

**Glenn Livingston, Ph.D.
And Dr. Anne Barter
Dopamine and Serotonin Binge Solutions**

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Dr. Glenn: Hey, it's the very good Dr. Glenn Livingston with Never Binge Again and I'm here with Dr. Anne Barter. Dr. Barter, where is your website? How can people locate you?

Dr. Anne: My website is short for Alternative Family Medicine, Alt, A-L-T, fam, F-A-M, med, MED.

Dr. Glenn: Okay. We just want to let everybody know as a little disclaimer that this is for education only. We're going to talk about some medical, scientific, nutritional things. And if you would like to consult with Dr. Barter afterwards, you can form a doctor-patient relationship, but through the podcast we don't do that. That way we can be free to talk all we want and not worry that people are going to misinterpret it and think that there's a doctor-patient relationship.

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GLENN LIVINGSTON Ph.D.



So with that, I've got some exciting things to talk to you about today. Ask Dr. Barter if she would possibly talk to us about neurotransmitters and binge eating. And she told me she learned some things that she didn't know which means there's also going to be things I didn't know. Before we do that, I would just love to give her a little introduction and let you know a little more about her background and how she got to be doing what she's doing. So, Dr. Anne, what do you think? Could you tell us how this all started?

Dr. Anne: Sure. Thanks so much for having me on first off. I'm really excited to be here. I think today is going to be really fun. But I think the bottom line of how I got into practice was I was so frustrated with not getting answers. It started when I was a teenager and I remember going to the MD and saying, hey listen, I'm really struggling with my periods, with my weight and with acne and I don't know what's going on. I remember the MD ran lab work and she told me the dreaded words that everybody has heard when they have symptoms and she said, "You are normal. There's nothing wrong with you." She said, "Here's some different gel cream. Go ahead and put that on your face. I have no comments about your weight even though you're exercising many hours a day. And, sorry, you're a woman. You're just going to have to live with those period cramps."

So obviously the gel didn't work because the problem was clearly deeper than that. I had a lot of hormone issues going on. You fast-forward a couple years and I remember waking up and going into my mom's bedroom and saying, "Mom, I can barely stand up. Do you mind if I stay home from school today? My cramps are really bad." She said, "We're going to the hospital. There's something wrong." Went to the doctor's office. The doctor's office actually sent me to the hospital emergency and my appendix was exploding.



So I had confused my period cramps with my appendix exploding. So they were pretty bad. Fast-forward a couple more years and I remember being in college and it was finals time. I was pretty stressed out and I started breaking out with hives all over my face everywhere. It landed me in the emergency room night after night after night and I looked like a creature of Star Wars and this got to be pretty serious because hives can swell up in your throat and that's actually what started happening, that my breathing start to get restricted. I'm in and out of the emergency room every single night with Benadryl deficiency. And I just felt like I was so tired of being told I was healthy. People didn't give me any information on diet, how to eat, what to do, maybe what else could be going wrong. Nobody looked into it deeper. They all just told me I was healthy, I was greatly athletic, blah, blah, blah, blah, and I just was so frustrated with not getting answers and knowing that I didn't feel good.

So that ultimately catapulted me into what I do today. So I find myself to be investigative almost in my treatment approach. So I practice functional medicine because somebody that practiced similarly to me changed my life. They taught me about diet. They taught me about how to eat. They taught me about what I should eat and what I shouldn't be eating and then ultimately help me heal my gut, put me on a protocol and completely change my life, where I'm sitting here today and I actually have the opportunity to help other people with their health and not that health as an end goal.

I mean, there's always things that we need to do to maintain and keep up but I feel like I'm in a really good spot now and you just continue to learn new things every day to help the people that feel like it's been failed over and over again. So that's how I got into practice.



Dr. Glenn: Just really quickly, what was the biggest thing that you learned when you changed your diet and killed your gut? What are two biggest things you did?

Dr. Anne: I was a carbitarian. I could eat carbs all day and a sugartarian if you want me to be honest. I really learned how to eat more structured. I learned that I wasn't eating enough. I also, even though it was never diagnosed, I probably struggled with binge eating at the time. I would go through periods because I was a competitive dancer. And so I would be really, really slender then I would eat a lot more which was technically a binge. I think the biggest thing that I learned is, for me, I have a sub amount of animal protein. I know you don't.

But for me, what I learned was that that helped me stabilize my blood sugar. I learned that I could eat a ton of vegetables and I would feel great and my blood sugar would be stable. I also learned that my blood sugar swings were feeding pathogens. I also liked to smoke cigarettes at the time. I realized that that's what I was drawing to smoking cigarettes because I had such blood sugar disregulation and ultimately, it made me smarter when I changed my diet.

Dr. Glenn: Wow. Got you. Okay. And then today we're going to talk about neurotransmitters and binge eating. What should we say about that?

Dr. Anne: I think one of the biggest things that I see when a patient comes in is they have problems with their neurotransmitter function. Neurotransmitters are brain chemicals. I find that a lot of people. But a lot of patients in practice have neurotransmitter deficiencies. And so these are feel good brain chemicals and I started learning about this because patients would look me dead in the eye and they said, you



know, I really want to do this diet. I really want to see what foods I'm reacting to. I really want to see what's going on but I can't. I have to have sugar. I have to have simple carbohydrates. I can't do a restrictive diet. I just keep slipping up and I want to. I didn't really understand it at the time and I knew it wasn't a willpower issue. A lot of people talk about willpower with doing elimination diet initially and I knew these people really wanted to and I know it wasn't a willpower issue.

So I started to look deeper and I realized that they had neurotransmitter issues and they were trying to help them to boost themselves up naturally and the natural way that you boost up neurotransmitters short-term, that short-term rush, is doing simple carbohydrates and sugar. And so that's what they were actually trying to do. They were helping themselves when they had a stressful day, when they were recovering from trauma, when they were having blood sugar alterations or they weren't eating enough, when they had gut issues, when they were being exposed to toxic substances. You name it. But our neurotransmitters would tend to deplete.

A misnomer about neurotransmitters is that actually 95 percent of them are made in the gut. So if your gut isn't working or if you're having problems with gut bacteria or dysbiosis, not enough bacteria, or the wrong kind, or if you have a gut infection, a parasitic infection, SIBO, we talk about all these things. You are not making those neurotransmitters, right? So folks, when they first come into practice generally have all of these things going on. And so in order to keep them compliant to the diet, I started finding that neurotransmitters were really effective.



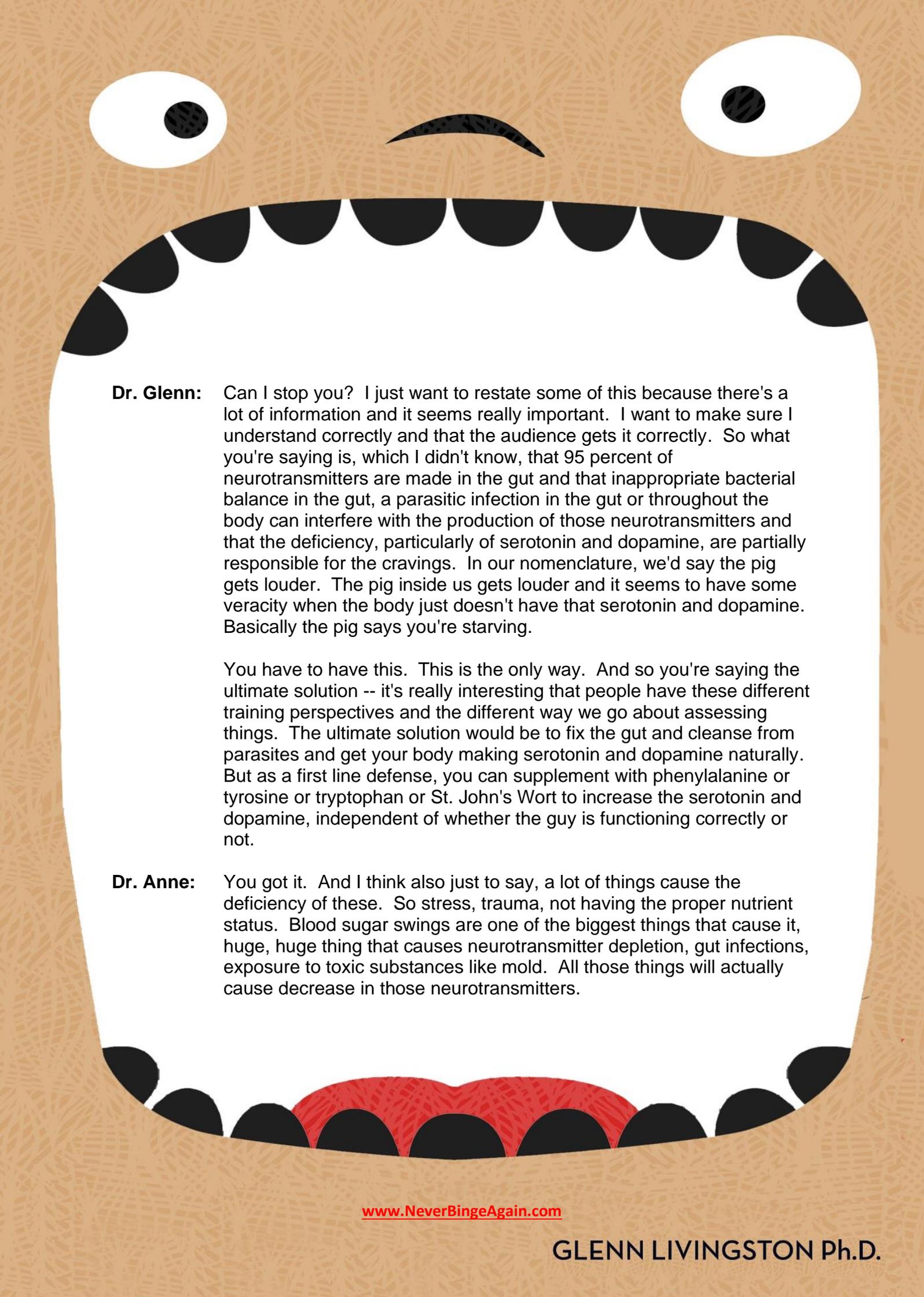
And how I discovered this in my own life was my stress increased, my commute increased about 10 minutes each way. And so I was on the road for two hours and I found myself stopping at Whole Foods and picking up a chocolate chip cookie. I like chocolate cookies but it's not really my MO. I said, what is going on here? That simple amount of increase in stress when my body was so close to the line, when I was pushing so hard, was enough to make me want to stop and to do that. And so at that moment, I understood what my patients were talking about and struggling with because I had waited too long to eat. I'm like, oh, there it is. Okay.

So instead of fixing the gut first and doing all these things first, why don't I help this patient by increasing their neurotransmitters so they can stick to the dietary restrictions that I've put them on short term to do this elimination diet.

Dr. Glenn: How do you increase neurotransmitters?

Dr. Anne: So ultimately you can give supplements that will help increase neurotransmitters. So depending on which one it is and I'll get into those individually. But depending on which one it is, you can increase them. So for example, we're going to primarily talk today about serotonin and dopamine I think. And so for example, with dopamine, like phenylalanine is a really big one, tyrosine is another big one, and then also using selenium and things like that.

So a lot of the amino acids will ultimately increase neurotransmitters. For serotonin, you think about tryptophan, like you're thinking about a meal with turkey. The tryptophan is another one that actually will increase neurotransmitter function as well as B vitamins. You think about something like St. John's Wort as well.



Dr. Glenn: Can I stop you? I just want to restate some of this because there's a lot of information and it seems really important. I want to make sure I understand correctly and that the audience gets it correctly. So what you're saying is, which I didn't know, that 95 percent of neurotransmitters are made in the gut and that inappropriate bacterial balance in the gut, a parasitic infection in the gut or throughout the body can interfere with the production of those neurotransmitters and that the deficiency, particularly of serotonin and dopamine, are partially responsible for the cravings. In our nomenclature, we'd say the pig gets louder. The pig inside us gets louder and it seems to have some veracity when the body just doesn't have that serotonin and dopamine. Basically the pig says you're starving.

You have to have this. This is the only way. And so you're saying the ultimate solution -- it's really interesting that people have these different training perspectives and the different way we go about assessing things. The ultimate solution would be to fix the gut and cleanse from parasites and get your body making serotonin and dopamine naturally. But as a first line defense, you can supplement with phenylalanine or tyrosine or tryptophan or St. John's Wort to increase the serotonin and dopamine, independent of whether the gut is functioning correctly or not.

Dr. Anne: You got it. And I think also just to say, a lot of things cause the deficiency of these. So stress, trauma, not having the proper nutrient status. Blood sugar swings are one of the biggest things that cause it, huge, huge thing that causes neurotransmitter depletion, gut infections, exposure to toxic substances like mold. All those things will actually cause decrease in those neurotransmitters.



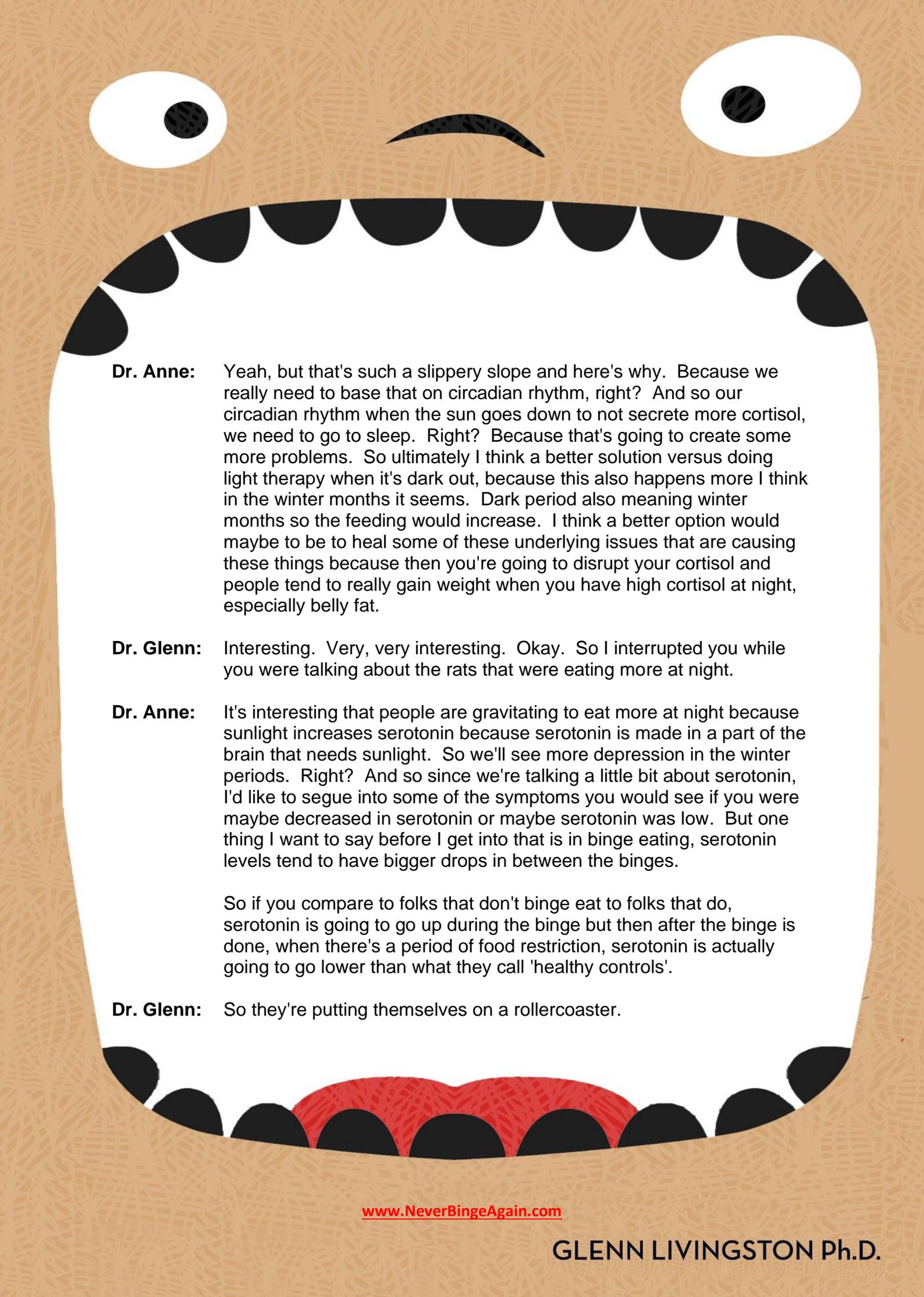
Dr. Glenn: If I don't take care of my blood sugar during the day, then I don't have enough serotonin and dopamine?

Dr. Anne: That's right.

Dr. Glenn: I did not know that. I thought that cravings that were generated for sugar and carbohydrates when I would let my blood sugar drop were simply because I needed to raise my blood sugar. But you're saying there's another mechanism.

Dr. Anne: Those blood sugar swings are actually depleting the neurotransmitters and those blood sugar swings create something called leaky gut because it's so inflammatory. You have to stabilize your blood sugar. It's so important. And you want to know something else that's interesting when I was researching just everything about binge eating in particular just to see if I was missing anything is that when they did a rat study, the rats tended to feed in the dark periods. So they would eat more at night and more in the dark periods which to me is very interesting because serotonin is made via sunlight as well or via light cycles. And so these rats would feed more at night. You would see more of a binge.

Dr. Glenn: That's interesting. So I'm doing a book night time eating now and part of what we're finding is that if people's vitamin D levels aren't sufficient, if they're not getting enough sun during the day, then -- not necessarily the sun, but if their vitamin D levels are insufficient, which can just be from supplementing, then they're not regulating your blood sugar at night. Is there any implication that you could use light therapy in the evening to interfere with night time overeating?



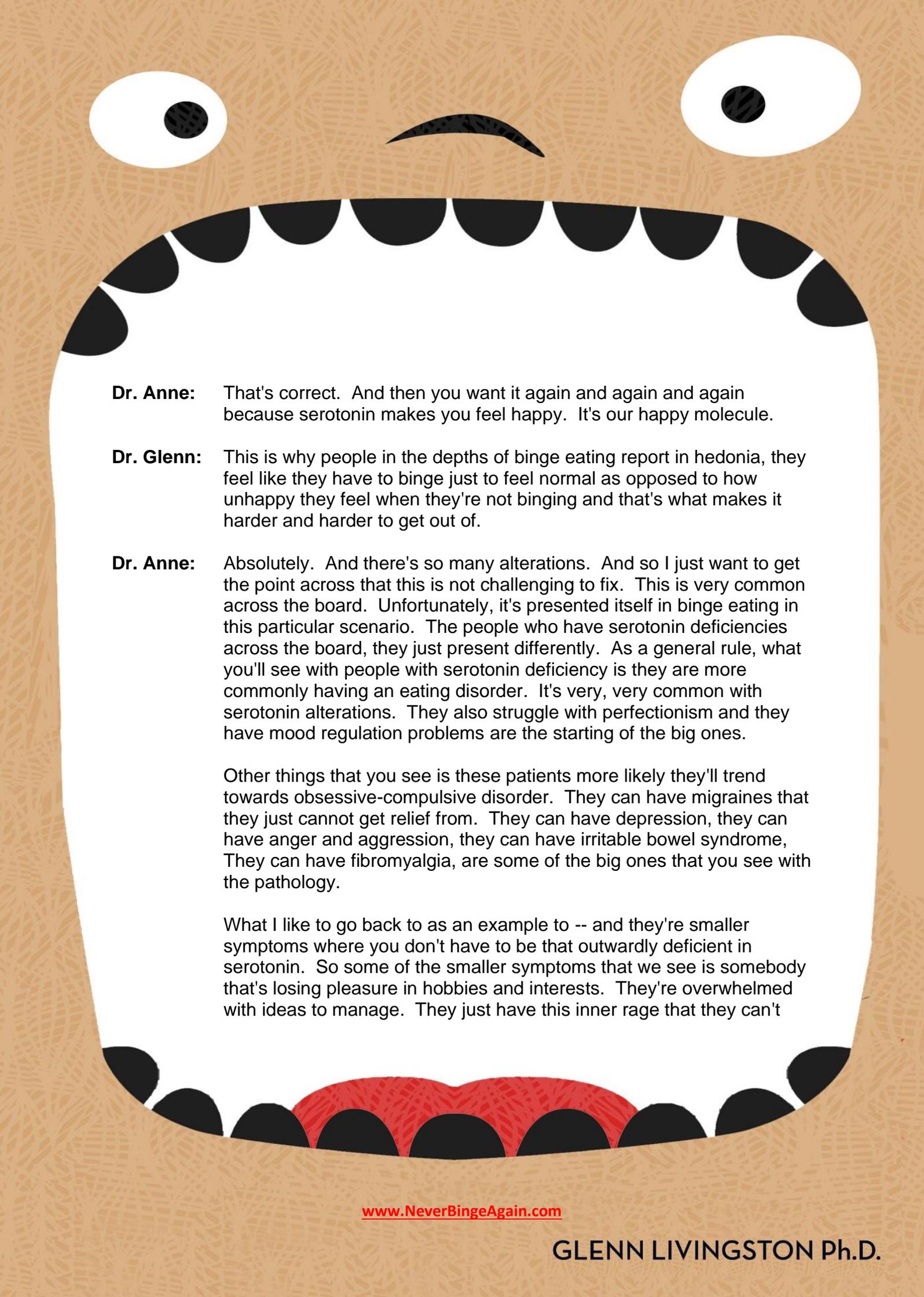
Dr. Anne: Yeah, but that's such a slippery slope and here's why. Because we really need to base that on circadian rhythm, right? And so our circadian rhythm when the sun goes down to not secrete more cortisol, we need to go to sleep. Right? Because that's going to create some more problems. So ultimately I think a better solution versus doing light therapy when it's dark out, because this also happens more I think in the winter months it seems. Dark period also meaning winter months so the feeding would increase. I think a better option would maybe to be to heal some of these underlying issues that are causing these things because then you're going to disrupt your cortisol and people tend to really gain weight when you have high cortisol at night, especially belly fat.

Dr. Glenn: Interesting. Very, very interesting. Okay. So I interrupted you while you were talking about the rats that were eating more at night.

Dr. Anne: It's interesting that people are gravitating to eat more at night because sunlight increases serotonin because serotonin is made in a part of the brain that needs sunlight. So we'll see more depression in the winter periods. Right? And so since we're talking a little bit about serotonin, I'd like to segue into some of the symptoms you would see if you were maybe decreased in serotonin or maybe serotonin was low. But one thing I want to say before I get into that is in binge eating, serotonin levels tend to have bigger drops in between the binges.

So if you compare to folks that don't binge eat to folks that do, serotonin is going to go up during the binge but then after the binge is done, when there's a period of food restriction, serotonin is actually going to go lower than what they call 'healthy controls'.

Dr. Glenn: So they're putting themselves on a rollercoaster.



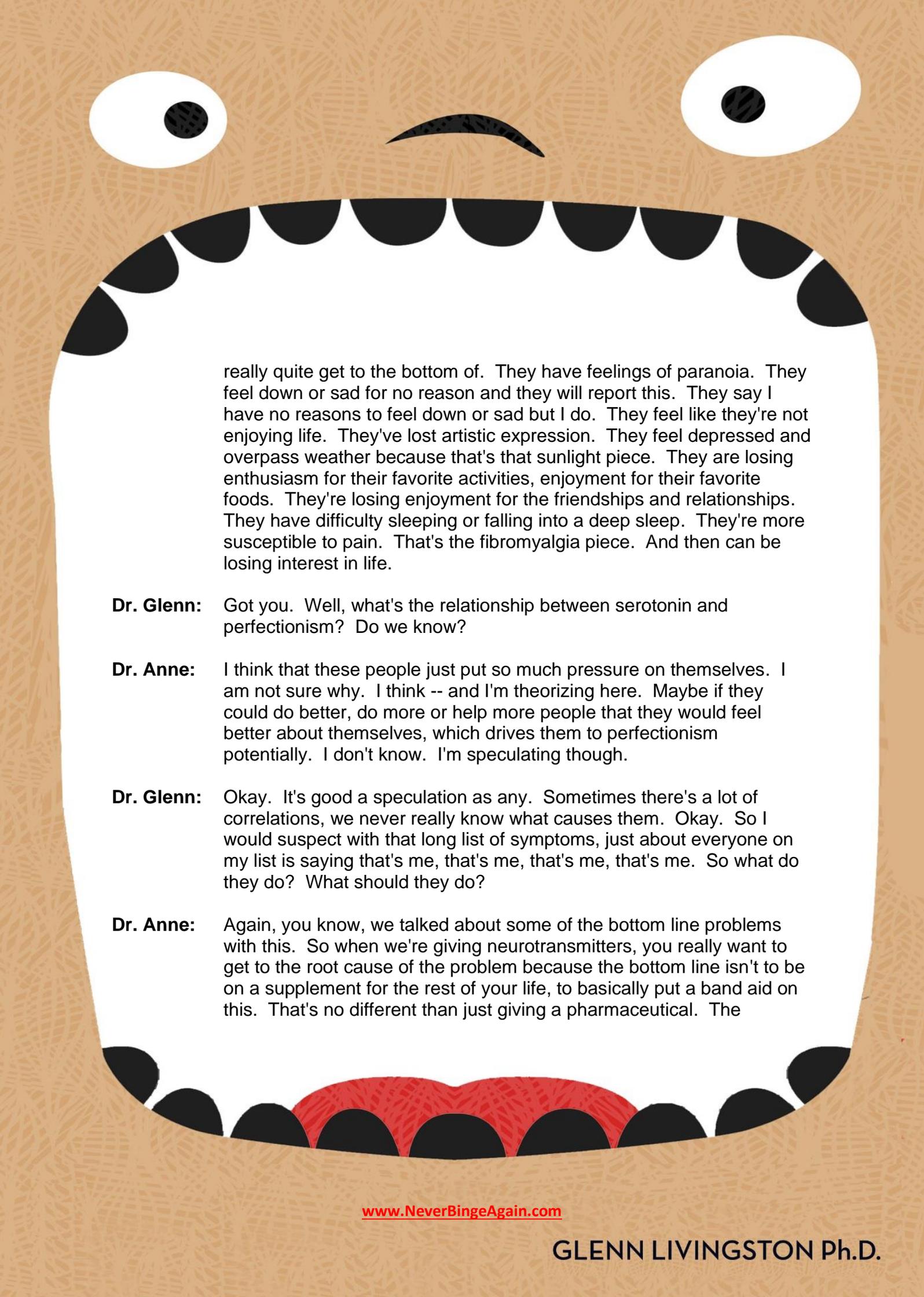
Dr. Anne: That's correct. And then you want it again and again and again because serotonin makes you feel happy. It's our happy molecule.

Dr. Glenn: This is why people in the depths of binge eating report in hedonia, they feel like they have to binge just to feel normal as opposed to how unhappy they feel when they're not bingeing and that's what makes it harder and harder to get out of.

Dr. Anne: Absolutely. And there's so many alterations. And so I just want to get the point across that this is not challenging to fix. This is very common across the board. Unfortunately, it's presented itself in binge eating in this particular scenario. The people who have serotonin deficiencies across the board, they just present differently. As a general rule, what you'll see with people with serotonin deficiency is they are more commonly having an eating disorder. It's very, very common with serotonin alterations. They also struggle with perfectionism and they have mood regulation problems are the starting of the big ones.

Other things that you see is these patients more likely they'll trend towards obsessive-compulsive disorder. They can have migraines that they just cannot get relief from. They can have depression, they can have anger and aggression, they can have irritable bowel syndrome, They can have fibromyalgia, are some of the big ones that you see with the pathology.

What I like to go back to as an example to -- and they're smaller symptoms where you don't have to be that outwardly deficient in serotonin. So some of the smaller symptoms that we see is somebody that's losing pleasure in hobbies and interests. They're overwhelmed with ideas to manage. They just have this inner rage that they can't



really quite get to the bottom of. They have feelings of paranoia. They feel down or sad for no reason and they will report this. They say I have no reasons to feel down or sad but I do. They feel like they're not enjoying life. They've lost artistic expression. They feel depressed and overpass weather because that's that sunlight piece. They are losing enthusiasm for their favorite activities, enjoyment for their favorite foods. They're losing enjoyment for the friendships and relationships. They have difficulty sleeping or falling into a deep sleep. They're more susceptible to pain. That's the fibromyalgia piece. And then can be losing interest in life.

Dr. Glenn: Got you. Well, what's the relationship between serotonin and perfectionism? Do we know?

Dr. Anne: I think that these people just put so much pressure on themselves. I am not sure why. I think -- and I'm theorizing here. Maybe if they could do better, do more or help more people that they would feel better about themselves, which drives them to perfectionism potentially. I don't know. I'm speculating though.

Dr. Glenn: Okay. It's good a speculation as any. Sometimes there's a lot of correlations, we never really know what causes them. Okay. So I would suspect with that long list of symptoms, just about everyone on my list is saying that's me, that's me, that's me, that's me. So what do they do? What should they do?

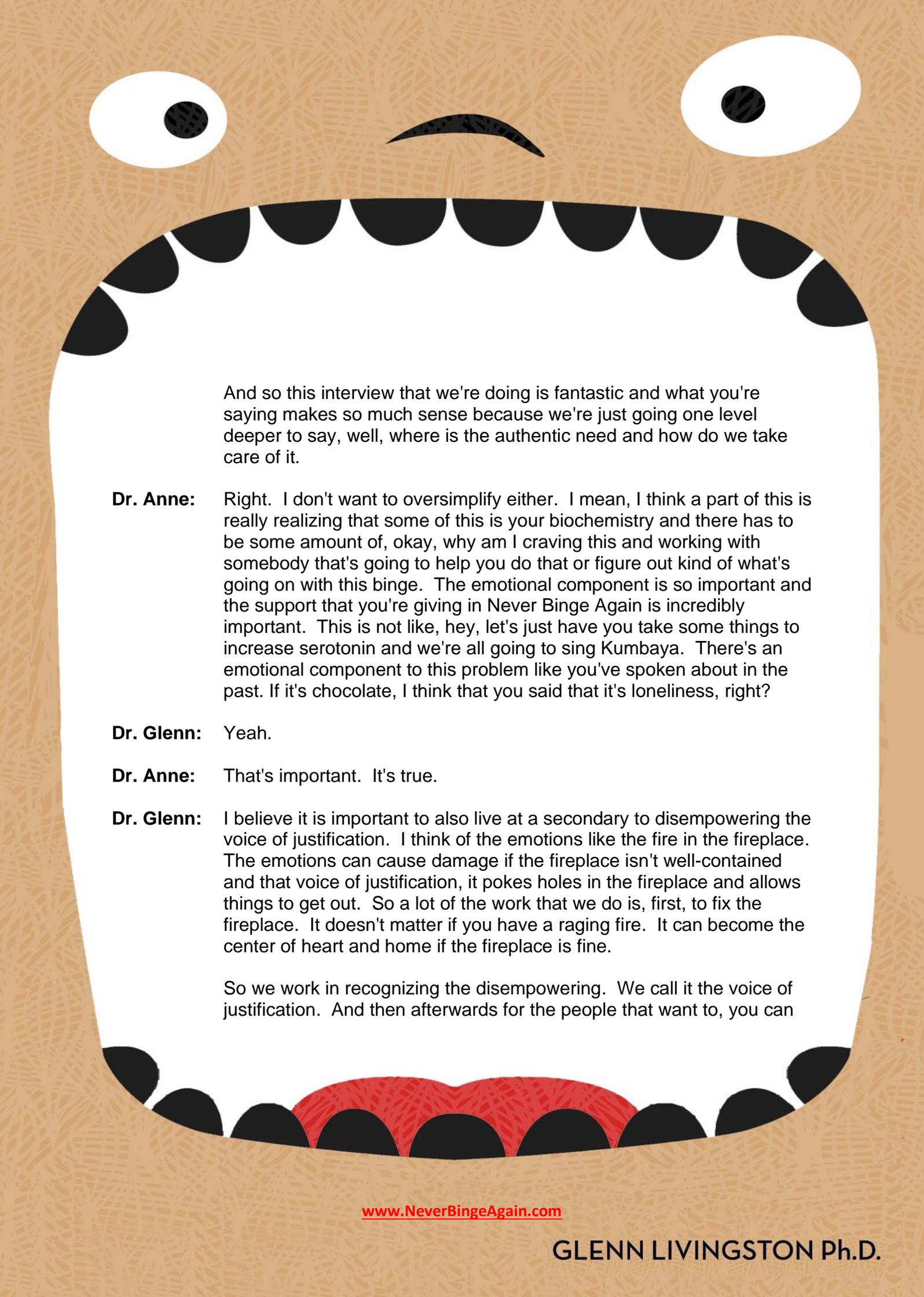
Dr. Anne: Again, you know, we talked about some of the bottom line problems with this. So when we're giving neurotransmitters, you really want to get to the root cause of the problem because the bottom line isn't to be on a supplement for the rest of your life, to basically put a band aid on this. That's no different than just giving a pharmaceutical. The



question is why do you have this deficiency and what is going on. When I'm seeing reports of binge eating, I'm seeing alterations in hormone levels. That's why women are more susceptible than men. We're seeing alterations in blood sugar levels. Obviously it can come down to a gut infection. So I think working with somebody that can figure out potentially what's going on and then ultimately it can be environmental exposures. And then trauma is another big piece. So in my practice, I see a lot of mold exposure that has done this, people come in with high levels of anxiety, they just are stressed out, they have a lot of trauma. I see that as well as the rest of it. Gut infections are caught more commonly and then blood sugar dysregulation is really important.

Again, I think realizing that when 'your pig cries', right, that is the deprivation because your serotonin is dropping. That's why your body is craving, craving, craving. So I know that you just say to put the pig aside, that's great advice. I mean, you're really just coming off of an addiction. Right? And so, I don't want to see people suffer through that. So that's why I recommend something like tryptophan or St. John's Wort or B vitamins that can help those things increase up in serotonin while you're healing the rest of the problem.

Dr. Glenn: I just want to modify what you're saying, a slight -- about what I do because I don't just tell them to put the pig aside. I tell them that there's always a biological error associated with a binge. The fact that we're going for pizza, we can't resist pizza, well, we didn't have pizza on the savanna so there's got to be some authentic biological craving that you have and if you're not taking care of that authentic craving, you can't expect to hold up your rules forever. And I kid around with people and say, you can't make a rule that says I will never pee again because your bladder is going to force you and tell you otherwise fairly shortly.



And so this interview that we're doing is fantastic and what you're saying makes so much sense because we're just going one level deeper to say, well, where is the authentic need and how do we take care of it.

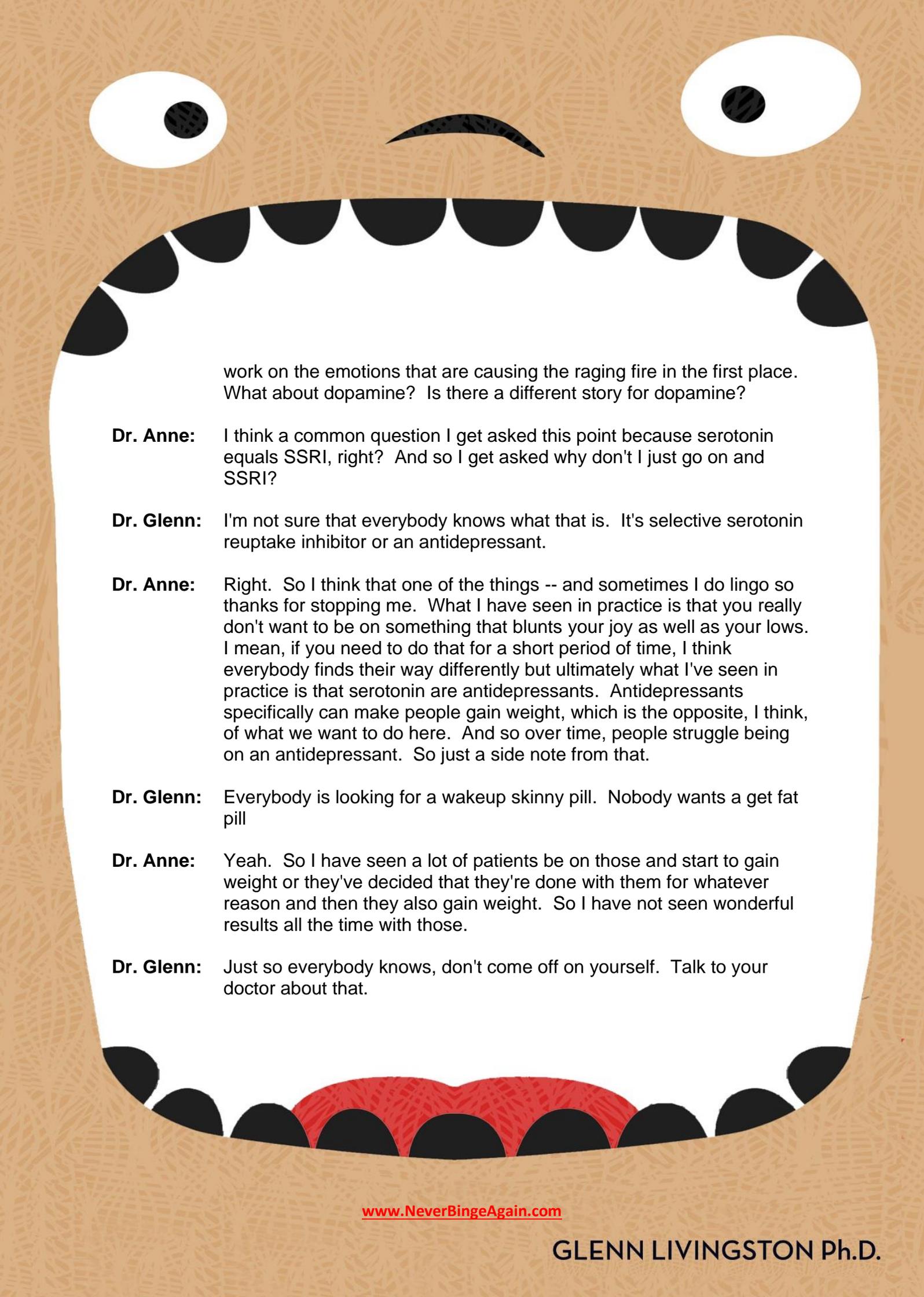
Dr. Anne: Right. I don't want to oversimplify either. I mean, I think a part of this is really realizing that some of this is your biochemistry and there has to be some amount of, okay, why am I craving this and working with somebody that's going to help you do that or figure out kind of what's going on with this binge. The emotional component is so important and the support that you're giving in Never Binge Again is incredibly important. This is not like, hey, let's just have you take some things to increase serotonin and we're all going to sing Kumbaya. There's an emotional component to this problem like you've spoken about in the past. If it's chocolate, I think that you said that it's loneliness, right?

Dr. Glenn: Yeah.

Dr. Anne: That's important. It's true.

Dr. Glenn: I believe it is important to also live at a secondary to disempowering the voice of justification. I think of the emotions like the fire in the fireplace. The emotions can cause damage if the fireplace isn't well-contained and that voice of justification, it pokes holes in the fireplace and allows things to get out. So a lot of the work that we do is, first, to fix the fireplace. It doesn't matter if you have a raging fire. It can become the center of heart and home if the fireplace is fine.

So we work in recognizing the disempowering. We call it the voice of justification. And then afterwards for the people that want to, you can



work on the emotions that are causing the raging fire in the first place. What about dopamine? Is there a different story for dopamine?

Dr. Anne: I think a common question I get asked this point because serotonin equals SSRI, right? And so I get asked why don't I just go on and SSRI?

Dr. Glenn: I'm not sure that everybody knows what that is. It's selective serotonin reuptake inhibitor or an antidepressant.

Dr. Anne: Right. So I think that one of the things -- and sometimes I do lingo so thanks for stopping me. What I have seen in practice is that you really don't want to be on something that blunts your joy as well as your lows. I mean, if you need to do that for a short period of time, I think everybody finds their way differently but ultimately what I've seen in practice is that serotonin are antidepressants. Antidepressants specifically can make people gain weight, which is the opposite, I think, of what we want to do here. And so over time, people struggle being on an antidepressant. So just a side note from that.

Dr. Glenn: Everybody is looking for a wakeup skinny pill. Nobody wants a get fat pill

Dr. Anne: Yeah. So I have seen a lot of patients be on those and start to gain weight or they've decided that they're done with them for whatever reason and then they also gain weight. So I have not seen wonderful results all the time with those.

Dr. Glenn: Just so everybody knows, don't come off on yourself. Talk to your doctor about that.

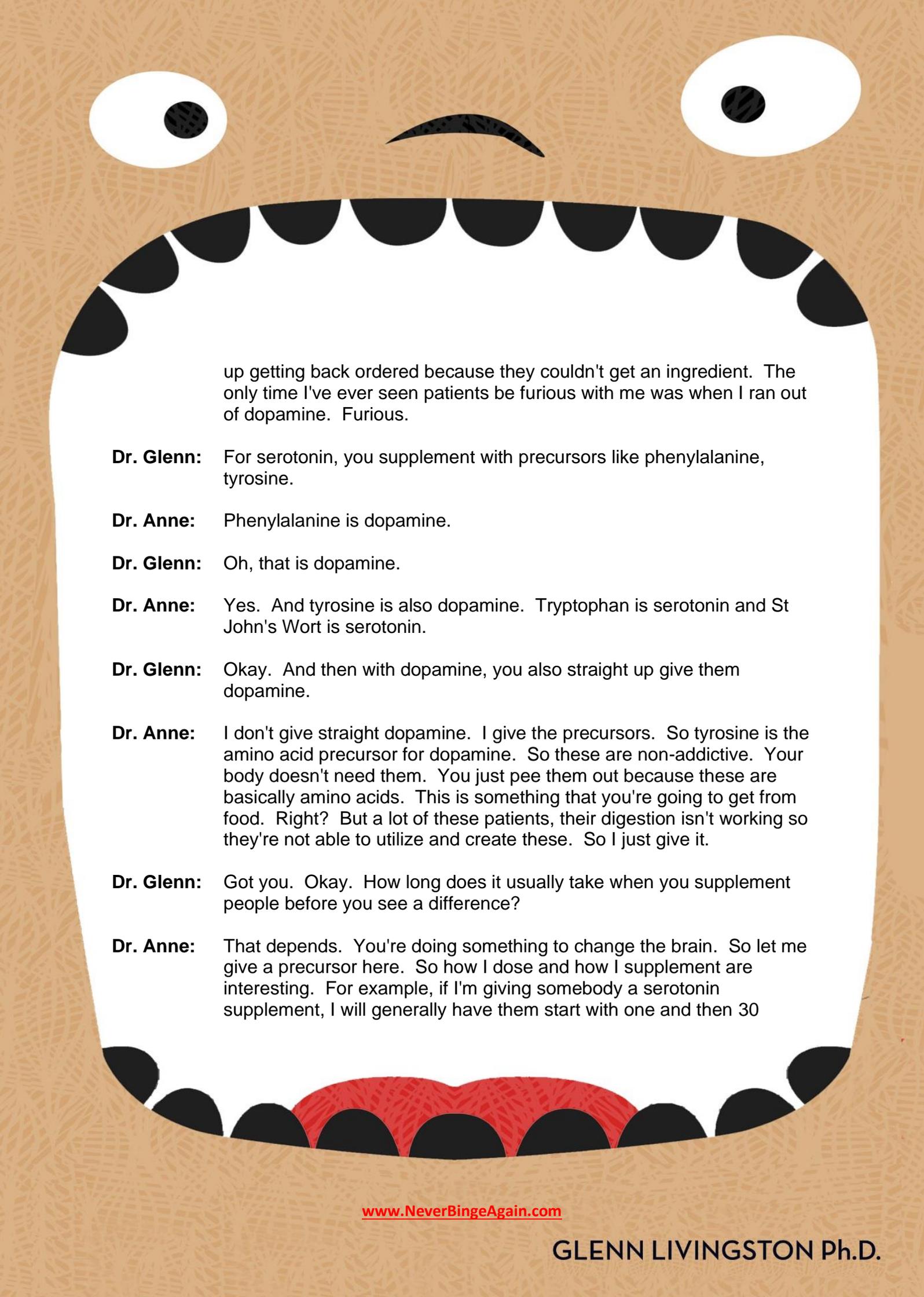


Dr. Anne: Please. Amen. Thank you for saying that. Just to follow up with that question, dopamine is your pleasure-seeking hormone. It's your reward-seeking hormone. The same thing is going on with dopamine in a binge that's going on with serotonin in a binge. Again, it elevates during the binge and then it depletes lower than 'healthy controls'. Right? So again, it makes you want it more and more and crave it more and more. So it's that feedback and rewards system. Dopamine is really important. So sometimes I have low dopamine, would be feeling worthless, would be also feeling like you're losing your temper for minor reasons. There's going to be some overlap with serotonin by the way. Inability to self-motivate or inability to finish tasks and then feelings of hopelessness and self-destructive thoughts are big ones and needing to consume caffeine to stay alert are big ones with dopamine depletion.

When dopamine gets low, this allows us to partake in what we would call maybe risky behavior. So for example, the motivation to do drugs would be another reason that someone would be showing signs of low dopamine which ultimate again also depletes these patients lower than they started with before, similar to binge eating. And so this creates more bingeing because dopamine is incredibly addictive. Right?

Dr. Glenn: Right. Hell yeah, sister.

Dr. Anne: If this was a problem. But something else that I learned that was really important about dopamine and that I've seen in practice is that also fluctuating mood is huge. Also, people that sweat in the middle of the night, especially males, is related to low dopamine and also low testosterone is also related to low dopamine. So all those things are actually quite important. I find a lot of people are deficient in dopamine. I've given this quite a bit in my practice. In fact, the supplement ended



up getting back ordered because they couldn't get an ingredient. The only time I've ever seen patients be furious with me was when I ran out of dopamine. Furious.

Dr. Glenn: For serotonin, you supplement with precursors like phenylalanine, tyrosine.

Dr. Anne: Phenylalanine is dopamine.

Dr. Glenn: Oh, that is dopamine.

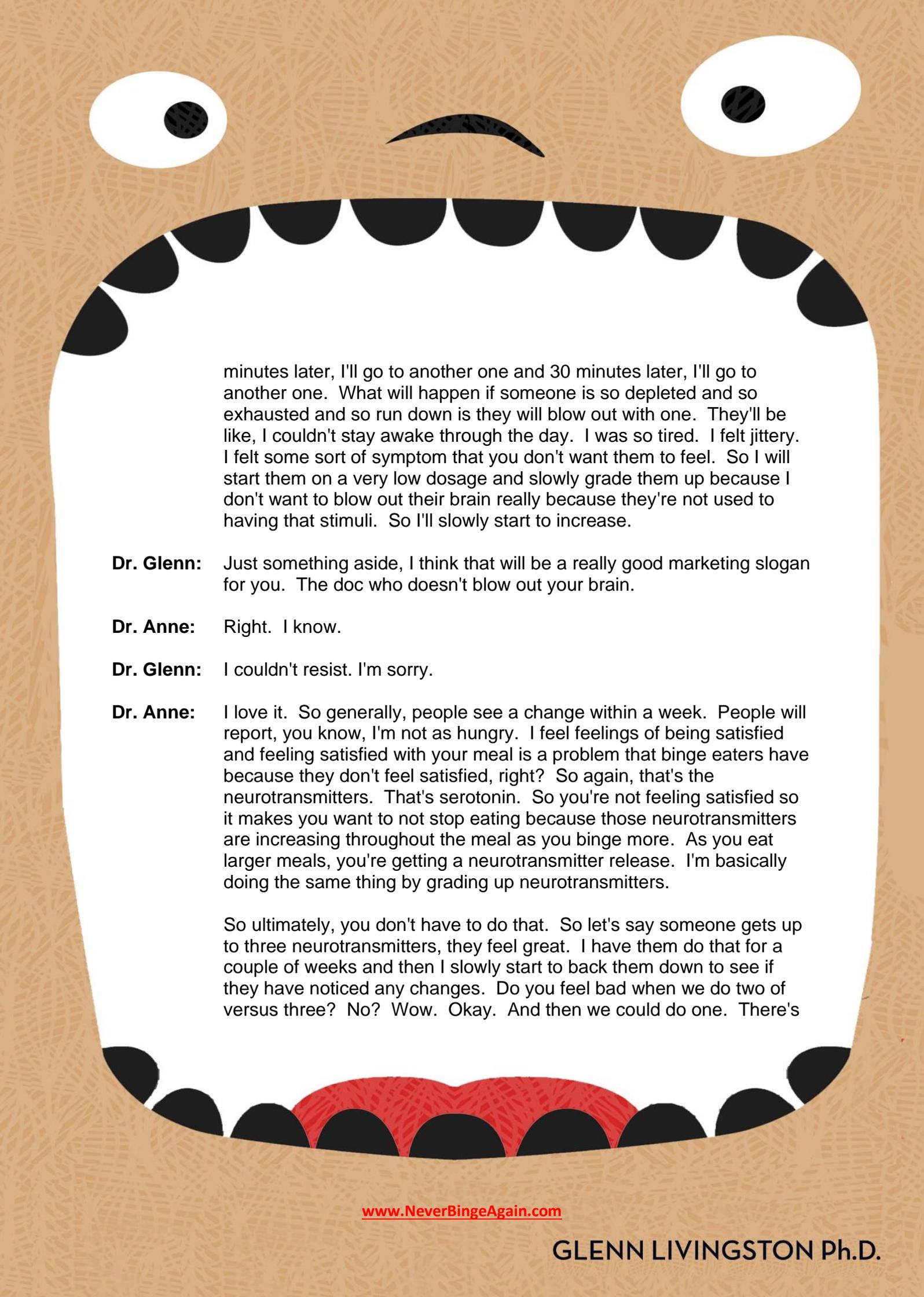
Dr. Anne: Yes. And tyrosine is also dopamine. Tryptophan is serotonin and St John's Wort is serotonin.

Dr. Glenn: Okay. And then with dopamine, you also straight up give them dopamine.

Dr. Anne: I don't give straight dopamine. I give the precursors. So tyrosine is the amino acid precursor for dopamine. So these are non-addictive. Your body doesn't need them. You just pee them out because these are basically amino acids. This is something that you're going to get from food. Right? But a lot of these patients, their digestion isn't working so they're not able to utilize and create these. So I just give it.

Dr. Glenn: Got you. Okay. How long does it usually take when you supplement people before you see a difference?

Dr. Anne: That depends. You're doing something to change the brain. So let me give a precursor here. So how I dose and how I supplement are interesting. For example, if I'm giving somebody a serotonin supplement, I will generally have them start with one and then 30



minutes later, I'll go to another one and 30 minutes later, I'll go to another one. What will happen if someone is so depleted and so exhausted and so run down is they will blow out with one. They'll be like, I couldn't stay awake through the day. I was so tired. I felt jittery. I felt some sort of symptom that you don't want them to feel. So I will start them on a very low dosage and slowly grade them up because I don't want to blow out their brain really because they're not used to having that stimuli. So I'll slowly start to increase.

Dr. Glenn: Just something aside, I think that will be a really good marketing slogan for you. The doc who doesn't blow out your brain.

Dr. Anne: Right. I know.

Dr. Glenn: I couldn't resist. I'm sorry.

Dr. Anne: I love it. So generally, people see a change within a week. People will report, you know, I'm not as hungry. I feel feelings of being satisfied and feeling satisfied with your meal is a problem that binge eaters have because they don't feel satisfied, right? So again, that's the neurotransmitters. That's serotonin. So you're not feeling satisfied so it makes you want to not stop eating because those neurotransmitters are increasing throughout the meal as you binge more. As you eat larger meals, you're getting a neurotransmitter release. I'm basically doing the same thing by grading up neurotransmitters.

So ultimately, you don't have to do that. So let's say someone gets up to three neurotransmitters, they feel great. I have them do that for a couple of weeks and then I slowly start to back them down to see if they have noticed any changes. Do you feel bad when we do two of versus three? No? Wow. Okay. And then we could do one. There's



also tests that we can check to see where their neurotransmitter levels are. I found that doing forms and also grading their symptoms and they're going to tell you if they don't feel good. They're going to tell you if these symptoms aren't better. They're going to tell you if they're binge eating. Right? And so if you can ask them specifically about that, they have a pretty good recount of it and they start to slowly lose weight and then you're able to do other things to heal the patient.

Dr. Glenn: Are there any natural things that people can do, different foods that they can eat or behaviors they can engage in to normalize their serotonin and dopamine levels?

Dr. Anne: That's a great question. I find that when patients come to me, they're pretty sick. Things that can heal up the gut, a lot of times bone pros have really helped. That's not going to help if there's a low grade infection. Eating more consistently and not waiting until the end of the day to eat is something that's helpful. Balancing the blood sugar is pretty critical. I think healing the trauma that you're experiencing is pretty critical. We've seen huge decreases in that, also will help heal up the neurotransmitters as well. So I think those are the big ones.

Dr. Glenn: Okay. This is really fascinating. This is really, really fascinating and I think you're getting deeper towards the physiological cause of binge eating that anybody I have talked to so far. So I'm really glad that you came on. What else should I have asked you about how you work with serotonin and dopamine and what people need to know in order to get on the right path? Or should they just call you? What else should I have asked you that I didn't?

Dr. Anne: If you really feel like you're struggling with this, you and I have both been there to some varying degrees and I wish that I would have



known about this back when. I wish that somebody could have helped me or someone could have given me a neurotransmitter because it helps me personally crave things like chocolate less. It helps me think about how my eating and being more intent on that that maybe there's not a problem with me. I just have imbalanced neurotransmitters based on what I've been through and what I've been exposed to. And so I think that that's important.

Some other things that I think are important that you didn't ask is ACH is one last one that's called acetylcholine. Acetylcholine, I don't want to get into too much but it's really the memory. But we have found a big link in it in binge eating. In fact, it spikes at the end of a meal. And so it spikes when you finish eating. And so that also carries through, so another neurotransmitter that's important. And so are our opioid receptors. There are a lot of neurotransmitters actually involved in binge eating and the brain chemicals are generally very different and people that are binge eating, it reminded me just going through of complete and total addiction with alcohol or drug-related. So it's just basically -- it's not your fault and I want to just make that a big point.

Dr. Glenn: Acetylcholine spiking at the end of meals is part of the experience of satisfaction?

Dr. Anne: Yes.

Dr. Glenn: And some people are deficient in that acetylcholine spike and therefore have trouble feeling satisfied at the end of meals?

Dr. Anne: No. So acetylcholine raises, raises, raises throughout a binge and at the end of the binge it spikes when you finish eating. And so that's another feel good thing with a binge because acetylcholine is deficient.



And acetylcholine is very, very, very important in memory, in cognition and things that stop brain deterioration. So it's a very important neurotransmitter chemical as well.

Dr. Glenn: And if I remember it correctly, that's the thing that gets increased when you drink a cup of coffee, right?

Dr. Anne: Yes, and so does dopamine. Dopamine is a big one. It's increased when you're utilizing caffeine.

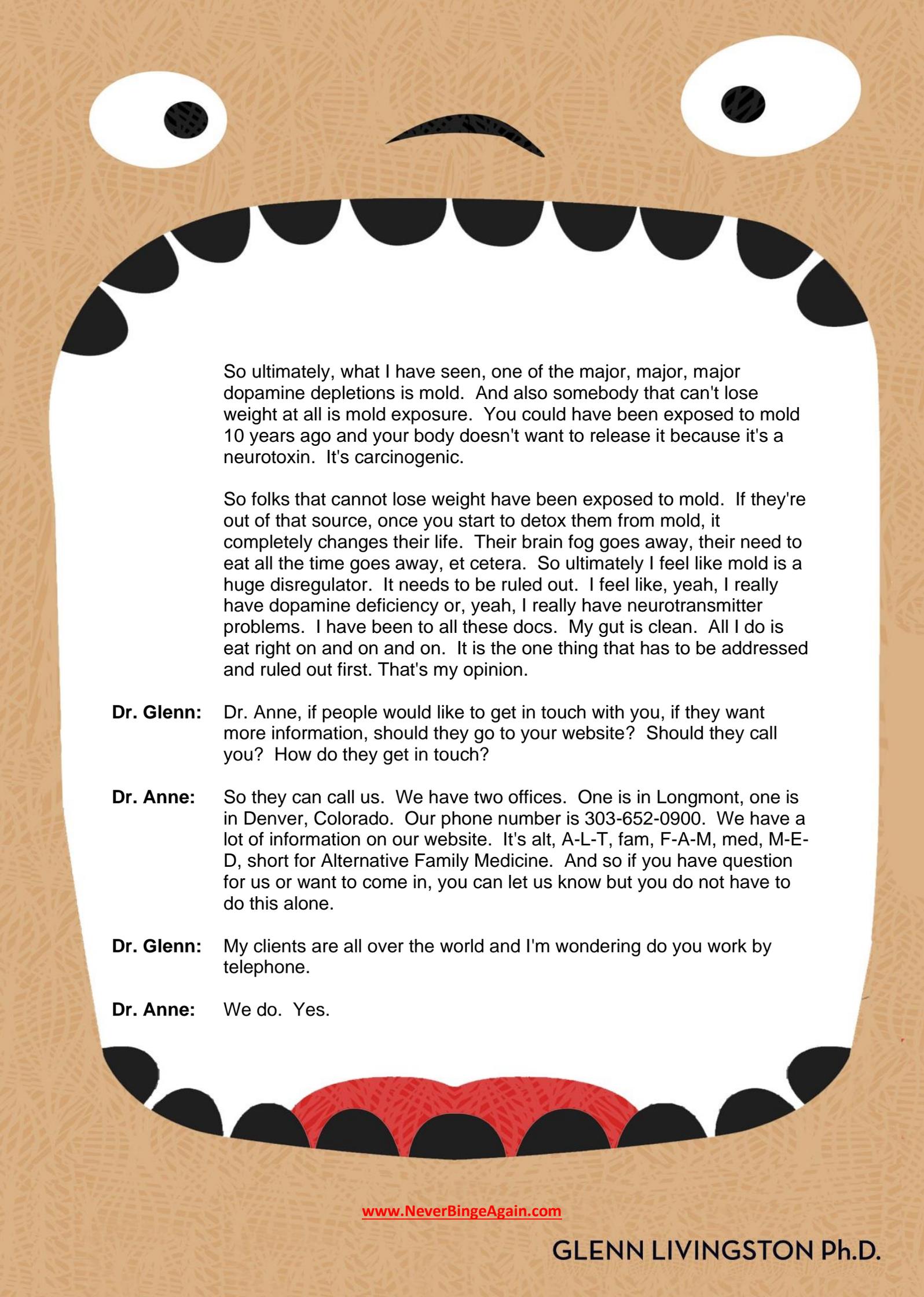
Dr. Glenn: Do I get to ask you one more question or am I out of questions?

Dr. Anne: No. Go ahead.

Dr. Glenn: What about salt cravings?

Dr. Anne: Salt cravings, I think of with adrenal gland fatigue. That's how I think of salt cravings. So I actually don't pull people off salt that are having crazy cravings for it because I think that they're trying to help their adrenal gland. So I try to heal the rest of their body and analyze their blood work to see what else is going on or what could we help on those. The one thing that I will say since you told me -- and this kind of will go into that, is a lot of folks come to me because they can't lose weight at all. I'm like the last ditch, everybody has been everywhere else and they show up in my office.

One of the major things that I have seen that depletes dopamine and why I kind of circle back to this is dopamine is the upper and to regulate the adrenal gland. Okay? So you ask about salt cravings. So salt, a lot of times, is the adrenal gland being so tired and so fatigued. Dopamine regulates that on a brain level. So high level stuff. Right?



So ultimately, what I have seen, one of the major, major, major dopamine depletions is mold. And also somebody that can't lose weight at all is mold exposure. You could have been exposed to mold 10 years ago and your body doesn't want to release it because it's a neurotoxin. It's carcinogenic.

So folks that cannot lose weight have been exposed to mold. If they're out of that source, once you start to detox them from mold, it completely changes their life. Their brain fog goes away, their need to eat all the time goes away, et cetera. So ultimately I feel like mold is a huge disregulator. It needs to be ruled out. I feel like, yeah, I really have dopamine deficiency or, yeah, I really have neurotransmitter problems. I have been to all these docs. My gut is clean. All I do is eat right on and on and on. It is the one thing that has to be addressed and ruled out first. That's my opinion.

Dr. Glenn: Dr. Anne, if people would like to get in touch with you, if they want more information, should they go to your website? Should they call you? How do they get in touch?

Dr. Anne: So they can call us. We have two offices. One is in Longmont, one is in Denver, Colorado. Our phone number is 303-652-0900. We have a lot of information on our website. It's alt, A-L-T, fam, F-A-M, med, M-E-D, short for Alternative Family Medicine. And so if you have question for us or want to come in, you can let us know but you do not have to do this alone.

Dr. Glenn: My clients are all over the world and I'm wondering do you work by telephone.

Dr. Anne: We do. Yes.



Dr. Glenn: Okay. Well, I would recommend that everybody take a look and find out more at the very least at AltFamMed.com.

Dr. Anne: Yes, you got it.

Dr. Glenn: AltFamMed.com. Thank you so much.

Dr. Anne: Thank you so much.

Dr. Glenn: Thanks for your time and attention. If you like to find out more about the products and services they offer to help fix your food problem fast, please visit FixYourFoodProblem.com. That's FixYourFoodProblem.com. If you like to find out more about getting trained and certified in the Never Binge Again method to help your clients, please visit BecomeAWeightLossCoach.com. BecomeAWeightLossCoach.com. So that's FixYourFoodProblem.com plus BecomeAWeightLossCoach.com. Thanks.

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GLENN LIVINGSTON Ph.D.



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