was causing what was going on. She said she ate poorly as a kid growing up. Her hormones were a mess and what she's saying is this: "I want to impress on people that these prescription medications will always do more damage than good. And my heart breaks when I hear of the young people around me being put on these medications."

She's talking about young people because she listened to Tricia's talk, but this message applies to everyone - medications do have side effects. So if we can find some of these other options that's the way that we want to go. She said this as well "some time back, I cannot remember when, I learned of you Trudy and your work. Even though I knew some of what you taught I was still afraid to completely let go of the medications. It took some time, a great deal of struggle, patience and trust but I eventually made the switch to a more healthy diet, added tryptophan, GABA Calm and GABA and have slowly begun to reclaim my life."

So I wanted to share this just because I thought it was very touching firstly that she shared this but secondly to hear her journey. So if you are starting your journey and you're feeling like a struggle, you're feeling overwhelmed take a message like this at heart and realize that you can get somewhere. You can get to find your answer. You can get to feel on top of the world.

So I want to just end with a lovely quote by Renee A. Sauter I saw on Facebook. "What if everything you're going through right now is preparing you for a dream bigger than you can imagine." And that dream hopefully includes you feeling on top of the world. I always say we all deserve to feel our absolute best. We all deserve to feel on top of the world again. And I wish this for you. I really wish this for you and I hope that you find much success and much healing in this journey. And I just want to say a final thank you for participating, for listening, for asking questions, for giving feedback. I love the comments on the blogs where you are supporting each other and giving feedback to each other. It's just really, really wonderful and I'm just so appreciative of the questions that I get asked so I get to learn, so I get to share more. So thank you very much for joining Season Four of *The Anxiety Summit*. It breaks my heart to be leaving and to be ending this summit. I always love doing them. And stay tuned for season five of *The Anxiety Summit*. This is Trudy Scott signing off season four of *The Anxiety Summit*.

Speaker Blog: <http://www.everywomanover29.com/blog/the-anxiety-summit-closing/>

**Trudy Scott, CN**, host of The Anxiety Summit, Food Mood expert and author of *The Antianxiety Food Solution*



Food Mood Expert Trudy Scott is a certified nutritionist on a mission to educate and empower anxious individuals worldwide about natural solutions for anxiety, stress and emotional eating. Trudy serves as a catalyst in bringing about life enhancing transformations that start with the healing powers of eating real whole food, using individually targeted supplementation and making simple lifestyle changes. She works primarily with women but the information she offers works equally well for men and children.

Trudy also presents nationally to nutrition and mental health professionals on food and mood, sharing all the recent research and how-to steps so they too can educate and empower their clients and patients.

Trudy is past president of the National Association of Nutrition Professionals. She was recipient of the 2012 Impact Award and currently serves as a Special Advisor to the Board of Directors. Trudy is a member of Alliance for Addiction Solutions and Anxiety and Depression Association of America. She was a nominee for the 2015 Scattergood Innovation Award and is a faculty advisor at Hawthorn University.

Trudy is the author of *The Antianxiety Food Solution: How the Foods You Eat Can Help You Calm Your Anxious Mind, Improve Your Mood and End Cravings* (New Harbinger 2011). She is also the host of the wildly popular *Anxiety Summit*, a virtual event where she interviews experts on nutritional solutions for anxiety.

Trudy is passionate about sharing the powerful food mood connection because she experienced the results first-hand, finding complete resolution of her anxiety and panic attacks.

The information provided in The Anxiety Summit via the interviews, the blog posts, the website, the audio files and transcripts, the comments and all other means is for informational and educational purposes only and is not intended as a substitute for advice from your physician or other health care professional. You should consult with a healthcare professional before starting any diet, exercise, or supplementation program, before taking or stopping any medication, or if you have or suspect you may have a health problem.