



Reversing Anxiety Issues With MCAS Or Histamine Intolerance

Beth O' Hara, FN With
Trudy Scott, CN



Beth O' Hara, FN

Welcome back to this episode of the Reversing Mast Cell Activation and Histamine Intolerance Summit. I'm your host Beth O'Hara of Mast Cell 360 and I'm so excited today to have with us Trudy Scott, who's going to share with us a lot of information about anxiety and panic, which is really common in people dealing with mast cell activation syndrome, not a lot of people are talking about resources for this so, so much gratitude and appreciation for Trudy for coming on and sharing this with us. Lemme tell you a little bit about her, so, Trudy Scott is a Certified Nutritionist, she's a food mood expert who educates anxious individuals about nutritional solutions for anxiety and she's really known for expertise in the use of targeted individual amino acids, nutritional solutions for social anxiety condition called pyroluria and the harmful effects of benzodiazepines. She's the author of "The Anti-Anxiety Food Solution" and the host of the Anxiety Summit, she's someone whose work I've been following for quite some time and she also educates health professionals via the Anxiety Nutrition Institute, sharing research and practical how-to steps. And I know you've had your own history with anxiety and with panic as have I so I'm really excited to hear about your background, but first, just welcome and thank you so much for joining us.

Trudy Scott, CN

Thanks so much for having me, Beth, I'm really excited to be here to share my expertise and my experience and help folks who do have anxiety, because, you ask me to share my story and I can totally relate to this feeling of waking up with this feeling of impending doom, feeling anxious all the time and you sort of look back and you think, well, why am I anxious? There's no reason for me to be anxious, this growing social anxiety and this has all started to happen to me in my late



30's, I was actually, it was before I was a nutritionist, I was working in a corporate job in America and was under a huge amount of stress, I was in perimenopause, so my hormones were changing and I had this perfect storm of factors that were contributing to my anxiety, it was all physiological, all you know, biochemical, I had gluten issues, I had a mouthful of amalgams, so I had these, you know, heavy metals, grown up in South Africa and worked in places where there was a lot of lead, so I was exposed to a lot of lead, we had leaded fuel in South Africa, I had gut issues, I was eating a vegetarian diet so I was eating processed soy, so I had this combination of things that were causing this perfect storm of anxiety and I started to look for solutions, I worked with a wonderful nurse practitioner and a naturopathic doctor and started to realize that it was biochemical and there was something I could do about it.

Diet was a huge factor for me, so I made some dietary changes, I went back to eating quality animal protein, I got off gluten, I addressed adrenal issues, and I used nutrients, I used GABA, we're gonna talk about GABA a little bit later, but GABA stands for gamma-aminobutyric acid, it's a calming amino acid, it helps to calm GABA, which is also a neurotransmitter. I also used tryptophan, I addressed hormone imbalances and I, you know, started to detox. So I found resolution pretty quickly. And there's so many women in my community who have the same experience and they have no idea where it's coming from. They don't have solutions. And they you know, medications are common prescribed benzodiazepines that are antidepressants, and will talk about their little, little bit later too, but I want folks to know that firstly, that there is hope because when you're in the midst of this anxiety, you just feel so terrible and you just can't imagine getting out of it, so there is hope there are solutions and, and there's options. There's a lot of options. So, you know, I'm really excited to share all of that.

Another root cause that I forgot to mention is pyroluria which is this genetic genetic condition. There's a little bit of debate about that also can be triggered by environmental onslaughts. And that caused the social anxiety that I had. And some of those nutrients made a huge difference. Sync B six, evening primrose oil, in the pyroluria and then also help as a you know, foundation for making the neurotransmitters. So long story short, no more anxiety, no more panic attacks, no more social anxiety, as long as I am following these protocols and looking after myself, and the interesting thing is for, for this event with Mast Cell activation syndrome, low GABA, low serotonin, pyroluria all common and can be a factor. So using that knowledge, we can use that to help folks who also may have anxiety from Mast Cell activation syndrome. And we're gonna talk a



little bit about how that can differ from some other kinds of anxiety, but that sort of sets the stage for what we are gonna talk about today.

Beth O' Hara, FN

Thank you for sharing that part of your story. I think it's really important for people to have hope and I wish I had heard your story when I was dealing with anxiety for a good 20 years. And I remember having panic attacks, just driving to the grocery store. And I couldn't even go in, I'd have to get back in the car and drive back home and having days where I just wanted to dig a hole in the ground and bury myself in the earth because I couldn't get any relief, but there is hope and I'm anxiety free today as well. Unless I start some new supplement, doesn't agree with me, or I go too fast or I sometimes forget to take my supplements and realize, oh, whoops, that's what happened.

Trudy Scott, CN

That's wonderful.

Beth O' Hara, FN

So one of the questions that I've been asking, some of our speakers who've had stories like ours is what, what helped you get through that? Because so many people give up, what helped you keep going?

Trudy Scott, CN

Well with my, in the midst of it, I had the most terrible PMS. So I was a basket case for three weeks of the month, but one week of every month I had, I was okay. And I, you know, I had brain function, then I was sleeping and I could focus. And then that one week I read everything that I could get my hands on. And I remember going into the doctor because I'd also had a breast biopsy, 'cuz I had, you know, lumpy breasts as a result of, you know, perimenopause. And that was the wrong thing to do. You know, it was not, it wasn't an issue. And I went back in and they wanted to do another breast biopsy and I said, Hey, what's going on? And they said, well, this is perimenopause. And I thought, well, you know, I'm in my late thirties, I only have to think about menopause when I get to my fifties, what's this word perimenopause. And you know, this was many, many years ago. I didn't even realize I had to start thinking about it, but I read every single book that I could on menopause and perimenopause, and there weren't a lot in those days. Certainly not that you know that what we've got available to us today, but I just read everything



that I could. And then once I started working with this nurse practitioner and the naturopath, I had hope because I knew that there were solutions and I knew it was just a matter of getting to those solutions. So I would say that's what worked for me. And that's one of the reasons I wrote my book is because I wanted people to read something and, and feel hope that there was a solution.

Beth O' Hara, FN

And that's what kept me going, was those moments where my brain would work and I had a pre-med background. So I could pull on that. But now we have experts like you and lots of resources from experts on this summit that can help people. Let's talk about the types of anxiety, the way that it shows up in mast cell activation syndrome.

Trudy Scott, CN

So the reason we, I wanna talk about this first is because a lot of people don't realize that there are different types of anxiety. In other words, there's different root causes of anxiety. And a lot of people say, you know, I have anxiety and I took GABA and it didn't work. Or, you know, I was given this and told, take it, you know, take tryptophan once a day for my anxiety. If it's really bad, take it twice a day. There's a lot of, there's more nuances to it. We, firstly we need to figure out what the, what the cause is, what the trigger of the anxiety is. And you know, my focus is using neurotransmitter support. So addressing low GABA and low serotonin, but there could be more to it than just that. So, you know, you may think, well I've got anxiety and therefore I need to look at low GABA, low serotonin, but what if there's also mast cell activation going on, then you need to think about, well, is that, is that triggering my anxiety as well as low GABA, low serotonin.

And we'll go into all the symptoms that we see with the low GABA and the low serotonin in a second. But certainly with mast cell activation, you're gonna have the racing heart. You're gonna feel flushed. You may have shortness of breath. You may have a panic attack. That's very common. You may have tummy upset. Now these are, you know, common things that we sort of associate with anxiety. And you may even have difficulty swallowing choking, spasms in the throat because of the histamine reaction or whatever the, the other mediators that are causing the sort of inflammatory situation. So this is what we might see with mast cell activation syndrome and the way that we could differentiate it from other types of anxiety, like low GABA or low serotonin or high cortisol anxiety is looking at the other mast cell activation syndrome symptoms and saying, well, do I have those as well? So do I also have a runny nose, a nasal



congestion? Do I have a headache? Do I have brain fog? And do I have a rash or hives, excessive fatigue, weakness, maybe anaphylaxis this, you know, having an anaphylactic reaction, insomnia and PMS. So there's a, a whole host of symptoms that are mental symptoms, you know, anxiety, depression symptoms, and then also the physical symptoms. And that could be a clue if you're just thinking, well, do I actually have this issue? Is this something I need to be thinking about? Those are some clues that that would, would give you an idea. Also, if you're reacting to certain foods, every time you eat sauerkraut, or if you eat leftovers, that could be a clue as well. And then maybe you've heard a little bit about this and you're thinking, well, I should try low histamine diet or cressatin or some of the other nutrients. And we'll talk, I'll talk specifically about some of those towards the end of the interview. But those are gonna be clues that yes, now you need to maybe work with a mast cell activation expert to test and diagnose and treat. But what I wanna share here today is that if you do find out that you have histamine tolerance or, or mast cell activation syndrome, some of the solutions that we're gonna talk about today could help with the anxiety aspect that you are experiencing.

Beth O' Hara, FN

That's very helpful with the mast activation. I just wanna recap, 'cause I know we've got so many people who are brain fogged on here, that anxiety can be a subset of the symptoms, but there're gonna be symptoms in multiple systems. So we're gonna have, we might have skin symptoms like the rashes, the hives you talked about, everybody gets those or could be GI symptoms, sleep issues, reproductive hormonal symptoms, like PMS. People can have issues with throat closing. They may have anaphylaxis, they may not. They may have allergy type symptoms, they may not. One of the hallmarks is that there are inflammatory symptoms in two or more systems in the body and histamine can triggering anxiety. And sometimes people could just have histamine intolerance and just have an issue with that and have high anxiety. But then mast cells can release histamine and lots of other over 200 different inflammatory mediators and they're neuroinflammatory. So we can have this multifaceted situation here, but you also see different types of anxiety and they can occur with the mast activation or they may occur stand alone, can we talk about some of those?

Trudy Scott, CN

Yes. And I'm so glad you talked about the fact that some of these symptoms can happen to some people. So you one that can look very different for different people who have mast cell activation issues. And that's why it's so challenging to diagnose because different people can



have different symptoms and the, the symptoms can overlap with other conditions. So, and the same can be said for anxiety as well in this kind of situation. And so, as I said, it could be triggered by the, the histamine or the other mediators that are being released or the low GABA or the low serotonin. But so you do need to know what the cause is in order to address the symptoms. And the analogy that I like to give is your car. It won't go, so is it a flat tire? Is it no gas? Have you got an oil leak? Have you got the wrong gas? You know, maybe you've got, you know, the wrong gas in there, or you've got something else going on. So you need to know what's wrong in order to fix it. There's no point in just putting gas in the car and not dealing with the flat tire. So you need to know what the root cause is in order to fix it. So that's my sort of thinking of why I wanted to talk about this, and before we talk about the, the actual symptoms of low GABA and low serotonin and how to deal with them, I just wanted to share a case study that was published in 2017. I'll read the name of the study in case anyone wants to look it up, it's called mast cell activation disorder, masquerading as a nervous breakdown. And in this report, they present a case of MCAS diagnosed as an anxiety disorder.

So it was a 62 year old male. He went to the ER, he had three days of recurrent flushing, diarrhea. He had mild edema in his hands. He was very emotional and he was diagnosed with severe anxiety and actually discharged from the ER and sent to mental health clinic. But he'd previously been seen in an allergy clinic for suspected mast cell activation syndrome. And some labs were pending and they had been, they tested plasma, histamine, tryptase and a few other markers, and that he was found to have elevated histamine and treatment was started for the mast cell activation. He was started on some medications and this helped ease his physical symptoms and eventually the brain fog and the emotional symptoms and the anxiety, the study, the author said, this case highlights the difficulty of MCAS diagnosis and the importance of assessing, especially in patients who have multi-system complaints. And my commentary is if he had not had a prior allergy assessment, he ma might have just been prescribed psychiatric medications, and then, you know, hopefully received a correct diagnosis down the road. So this just sort of illustrates that it's very common for this, you know, to be confused. Is it anxiety or is it something physical going on?

Beth O' Hara, FN

I'm so happy you shared that, first of all, and I'm gonna link to that in our summit resources page. This is, I wish this was not a common story, but I hear it all the time. I'm sure you hear it all the time. And it's part of my own story is that so many of us with chronic conditions, first of all, how



can you have body wide chronic inflammation and not have some involvement in nervous system inflammation and not have something going on with your neurotransmitters, which is gonna be anxiety, depression, however it shows up. And then so many people are dismissed and told it's in their head, I was told many times that I wanted to be sick, that I was crazy, and I was trying so hard to get well, I was doing everything I could to get well, and I didn't know anybody else that was working harder on their health, but it's just, it's demoralizing. I understand what's happening. The practitioners are frightened or they've not seen this before, they don't have a framework for it. Whatever's going on. They just wanna validate people out there have had that experience as well, and to share with them that, you know, to keep going, and I often see as well, Trudy, I'm sure you do too, that this becomes a social issue because, well, the doctor said that you're crazy and you must be crazy, but anything psychological is physiological. It doesn't even make sense to me that we segregate these out. We don't even, we put them on entirely different campuses in, in universities.

Trudy Scott, CN

I totally agree, it's really crazy. And it's, as you say, it happens all the time. In the midst of everything that was going on with me, I had severe brain fog, I couldn't do my job. And I went to the doctor and they said, well, here's a prescription for an antidepressant. I said, no, I don't need an antidepressant. I need to figure out why I can't think, you know, why I feel like I thought I had a brain tumor or something. It was that severe. So unfortunately we often not listen to, and we have to, we have to figure some of this out ourselves. So we find a practitioner who's knowledgeable about this. So, and then there's a, that whole trauma aspect of being ignored of not being heard of being brushed off of being told it's, it's all in your head. And that is, I see a very big issue as.

Beth O' Hara, FN

Well. And it's just healing for people to have that validated. And to know that they're not the only ones. And I mean, I hear this five, six, seven times a week in the clinic, unfortunately, but the good news is if you hang on to yourself and you say, eh, don't think I agree with that. And you know yourself, then you can keep moving forward. So this can show up in some different ways. And we're gonna talk about things like serotonin and GABA and cortisol, high cortisol, but also I'm gonna talk about low cortisol if we can, we can touch on those.



Trudy Scott, CN

Yes, certainly. So there with the work that I do primarily focused on neurotransmitter support. So the first thing I do with people who come to me with anxiety and that's the, you know, the primary focus of my work is working with folks with anxiety is look at low GABA and low serotonin, and they're different. So with low GABA, there's this physical anxiety, there's tension in the shoulder and stiffen tense muscles. Whereas with low serotonin, it's a worry ruminating kind of anxiety. So those are the differences there. There's no reliable test to confirm whether you have low GABA or low serotonin. A lot of, unfortunately, a lot of practitioners are using urinary and neurotransmitter. So I use a questionnaire and then do a trial of the amino acids.

Beth O' Hara, FN

So that's great, I think that's helpful. And I know if the studies have shown that there's some relationship between the urinary transmitters, but it sounds like it's much more reliable if you can also use these questionnaires.

Trudy Scott, CN

Yeah, I just use the questionnaires and the, let me give you some of the symptoms that we see with low GABA, so I'll have someone fill in the questionnaire, rate their symptoms on a scale of one to 10, with 10 being more severe. So you may have this physical anxiety feeling of being overwhelmed, stiff and tense muscles, intrusive thoughts. Now that's usually low serotonin, but there is one study that shows that intrusive thoughts can be a factor with low GABA, stress eating or drinking alcohol in order to relax. So if you need to drink alcohol in order to fit in and relax at the end of the day, or to socialize, that's often low GABA, gut pain spasms like laryngeal spasms, rectal spasms, and insomnia.

So rate symptoms on a scale of one to 10, and then we'll, we do a trial of the amino acid GABA, but I just wanna bring it back to what we talked about earlier. So how do you know if this is low GABA or if there's some sort of overlap with mast cell activation? So in this case, if you don't have hives, you don't have nasal congestion. That could be a clue that it's not mast cell activation. Now this is very sort of high level. It's not as cut and dry as this, but I'm just giving you some examples. Yeah. Because going back to what we were talking about earlier, you do need to be your own detective for yourself. And then also when you're working with a practitioner, so you can share what's going on with you.



Beth O' Hara, FN

Can I just add there, Trudy that, so if you only have the neurotransmitter symptoms, low known transmit symptoms and you don't have anything else, then it's probably not mast cell activation, but if you've got other types of issues in addition, and one of the common things we see in mast activation too, is sensitivity, sensitivity to medication, supplements, getting triggered by chemicals is sometimes people have the hives and the rashes, but I just wanted to share that because there's a lot of times people being told if they don't have hives and rashes, they can't have mast cell activation. And then they're, they're dismissing it when it may still be on the table.

Trudy Scott, CN

Yeah, and that's good. It's a good point because not everyone has everything and thanks for, for adding in the sensitivity and that sort of cloud sings a little bit, 'cuz that can happen with low GABA can also happen with adrenal issues. It can also happen with pyroluria. So it does get tricky, but yes. So yes. So that's good to clarify that, but going, going on with how to sort of figure out, is it low GABA is there this stress eating or this need to drink alcohol to relax. Now that could be a clue that it's more GABA than, than something else. Now, unfortunately there's anxiety, there's gut pain, there's insomnia. There's the throat spasms and the choking that we see in both. So it could be both now the, the easiest way to confirm that it is low GABA is to do a trial of GABA and see what the result is.

And a lot of people don't realize that when you use the amino acids in the trial method, which is using them sublingually so just putting them on the tongue or using a sublingual, you will get results within five minutes. So now you've rated all your symptoms on a scale of one to 10, you may have eight out of 10 for physical anxiety and you may have, you may be able to relate to needing alcohol, to relax, and you do this trial of the amino acid. And within five minutes you can say, I just feel like I had a glass of wine. I just feel so relaxed. That's what we are looking for. So it now may not take all the symptoms away.

Certainly if you've got some of the, the mast cell activations symptoms, it's not gonna take those aspects away, but it's gonna help the low GABA symptoms. So now, you know, yes, low GABA is definitely a factor here. I wanted to just clarify an issue that I've seen with different types of GABA. There's a pharma GABA product, which is fermented. And that can be problematic for folks who have mast cell activation, so if you suspect it, I would start with GABA and not the pharma GABA. I actually have had done some blog posts and communication with some people



in my community. And one woman shared that my daughter has high histamine and did not tolerate the Pharma GABA at all. She had increased ADHD, agitation, rages, ticks, and was very emotional. And she has the same reactions with fermented foods like sauerkraut. So the, you know, you've gotta be careful that something like that could actually make things worse. And I would just start with GABA in their situation. Now not everyone responds badly to the pharma GABA. So it's very, very variable as everything is unfortunately in this world. It's, it's a matter of figuring out what's gonna work for you, but I'm gonna pause there before I go into serotonin and to see if you've got any follow up comments or questions.

Beth O' Hara, FN

Yeah. Those are great pearls. And when you're talking about sublingual, I know you can just open the capsule, put a little under your tongue, so we just wanted to clarify people. Don't have to find some kind of sublingual GABA tablet. That's generally how we're doing it. Now, I see problems when people start with too much GABA.

Trudy Scott, CN

Absolutely

Beth O' Hara, FN

Because we know GABA can go back over to the glutamate pathway if we're too high. And then sometimes people say, well, I can't do GABA at all. 'Cuz they, they went too high. How do you start?

Trudy Scott, CN

I start really low. Unfortunately, most products, 500 milligrams or 750 milligrams. If people take, start too high, they can get a flush. They can get a nice, like a nice and intact flush. They can feel dizzy, lightheaded. It can be too sedating. So I typically start with 125 milligrams. There's a very nice sublingual chewable. Can I mention product names here at all?

Beth O' Hara, FN

Sure, yeah, it's fine.



Trudy Scott, CN

So source naturals is an over the counter GABA com, which is one that I use for the trial. It's very helpful for a lot of people. It has a little bit of tyrosine, which counters the the sedating effects of the GABA and it's 125 milligrams. And if someone's gonna take the powder or open a capsule, they wanna measure it out and start really low for people that are really sensitive. You mentioned earlier, people with MCAS being really sensitive, if you are, you could use even less than that. I've had people report back that, you know, one quarter of a 125 milligrams is enough. I remember one of my clients when I first started working, she put the GABA calm in her mouth. And before I'd, you know, even had a chance to pick up my pin and write down. She said, I feel relaxed. I said, okay, take it out right away. She just needed one eighth of the 125 milligrams. So it is very variable and you do need to go slow. So I'm really glad that you brought that up.

Beth O' Hara, FN

And for super sensitive people, I actually have them open the capsule, put a little sprinkle in water and they can stir it and then they can just hold that water in their mouth.

Trudy Scott, CN

Absolutely.

Beth O' Hara, FN

We can start with that kind of microdosing, particularly for the people who struggle with supplements. This can be a really nice entry point for them.

Trudy Scott, CN

Yeah, I'm glad you brought that up. I've seen amazing results with people with choking and spasms in the throat, just swishing the GABA in the mouth before a meal can make a huge difference, I've had people who, you know, haven't been able to eat at all, whether it's from, you know, mast cell activation or other causes, they've got these spasms and just doing that swishing that, and not even swallowing, it can make a difference. So yes, that's a great way to do it. And fortunately GABA, it doesn't taste bad at all. So it's an easy way to do it. And it does mix well now that's not the case with tryptophan, it's a little bit more challenging. It doesn't mix as well. And it doesn't taste as good, but certainly with GABA, that's very effective.



Beth O' Hara, FN

Since I find it to be a little sweet bitter kind of profile there on the GABA.

Trudy Scott, CN

Yes.

Beth O' Hara, FN

And I also have seen that GABA's heat sensitive. So we don't wanna put it in a hot window. We don't wanna get it from where it might have been sitting in a hot warehouse. It's important that it has stayed temperature controlled.

Trudy Scott, CN

I haven't not seen that. So do you see that it's not effective if it's been affected by heat?

Beth O' Hara, FN

Yeah, it seems to lose its effectiveness. So that concerns me when I had a client who worked in the Amazon warehouses and he told me you wouldn't ever buy supplements there because they've sat and it might get 130 degrees in the warehouse, so some things like calcium, magnesium, they're not heat sensitive, but some things are more heat sensitive. So I have seen that with the GABA and some of the other sensitive supplements. So then, so we've got GABA then. Are we ready to talk about serotonin?

Trudy Scott, CN

Absolutely. So with low serotonin, it's the worry kind of anxiety. So the ruminating thoughts, you lay in bed and you think about a conversation you've had and you can't switch that off. You may also have this fear or phobias crossing bridges flying, driving on a highway. We see the hormonal issues like PMA, PMDD, perimenopausal symptoms, even menopausal issues with low serotonin irritability and rage and anger are very common with low serotonin depression, the winter blues, symptoms of depression, more pronounced in winter and also more anxiety in the winter, TMJ, insomnia, and then the, with all of the neurotransmitter deficiencies, there's a cravings aspect, so with low serotonin, it's the afternoon and the evening cravings for carbs. So you need something afternoon or dinner time and then bringing it back to mast cell activation. Again, no hives, no nasal congestion, none of the other things that maybe no sensitivity, some of the other common things that we might see, the clue that it may be just low serotonin is that the afternoon,



evening cravings that's, that would be something that differentiates it. But then all of the others could be both. You know, we see depression, we see anxiety, we see sleep problems with both. So again, it can be tricky, but again, doing a trial of tryptophan or 5 HTP, once you've rated your symptoms, do this trial, see how it changes, what I didn't share with GABA I should have shared, which would apply to doing this tryptophan or 5 HTP trial is you do the initial trial and you see how many notches the symptoms improve. And then over the course of the next few weeks, you adjust up to get more and more resolution of your symptoms. And then if you're not getting more resolutions or you get an adverse effect, then you'd adjust it back down.

So you're finding your ideal dose and it can be different for each person, so in this case, we start with an initial trial of tryptophan, also on the tongue. I usually start with tryptophan and then if someone knows that they don't do well tryptophan, then we might use 5HTP. But again, you're gonna get results very quickly that when I don't use 5HTP, as if someone does have high cortisol, we know that 5HTP can raise cortisol can make you feel more wired, can actually affect sleep and make you worse sleep. And then the dosing for the tryptophan and 5HTP is typically 500 milligrams for tryptophan is a starting dose, 50 milligrams for 5HTP. But again, if you're very sensitive, you would wanna start a lot lower than that.

Beth O' Hara, FN

And some people do better with 5HTP. Some people do better with tryptophan, which is the precursor. Do you have a sense of why? I know they, I know the pathways, but I'm just wondering if you've seen any patterns in terms of who might do better with which.

Trudy Scott, CN

I have not, but that is very important to be aware. You know, if don't just think that tryptophan's only solution or 5HTP is the only solution. If you're not getting results and you've got the low serotonin symptoms and you're not getting results with one of them, definitely switched to the other and see what happens. And I, I would love to know what the mechanisms are or why that happens, but it's, you know, it's lack, you know, while some people do really well with GABA versus some people do well with pharma GABA, and, you know, with just talking about people, doing well with different supplements, I've, you know, I've got this group program GABA quick start, where I'm walking people through how to use GABA when they're first learning about the amino acids. And I had someone in there recently, she cycled through five different GABA products until she found the right one that was gonna work for her. And it just amazes me, you



know, she used a Liposomal GABA with L-Theanine product. Then she used GABA com. Then she opened up a GABA capsule, and then she used GABA powder. And I think she used something else after that, I, there were five of them and, and it was, you know, trial and error to find the right one for you. So unfortunately some people, it takes a little bit longer to get the, the answers, for some people. First time we get an answer. So it's a matter of persevering if you're not getting those answers, and then I wanted to just clarify with, with tryptophan and 5HTP, there is a contraindication with antidepressants, there's a potential of serotonin syndrome. And so it's always important, I always, you know, make sure my clients are, have their, their prescribing doctor on board to know that they are gonna be trying the tryptophan and 5HTP. And they do need to be working with a knowledgeable practitioner, it's a little bit tricky. I don't know. I'd love to hear your thoughts on this Beth, but there is no research showing that taking tryptophan with an anti SSRI causes serotonin syndrome. There is not one study. There are number of studies showing that tryptophan is used in addition to SSRIs to help make them more effective, but there is always this potential. So we just need to be very cautious about.

Beth O' Hara, FN

I have not seen it, but it is something that I have not seen it in the supplement medication interaction. I have seen it when the medications were too high, the, the serotonin medications and, and I do think it warrants being careful because serotonin syndrome is concerning. What about the GABA and benzodiazepines? Benzodiazepine helps in mast cell anxiety because there are receptors on the mast cells for the benzodiazepines, and there is a use for them. They're tricky. And it's certainly not what we want to be one of our first go-tos. But what about using GABA with, with benzodiazepines?

Trudy Scott, CN

I have not seen it to be an issue. The only time that's an issue is for folks who have been on the benzos for long term and may have their GABA receptors down regulated, then they're battling with any supplements. And for some people there's about a, there's sort of three groups of folks with who've been on benzos who have issues with them. And we're gonna talk about benzos in a second, but the folks that have the there's a third that do fine getting off the benzos. There's a third that have quite a hard time getting off the benzos, and then there's another third that have a really, really hard time. And those, the sort of second, third, and the third, if that's a way to describe it, they may have a problem with GABA, but taking it with the benzos, I have not seen an issue with it, you know, making things worse or, or making someone more sedated or relaxed.



And I haven't seen any research saying that they are contraindicated, so I'm fine with it. But anytime someone is on medications, I always say, you know, talk to your doctor. They may not have an answer for you. You can always talk to your pharmacist as well, but you know, I'm all about empowering people. So a lot of folks read my book, do my programs, do this work on their own, or, you know, they might be working with someone to help with Lyme disease or something else, but they're doing some of this work on their own, but it's always wise to be, you know, to bring the doctor in and make sure that they know what you're doing, even if they might not always have the answer for you

Beth O' Hara, FN

And any other times when somebody maybe shouldn't use GABA or 5 HTP or tryptophan, well.

Trudy Scott, CN

The precautions with the, all the amino acids, if you have kidney disease, that can be problematic. I have not seen it to be an issue. And then GABA can lower blood pressure. So it's just something to watch. I have not had anyone need to stop GABA because it's lowered their blood pressure too much with tryptophan asthma potentially can be an issue. I've had one client in 15 years think that maybe the tryptophan made their asthma a little bit worse, but there's also research showing that it helps. So it's a matter of figuring it out, yeah.

Beth O' Hara, FN

I know we're gonna talk about cortisol and benzodiazepines, but I did wanna just touch on one other thing you mentioned in your story about getting so much worse when you were on a vegetarian diet. And I was vegan for two years and vegetarian for four years outside of that, and you know, my anxiety got worse and I'm sure it had to do with the quality of the protein, I was getting, getting the amino acids. Can you share more about that?

Trudy Scott, CN

So there's a researcher in Australia, Felice Jacka, she's done all this research on nutritional psychiatry and in her thesis, she actually was a vegetarian. And she went in to show that vegetarian diet was superior when you have anxiety and mental health issues, and was very surprised to find that the strongest correlate for good mental health was red meat, grass fed red meat, and it's, it gets controversial. And people say, you know, there's problems with red meat, but quality red meat has the amino acids. Of course, you need to be able to digest those amino



acids. So your digestive system needs to be good. It's got zinc, it's got iron, which are cofactors for making the neurotransmitters because of the protein. It helps with blood sugar stability. It's got omega threes, which, you know, we think of fish being, you know, providing omega threes, but grass fed red meat. So I have just seen in my population that quality animal protein makes a big difference. Now, you could do it as a vegetarian, but it's more challenging and you really have to work at it. And then of course, what are you using as your protein sources? If you are a vegetarian, if you're eating a lot of processed soy, I was eating soy yogurt, soy cheese, you know, textured, vegetable protein. And that was not, you know, I think it really did a number on my digestive system as well, so you you've gotta just be very careful. So I'm glad you brought that up. Felice Jacka has now published. I don't know, she's over 200 papers talking about nutrition and their effects on mental health. A lot of her neuro researchers on the, the microbiome and the gut brain access, but her initial research has been incredible. So her first paper was the effect of traditional diets on women in Australia and found that traditional, real whole food diets that included grass fed red meat met, had an impact on mental health.

Beth O' Hara, FN

We'll link to that one as well. And I just wanna highlight that grass fed component and you're that reminded me that, you know, one of the game changers, it took a lot of factors to get my anxiety settled down. But one of the game changers, was Betaine HCL and getting the stomach acid to where I was digesting the protein and able to get those amino acids. Let's talk about cortisol. Let's talk about high cortisol, which we know is really associated with anxiety. And I don't see many people with high cortisol in my practice. They usually have gone past that and they're hitting the much lower cortisol. I think there's a relationship there as well. I'd love to hear you tease that apart.

Trudy Scott, CN

So with high cortisol, and this can happen with the low serotonin, the low GABA, the mast cell activation symptoms. You've got this, the clients that I see they'll have this sort of adrenaline type rush, like they just feel like, like a big rush of adrenaline. That's how they describe it. Waking in the night, not being able to sleep. I've had high cortisol a few times in my life usually from overdoing it, but you know, anything can trigger that high cortisol. It could be stress type situations. It could be mycotoxins, it can be lyme disease, any kind of stress on the system can trigger that high cortisol. And now the nice thing about cortisol is that it's is easy to test, you can do saliva, salivary testing. You can use do a urine test. So you can confirm if the cortisol is high,



there are some phospho titles, serine is a new nutrient that is commonly used for high cortisol. I've had really good results with a, a product called phosphorylated serine which is, which is made by Serifos. That's the one that I've had the best results for lowering high cortisol also Lactium which is Bartox research has a product called Lactium, which is a hydrolyzed casein product, and that can lower high cortisol. So I have, I don't see a lot of low cortisol so I'd love for you to contribute to that part of the discussion.

Beth O' Hara, FN

Sure. So once people have had long term stressors, whether we're talking the toxins, the pathogens, the emotional stressors or traumas, initially the cortisol go high. And then we start to get dips. And there's kinda these, what are called three phases of adrenal fatigue, this signaling that HPA axis signaling starts to get affected, and eventually we go to where the signaling, to the adrenals is blunted, and they're not releasing the cortisol. And that can give us really combined with all these other things that are going on that wired, but so exhausted feeling. And it makes it hard to relax. It makes it hard to rest. So sometimes when we just bring the cortisol up a little it'll soothe, both of those kind of wired and tired. And that's why it's so important to know because sometimes people have high cortisol and their fatigued. And I've had a few instances where people presented in ways that based on their symptoms, I would think that they were low or high, and then we tested, and it was the opposite of what they seen just because these cases are quite complex.

Trudy Scott, CN

Good to know.

Beth O' Hara, FN

So now let's talk about benzodiazepines and I've referred a number of people to your work because of how hard it can be for some people coming off of these. It's particularly one of the things, if somebody has had benzodiazepine withdrawal or come off too quickly, or sometimes it's just coming off, no matter how slow it can trigger a lot of sensitivities.

Trudy Scott, CN

Yes, they can be very, very problematic. They, as you know, they are meant to be prescribed short term. A lot of people have been on them 10, 20, 30, 40 years have no idea that, that it should have, you know, it should have been a short term. Prescription tolerance develops dependence



more and more is needed. Then they get breakthrough symptoms in between doses and then withdrawal. There can be these severe physical and psychological symptoms, and as I said, there's a subset who seem to do fine tapering. Often if they've been on them, you know, shorter term, it can be easier to taper, but some people who've been on them two weeks can have a hard time tapering. So the length doesn't always tie into how challenging it can be. I've looked at some of the research on why some people have harder times. I've found connections with antifungal medication, SSRIs, birth control pill, alcohol consumption, and then there's some liver polymorphisms that, that seem to, you know, play a role here. So unfortunately, a lot of people don't, don't realize that all of these can play a factor. The other thing that can play a factor is fluoroquinolone antibiotics.

Beth O' Hara, FN

So that's like, Cipro.

Trudy Scott, CN

Yes, Cipro absolutely. And that's commonly prescribed for bacterial infections and other injury, other bacterial, sorry, bladder infections and other bacterial infections. So really it's concerning, you know, there's a documentation about how it can affect tendons, but there are these, the other issues. And now there's a lot of documentation on fluoroquinolone antibiotics causing neuropsychiatric symptoms. People who've tapered off their benzos, get put on a fluoroquinolone antibiotic, like Cipro, and all of their symptoms can reemerge. So it's a, you know, very sort of interrelated connection there. But what concerns me is the fact that benzos are commonly prescribed for anxiety in those with mast cell activation. And I'm even seeing it in a blog post and articles, you know, written by functional medicine practitioners. So that's a reason I was so pleased to, you know, be interviewed, to speak on the summit because I want folks practitioners to know that GABA is an option. You know, you don't have to use benzodiazepines, And there was actually one of the papers that I looked up here called pharmacological treatment options for mast cell activation disease published in 2016. And they list benzodiazepines as an investigational drug, which might have activity against mast cell activation disease, which you mentioned earlier, the concern also with benzodiazepines is that, are you familiar with the Ashton taper protocol for getting off benzodiazepines?

Beth O' Hara, FN

I'm not, but I'd love to hear about it.



Trudy Scott, CN

So professor Ashton, British psychiatrist who has actually passed away, but she has, has she published a taper protocol. That's specific to the type of benzodiazepine that, that you are tapering. And it's very specific. If you on Valium, use this kind of tapering protocol. If you are on Xanax, this is what you should use, but what they recommend is switching to Valium at the end of tapering, so if you are on Xanax taper to a certain point, switch to Valium at the end and then taper the Valium. This is a problem with histamine intolerance and mast cell activation syndrome, Yasmina, the histamine chef. This is a little tribute to her. She shared in an interview with me on one of my anxiety summits that Valium is a DAO blocker diamine oxidase, which is a it's histamine liberator.

So it's gonna prevent histamine being removed from the body, also Xanax and the pink that has the pink pill. Xanax is a problem because dyes are also triggers. So you now tapering benzos, you're having all of these terrible side effects, tapering issues, and you now put onto barium, which is gonna make things worse. So I just wanted to put that out there because a lot of people aren't aware of that. The other one, you know, seeing we talking about medications SSRIs and the same paper that I just mentioned, they listed as high risk of release of mediators from our cells, so if you are on an antidepressant, which is an SSRI, this could be making things worse and you know, and benzos are so often prescribed SSRIs are so often prescribed. I really believe that this is part of, of making things worse when it comes to mast cell activation syndrome, and I'd love to hear your thoughts on that.

Beth O' Hara, FN

I have, I have seen it both ways. I have seen some people who just, nothing was working, the supplements weren't working, and they were at risk of being put in a psychiatric Institute or suicide. Then it was life saving and it's tricky and it's tricky coming off and it's tricky long term, and I've seen other people that they've definitely caused problems, so I think this is a very important conversation. I also wanna encourage people 'cuz one of the things I did Trudy was I was prescribed all kinds of psych meds, Seroquel and Depakote and lots of things. And most of them I was terrified to take, but just a little eighth of a Depakote had severe reactions in my body and shut my organs down. Like my whole autonomic nervous system was shutting down, basically, not liver failure, but my autonomic nervous system shut down. And my body temperature dropped to about 94, which is dangerous. We had to put me hot bath and I couldn't move. And it was frightening, and after that I threw, I, I just said no medications.



And then I did myself a disservice because there were some things like H1 and H2, antihistamines that ended up allowing me to tolerate mold detox and became critical. So it wanna encourage people to remember that there are lots of different types of medications and it's about looking at the use, but these, these are challenging. And I think they're overprescribed. One of the things I think we should take a look into Trudy is will GABA work on the same mast cell receptor in the same way as the benzodiazepines? So could it be interchangeable in that way in mast cell activation? And maybe we can pull some research together and, and put something out there on that.

Trudy Scott, CN

I think that would be wonderful to do. And I'm glad you mentioned the fact that there are benefits to be seen, but they're also overprescribed. And then also I think being aware like, you know, I'm sorry, what happened to you, but being aware that something like this could happen, but then the, the going back to your comment about GABA and could it replace the benzodiazepines is I think a lot of people, a lot of practitioners that I've spoken to, and certainly, you know, when I've worked with clients, who've worked with other practitioners, they are, a lot of practitioners are saying just swallow the capsule and it just doesn't work.

So I think if we can, if we can figure out a way to make sure that we are doing everything that we can with GABA before we resort to medication, that might cause problems. I think that's really important. So making sure that folks know that it does need to be sublingual even after the trial, it always just needs to be sublingual and that it dosed according to your unique need, so start low and then build up and I've had people go really high, you know, sometimes you think, oh my gosh, that's really high, I mean, when my first client that needed really high dose of GABA reached out to my mentor and I said, is this okay? And she said, yes, if they need it, that's fine. So I think if we can get that message across, that's going to be good.

And then just being aware of these kind of side effects, the other one that's is a little bit concerning to me is Singulair, and it's got a black, it's got a box warning now that it can cause neuropsychiatric events and that they saying only one in 10 people can be affected by sleep mood, anxiety issues, but it's more severe in older adults. And then there are also discontinuation syndromes. They dunno what the mechanism is yet. What really concerns me is that is hearing that there's suicidal ideation with this. We know that there's also, you know, this suicidal tendency or ideation with, with SSRI's as well. And I would just love it if there was a way that we



could test people before they get put on these medications to know if they are gonna be adversely affected. But unfortunately we are not at that point yet, but yes, I just wanted to put that out there because we need to be aware of these I've, you know, had feedback from moms whose six year old start talking about dying. I mean, it that's just, you know, terrifying, and they, they need to know that this could be a trigger.

Beth O' Hara, FN

And there is some interesting genetic testing it's of course not a hundred percent definitive, but interesting genetic testing coming available around the way that these psychiatric meds are detoxified in the body. I find that mold toxins really affect how these things are metabolized. And I've seen a lot of issues with the benzodiazepine, withdrawal and people with mold toxicity and having a harder time, so this has been wonderful information. Any other root issues with anxiety you wanna touch on before we talk about some of your top tips?

Trudy Scott, CN

No, that's it.

Beth O' Hara, FN

Let's talk about what kind of recommendations you have. I know you've talked in more depth about pyroluria but if we could just touch on that briefly, I see that a good bit in my population, people with mold toxicity, where do people start? We talked about the GABA, the serotonin, what else can they do?

Trudy Scott, CN

So the first thing is figure out what the root cause is. You know, what it is, if you know that you've got mast cell activation, then looking at the low histamine diet, using the DAO enzyme, not in, you know, not eating leftover foods and I'm gonna leave that to the other experts on the summit. You're gonna talk about those, but I wanted to bring some of this back to anxiety relief. A lot of the natural antihistamines that are recommended for MCAS are, you know, like cresetin, stinging nettle, bromelain and vitamin C, there's actually research on each of these, that show that they help reduce anxiety. So that's really encouraging. And then you mentioned pyroluria. So the protocol pyroluria is a genetic condition. Also now thought to be triggered by mycotoxins and lyme and, and other environmental onslaughts that responds really well to zinc B6 and evening Primrose oil and Dr. Dietrich Klinghardt talks about a higher incidence of pyroluria in his mast



cell activation patients, the zinc, the B6 and the evening Primrose oil, which helps with this social anxiety that we see with pyroluria. Also have each of those has a study showing that there's a con you know, it helps with mast cell activation. And I actually talk about this extensively in my interview in Dr. Kelly McCann's mast cell activation summit. So the other thing with zinc and the pyroluria supplements, the zinc the B6 and the primrose oil is as well as decreasing histamine and, and helping with mast cell activation is that that helps with neurotransmitter production. So we getting that additional benefit for the GABA and the serotonin, and then as far as, you know, if you know that it's GABA, then definitely use the GABA. I talked about swallowing issues earlier, and we talked about swishing GABA in the mouth with people who have choking episodes. I've also had them take a little powder and just dab it on the inside of their cheek and in the midst of a, a spasm where they're choking or they can't breathe, they've got the struggle and they can't breathe. That'll relieve things right away.

And then just a reminder not to use the pharma GABA, if you know that you have mast cell activation. And then the other thing that I wanted to mention is, oh, one thing that I wanted to just clarify with low serotonin and with low GABA. And I mentioned, Dr. Felice Jacka doing a lot of research on the microbiome. We know how important gut health is when it comes to anxiety. And in my recommendations, I'll say, eat fermented foods. But if you have mast cell activation, you may need to make a change there. So you need to take what you can from different recommendations, the GABA and the tryptophan can help with sleep as well. We talk mostly about anxiety, but sleep is a big issue with mast cell activation so they can help with sleep. And then another Amino acid, which we didn't talk about is DPA D-phenylalanine. It's an amino acid that in essence boost endorphins, so it can help with pain via this mechanism.

And I see it as in over the counter version of low dose naltrexone, I also have people do the low endorphin questionnaire. And with low endorphins you've got this emotional pain and physical pain, and then you love this reward or comfort eating. And in the case that I shared, the gentleman was very emotional and he was crying a lot. And DPA is wonderful for that kind of emotional pain where you very teary and you cry a lot. So those are those are some of the, the nutrients that I wanted to mention. And then earlier on you asked me other causes. So just tying it back, Lyme is a MCAS trigger, increases anxiety, and we see low GABA and low serotonin with Lyme disease. I've had a lot of amazing results with Lyme clients who are working with another practitioner to address the Lyme disease, but they also have low GABA as a result of the infection. And we use GABA and it, and eliminates the panic attacks and the anxiety, mold



toxicity as well, GABA or tryptophan can help in the interim while you're dealing with that. And then some of the other things, gluten, I talked about being an issue for me, it's a big, big trigger, caffeine obviously for anxiety, insomnia, and then oxalates. We didn't talk about that, but that can be a trigger histamine release and be, you know, be problematic. So dietary oxalate can definitely be problematic. And then as far as avoiding some of the triggers, stress is a huge trigger for mast cell activation. So if you can reduce stress and use some of these nutrients that I've talked about here, avoid some of the drugs that we've talked about. Yeah, that's a sort of little wrap up, I think is avoiding. Some of those triggers are really important. Contrast dyes, alcohol surgical procedures can be a trigger, odors, perfumes. You mentioned people being very sensitive. So focusing on all of those aspects.

Beth O' Hara, FN

And the mast cells are playing in here because they can act, they can start to release these mediators within microseconds. So this is where somebody might just smell perfume and the anxiety comes on. I used to have to hold my breath going down the laundry detergent aisle.

Trudy Scott, CN

Can't do that.

Beth O' Hara, FN

'Cause it would just, you, my heart would be racing. I just feel like I gotta get outta here.

Trudy Scott, CN

Yeah, still hard.

Beth O' Hara, FN

I can handle, I can make it through. I don't enjoy it, but I can make it through today.

Trudy Scott, CN

Yeah.

Beth O' Hara, FN

This has been such a wonderful interview, Trudy, and I'm really grateful for your work. I've had some people who we were just stuck in terms of the benzodiazepine withdrawal and we couldn't



move forward and they went and followed to your work and then they were able to come back and continue. And what you offer is just a huge service and, and gift to the world.

Trudy Scott, CN

Well, thank you. I'm so glad to hear it.

Beth O' Hara, FN

Can you tell people how they can find you?

Trudy Scott, CN

Yes, so my website, everywomanover29.com, I've got a very active blog I write articles every week. It's a great resource. It's also a great learning opportunity for me, I've got a very engaged community. And I get people asking questions and then I write other blog posts and I'm always looking for connections and research and trying to find other ways that we can help. So that's a great resource. My book, the anti-anxiety food solution has a whole chapter on the amino acids and another whole chapter on pyroluria as well of people who look more into that, I mean, then I do online programs where I walk people through using the amino acids. As I said earlier, I like to empower people. So you can take my book and, and do all the basics of dietary changes and the gut health and using the amino acids.

And then if you've got more complex issues, obviously you need to work with someone like Beth or other practitioners with expertise in the areas that you need. And then the practitioner training, I said, I'd love more practitioners to be aware of this. So if you are practitioner and you wanna learn more about the amino acids, I'd love to have you be part of that community. And if you, as Beth just shared chair, if you are working with a practitioner who doesn't know about the amino acids, you know, send them my way so we can get more practitioners who know how to use the amino acids, 'cuz they are very powerful in conjunction with everything else that you're doing. And it's, I'm so pleased to have, you know, been invited to speak on this. And I really look forward to sharing this summit and all the other speakers with my community who don't know much about mast cell activation and histamine intolerance. So I think this is gonna be a great resource. So thank you for doing it, Beth.



Beth O' Hara, FN

No, it's been wonderful to have you before we close here. I just wanna also let people know quickly that you have a free download for them and it's called GABA the GABA and tryptophan amino asset solution. Go to the bonuses section. You can, you can get that resource completely free from Trudy and there's some questionnaires I believe. Can you tell 'em a little bit about what, what they'll get in there?

Trudy Scott, CN

Yes. There's a few case studies on using the amino acid. So you can just see how they, you know, the application in different case studies and then the amino acid questionnaire. So you can see what the low GABA symptoms are, what the low serotonin symptoms are low endorphin. We also have symptoms there for low catecholamines and also low blood sugar. But the ones that we talked about today, you'll see all those symptoms listed. So you can start to figure out if this is something that you need to be considering.

Beth O' Hara, FN

Thank you again so much, thank you for your time.