



Podcast Transcript

Dr Ron Ehrlich: [00:00:00] Hello and welcome to Unstress. My name is Dr Ron Ehrlich. I'd like to acknowledge the traditional custodians of the land on which I am recording this podcast. The Gadigal people of the Eora Nation. And pay my respects to their elders. Past, present and emerging. And as I have said many times, I do this because I believe we have well, firstly, pay our respects to the oldest surviving culture on the earth. 65,000 years is pretty impressive. So I think we have a lot to learn and there are many things to learn specifically about connection and respect with the land and with people. And in fact, just with the whole world. So that's my acknowledgement.

Now today, we're going to explore women's health. And this is an important subject for not just women, but for those of us that have the pleasure of sharing our lives with women as well. I think we all need to educate ourselves about each other's health. My guest today is Brenda Rogers. Now, Brenda is a naturopath, a nutritionist, she's a certified coach, she's a yoga teacher, she's a workplace trainer, and her focus is very much on workplace wellness. In 2023, she's a natural fertility practitioner. A wise woman educator. We go into a lot of that in this podcast. And also, though that's not enough, she also has an MBA from Macquarie University. So we are going to be talking about women's health and Brenda and I got to know each other through the Weston A. Price Foundation and to regular listeners of my podcast who've read my book, you will know but I will remind you now that Weston A. Price was a dentist in the first half of the 20th century. In fact, in the 1920s and 30s, he embarked on a discovery tour on research. In fact, he was actually one of the most respected researchers in the American dental community. But the research he undertook was to find out what caused tooth decay, which was rampant. It was absolutely at epidemic proportions in the first part of the 20th century. Interestingly, dental decay is still along with periodontal disease. The two most common non-communicable diseases known to man, woman or child and dwarf cardiovascular disease cancers, autoimmune conditions. Oral diseases are a major problem, but they were an even greater problem in the early part of the 20th century, and he wanted to find out what was the cause of tooth decay so he went around the world and visited various traditional cultures to discover whether they suffered from tooth decay.

Dr Ron Ehrlich: [00:03:04] And what he found was quite remarkable, and I truly believe is probably even more important today, this research than it was then. What he found was that people on a traditional ancestral diet focussed on nutrient-dense foods not only did not suffer from tooth decay, but they also had enough room for all 32 of their teeth, meaning they had really broad jaws and airways. Because again, any regular listener will know that the size and shape of your mouth determines the size and shape of your upper airway. So when I include dental stress in my stress model, it's not just because dental decay and periodontal disease are the two most common non-communicable diseases on earth. That's a W.H.O. report in 2022 confirming that. But also 90% of the population, in fact, 95% or more of the population in our modern world and I suspect you listening to this would be part of this do not have all 32 of your teeth through an imperfect alignment. And if that's the case, you by definition have narrow jaw, a narrower jaw and more crowded teeth than you should ideally have. So what Weston A. Price found was that people on that diet, traditional ancestral diet of nutrient-dense foods, had not only no tooth decay, not only enough room for all of their teeth, but did not suffer from any of the co-morbidities or chronic degenerative diseases that we see so commonly in our Western society. As I mentioned, they include cardiovascular disease, cancer, autoimmune conditions, and he wrote a book called Nutrition and Physical Degeneration. What he found was much more than what he set out to do, and that was he found the cause of tooth decay, but he also found the cause of physical degeneration. And what was so interesting about this was that he would go nearby to the towns and cities that people had left their traditional villages and moved into. And those people, that same genetic group, suddenly suffered from all of those diseases and in one generation went from having broad open jaws, lots of room for their airway and no physical degeneration to suffering from narrow jaws and crowded teeth and all of those diseases.

So the Weston A. Price Foundation celebrates that important piece of research and reinforces what a nutrient-dense diet is all about. And what was also interesting was that he travelled to indigenous cultures in Australia, in New Zealand, in Polynesia, in Malaysia, in the highlands of in the Andes, in Native American communities, in Inuit cultures in the Arctic, in hill tribes on the Serengeti, rather on tribes, the Maasai tribesmen in Africa, in traditional villages in the Outer Hebrides.

So there was an incredible range of foods that were being consumed, which is really interesting in and of itself. But what he also found when he took samples of those back and analysed them, he found that they was ten times the amount of water-soluble vitamins and minerals, four times the amount of fat-soluble vitamins like A, D, E, and K, and you need those fat-soluble vitamins to absorb the water-soluble minerals and vitamins, and that the best source of those fat-soluble vitamins was from animal sources raised on healthy pastures. So it ticks so many of the boxes and is one of the reasons why I and obviously Brenda feel that the Weston A. Price Foundation has such an important message to play. I hope you enjoy this conversation I had with Brendan Rogers.

Dr Ron Ehrlich: [00:07:30] Welcome to the show, Brenda.

Brenda Rogers: [00:07:31] Thank you, Ron. Thanks for having me.

Dr Ron Ehrlich: [00:07:34] Brenda you and I have been... We've met many years ago through the Weston A. Price Foundation and some of my listeners may not be aware of what it is about that, but I think our discussion today will shed some light on it. Maybe you could share with us why you were interested in the Weston A. Price Foundation, what it meant to you as a clinician.

Brenda Rogers: [00:07:57] Yeah, well, I had studied nutrition as part of my naturopathic qualification twice. I went and did my naturopathic qualification a second time around because I left it for a while and then had to go back and requalify and separated out the nutrition qualification from the naturopathic qualification to have more advanced nutrition and still didn't learn Weston Price and the wise traditions diet. And I thought I thought I knew what nutrition was about. And then, I think in the conversations I'd heard about Dr Price and his book and I even had a copy once, which I never read, it was a bit textbooky. And then I started working out at Billabong Retreat as the nutrition. I come in and do the nutrition talk twice or three times a week, and the lady who owned it was really a big fan of Weston Price and really lived it every day in her life. And she inspired me. And so I got back in touch with it and I... There were about to bring one of the ladies who does the... Hilda who does the Weston Price podcast.

Dr Ron Ehrlich: [00:09:14] Yes, we've had her on as a guest. Hilda Gore.

Brenda Rogers: [00:09:17] Yeah. And she was coming out to Australia for a tour and I went, I've got to be a part of this. I've just got to learn. All I want to do is learn more. And in the process I got invited to be the local chapter leader as a volunteer chapter leader and thought, Well, I don't really know what I'm talking about, but I'm maybe this will be how I'll learn how to understand, because it kind of made it was kind of deep. It was nutrition at a deeper level in so many ways. And it was also, as they say in the textbook, a little bit politically incorrect in that it was counter to a lot of that nutrition narrative that is out there in the marketing world and in the business world and to a large extent in the medical world as well. So part of me loved that it was a little bit rebellious in a way. But it opened up this beautiful perspective on nutrition that I was really looking for, and it was about connecting with the source of the food. The provenance of the food, where it came from mattered as much as its nutrients content, whether it was lovingly made, whether it was locally made, how well the farmer was looked after. And so it's really enabled me as a woman with a history of eating issues and body issues. It really opened up a much healthier perspective around food than I'd ever had before.

Dr Ron Ehrlich: [00:10:54] Hmm. Hmm. I look, it's so interesting to hear you say. To a large extent, what you've just said and identified is ignored in the medical profession. I know my own daughter went and studied nutrition, and it was definitely not even talked about in nutrition. And it is so far removed from the Australian Healthy Eating Guidelines, which most well-meaning doctors and health practitioners would look to for advice. So the absence of that just foundational advice and approach to nutrition is so absent from the mainstream that... I, like you have been familiar with Weston Price for many, many, many years. And it is, I still think of it as being possibly the most important research that was ever done for so many reasons. But you then went on in your clinic to explore mainly women's health issues. I wondered if you might just give us a little bit of an overview of what some of the issues that commonly women, you know, come into you for advice for. I know you've got a particular focus and we're going to get onto that, but just generally speaking.

Brenda Rogers: [00:12:13] Well, I think most naturopaths specialise in women's health because women are more interested in their health than

men, which I... Is perhaps a gross generalisation, but there is a lot of truth in that. So we tend to be more interested in women's health also because women's health is more complicated. You know, we've got our hormonal system, which as men know, complicates us ladies. And... but being a primarily naturopathic nutritionist, even though I use herbs and I'll use homoeopathic and other modalities, aromatherapy and yoga and that kind of thing, I find that a lot of the conditions that women are dealing with come from a disconnection from food and the outsourcing of food to the big food companies, which we've kind of all done in the last few decades and stress. And both those things greatly impact gut health. So I went on to study the GAPS protocol, which is gut and psychology syndrome protocol, and that is aligned with Weston Price. And I do a lot with gut health, because gut health is the source of everything. And stress can impact that quite severely. And, you know, my preference is to work with women over 40, although I like I wouldn't say no to it. A 25-year-old or gentleman as well. In fact, I had a man here this morning, a 54-year-old Mexican man. So it's fascinating but I think what I love about where I've come to over the years is... and what we specialise in is natural therapies, which is a little bit different to the medical profession, is that we're always looking for that root cause. We're looking for that thing that is going to make the biggest difference with the smallest amount of changes and interruption to a person's life. And you have to start with the gut because if someone's constipated or has some diarrhoea or loose stools or burping reflux or indigestion, then you have to get that right first before you address the hormones or the headaches or the skin condition because without that being right, nothing else will really resolve itself properly. And so there's a bit of a... You know, there's the phases of treatment that have to occur with someone. So in a sense, I don't specialise in women's hormones necessarily because hormones can be also related to gut health. But the age group that I work with is largely how many of them are having hormonal issues, but then so are the 30-year-olds and the 20-year-olds with their cycle. So women's health just includes a lot of hormonal, hormonal stuff. So...

Dr Ron Ehrlich: [00:15:20] It's interesting to hear you talk about the GAPS, which is, as you said, the gut and psychology syndrome, because I once asked our resident gastroenterologist, Dr Pran Jagannathan, what he thought of the gut as the second brain.

And when you looked at it, yes, I know when he said he disagreed, I thought, "oh, this is going to be interesting." But actually, to go on and raise the you know, raise the ante a little bit and say, no, the gut is actually the first brain. And when you look at it evolutionarily speaking or, you know, a lot of very simple organisms have guts before they have brains. And so it's just so critical to everything. So not just mood and food, but mood and immunity and mood and function of food and function, etc... So. But getting to the root cause of things is, I think, one of the most exciting things and challenging things about going in nutritionally and naturopathy approach to this. I know a lot of women. I mean, infertility is a pretty big issue in our day and age, and I know things like PCOS and endometriosis, polycystic ovarian syndrome and endometriosis and I know the lead times on these are really long. How, you know, when you are starting with the woman comes to you for a particular issue, where do you start. I mean he's talking about starting with the gut. How do you, how do you approach that?

Brenda Rogers: [00:17:00] I start by getting to know the person. The first session is the case history, and it's really just about understanding the various layers of the person, you know, spiritually, emotionally, and even intellectually as well as physically. So, you know, you could have five people with a gut problem. And the treatment for each one is different because one is really everything's tense. You know, they're a worrier or an anxious person. And so they're gut issues relate or healing relates to helping them relax, whereas someone else might be just eating a high sugar diet or high grain diet. And they need to add a little less sweetness in their life and they need to. You know, shift around the diet and support around that. So the getting to know the person is absolutely the first step and being a really good listener. Being able to hear beneath the words, reading body mannerisms and body types and the size and the shape and the colour and all the rest of it of the body is really an important process for getting to that root cause.

Dr Ron Ehrlich: [00:18:27] Hmm. It makes, you know, this is part of the dieting challenge for so many people that I think the average length of a medical consultation is somewhere between seven and 15 minutes. And, you know, you highlight the importance of getting to know a person as being part of that personalised approach. Very difficult in that short period to achieve that kind of thing, isn't it?

Brenda Rogers: [00:18:55] Yeah, Well, you know, I'm not sure what to say about that. You know, that's the current medical system and it's free and it's a machine that serves a purpose. And, you know, to be a naturopath outside of that is sometimes quite challenging because people have to pay for that time. And... But I don't need a lot of clients I like to give a lot of attention and the results are extremely rewarding because you know the transformation that occurs and teaching a person along the way about themselves, people are always fascinated by themselves. That's why they want to know their astrology sign or their... You know, the body, their body type or something. But I don't think we can separate our personalities and our life situations from our health. To me, they're one and the same, and to me the body is talking to us. So, you know, we have a connection to the world and to others and a relationship with ourselves in a relationship to, you know, the higher thing, whatever we want to call that. And sometimes we don't listen very well to that communication. And so, you know, in its wisdom, infinite wisdom, the universe or whatever you want to call that will speak to us through our bodies. And my observation in terms of talking about what I see a lot in the women that I work with and men is that we live a lot above the neck. We are in our heads, we are academic, we are intellectual, we are analyses, we think too much, we do, we do too much.

And a lot of the hearing to be able to listen to that first brain, the gut, you actually have to have some present, some awareness of the rest of your body. And so I find there's a lot of re-education for women and men, especially around 50. I find that's a great time to sort of awaken to that. And it's like, yeah, I think I need to do some yoga and meditation or spend a bit more time at the beach surfing or whatever it might be, so that I can slow down my mind and be more present in my body so I can listen to that wisdom and listen to my intuition and be more intuitive eater and do those things that I already know that I should be doing. But I'm not doing them because mostly we're dealing with really intelligent, competent people. It's like they know they should be drinking more water, right? You don't need to tell them, you might need to remind them. But then it's like getting curious about, okay, so how come you're not doing what you know you should be doing? And that's a different conversation, right? That's giving in to taking responsibility for your choices and often listening to the

excuses with kindness and compassion and going, okay, well, maybe we should be working a little bit on this rather than just telling you what you should and shouldn't be eating, that there's a softer, gentle approach to this that will help you to do it, to be more of see the healthy person rather than to the to do more of the healthy person. And that's when you get permanent long-term change. And I think that's worth. That could be a year for somebody to really invest in themselves. But that is extraordinary transformation.

Dr Ron Ehrlich: [00:22:47] Yes. And you and actually people's frame of reference is their own experience. So... Which not surprisingly, I know that sounds obvious, but I think that what they are experiencing is normal. This is just the way it's been. It's just the way it's always been. It might be, you mentioned already indigestion, burping gas or wind or constipation or diarrhoea. And this is just the way it is. The body does send us some important messages on a daily basis, and I think it would be worth reminding ourselves of some basics. About what? What is... You know, often ask, what does your poo say about you? I actually do mention that it's, you know what? What should we be what is ideal? What in your in your view. What want to remind our listener. What is ideal? I mean we should be what should we be seeing? What should we be observing from ourselves on a daily basis?

Brenda Rogers: [00:23:44] Yeah, well, I guess, you know, if you go to see a doctor, they have health markers it might be your cholesterol and your blood pressure and your blood sugars. And that's important. But as health as complementary medicine practitioners or natural medicine practitioners, we have other health markers and definitely the bowel is one of them. So our symptoms up our... upper digestive system would be being able to eat pretty much anything without consequence and without burping, indigestion, reflux, nausea. Similarly, at the other end, being able to go to the bathroom every day without any straining and the quality of the stool, the quality of the stool tells you a lot about the functioning of the digestive system. So yes, the digestive function is a huge health marker for us. And I would say also for a woman, her reproductive cycle is a health marker and sometimes women don't even know what's normal. And so it might be educating a person on both those things what's normal...

Dr Ron Ehrlich: [00:25:01] What's ideal in that in that area of well, I mean, I know it varies quite a bit from woman to woman, but what's an idea when someone comes into you, what would you say is an ideal, you know, reproductive cycle?

Brenda Rogers: [00:25:19] No pain.

Dr Ron Ehrlich: [00:25:21] Mm hmm.

Brenda Rogers: [00:25:21] The pain is not something women were born because they're descendants of Eve to have.

Dr Ron Ehrlich: [00:25:28] Yes.

Brenda Rogers: [00:25:29] That's rubbish...

Dr Ron Ehrlich: [00:25:32] Uncommon knowledge...

Brenda Rogers: [00:25:32] I know right? 28-day cycle, so it's in line with the lunar cycle. It may not line up with the dark moon. And it's typically women close to the land menstruate and at the dark moon and ovulated at the full moon. That we're a bit removed from that these days. But you can still have a healthy cycle, you know, the flow being the actual period being around seven days. If you're not yet into your forties, it kind of shortens as you get into your forties. A healthy flow, a healthy colour. No clots and no pain and no PMS. PMS is also not normal. You know, we normalise a lot of pathology in our culture. It's like, Oh well, it's just because I'm a woman or it's just because of something. And that's we have to confront some of those narratives.

Dr Ron Ehrlich: [00:26:38] So of the people that do come to see you, I mean, talking about what is ideal, you know, you talk about pain, free, good flow, no clotting, no PMS, regular. These are what we would ideally strive for. And as you say, often pathologize or normalise. Actually, that kind of thing is are you having your periods on? It's actually we've done a program on endometriosis, which I was shocked to learn of how prevalent it is, but I was even more shocked to realise that the average time it takes to actually diagnose this is somewhere between seven and 14 years.

I can only imagine the suffering and pain that many, many women have gone through and many partners. Now, this is the other reason why I think this is such an important thing for men to be aware of too. Because, you know, our partner, we need to know what each other potentially can be going through. And that is a good example of a condition that's been normalised and dismissed. It's not an uncommon thing you find for women that come in to see you?

Brenda Rogers: [00:27:51] Extremely common, poorly diagnosed. And I think there's a lot of invalidation of women's period pain for various reasons. And so and you know they're not... it's not being picked up. And also, in my understanding and I believe this a reasonable amount of research backing this up, that endometriosis is not exactly a reproductive... Occurs in the reproductive area, but the issue is it's autoimmune or it relates to inflammation and autoimmunity, which we know from our nutrition understanding is... Comes back to gut. So the... Primarily toxicity comes from the gut the most amount of toxicity comes from the gut and the most amount of inflammation comes from the gut. And the other aspect of the hormonal system being a health marker is that the body has to be in pretty good shape to have a regular normal menstrual cycle because the hormones, that process of the hormonal cycling each month is very sensitive. You have to be healthy, really healthy for that to occur well because it's delicate. It takes a lot of effort and energy of the body to do it. Every day is different you know, it's an energy-intensive process. And so the treatment even for endometriosis and other hormonal conditions like infertility and like, as you said, PCOS, these are in the realm of lifestyle medicine. And yes, you can take an anti-inflammatory or a steroid or something like that, but it really doesn't get to the root. You can remove any endometriosis, adhesions and that kind of thing, but it doesn't resolve the problem. And so it's great for us to have in our toolkit the tools to resolve these things, but they're often very difficult for a person to implement. So, you know, this whole batch of problems around even identifying through the symptoms that you've got endometriosis or some of these other conditions. But then and it's the same with menopause, you know, I think they should be I think I should do a podcast, or a webinar, at least for the husbands and the partners.

Dr Ron Ehrlich: [00:30:24] Absolutely.

Brenda Rogers: [00:30:25] Of menopausal women so that they can understand what is normal and what's abnormal and what their wife or partner is going through because it's big.

Dr Ron Ehrlich: [00:30:35] Well, we're going to talk about menopause, and I think we can both agree it's not a... It isn't pathological condition. But coming back to endometriosis or actually autoimmune, I think there are now up to 100 autoimmune conditions. And I know there's a bit of argument about whether endometriosis and PCOS is strictly speaking that or not. But to your point about the gut, I know naturopathy and nutrition. Well, naturopathy certainly has been talking about leaky gut for the last 30 or 40 years and medicine has more recently accepted it under the moniker of intestinal permeability. Sounds so much more, you know, authentic, doesn't it? But the process is the same. I wondered if you could just give us a leaky gut 101 because these are autoimmune conditions. I think how they manifest themselves may well have a genetic component, but the root cause is there's a common root cause and I just remind our listener a little bit about what you know about leaky gut.

Brenda Rogers: [00:31:46] Well, that's absolutely huge, that question, Ron.

Dr Ron Ehrlich: [00:31:50] And give us 101.

Brenda Rogers: [00:31:50] 101. Is that the... Effectively the breakdown of food in the digestive system isn't occurring properly and it's upsetting the small intestine and the large intestine and things are going through that shouldn't. Setting up an immune response because the job of the gut is to pretty much look after our immunity. It doesn't like things it doesn't recognise and it's immediately goes into action like a good army would to protect us. And so inflammation is the tool of the immune system, the first tool. And so and then for some reason and I believe our bodies are always trying to do the best by us. They're always trying to heal but for some reason, that might lodge into somebody's thyroid and cause thyroiditis - Hashimoto's thyroiditis, which is an autoimmune thyroid condition, or it might be in the woman's reproductive system and cause endometriosis technically, possibly yet to be confirmed as an autoimmune.

I actually think the autoimmune description is moot anyway because you know all this over-labelling that we're doing, it's not very helpful.

Ultimately you've got to go back to the basics of well-being, which is number one would be diet and nourishing yourselves and that comes from gut health. So, you know, there is science around that certain things open up the spaces between the cells in the gut so you can get more technical. But if we're staying on 101, it's basically around this digestive process. And I think we forget and this is where the GAPS diet really heightened this awareness for me was that it has primarily to do with the microbiome, and that has to do with the modern diet. So we sanitise the modern diet. Most people don't eat very many fermented foods, they've avoided fats, they have too much fibre. And we have this gut environment that's conducive to parasites and the overgrowth of pathogenic not just bacteria but fungi and viruses as well, and whatever else there is that exists. And so these things are allowed to thrive. They adapt to the environment to suit their own, their own survival, which all species do. And then you put something into that environment and they you know, there's an inflammation process or there's toxic gases coming out of some of these microbes that are in... That enter into the bloodstream and cause issues around the body. So, you know, if you follow the GAPS knowledge and the... All the research and the hypotheses and the confirmations of that are coming out of that, then autoimmune is a gut disorder. Anything on the spectrum, autism is a gut disorder, behavioural issues are gut disorders. And it's not hard to work out how that happens if you understand the absolute imperative nature of a healthy microbiome and how rare that is these days given our lifestyle environment.

Dr Ron Ehrlich: [00:35:35] Mmm, You mention you mentioned GAPS, the gut and psychology syndrome, and this is the work of Natasha Campbell-McBride. I wonder if you might you've mentioned it a couple of times if one was approaching gut issues through the GAPS protocol, what are, what are some of the steps? I mean, I know it's complicated and, and all of that, but what are the basic principles of the GAPS approach?

Brenda Rogers: [00:36:02] Well, number one is to get the... I call it a sort of signature microbiome.

So microbiome is basically the fingerprint or the signature of all the bacteria and fungus and virus in the gut, that whole picture. And so if that's out of balance, then there will be symptoms in the body. So the GAPS protocol is really designed to heal the gut. And to encourage the right microbes so that digestion and absorption and elimination occurs properly. And so... It's also one of the foundational principles of it, is that the body is made up of. It's a rough percentage, but it's half fat and half protein. And most of the population eats too much carbohydrate and not enough protein and fat. And these things, these nutrients, these macronutrients are essential for cell reproduction, for and particularly for the gut. And so it's restoring the integrity of all of the cells down the gut, the whole digestive system, so that they can do the job properly. And that really includes pancreatic health. Liver health, gall bladder health and stomach and all those elements as well. So...

Dr Ron Ehrlich: [00:37:37] Apart from that part, from the focus of the gut, though, what distinguishes the GAPS approach from other nutritional approaches?

Brenda Rogers: [00:37:46] Which ones would you be thinking of comparing it with? Because lots of diets aren't therapeutic gut diets, lots of diets are weight loss or performance or some other intention.

Dr Ron Ehrlich: [00:38:01] Well, I suppose that's probably the biggest case. And that the GAPS approach is a therapeutic approach about rebuilding gut health.

Brenda Rogers: [00:38:11] Yes.

Dr Ron Ehrlich: [00:38:12] What are some of the things that help patients/people do that using the GAPS approach you mentioned fermented food I guess is one that you wouldn't mention, wouldn't start necessarily with that or would you? I don't know.

Brenda Rogers: [00:38:27] Oh... Depends on the severity of the condition. And, you know, for somebody who's fairly healthy, like everyday health, but maybe has some

constipation or some skin issues or something like that, then just bringing in more fermented foods might be very helpful. I think it's protein foods as well. So I'm a big fan of stocks and broth and the liquid form of protein in those foods really supports the nourishment of the body and the nourishment of the digestive system. And there is a difference between stock and broth.

Dr Ron Ehrlich: [00:39:08] Okay.

Brenda Rogers: [00:39:09] And it's really the lighter version, which is the stock that is very good, provides those amino acids required by the cells of the digestive system to make them work properly. And broths are usually with, with more bones and boiled for a lot longer. And they are also very beneficial and very nourishing, but can be triggering for someone with very severe gut disorders. So if you're talking about somebody who's cataclysmic with schizophrenia or autism, that's a very different treatment protocol to someone who's just got a migraine. Mind you, migraines are very debilitating. So, you know, it's a whole range of things. And I suppose one of the beautiful things about working with somebody is that you really need to match the protocol to the way the persons act, that when I first learned GAPS, I was applying the GAPS diet to some of my clients and it was just way too much for them, too restrictive, and they didn't have the motivation to go into that depth, but probably didn't need to either. A few gentle modifications and that would have made all the difference for the sugar cravings and for their flatulence or whatever it might have been.

Dr Ron Ehrlich: [00:40:41] I think it's so interesting to hear you draw that distinction between stocks and broths. And I'm guessing the more severe the condition is that you're being presented with the softer your approach to that would be so a stock, a lighter version would be a gentler way of going, whereas the person who was just looking to tighten things up a bit in, you know, literally and metaphorically a broth would be okay. But it may be too much for those that are too sensitive. You mentioned it also involves eliminating certain foods. What are some of the foods that you know, the GAPS kind of is big on eliminating to get started with these more severe cases?

Brenda Rogers: [00:41:30] Well, interestingly, fibre, the really high-fibre foods can be very irritating and effectively it's about starving the bad bacteria and feeding the good. And I mean bacteria loosely, it could be a fungus, could be a virus and those bugs don't like dying. They don't, they do not like dying and they excrete or, or shoot out all kinds of as they die toxins and most of the gases you know if you think about a bee bubbling away producing gas that's what bugs do right. Or bread and yeast creating gas, that's what they do. So it's not just the wind that we get, but some of those gases go through the digestive wall and into the bloodstream and they can cause headaches and all kinds of horrible symptoms, like a healing crisis, I suppose you call it. And so the going slow and the going gentle is really about not... And so the person doesn't end up in hospital or in bed or, you know, vomiting in the toilet or whatever. So it is appropriate to go to much the protocol to where the person's out so that, you know, you don't put them off for life basically. But the foods to avoid most of us know that processed foods, foods of modern commerce I would say the top two is and this won't be news to you and your listeners perhaps, but the top two would be processed sugar and processed fats. You know, the industrialised seed oils are horrendous for the body and quite I think, quite destructive.

Dr Ron Ehrlich: [00:43:18] And just and just to remind our listeners that those seed oils are, I may be more familiar to them as canola, sunflower, safflower, you know, the ones that have the heart... Used to have the Heart Foundation tick on them ironically. But anyway they are the seed oils which are great for longevity on the supermarket shelf, not so good for our health. So yeah, the seed oils and the process sugars what about gluten and dairy? Do they present or are they tolerated? Where do gluten and dairy fit into that elimination process?

Brenda Rogers: [00:43:57] Yeah, well, grains are taken out fairly early on in the protocol and until the gut's healed because they are difficult for the body to deal with. And you would know from what the Weston Price that in many, many cultures they fermented their grains before they ate them. And in our food manufacturing process has this... Has upset a little bit of that because things are raised very quickly. You know the raising age, it's all done very quickly. So your yoghurt might not be fermented. I don't know. I know that the...

One of the brands says that it's fermented for 6 hours, and I think that's probably great. And but I make my yoghurt and I'll let it ferment for 24 hours because the bugs will consume most of the lactose, which can be an issue for some people. And then I think, you know, dairy can be tolerated. I think dairy is a great food. Fermented dairy is a great food. I personally love it. I've got a Dutch history and we love our dairy, but it's more the milk fear and the yoghurt and the cultured butter and ghee. And these are the very new, nourishing fats that dairy can provide. And if somebody's leaning towards vegetarian and really won't eat meat or chicken or fish, they still need a lot of protein and a lot of animal-based fats. And so one of those options for them, because they're not getting the chicken fat, they're not getting the beautiful fats from the duck, the duck fat and that kind of thing, Then the dairy is an option for them. And if you can't tolerate dairy, that tells us that you've got it's not right for start not to avoid it necessarily, but that... The guts' needs healing because a healthy gut can tolerate dairy. I'm generalising a little bit. There are cases where that the gut just won't tolerate it anymore. But if you have a little bit of dairy and then you get on mucusy, that really tells you that that guy isn't happy and that it's not... it's kind of needs those fats, but that the environment isn't really conducive to that at the moment. And so that's just another message the body is telling you. My gut is not happy on my digestive systems not working properly.

Dr Ron Ehrlich: [00:46:36] Hmm... It's so interesting, isn't it? We talk about the importance of feeding our microbiome internally, but here we are using a microbe to help us digest it even before we've taken it into our mouths. That's what the fermenting process is all about. And, you know, you talk about industrial production of, say, breads. I think breads, you know, if you're buying the commercial bread, it's proofed within 2 hours and it's out the door. Whereas sourdough which ferments for, you know, dough that ferments for 24 hours, a lot of the work is done even before we take it into our mouths, making it more accessible. Aren't microbes just fantastic?

Brenda Rogers: [00:47:22] They're looking a bit, they're our best friends...

Dr Ron Ehrlich: [00:47:24] They're our best friends.

Brenda Rogers: [00:47:26] And I don't know where your stand is on this.

Ron, about some people think that the digestive juices, the hydrochloric acid, kills off all those bacteria. I don't agree with that. I don't... I know from my GAPS training that bacteria or fungus particularly can survive in the gut because they have this capacity to create a biofilm around them and create these little microenvironments in the digestive system that keeps them alive. They're very, very, very clever. But I just think that the regular consumption of a variety of fermented foods, fermented beverages kombucha and maybe beer, that's a fermented beverage.

Dr Ron Ehrlich: [00:48:13] But you'd be hearing cheers go up there from some people.

Brenda Rogers: [00:48:18] I know, right. But that comes with the sugar as well so you just got to be careful with that, you know, that is instead of a probiotic that is really giving us a really broad spectrum of new bugs in the gut that then have great benefits along with, of course, what you're talking about is that they partially digest things that are hard to eat, hard for us to digest, and they also release the nutrients out of. So cabbage is 20% more nutritious if it's fermented than if it's just raw and then a lot of people can't tolerate raw foods. The digestive system really is not healthy enough for that. And so all that, you know, they say I get wind if I eat cabbage or, you know, maybe a little bit of wind is okay. But, you know, when you've got a really robust digestive system and you chew things properly and your stomach acids working in your pancreatic and your liver is all working together, then eating those things shouldn't be an issue. And fruits and other thing that's very controversial, I don't agree with avoiding fruit, you know, because you're on a ketogenic diet and you can't have any fruit. I think fruit is one of the joys of life. You know, watermelon in summer and a mango, you know, every year we want to have a mango. But in the GAPS protocol and even with the wise traditions diet, they typically encourage you to cook fruits. You know, it's cooked and cooked apples and cooked pears and that kind of thing. That tends to be a lot easier on the digestive system. So, you know, you can see this is a real theme of orienting your life and including your diet to maximise digestive function, optimise digestive function.

Dr Ron Ehrlich: [00:50:12] What do you think? I mean, a very popular

movement now is the vegan movement. And I think, you know, well-meaning people are making choices about the ethics of what they are eating. But it does pose a couple of issues, doesn't it? And you mentioned protein and fat as being really important. And I and as far as I know, evolutionarily speaking, I don't think there's been a culture that has gone generation after generation and thrived and survived on a vegan diet. But putting that aside, the vegan diet presents us with some challenges, doesn't it? If we're advising people, how do you deal with that when you talk to somebody who is a vegan?

Brenda Rogers: [00:51:02] Well, it's a very controversial topic because it's hooked in with morality.

Dr Ron Ehrlich: [00:51:07] Yes.

Brenda Rogers: [00:51:08] And things like animal protection and emotional topics that people are very passionate about. So I'm conscious that it's well, meaning that you're talking about. Yeah. And my own view is that. The marketing machine has jumped on the bandwagon of vegan and somewhat vegetarian diets. There is a massive emerging industry around fake foods about plant-based foods and my observation, having been a nutritionist for 30 years, is that there's now a message narrative in our culture that vegan is healthy, vegetarian is healthier than meat. And that's a relatively new narrative. 100 years ago or 200 years ago, that wasn't the case. Your grandparents grew up with catching the duck in autumn to put on a little bit of fat for us for the winter. That's going back a few generations now we associate vegetarianism with yoga and with the Indian and Sri Lankan in those cultures but they brought in vegetarian and vegetarianism, not veganism, but vegetarianism for spiritual reasons, for cleansing, for reducing libido for their... Then if you track back vegetarianism in those cultures, it came in at a certain point. Prior to that it was really sort of peasants and what peasant people had access to. And so I think a little bit of education around this is very important. I think it's very important to listen to your body if you are vegan and you have three autoimmune diseases then something's not working that you really need to be honest with yourself about. And there is a greater tendency, I believe, in vegans and vegetarians to have autoimmune diseases.

So we're all really not having that conversation at the moment. So I work the best I can with vegans and... But it is difficult and really I just do what I can and let them go and discover for themselves and then they tend to come back. Years or a year later and say, I'm not doing that anymore. It's my health doesn't allow it. My genetics, my grandparents, my parents weren't vegans. I don't think that this is the diet for me and great then we just work with that. Personally, I think that vegan diet is a fast and not a lifestyle and that it's a great if you go a weekend away for a detox retreat or you go to India for a month and you live in an ashram or know or you go on the Camino and do you know, you go to Mecca for, you know, like the this is a beautiful time to fast and to have minimal you know, just have seeds and fruits and vegetables and so on. But I personally don't believe with my in-depth now understanding of the requirements, the nutritional requirements of the body that veganism is a nutritionally sufficient diet. I know that some people won't agree with that, but it may be not, as you talk about, Ron, it may be not in your lifetime that you get to see these outcomes. It may be if you are vegan and have been vegan all your life, and then you have children and they have children, that the challenges start to arise and it's hard for us to see that in the long term. And I understand that I'm making an opinion based on that. I'm giving a professional opinion based on that but I have researched it and, I believe that to be the case that we will see over time the outcomes. And I do think that we all owe it to ourselves to be sceptical of marketing messages that are nutritionally based. I think that it's very hard to find wise, effective science-based added in science. Science-acknowledged or science-confirmed information on diet, and it's not in the mainstream. So you've got to actually seek that out if you want to be an informed vegetarian

Dr Ron Ehrlich: [00:56:05] This is why when we start the conversation on Weston A. Price, why I think you and I have both been attracted to it because there were many there are many lessons from the past that we have to learn. And as far as the ethics go, I have absolutely no argument with that. I'm a champion of regenerative agriculture and rather than animals being the problem, they're part of the solution, if properly managed and cared for. So what's good for the animal is good for the planet, is good for our health. It is a good... It's a win win win. But one thing now we're just going to talk about menopause, because I know that's a big topic for you know, a big focus for you.

And it's and it isn't a pathology it is just a fact of life. And but, you know, when what tell us about I mean, then this is for our male listeners as well but tell us about menopause, how it affects women.

Brenda Rogers: [00:57:03] Well, menopause is a stage of life. You're right. It's not a disease. And similarly to puberty. So some will say that it's puberty in reverse. Some will say, in fact, in Chinese culture, they say they call it the second spring. So you've got to understand that our Western culture has quite a negative narrative around menopause and post-menopausal ageing women. We tend to be very judgemental about wrinkles and grey hair and anything really associated with, you know, scary old women. There is this, you know, from the witch hunts days, this is still this, these older women a bit too mysterious, a bit too strange, a bit too powerful perhaps with their black cats and their cauldrons. We don't really want to go there. So, you know, there's just so many fairy tales and all kinds of things around women at this age and...

Dr Ron Ehrlich: [00:58:09] Kind of... Kind of reinforcing the patriarchy...

Brenda Rogers: [00:58:14] 100%. And, you know, it's another one of those things that, you know, that's been normalised to the hot flashes and all that old stuff that women typically experience is being normalised and pathologized. So there isn't any education around or enough education around what is normal. You know, it is normal to feel anxious because you're going through a transition and hormonal transition. Your body's... your brain's being rewired, your body's being rewired to be finishing up with reproduction and into the next stage, which is really about wisdom and wildness. You know, the, the post-menopausal years. There's a lot of wildness. If you can sum up the nature of it, it's wise and wild. Basically, there is a greater sensitivity to the injustices in the world that occurs and that can bring out anger and frustration. So there's a lot of emotional shifts and changes that occur with the transitioning of the hormones. And then, of course, there's a lot of physical adjustments as well but you've got to also remember that most women, by the time they're 50, aren't particularly healthy. Your average person isn't particularly healthy. Are they exercising? Are they managing their stress? Are they eating a nourishing diet? I don't know what the statistics are, Ron. Maybe, you know, but not the majority of people at that age are not healthy.

And so you have the protective role of oestrogen withdrawing and everything comes to light, all those things that those late nights and those not slowing down to relax and those little few too many drink alcoholic beverages or a few too many sweet things, they become more apparent. It's not really menopause's fault. It's just that they come to light at that time. Thyroid issues come to light and autoimmune conditions come to light because we just can't keep doing to ourselves what we've been doing. We... Sensitivity is part of that wild and wise nature, a woman wants to be more sensitive, she's more intuitive, she's more connected to the Earth, she's more connected to the grandchildren and her role as protector of the community or leader of the community starts to... I'm getting into kind of...

Dr Ron Ehrlich: [01:00:47] No, no, I love... I think it's great. I mean, this is all part of the reality of what it is.

Brenda Rogers: [01:00:53] Yeah. And, you know, I know my own experience. I was healthy because I've been a naturopath for a long time and I thought I'll just skip menopause because menopause is just hot flashes and a few other things, isn't it? You know, And I said, Oh, well, I won't get that because I'm looking after myself but I didn't realise that it's a psychological journey. It's a rite of passage and a rite of passage is going from one status through this washing machine turmoil into another status. If you think about what a child goes to become an adult, those teen years change everything.

Dr Ron Ehrlich: [01:01:29] Hmm.

Brenda Rogers: [01:01:30] You know, all those hormonal changes, not just our bodies, but who are attracted to who, we want to be with, reproduction, and libido and all these things occur at this time. And the same thing is happening, but different at that 45 to 55, roughly age range as well. And so I think we need to know what's normal first to be able to identify what's abnormal. And because the odd hot flash and feeling warmer and all those kinds of things, it's normal and it's not really until it becomes a quality of life-threatening that often women seek help. And by that time the only option is chemical and a lot of us don't want to go down that path. And yet how do you know that there's other options?

Women will go sometimes to the health food store and buy a herbal formula that's for hot flashes. But what if the hot flashes are coming from gut inflammation? What if the hot flashes are coming from dehydration? What if the hot flashes are coming from anger?

Dr Ron Ehrlich: [01:02:38] Mm-hmm.

Brenda Rogers: [01:02:39] They can.

Dr Ron Ehrlich: [01:02:39] Mm-hmm.

Brenda Rogers: [01:02:41] What if the hot flashes or some other kind of stress, then that hormonal package that bottle of hormonal herbs may not have... Might not be the right thing for that woman.

Dr Ron Ehrlich: [01:02:53] Hmm. And I imagine you mentioned the psychological the way we approach this and talk about a narrative. I mean, if this is a natural and normal and second spring, I love that the menopause as a second spring and a wise and wild time in a woman's life. What a way of thinking about that rather than going well, looking at what society pumps out at this. Oh my God, ageing, your ageing. You've got to do something about that. And you go see a doctor, and perhaps even menopause becomes pathologized. It does. I mean, what do you how does the medical profession typically deal with this issue?

Brenda Rogers: [01:03:38] They are spending at least the pharmaceutical industry spending gazillions of dollars on making chemical alternatives, really the primary choice. And of course, if you go to see a doctor, that would be the case. But I don't think you can medicate a life transition, you know, a stage. I don't. I mean, we try. There's antidepressants very common and there is some research to suggest that antidepressants can even help with hot flashes. So sometimes you can go in for hot flashes and come out with an antidepressant, even though you're not depressed.

Dr Ron Ehrlich: [01:04:18] Mm-hmm.

Brenda Rogers: [01:04:18] And there's obviously chemical hormones, which are unfortunately, very effective.

Dr Ron Ehrlich: [01:04:26] Mm-hmm.

Brenda Rogers: [01:04:28] Maybe people think fortunately but I think unfortunately, because, you know, I think they're not the first response, in my opinion. Let's try a few things first. Let's look at the lifestyle. Let's look at gut health. Let's look at some of those health markers like the stool bowel habits and the hormones and that kind of thing and see what we can do and take responsibility for first.

Dr Ron Ehrlich: [01:04:54] Is that HRT? That's HRT. Hormone Replacement Therapy about delaying the onset or managing it. What's the rationale behind the use of it? Is it to delay the onset of menopause? And what's gone wrong? I wonder...

Brenda Rogers: [01:05:11] I think well, it overrides the pill and HRT overrides our own reproductive system and you know, one of my mentors says that a pill bleed is not a real bleed, you know. So it literally mimics the cycle, but it's not the cycle. So you're missing out on some of those natural endorphins that occur with being connected to your own cycle. And, you know, to some degree, delay the end of menstruation by being on HRT because you know, you can keep menstruating, but I'm not sure that you entirely skip menopause because menopause is more than just the hormones. Menopause is a growing up. It's a time of looking back on your life and often a time of spiritual awakening, because in... the it's said that in the Native American culture, a woman isn't grown up until she's 52. And so the hormonal profile of a postmenopausal woman, I don't know. I think it's encourages you to take responsibility for your life. It encourages you to be a leader even. And in the research around the grandmother theory, which is basically around whales, which is the only other species that menstruate that we know of and has a menopause, they found that the role of the postmenopausal whale is community leadership. So they are this is the grandmother theory that's been hypothesised that grandmothers need to support mothers in the raising of healthy children. And I think there's a lot so that that could apply to our Western culture that's very devoid of like so lonely, so alienated, so isolated, so disconnected. I think this great value in bringing this grandmother theory to our culture.

Dr Ron Ehrlich: [01:07:32] I agree with that. And that's just from my limited experience of watching my own wife be a wonderful grandmother. But I totally agree with that. You mentioned that you know, the problem, of course, is that and I think the statistic is about people's health coming into any stage in life at menopause. And I think the statistics are at least half the population have at least one co-morbidity, and I think 20 or 30% have several co-morbidities and by co-morbidities, we mean diagnosable disease like autoimmune conditions, diabetes, cardiovascular disease, cancer, you know, and I'd include mental health in that as well. What can people do? What can women do to prepare for a smoother experience if they are facing menopause, apart from enthusiastically embracing it? You know, as an honour, you know, and it is an honour to have got to that point in life because I think we all know people who would have been very happy to have got to menopause just didn't quite make it.

Brenda Rogers: [01:08:43] Yeah, well, what I experience with most women sort of under 45 is denial.

Dr Ron Ehrlich: [01:08:50] Yeah.

Brenda Rogers: [01:08:51] So... And I was guilty of that. So I know it's not going to happen to me. And I didn't want to know about my symptoms being menopausal till the absolute last minute. It was... I was frightened of it in a way. And there was so much risk... So much going on in my life at the time, because one of the things that you have in that later stage in life is you've had enough years on the planet to have a retrospective, you have a retrospective view on your life. And so there's a lot of... Reflection that goes on. So, you know, I'm being on the other side of it. I wouldn't skip it for anything in the world. And... But I hear the essence of your question. I think that the most common advice that I give for women, say, 40, 38, 42, whatever, is to nourish your adrenals, to make sure that you're not burnt out by the time you get to 45, because the adrenals are one of the... Adrenals a part of the endocrine system, just as the reproductive hormones are, and some of the production of oestrogen is taken over by the adrenal glands because that's basically where it all comes from in the first place. From testosterone, we make oestrogen out of testosterone and our

Western culture in the business of the sandwich generation, which is that generation where they've got teens and young adults and kids, but they've also often got ageing dependent parents as well is they tend to be burnt out and burning out, which is high cortisol means you don't sleep properly and then you're more burnt out and more exhausted. And by the time you get to the hormonal, can I use these words? Screw up? You can screw up that menopause kind of is the washing machine ride that you're on for a while. Five years, sometimes five, sometimes ten, that your resources are depleted. And so then your mental health gets affected. Then your ability to look after yourself is compromised because and you really need to eat well and you really need to exercise to have resources and reserves to draw from. So, I mean, that's a message for any woman at any stage of her life, really. But...

Dr Ron Ehrlich: [01:11:31] And men and men.

Brenda Rogers: [01:11:33] And men. A 100%. Yeah, 100%. I mean ageing is... adapting to ageing is a little bit easier for men because, you know, they're still fertile. They... The culture doesn't idolise 25 year old men as much as they idolise 25 year old women and older men are still a little bit sexy, you know, whereas older women are typically not so. But there's you know, you can see parallels between women's health and men's health here as well. And after all, we do kind of work together. So it's important for all of us to be doing the right things as far as our health goes.

Dr Ron Ehrlich: [01:12:14] Mm-hmm. Listen, we've covered so much territory here today, and I want to thank you for doing that with me. And we will, of course, have links to your website so people can find out more about the GAPS and find more about women's health. And on that whole journey, because there was so much here that I loved today. So thank you so much for joining us and sharing your knowledge and wisdom with us.

Brenda Rogers: [01:12:39] Thank you so much. And I would say on that, everything that's in my head, if it was on a website, it would be like a library, like, you know, And so if people want to reach out and have a half an hour session with me free of charge, that's probably an even better way of connecting.

And I'm most happy to provide that to your audience. So, I will put my details. I'll give you my details. So and thank you very much for the opportunity to share my message. I'm very grateful.

Dr Ron Ehrlich: [01:13:10] A pleasure. So there it is. There was so much in that episode. The GAPS, a protocol which we referred to, is something that I will definitely explore in a future podcast, but it is from the work of neurologist, actually, I think she's a medical practitioner. Neurologist Natasha Campbell McBride, who's written a book that's now probably over 20 years old called GAPS: Gut and Psychological Syndrome. The GAPS approach, it's quite about focussed on rebuilding gut health and I think Brenda made that point very well and I love the fact that menopause is really the second spring and a time for women to be wise and wild. And I think it's it's something to be celebrated and celebrating it in good health by laying down foundations early in a woman's life is obviously critical there, too. Look, we'll have links to [Brenda's website](#). It's Brenda is part of our advisory expert panel on the Unstress health platform. So there's lots of resources on her website and of course, on ours. I hope this finds you well. Until next time. This is [Dr Ron Ehrlich](#). Be well.

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