



Karen Smith:

So we have the amazing Steph Lowe with us. Now most of you guys, if you're listening to this podcast, I'm convinced most of you guys will know Steph. She has been around for quite sometime. She's most commonly referred to as the Natural Nutritionist. Now this incredible human being has been working with the burger chain Grill'd to develop new recipes and menu items for them. She also spends her time and her energy educating work places and performance at work ... Oops. Sorry about that. There goes my phone. We really are raw and real here.

So she works with lots of different places, lots of different organizations around productivity and performance and how food, real food, and real nutrition actually impact a person's ability to not only be productive, but sustain that. But the part that I really love about Steph, too, is that she's worked with lots of normal people, and when I say normal people, she's also worked with a lot of elite athletes.

So she's got a really beautiful cross section of experience to be able to talk to us about today on, you know, real foods, how that impacts us. We're gonna be covering things like fasting. We're gonna be looking at gut health. We're gonna be looking at pre and probiotics. We've got so much on the menu to talk about today with Steph. So welcome to the show, Steph. Thank you for joining us.

Steph Lowe:

Thank you so much for having me. I'm excited to be here.

Cyndi O'Meara:

So Steph, we're going to be really concentrating on the low carb, high fat and fasting for fat loss, as well as whole mind control and gut health. So we've got a fair bit to get through. But before we start, could you give us a little bit about yourself, your journey? How did you get to this point? What made you so interested in nutrition?

Steph Lowe:

Yeah. So I have a definite personal story. Like a lot of people in the nutrition space. But mine starts way back as a teenager I ... You know I developed an interest in food, but unfortunately, at the time, it quickly became quite an unhealthy obsession. You know, it was originally to lose weight as a teenager.

And you all know what we were told to do back then. Well, we were told to eat less and move more and to eat low fat. And I went about doing that very well. You know, I was at the gym excessively, I cut out ... I literally all fat. I remember buying, you know, the 97 percent fat free salad dressings, and being afraid of avocado, and everything just became about losing weight following the conventional guidelines of the time. You know, long story short, I got to my 20's and realized you know, I was actually really unhappy. I think I was looking for happiness in achieving this goal weight in being thin, but it wasn't until I achieved that, that I realized that wasn't the solution to my happiness.

I spoke to a number of different professionals and it was very much in that western model where the solution for unhappiness is a prescription. Luckily, I didn't go down that route. I think deep down I knew there was another solution for me. I actually met someone who encouraged me to try going gluten free. This is over 10 years ago, I didn't know what gluten was. There certainly wasn't, you know, the abundance of education that we have to this day. But I was pretty desperate at the time. I was willing to try anything. I didn't want to have to be, you know, taking an anti-depressant.

So I gave it a try and, you know, what started as gluten free to me became this catalyst into real food. And it was a complete 180 for me. It completely changed my overall health. And, you know, it led to me finding my purpose in life. Which is as a nutritionist and being able to educate the world on the benefits of real food. And for me, all of that collectively was what allowed me to find my happiness. You know I'm a big believer that the purpose of life is a life of purpose. So that was missing prior to becoming a nutritionist.

But obviously we now know that the foundations of our mental health starts in the gut. And the food that we eat has the most powerful impact on that. You know, I didn't know it at the time, but I've definitely learnt that first hand. And I'm just so passionate about teaching the world that health starts with what you put on your plate.

Cyndi O'Meara:

Yeah, it sure does. And the sooner our doctors learn this, the sooner the better. Because I hear so many doctors saying these days, "Oh, no. What you're eating has nothing to do with your disease state." So not all of them. We've got some amazing integrative doctors out there. But it just blows me away when a specialist says this to somebody.

So how do you think the traditional carbohydrate intake, you know, the guidelines, which we know so well as our major diet should be carbohydrates, so how do you ... How do the traditional carbohydrate intake guidelines impact our gut health and our hormones?

Steph Lowe:

Yeah, amazing question. I mean there's lots of hormones we can talk about here. But the big one initially is that fat storage hormone insulin. So our guidelines are very heavy in refined carbohydrates, which are, you know, those found in a packet, box or usually have a mascot. And they're nutrient poorer,

but they also require insulin to be produced by the body to uptake the carbohydrate or the sugar into the cell.

Now, insulin is a fat storage hormone. So what do we think happens if we're constantly producing insulin? We store fat, right? So we then become this fat storage human who cannot burn that fat for fuel. So we are then what is known as a sugar burner and we also know that sugar is highly inflammatory.

So essentially, our dietary guidelines have created this inflammatory cascade where, from a gut health perspective, we're completely changing the environment, the pH and that has this huge impact on what bacteria will survive and what will die.

So you know we know that our gut is made up of trillions of bacteria and it's probably too simple, you know, to talk about individual strains, but what I see a lot is people just do not have the robustness and the abundance of the beneficial bacteria and largely that's come from the food that they eat. But then obviously other influential factors like previous antibiotic use and stress. But all of it creates this dysbiosis, which can then perpetuate that sugar burning environment, right? Because the pathogenic bacteria love to eat sugar. And there are lots of theories showing us that they determine our food choices, our cravings. So then, you know, we continue to eat refined carbohydrates and we've got this high sugar diet and we're stuck. We're absolutely stuck. Because of the blood sugar rollercoaster and that fat storage inflammatory cascade.

Karen Smith:

So what's the answer to that? Because I look at myself and it's a really interesting conversation because there's this ... I had the same sort of upbringing with going for the low fat, no sugar type of stuff. And then became vegan and then just recently I went and did one of those DNA tests. And it said that my diet needs to be predominately carbohydrate, very low fat, and, you know, medium sort of protein. On that DNA test. My sister went and did hers, hers came out very similar to mine.

So I'm thinking, I'm looking at that sort of stuff and then I'm looking at the keto diet. Which it sounds to me like that could be an answer to this high carbohydrate driven, you know, gut issue that we're all ... well, not we're all experiencing, but it's so prolific. What's the balance? Like what's the answer to that?

Steph Lowe:

Yeah, it is really individual. So that's the answer. I think, you know, genetics is one component, absolutely. But we've also gotta acknowledge what works well for us. And it can be a little bit tricky to work out because essentially it's trial and error, right?

But if we just define keto, it's the ketogenic diet where quite conventionally it's as low as 25 grams of carbohydrates per day. The research is clear on its therapeutic benefit for treating, you know, type 2 diabetes, metabolic

syndrome, epilepsy, some cancers. So, it's got clear evidence on the therapeutic nature, but I don't think that it's necessary for the majority of people. So the balance, as you asked, Karen, is the LCHF. That lower carbohydrate, healthy fat, as I define it.

So, I deliberately use the word lower because it's lower than the food pyramid. Now, if we looked to our food pyramid, that's 6 to 11 serves of whole grains a day, that's like 400 or 600 grams of carbohydrates per day. So anything lower than that is good, right?

But then if we define it a little bit further, LCHF is a spectrum. So it could be as low as 25, which I've discussed has amazing therapeutic benefits, but it could be as high as 150 grams a day. Now 150 is very different to our conventional 4 to 600, but for a lot of people, and usually those that are already at a lean body weight, are quite active, and have usually more, I guess, genetic tolerance of carbohydrates, are those that sit about the 150. Typically they're men.

But then the spectrum can change, you know, most of my women are around about sort of 75 to 100 grams a day, relative to things like activity level. But then we know that some people need to be at about 50. But that's often initially. You know, what happens when you've got our generation's lifelong high carbohydrate food pyramid, we create this underlying carbohydrate intolerance. That's essentially how it starts. In some people unfortunately, it's pre-diabetes, it's type 2 diabetes.

But most of us that have followed the western way have this underlying degree of carbohydrate intolerance. So we might need to initially change our plate to be looking at about 50 grams of carbohydrates a day, but with that we reverse the underlying carbohydrate intolerance and we can start to include more whole food carbohydrates. And that's the difference. Those that are full of nutrients like some starchy veggies or maybe a little bit of, you know, quinoa or Basmati rice if it suits the individual. I don't believe that grains are compulsory at all, but that it creates a space for a little bit more flexibility when the underlying metabolism is improved. Does that make sense?

Karen Smith: Yeah, yeah. Look it does, it's really interesting exploration. So what you're saying is, if a person has got gut issues or they're not quite there yet, that, you know, heading more towards a keto kind of style of diet is going to be more healing for them and then once they've done the healing, then go and have a look at you know the kind of carbohydrates that they're bringing into their diet. But again, like you said, and Cyndi said this as well, is everything has to be really individual based on what works for you. And I think that's a really important message to get out to everybody.

Cyndi O'Meara: And I think the sad thing at the moment is that we have become less and less tolerant to the foods we should be able to eat due to everything that's happening in our modern world, from agricultural practices to the the amount of additives, preservatives, flavorings, and chemicals that are in the food chain

at the moment. And that's the problem is that people just have no, you know, they don't have that tolerance for food anymore.

Steph, fasting is something that is becoming really popular at the moment. Like there's the longevity diet which is all about the mimicking fasting diet and everybody's getting into intermittent fasting and not eating until 11:00. Can you give us your take on fasting and if it has strategies and can ... Would you utilize it?

Steph Lowe:

Yeah. I think it can be an amazing strategy. First and foremost, we all fast. Like we are all sleeping and hopefully not eating. So we're already fasting. A lot of us have been told that, you know, breakfast is that most important meal of the day. And that's kind of been wrapped up in you have to eat as soon as you wake. So, you know, that has led to basically breaking our fast much earlier than we need to or than we should.

So, I think of fasting as a muscle. Just as a muscle that you work out in the gym. If you eat dinner at eight and breakfast at seven, you know, that's an 11 hour fast. So you're already doing that, right?

But we know that the benefits from yes, as you say, longevity and definitely the metabolic benefits of teaching your body to burn fat for fuel. The atophagy, so the, obviously the clean out of the dead cells overnight. Like there's so many amazing benefits. And they become exponential when you fast for longer.

So I think it's really important to experiment with either having an earlier dinner, which has many other benefits we can cover, or a later brekkie. Like it doesn't have to be not eating until 11. But I like to encourage the increase of the overnight fast to start.

Because fasting, you know a lot of the research on fasting is in men. And they don't have the hormonal fluctuations that most women do. So we've gotta be really careful that we don't extrapolate the data into every body.

There are people, like if you've got really poor blood sugar control and if you're not burning fat quite well at the moment, I wouldn't start with fasting. I would definitely start by, you know, building your plate and fixing your blood sugar and improving your meal to meal satiety. But once you can, you know, confidently say that you've nailed that part of the picture, I would definitely experiment with an extended overnight fast. So as I said, you can simply do that by having an earlier dinner and or a later breakfast.

The best protocol, like where the literature is very strong in those positive, like metabolic and longevity benefits, is the 16/8 protocol. So it's a 16 hour fast, you therefore eat within an eight hour window. When my clients start to experiment with that, they're usually doing it twice a week.

I have a lot of clients who over time enjoy doing it more. But I actually have some personal experience where I was doing it every day. And my menstrual cycle started to get really long and really out of sync. And so for me, that was a massive red flag to acknowledge that female element of hormonal impact across the month. And how it doesn't need to be always more is more, right? It's that individual tightrope that we walk to gain the maximal benefit without impacting things like, obviously our menstrual cycle. So that's a consideration that I like to share from a personal experience. Because I think that, you know, women of quote unquote childbearing age have a little bit more to consider than obviously males or women that have been through menopause.

But yeah, 16/8 is beautiful. You can make it really practical. But there are a few considerations around training and things like that we can get into if you'd like, as well.

Kim Morrison: I love the training side of things when it comes to food and all of the different things that we can use when we are an athlete or we're trying to do something specific, like even, you know, run a half marathon. Or a full marathon. Or say we've got a goal to complete 10K's. So are you saying that those sort of things could be implemented if you were somebody who was keen to complete something like that or is it the same?

Steph Lowe: No, it can definitely be helpful. It just needs to be a little bit more strategic. Karen, I don't know if you remember, but we were chatting about this topic over Facebook, probably a few months ago now.

When it comes to exercises, I believe fasting needs to be intensity dependent. So if we think about what energy system our body uses, if you're doing an easy session, call it low intensity, some people call it LSD like long, slow, distance. It might be defined as a recovery jog. These are aerobic sessions. An aerobic exercise is preferably where we burn fat for fuel. It has a much lower impact on our muscle glycogen level. So that's how we store the carbohydrate in the muscle. Whereas when we're doing like intervals or speed sessions or race pace sessions or anything with high intensity involved, that's what we call an anaerobic session or it's more glycolytic in nature. Our body burns through muscle glycogen. So there's a much greater recovery role after these sort of higher intensity sessions. So what I wouldn't advise is doing an anaerobic session, let's say at six or seven a.m. and then not aerobic session, let's say it's 6:00 or 7:00 AM and then not eating until 12:00. What you're not providing your body is with the protein and obviously, the carbohydrates, the whole food carbohydrates, for muscle, glycogen replenishment. So if you're an athlete, by all means, experiment with intermittent fasting, but do it on the days where you've either got recovery or low intensity. And then on those high-intensity days you can make sure that you're refueling within the hour after training so that you're getting the most out of that session which comes from the food that you eat in the recovery window, and rest, of course.

Cyndi O'Meara:

You'd feel pretty hungry after those sessions a lot of the time. Your body is really sort of communicating if we actually listen to it, as well. And we're more tuned to its needs, and we eat when we actually feel hungry. And we, obviously, don't need to eat just because it's breakfast or morning tea time. One of the other things that I've noticed, Steph, is that I know, for me personally, not being a nutritionist, but, obviously, someone who is very interested in skin and skin health, that we know that pretty much every skin condition is attributed to something going on in the gut.

But then there's lots of people out there that don't even know that they've got gut problems. They aren't even aware that they have anything wrong with them except that they might think that fatigue, or having headaches, or constantly belching, or having smelly wind, or feeling uncomfortable and bloated in the tummy. I mean, for most people, these symptoms seem to be thought of as everyday normality. What would you say to someone who is saying to you that they had lots of belching, or bloating or things like that? How do you explain to somebody that something's not right?

Steph Lowe:

Yeah. It's a great question because we know that all disease starts in the gut. But some of those symptoms that you mentioned are what we call systemic, you know, they're not as obvious. The bloating, and the gas, and the changes in the bowel movement, they're quite easily linked back to gut health because they're the typical digestive symptoms. But, you know, I love that you mentioned skin because we know that the skin is the largest organ, so it expresses the internal environment. But it's not so clear to someone that's maybe new to this space that it does stem from poor gut health.

It's going to be multi-factorial, as you say, Cindy, all the time. It's probably largely to do with toxins and the changes in our food productions and what we're exposed to in this day and age, but all of that does come back to the gut. So I think of health as building a house. Right? So we know that let's say gut health, is really vogue and Kombucha is everywhere and everyone's talking about this, but gut health is probably not what you need to do first. I think that the foundation of the house is food because the way we eat and the way we live can actually just gently encourage our microbiome to rebalance. Throwing Kombucha at it can be quite aggressive, and in a lot of people, it makes them worse because it either causes the Herxheimer reaction, which is that die-off. Or they create this overgrowth of yeast because that's what Kombucha is made from. So I think we have to keep our perspective and look at alright well, what are our foundations. And if we've got a skin condition and if we're just putting something on topically, then we're missing the point because we need to start from the bottom, the foundation of that house. And it is what you're eating and what you're putting in your mouth.

Cyndi O'Meara:

Sorry, I was talking away there and realized that I was on mute. I was honestly concerned there. So okay, I get that with skin, we know that there's something going on in the gut. We definitely know that. But what would you say to the woman listening to this whose husband is a constant belcher? It's all very good

to say now, hun, we need to get your foundations right. But he'll say you're not going to stop me drinking beer. Or you're not going to stop me having my Tim Tam with my cup of tea. I don't know. But let's just say, how do you help somebody like that, that isn't even aware? Or they think that it's just this fad, everyone's talking gut microbiome. Oh, yeah, yeah, you're just another one.

Steph Lowe:

Yeah, I think what it is, is just finding an area that they can make some subtle changes first because the proof will be in the pudding. Pardon the pun. Most people, like let's say if it's a client that comes to me for fat loss, and that's their number one goal. I can guarantee you, it's actually not their number one goal for very long because they suddenly sleep better, or they don't have cravings anymore, or their skin is better, or they're not burping anymore. And so they start to learn firsthand the power in the decisions that they're making. So a lot of the time we just encourage those really small changes so they learn firsthand.

Like you say, if they're not really interested in it, they're not going to care what an article on social media says, or even what their wife says, unfortunately. But if they've got a particular pain point, like a symptom that they're working on and they notice that start to improve, hopefully, that's enough evidence for them to explore things further. I don't expect anyone to go from a standard food pyramid to LCHF overnight. I mean, my goal is small incremental changes that add up overall. People think I'm a little bit hardcore, but I'm just happy if someone is eating more vegetables, ultimately. I think you can definitely take a deep dive if you want to, but it doesn't suit everybody.

Cyndi O'Meara:

So, Steph. You talked about some symptoms with gut health, and you talked about a subtle one, which is sleeping better. What are some other symptoms that people may see improve once they start to eat better? I just love what you said, let's just get them eating better because those subtle changes may influence the microbiome. And when the health of the microbiome is working, then our immune system works better. We get more nutrients et cetera. So what are some of the things once they start to get that, apart from not belching anymore, Kim Marson? I just love the way she says that. They might know, those subtle changes, that they might know that things are getting better because people don't listen to the subtleties of their body. You know, if they get a little ache in their small finger, they don't think oh, what did I eat yesterday.

Steph Lowe:

Well, the inflammation is a big one.

Cyndi O'Meara:

Yes.

Steph Lowe:

Yeah, that's a really big one. We've probably all got our little Achilles heel, that area of the body that speaks loud and clear. If we connect the dots, it can be really clear. So joint pain is definitely one. I work with a lot of athletes, as you know, and these chronic inflammatory injuries that no amount of physio, no amount of treatment, or foam rolling will fix until they dive deeper and address that underlying inflammation. That's a huge one. And a little bit of a side note, but I see so many athletes retiring at 30 or something like super young. And I

guarantee you there are so many athletes now regretting that they didn't know what we know now because they would have been able to completely transform their career and extend their career, and avoid all the career ending injuries. It breaks my heart if I think about that too much because inflammation is a big one.

You also mentioned nutrient absorption. We do a lot of blood tests with our clients, and I often see people with fairly poor levels, let's say it's iron or ferritin, or B12. And conventionally the prescription is alright well, you have low iron, why don't you take an iron supplement? Unless that person's a vegan who's not getting dietary sources or iron, they're not absorbing their dietary sources of iron, they're not going to absorb a synthetic pill, in my opinion. So, again, if you go root cause and fix the gut then the nutrient absorption is going to exponentially improve. And hopefully, you won't need many supplements. I mean, some people definitely need some, I take a few things myself. But I don't want that to be our default. We're so good at reaching for a magic pill when we've got to turn things upside down and become more root cause. And as you say, Cindy, be a bit more in tuned. And if it is a food diary with some symptoms attached to that initially, be the investigator, it's your body. You're living in it, you're experiencing everything. It's so powerful to collect that information.

Cyndi O'Meara: Yeah, agreed. You know, you talked about supplements, and one of the ... I don't know if you've noticed this, but I've been in the game 40 years and I've just noticed the darling of vitamins and minerals walk through. So it started with vitamin C, and then A, and then E, now it's D, and K2 seems to be the big darling. But more than anything is the prebiotics and the probiotics, so I see people just walking in and grabbing some probiotics. You know, you see in a health advertisement on the television or in magazines. It's everywhere, everybody's talking about it. So I want to know what you think about them. And the ones off the counter, do you think they're any good? Do you think we need prescription? Do you think we need tailor-made?

Steph Lowe: Well, I hope so one day.

Cyndi O'Meara: I just have to tell you this, Steph. At our nutrition summit, we had ... I'm trying to think. From Smart DNA, Maggie Smith, talk. And she's talking about creating probiotics specific for your DNA. So just having said that, I'd love to hear what you're thinking.

Steph Lowe: Yeah. I think it would be much better than Inner Health Plus, which is two strains. So we call that low diversity. And the issue I have, I mean, I have a lot of issues. So I'll try and break it down. But I mean. It's not as simple as adding in two strains of bacteria. I mean, first thing is first, if the environment is wrong, that pill will go in your mouth and out your bum, and nothing will live inside you, so it's a waste of money. And I'm seeing that a lot. We do stool testing, which captures the beneficial strains. And the two in Inner Health Plus as an example, are the Bifidobacterium and the lactobacilli. So they're the ones that we know most about from a scientific point of view. And people are taking them

in quite high doses and then when we look at their stool tests, there's none inside them. What does that tell you? It tells you that the environment is wrong. So the foundations, I feel, or the priorities are upside down.

If you don't create the right environment, anything that you add is essentially going to die, and there's quite a lot of little topics underneath here, as well. But if we just go back to the keto topic that we spoke about earlier, one of my big problems with keto is that it doesn't actually consider things like vegetable-based prebiotics. So we know that probiotics are the bacteria, prebiotics are their food. But if we're cutting out vegetables and we're not aware of the importance of prebiotics, we're starving our gut. So those probiotics will not live inside our gut. That's a huge problem that causes this cascade of dysbiosis. That rainforest that we're trying to create inside, basically, looks like there's been a fire that's gone through, a bushfire, and it's wiped everything out. So going back to your question, I just don't want that gut health conversation to mean that people think the answer is to go and buy Inner Health Plus. That's really not going to be beneficial. A strong dose like BioCeuticals, I don't know if I'm allowed to say brands, but BioCeuticals do a 500 billion seven-day course that I feel can suit some people after antibiotics because we know that antibiotics are beneficial in some instances, of course. They're over prescribed, but there is a point in time where you may need to take a course. And you've got to have strategies to counteract their impact.

Steph Lowe:

But other than that, I think the priority is definitely food, so real food. But then looking for alright what are the prebiotics that I'm consuming and can I start adding some probiotics in food in very small amounts. So I'm talking about a little bit of a tablespoon of fermented vegetables with your omelette in the morning and assess all the above symptoms. I don't want any bombs being thrown at the gut. I think that's too aggressive, and as I mentioned before, can create a whole host of problems.

Cyndi O'Meara:

We've all got something to ask.

Cyndi O'Meara:

I know. Can I just make a comment? I'm listening to the GMO Summit that's being put on by Geoffrey Smith Stiff. It's mind blowing. But it also is talking about the herbicide glyphosate, as well as the new Dicamba Roundup, the new Dicamba ready GMOs, and the new 2-4-D ready GMOs. One of the scientists, he's actually a clinician and a scientist was saying that the soil-based, what you were saying the plant-based, the soil-based bacteria on our greens are more benefit to us than the greens themselves.

Now, with the current trend and the government regulation that says that all lettuces have to be sanitized, all of that lettuce that's in plastic bags, all the spinach that's in plastic bags, all has to be sanitized. And this is organic and conventionally grown, which means it wipes out all of the bacteria. So what's the point in eating the lettuce? When we start to see things like this, no wonder we have these gut issues that we're seeing today. But I just wanted to let you

know that. That's what I've learned in the last week with the GMO Summit. It just blew my mind. I'm listening to him going, of course.

Steph Lowe: Yeah. Well, I think that the gut health strategies that we're missing is our exposure to dirt. You know, we live in this hygiene hypothesis and we have wiped out any exposure. Whereas eating food that has dirt, or playing with your dog, or riding a horse, or getting out in nature, walking barefoot, swimming in a lake, all those things are really, really important for your gut. And that's the lifestyle side of things that, is again, that really just gentle nudge in the right direction, not these bombs of probiotics, and antimicrobials, and crazy supplement protocols. We're used to relying on a magic pill and we've got to take the blinkers off and get our ducks in a row and look at our food and our lifestyle strategies that can really transform our gut health.

Cyndi O'Meara: Agreed .

Karen Smith: There's so much conversation about that, Steph. For the layperson listening to this, you know, you started off by saying that most of us now have really adapted to a high carbohydrate diet. How does a person, because there's a lot of talk about improving the gut flora with food, what does that even mean? What sort of food? What do we eat? What kind of carbohydrates do we eat? Give me a typical day of food that would help somebody whose gut health is poor. They've got joint problems. They feel like they're bloated. They feel like they're inflamed. They're belching, Kimmy, all of that stuff. What would their day look like in terms of food for the day?

Steph Lowe: Yeah, amazing. I'll take you through the food examples and then I'll break it down into a bit more of like a portion conversation and how to build your plate. A really simple example would be to start your day with a vegetable-based breakfast. So that might be a frittata that you've made on the weekend. Or if you're at home, you could do some scrambled eggs or an omelette. You want to make sure there's some healthy fats in there, as well. So, obviously, egg yolks would count, cooking in coconut oil, or adding some avocado would be a beautiful option. Essentially you want to work out what keeps you full, what gives you that blood sugar control, and that satiety for about five hours. You know, we've all eaten a meal and been hungry in an hour. And we've all eaten a meal and been like wow, I'm so satiated. And I think that is something else to track. It's going to be different for everybody.

Kim, you mentioned exercise, so some days you might need a little bit more to keep you full for five hours because you've done a big session in the morning. And so that takes a little bit of an experiment. But as you move onto lunch, I think that leftovers are one of the best decisions that you could make for lunch because what you're doing is, obviously, getting a dinner meal, which in the West, has usually been the best meal out of all three because a lot of us have grown up by eating meat and veg. And that might not have been the best quality, and it might not have been organic, but the two meals that we've done the most injustice to is absolutely breakfast because cereal and toast and juice

was on the menu. And lunch is typically sandwiches and more refined carbohydrates, or it's worse in the corporate space. So leftovers are a really great idea if not, we're looking for a simple salad with some protein like tuna or even chickpeas, and again, a real quality source of fat like some extra virgin olive oil. And then dinner, I just love the simple meat and veg. We want to make sure, ideally, that we're going for grass fed pasture raised organic protein. And in terms of vegetables, I always say eat the rainbow because the color is really important for the nutrient profile. And dinner is usually where I try to recommend the prebiotic squeeze in too. So prebiotics are things like onions, garlic, artichokes, or asparagus. Or, if we can tolerate a little bit more starch, the cooked and cooled sweet potato is a beautiful form of resistant starch, which is that food for our gut bugs. So we just need to have made it the day before, so maybe we roast up some sweet potato on a Sunday and pop that on the plate in an evening meal. But really, three meals a day should be more than enough. On your fasting days, two should be sufficient in an eight hour window. But again, that really depends on the individual, because a lot of people that have poor blood sugar control fall off their chair when they hear that two or three meals is enough. That can be quite overwhelming, so you don't have to start there, but it's the satiety and the flow on effect that building your plate will create. So often, we snack less by default. And then you learn firsthand that blood sugar control changes everything. It changes your experience at 3:30, it changes your cravings. It changes your desire for particular foods. It's life changing, it really is.

Cyndi O'Meara:

Yeah, but it's life changing because you're telling them they can't eat chocolate cake anymore. Come on.

You make fun of your chocolate cake, come on.

I know. I just want to check with you on this though. You mentioned chickpeas and you've mentioned salad and things. If someone's trying to heal their gut, though chickpeas, and you've mentioned salad and things. If someone's trying to heal their gut though, are they encouraged to go light? I thought, see this is where I get confused is that things like legumes and cashews and things like that are harder on the gut to digest, and we're supposed to have blanched, or roasted, or roasted vegetables and grains rather than fresh grains that are harder to digest. I mean, how do you know when's the right time to eat what?

Steph Lowe:

Yeah, that's a really tricky question. I think if someone's really unwell then, I mean absolutely more of that GAPS protocol where it is slow cooked meats, and essentially everything's pre-digested and quite mushy. I think that that can work really well, but I also think that your question around the salad and the chickpea example. For a lot of us it's definitely, especially when we look at legumes, it's how they're prepared. So it's not chick peas out of the can, ideally; but it's also our food behaviors. It sounds so 101, but most people don't chew their food, right? If chickpeas are a carbohydrate and we produce amylase in the mouth, which is the enzyme that breaks down the carbohydrate, but we're inhaling our food and we're on Instagram scrolling while we're eating, don't be surprised if you have gut health symptoms. The beautiful news is that a lot of that can be

reversed by eating mindfully, and chewing your food and minimizing distractions. They're very, very basic tips; but, to be honest, most people that I see in clinic are not doing it.

Kim Morrison: Yes, well that makes complete and utter sense really, doesn't it? I mean-

Cyndi O'Meara: I think it's, I think it's just so commonplace though, Kimmy, isn't it? I mean we're all trying to do two or three things at once. We're on our phone checking messages while we're eating, so we can maximize the time. I honestly think, and I am just thinking even as myself, eating is, in my mind, unconsciously, but now that I'm forced to think about it, I'm seeing eating is downtime, and I don't have time for downtime.

Kim Morrison: It's true.

Cyndi O'Meara: So I'm eating at the same time that I'm doing something else. Steph, if what you're saying is that it could be as simple as that, which is causing a disrupted environment in the gut, well surely that's got to be the first place where we all start, and then actually look at what we're eating. So you're saying cooked and cooled sweet potatoes, dinner for lunch... What about like Kimmy was saying, raw versus cooked when it comes to vegetables? What are your thoughts on that?

Steph Lowe: Yeah. Look I think it's really going to be quite individual. Again, that's going to come down to what's going on in the gut at the moment. I probably can't answer that black or white. I think definitely if you've got a lot of digestive issues, like maybe it's 10 years of that unfortunate IBS diagnosis, which is just the blanket name that's given to a digestive disorder that's otherwise undiagnosed. Yeah, you want to move away from anything that's too much work for your digestion to tolerate, but it's not a long-term solution. I think it's a short term intervention, but the broader aim is to fix the gut. Essentially, you can tolerate chick peas if you like them, and you can tolerate raw food. I don't want anyone to eat poor quality food, but my goal for my clients is that they can eat everything. Not that they're having to pull out more food. I've met people that literally end up eating two foods, because they're just told to pull out more foods. I think that is absolute malpractice, because it's just falling into that Western trap of treating the symptom and not the cause. The cause of food intolerances is dysbiosis. We need to dive deeper and get smarter, and allow the tolerance of nearly all foods, not the glutes and not the seed oils or anything that we don't need, but anything that's in a natural whole food state should be tolerated; and, if not, it's a sign. It's that red flag that your gut environment is not right.

Kim Morrison: Is there a definitive test that people can take so that they can know exactly what their gut environment is like, rather than guessing and then trying to self-diagnose?

Steph Lowe:

Yeah, there's heaps. I mean in terms of science in general, it's baby days. It's early days. There's quite a few. They're usually called a faecal microbial analysis, so that's a stool sample where these days it's mostly done by culturing the DNA. It looks at what organisms live there and in what numbers, so it can identify, compared to a healthy gut, what bacterial strains are low, which is part of the dysbiosis picture. So when we are seeing these low levels of the lactobacilli and bifidobacterium, and then it also identifies what levels are too high. Is it an E. coli overgrowth? Is it a candida overgrowth? Is it a streptococcus overgrowth? What's in there? Is there a parasite? What's in there that's causing part of the problem?

I think that's ... I always say test don't guess. It's an investment. It might be \$400, which might be a lot of money for some people, don't get me wrong, but 10 years of IBS and specialists appointments and different supplements. To me, that could all be avoided if we make the initial investment in our health, and learn about what's going on in there and then work with someone that's experienced to help you rebalance your microbiome.

Kim Morrison:

Nice. Do you think girls, all of you, do you think that we are talking more about the gut now, or there's always had these problems, or is it just interesting because of what we've done to our food over the last however many decades that this has become? I mean I know there's an increase in gut problems, but are these problems reversible or have they always been around?

Cyndi O'Meara:

I don't think they've been around at epidemic proportions as we see them today Kim. I'll let Steph what she thinks too, but what I remember seeing 40 years ago, I don't remember any of this. I don't remember hearing anything like I'm seeing now. Plus, we've become more knowledgeable about the importance of the microbiome. Plus, we're on the third, fourth generation, maybe fifth generation of antibiotics. Plus, GMO and glyphosate have been sprayed since the 90s, the mid 90s on our food and in the last, and that's an antibiotic and that's in all of our foods. It's in our oats. It's in our wheats. It's in oh my gosh, they're finding it in everything they're testing. I think it's a culmination of everything that we have been doing and we have to wake up. If we do not change, the next generation is going to have more mental health problems, more gut issues which clients the gut and the mind are together. That's my thoughts. What about you Steph and Karen?

Steph Lowe:

Yeah, I mean I agree with you. I think if we look to our let's say our great grandmothers, they would have naturally been fermenting foods because they didn't have a refrigerator potentially. They were probably by default consuming fermented foods, but yeah they weren't exposed to the degree of antibiotics like our generations are. Their food was probably in their backyard, so they weren't living in the world that we're living in with the prevalence of stress and all the day-to-day pressures. So yeah, I think it's just that now we're looking at that sum total of all the things that you mentioned which is very opposite to what it was as you were saying, Cindy, like 40 years ago. There's so much in our

way at the moment that I don't think it's a coincidence that we have the health crises that we do at the moment. It's sad but it's true.

Cyndi O'Meara: Yeah, I agree like listening to this summit, they're all saying we got to walk up. We just got to walk up. Karen, what about you? Have you in your years on this planet, when have you started to notice it?

Karen Smith: Look, you know it's actually interesting. I don't think I noticed it. I wasn't as aware of it until I met you, Cindy. But then, I guess once I started to feel my own issues take hold that's when I've actually started noticing it, looking at it and being present to it.

When I look at my family though, I can see based on the conversations and the education that I've gleaned from you over the years Cindy and obviously on my own research as well, I can see where it all started. It certainly wasn't my mum's intention. It was the nature of the food. I can see where it all started right back from when I was probably ... We came to Australia when I was seven I don't have a memory of having a massive extended stomach until I was eight. I've had an extended stomach since I was eight and I look back on kids on my school photos. I see it back then. I see the real chubbiness in my face and all of that stuff. It wasn't because I was eating bad food. My mum's a spectacular cook and always everything was home made. She didn't work. I think the quality of the food back then, I can see why we're struggling now and the accumulation effect. To be really honest, I look at myself and I really started to struggle personally from the age of about 29 to 30. I started to battle with it. I'm pushing 20 years now. That makes me want to cry. What did I just say? No way.

Cyndi O'Meara: Well that's interesting because it was-

Karen Smith: 48.

Cyndi O'Meara: It's a long time 28. 1996 was when we really started to change how our agricultural practices were so that's 20 years ago. It might have, yeah.

Steph, what excites you at the moment? I get excited about things. You can see I've got a bee in my bonnet about GMOs and glyphosate because that's all I hear for four hours every day.

Karen Smith: What was your first clue?

Cyndi O'Meara: Belching?

Karen Smith: Love it.

Kim Morrison: What's wrong with belching? Is that not a word here?

Cyndi O'Meara: No, it's just so cute the way you go the husband belching.

Steph Lowe: It's very polite.

Karen Smith: It was a personal question is that what you were trying to say?

Cyndi O'Meara: I didn't know it was. I thought you were just....What's exciting you about what's happening in this space at the moment?

Steph Lowe: You know I think it is going to be the progression of where science is in terms of gut health. We know that there are lots of benefits of looking down the fecal microbial transplant, the FMT route for people that have this long history of dysbiosis. I've just got this visual of us being able to go online and shop for poo because we want to get healthy and we want to have the right strains of bacteria inside us.

Kim Morrison: Yeah, I just really ... Karen I'm just going to see if Karen's ...

Karen Smith: No, look honestly.

Kim Morrison: The minute you said that Steph "shopping for poo".

Cyndi O'Meara: I'm not so sure.

Kim Morrison: No? We're going to go shopping for poo.

Steph Lowe: You mark my word.

Cyndi O'Meara: They're the best.

Steph Lowe: You mark my word. Honestly, I strongly believe that's what's going to happen next.

Kim Morrison: Wow. That's awesome.

Cyndi O'Meara: It's already happening and there's one in Australia that I know of. There's a couple in America. There's one in England. There's one now in below Florida because that's the English one that did it because in America, they'll only do it for C. diff. Whereas, anywhere else in the world, they're doing it for other things.

Kim Morrison: Is it like a blood transfusion where the minute you have it you feel instantly better? Is it the whole idea?

Steph Lowe: Almost.

Karen Smith: Wow.

Steph Lowe: 24 hours I think.

Cyndi O'Meara: Because of the environment as Steph was saying at the beginning.

Kim Morrison: While we're talking poo, Steph, I'd love your opinion on enemas, those long black up your button. Just tell me your thoughts on an enema.

Steph Lowe: Yeah, I think they can be really magical. Absolutely. There's lots of different ways you can do it but the traditional way, like with coffee enemas dates back to pre-war days in terms of helping eliminate toxins from the body. For a lot of people, it is the final piece of the puzzle. If there's things like a parasite that they haven't been able to get rid of even if it was down the conventional route initially, it can really also help normalize that internal environment. People are constipated. Honestly, people are so constipated they think it's normal to not move their bowels only once a week or every other day where I want to normalize this conversation because you've got to be moving your bowels at least once a day. You don't want to do it aggressively by needing to take laxatives or even having to take too much magnesium powder.

I think enemas are a really safe way to again just gently start to encourage that natural environment. We've been talking about toxins the whole day. There's toxins everywhere. Even if you do have great awareness about living low tox and prioritize where you buy your food from, it's just where we are pushing 'shit uphill' Pardon the pun because of the world that we live in. I think that having these strategies that are really affordable that you can do in your own home is so powerful because then your health is in your own hands. It's not about a magic pill. I think it's about developing this beautiful routine that can support your health today but definitely look after your longevity because that's what it's all about at the end of the day.

Cyndi O'Meara: I think we're all stumped now.

Steph Lowe: Lots of poo talk.

Cyndi O'Meara: I do agree with you and that is that it's time to take responsibility for our own health. I love what you said Steph. Thank you.

Karen Smith: You've been an absolute font of knowledge in today's podcast and it feels like we've only just begun. I feel like there's so much more to talk about. It's been the fastest hour I've had all week.

Steph Lowe: In the flow state. I love it.

Karen Smith: Totes to that. For everybody who's listening where can they either work with you, become a client of yours, talk to you, follow you, consume your stuff?

Steph Lowe: Thank you. Yes, my online home is the [naturalnutritionist.com.au](http://naturalnutritionist.com.au) and all the usual social medias on that handle. I mostly hang out on Instagram

@thenaturalnutritionist. I'd love you guys to reach out if you either have any questions or if you want to learn more. Please do get in touch. I'd love to say hi.

Karen Smith: Fabulous. Awesome so for all of our listeners make sure that you check out Steph's website and get in touch with her on social media. Steph, thank you for being a part of today's podcast. You've been a font of knowledge and I fear I have far more questions that I need to have answered so look out for my messages.

Steph Lowe: Amazing. It's been my pleasure. Thanks for having me.

Karen Smith: You are most welcome. What a treat so for all of our listeners please make sure that you go to Steph's website. Check her out and follow her because I don't reckon that there's any one of us that doesn't have some of the symptoms that have been discussed here today.