

[143: Dr. Jill Interviews Dr. Vincent Pedre on the Gut SMART Protocol and the Gut-Brain Connection](#)

Text:

Dr. Jill 0:12

Well, hello, everybody. Welcome to another edition of Dr. Jill Live! You know you can find me on YouTube, and all of our past episodes are on iTunes, Stitcher, or wherever you listen to podcasts. I'm super excited about our guest today, Dr. Vincent Pedre. We have been running in the same circles and have known each other for a long time. We have a mutual passion for the gut. I know many of you listening have had your own journeys with the gut. We both treat a lot of good issues. So today, I'm super excited to share, number one, his new book, but also hopefully some really practical information and tips. Let me introduce him, and we will dive right in.

Dr. Jill 0:51

Dr. Vincent Pedre is the medical director of Pedre Integrative Health, the founder of Dr. Pedre Wellness, the CEO and founder of Happy Gut Life, and has worked as a nutraceutical consultant and spokesperson for NatureMD. He's also a functional medicine certified practitioner with a concierge practice in New York City since 2004. He believes the gut is the gateway to excellent wellness. As the bestselling author of *Happy Gut—The Cleansing Program To Help You Lose Weight, Gain Energy, and Eliminate Pain*, featuring his proprietary blueprint for healing the gut, the *Gut C.A.R.E. Program*, he's helped thousands around the world resolve their gut-related health issues. His newest book, which we're going to dive into today, *The GutSMART Protocol*—a 14-day personalized gut healing plan based on the *GutSMART Quiz*—is the culmination of years of research and clinical experience in functional gut health. Dr. Pedre, I'm so happy to have you here. Thank you so much for joining me today.

Dr. Vincent Pedre 1:46

Wow, that was a mouthful.

Dr. Jill 1:50

Yes. So I love to start with [one's] story, and clearly, you are well-versed in the gut. You're a gut expert. This is your second book. The first one was amazing. I can't

wait to read this one. But let's go way back. How did you get into medicine? And then, how did you get to be the gut expert?

Dr. Vicent Pedre 2:06

Oh, geez. I mean, I feel like there's more than one storyline to explain that. The first storyline starts when I'm a child, and I can just remember having a diet that was very devoid of vegetables. I hated salads. Basically, I was eating mostly carbs: Rice, bread, [and] pasta. I remember [spending] nights by the bathroom in tears with severe constipation, trying to go, [but] I couldn't go. This is probably [when I was] seven, eight, or nine years old. Sometime after that, I must have gotten an upper respiratory infection and went to the doctor. They gave me an antibiotic. Then, a few months later, I got sick again, and I got another antibiotic. Then, six months later, I went to the doctor again because I was sick; I had a sore throat. And it just kept happening over and over and over [again]. So when I looked back, I was thinking, "Well, how many rounds of antibiotics was I [taking] from the age of 10 to 19?" and it was 20+.

Dr. Vicent Pedre 3:22

And of course, like every teenager, I was eating a typical kind of American diet—cereal with milk in the morning. I grew up with those commercials [that say], "Milk does the body good." I was having sandwiches, I was having bread. Every day—every single day—my mom would pick me up at school, and I was already hungry; I was starving. I was probably eating like 3,000 calories a day plus. I don't remember if it was Burger King or McDonald's, but we would stop at one or the other, and I would get a vanilla milkshake on the way home. Then dinner was sometimes pasta with cheese, like baked ziti, lots of bread, [and] ice cream for dessert. Little did I know that all of this was poisoning me and weakening my immune system. I was first chubby when I was a kid and then went through a growth spurt and got super skinny. I had to put up with a lot of body shaming as a teenager because I was underweight. I was eating over 3,000 calories a day, and I could not put on a pound. I can look back now, and I understand. I had been on so many antibiotics. My gut had become leaky. I had a leaky gut. I had gluten sensitivity, and I couldn't absorb my nutrients, so I couldn't build muscle. It didn't matter what I did. I didn't know how to get out of this vicious cycle.

Dr. Vicent Pedre 5:04

Eventually, I went to college, and in college, I was in these dining halls where you could eat all you could want. So my intake of gluten and dairy increased. I think back now: I came home from college my first year, and I thought I looked the

healthiest I had ever looked. My face was puffier. I had filled in a bit. But if you looked at me closely, it was kind of like that puffiness that you get when your body's retaining extra water. It's that doughy face. My friend, Nigma Taliq, came up with different face types. She says there's the gluten face, the wheat face, and kind of like the Pillsbury doughboy [face], [where] your face is kind of round and puffy. And that's how I looked. But I thought, "Wow, I finally gained weight. I'm healthy!" But I wasn't healthy. I was still getting sick a lot. Aside from my passion for science and for helping people, part of my motivation for becoming a doctor was to figure out: "How do I not get sick?" I was constantly, constantly searching. And I've got to say, I grew up in a household where my dad was a bit obsessed with food. Back in the 80s, he did a food allergy test and actually put it up on the refrigerator. We thought, as kids, "This is ridiculous!" He had a list of like 20-something foods that he could not eat because he had reacted to them on a blood test. He took a bunch of supplements. He would eat raw garlic every day.

Dr. Jill 6:47

He was way ahead of his time, wasn't he?

Dr. Vincent Pedre 6:49

He would actually chew the garlic. And here I am as a child; you know, you're growing up, but you're thinking, "This is ridiculous, telling me that I should be eating greens." And one night I got sent to my room because I refused to eat the salad, and he was like: "Well if you're not going to eat the salad, you're not having dinner. Go to your room." And that night, my mother and my grandmother, once my dad was asleep, came to my room, and guess what they brought me? A bowl of ice cream.

Dr. Jill 7:19

I was going to guess ice cream. Oh, my goodness!

Dr. Vincent Pedre 7:24

I didn't have dinner, and then they brought me a bowl of ice cream.

Dr. Jill 7:27

Oh, my goodness, wow. Unbelievable. You are talking about so many things, though, that are common to childhood, like [using] food as a reward. And we don't know any better when we're children, so whatever the family of origin eats is a norm. And I

bet after school it's like, "We get to go get a milkshake!" We get attached to food, even as far as the emotions that we experience as children.

Dr. Vincent Pedre 7:51

And pizza. And it's strange because we weren't a family that went and ate fast food. So even though I got a milkshake at these restaurants, I rarely ordered French fries [and a] hamburger—that wasn't my thing. But there was pizza. A lot of our food was actually cooked at home, but we ate a lot of bread, a lot of milk, a lot of ice cream, [and] a lot of butter. I had no idea that these things were a problem because you think: "Well, this is the way everybody eats. Why would this be wrong for me?" But then I got into medical school. And I think because of the imprint of the way my dad has been... Even though as a child, you kind of rejected it; you were like, "This is crazy." Not only that, but at one point, he put a paper up and it had a skull and crossbones at the top. It had a list of all the fast food restaurants where we should not be eating. That, of course, included Burger King, McDonald's, Pizza Hut, [and] all those things. He was telling us: "These foods are bad for you. These are processed foods." Even though we were rejecting it as kids and thought it was funny, at some level, it was filtering in.

Dr. Vicent Pedre 9:12

When I got into medical school, I couldn't sit and eat cereal with milk for breakfast because I had to be at class by 8:00 in the morning, wake up, [and] rush out the door. So my eating pattern changed. I discovered fats. I discovered that fat is not bad for you. I was a child raised in the 80s with SnackWell and fat-free cookies, thinking that "fat is evil." I had two older sisters, and my older sister was always trying to lose weight and [saying things like] "Fat is bad" and "Don't eat fat." And suddenly I discovered: "Wait. Avocados are good for you. Olive oil is good for you." So I started incorporating those, and my dairy consumption dropped. And then I noticed: "Wait a second. I'm not getting sick like I used to." So here I am in medical school, not being taught any nutrition, but also being super observant of ourselves because when you're in medical school, you're like your own guinea pig.

Dr. Jill 10:12

Exactly. And I thought, "Okay, there's something here. There must be something about dairy that doesn't agree with my system." Yet I didn't fully understand. I would still have pizza on occasion. I would still have cheese on occasion. But still, my overall dairy consumption had dropped, and I noticed that my immune system was stronger than it had ever been. When I was a kid, the doctors were telling my

parents: "Oh, he needs a multivitamin. That's going to make his immune system stronger." They gave me these big horse pills. Did they work? No.

Dr. Jill 10:49

No, because you couldn't absorb.

Dr. Vincent Pedre 10:50

I couldn't absorb.

Dr. Jill 10:52

Wow. Oh gosh, thank you so much for sharing that, because I think a lot of people can relate on so many levels. Families of origins—we just think that's the norm. And then we're like, "Wait a second!" Again, as a child, [it was] very similar: [I was given] many antibiotics, [and my] gut was never super healthy. Either loose stools or constipation—we think that's the norm, right? And until they come to a doctor like you or me or a natural practitioner who says: Wait, you are supposed to have a normally formed bowel movement every single day—maybe twice a day." Even today, so many people in their 40s or 50s are shocked [to hear] that it's not normal to have a bowel movement twice a week, right? So this is powerful stuff because we assume that whatever our physiology is, that's normal. And fortunately, now it's easier to talk about. But a lot of times people aren't talking about gut function and bowel health, and it's so critical.

Dr. Vincent Pedre 11:38

Not at all. And when I was in medical school over 20 years ago, I honestly thought that this was the unpredictable [nature] of my gut. By then I had more of an IBS-like diagnosis—not constipation but more on the loose stool side—and you just never knew. If I went out and ate with my friends, I had no idea—one day, I don't feel so great, another day, I'm okay. And you don't know: What is it that you ate? But you didn't know how to filter [things] down and really analyze everything. What were the ingredients in the food that you ate? Was there any cream? Was there cheese? Was there butter? There are so many little details that you don't think about that could be affecting you. And I know you and I, as functional medical sleuths, are always filtering down to the detail of: What is happening with our patients? And why are they presenting the way they're presenting?—because there's always a hidden detail that no one's thought about.

Dr. Jill 12:42

Absolutely. And one thing I want to frame [is something] you mentioned. I think you and I know [about] IBS and what it really means medically. Let's talk a little bit about that because I think I read this statistic: One in three visits to a primary [care] doctor is related to IBS. So it's super common. I bet many of our listeners out there have been told they have IBS. And you and I [both] know there's a deeper root as far as causes [go], right? Tell us a little bit about: How is the diagnosis of IBS made? And then, why might that not be the ending point, because there's something else going on, right?

Dr. Vincent Pedre 13:12

Yes. This is kind of like looking at the body top-down versus inside-out. Western medicine, with a lot of things, gives a series of symptoms a name and then says, "We've diagnosed it now." But all you've done is take a constellation of symptoms and group them into one name, and you say: "Well, this is the diagnosis," or use the Rome criteria. [For example], if you eat and then have to run to the bathroom immediately, and [depending on the] number of bowel movements that you're having per day, that's IBS. But there's IBS-D; there's IBS-C. So there's IBS with diarrhea—irritable bowel syndrome with diarrhea—or IBS with constipation. And I just want to mention that the estimates vary, but up to 11% of people worldwide have IBS. There are 8 billion people in the world, so that's 896 million people over the entire world that suffer from something that has potentially reversible causes.

Dr. Jill (pre-recording) 14:17

Hey, everybody. I just stopped by to let you know that my new book, *Unexpected: Finding Resilience through Functional Medicine, Science, and Faith*, is now available for order wherever you purchase books. In this book, I share my own journey of overcoming a life-threatening illness and the tools, tips, tricks, hope, and resilience I found along the way. This book includes practical advice for things like cancer and Crohn's disease and other autoimmune conditions, infections like Lyme or Epstein-Barr, and mold- and biotoxin-related illnesses. What I really hope is that as you read this book, you find transformational wisdom for health and healing. If you want to get your own copy, stop by ReadUnexpected.com. There, you can also collect your free bonuses. So grab your copy today and begin your own transformational journey through functional medicine in finding resilience.

Dr. Jill 15:13

Yes. And again, in your book, I know you talk about these things. But let's go on to [consider]: What else could be going on? With you, the dairy thing [was a factor]. For me, gluten was toxic [while] growing up [and] I didn't know it. I actually got

diagnosed with Crohn's and celiac [disease] and have cured myself through diet. I remember when my gastroenterologist said 20 years ago, "You have Crohn's disease," and I said, "Can I do anything with diet?"—because I was clueless back then. We're not taught a lot about nutrition in medical school. And without pausing, he's like, "Jill, diet has nothing to do with it." Now you and I know better. That's crazy, right? And now the data shows that science actually has come up to date with that. Can you believe [it]?

Dr. Vincent Pedre 15:51

Look, I don't want to bash doctors. But I sometimes feel like doctors just hung up their common sense hat on the door. I remember when I was in training, PPIs were becoming a big thing. I was friends with one of the first chiefs of gastroenterology at Mount Sinai, one of the leading centers for gastroenterology in the country. He became the chief GI fellow. So presumptively, [he was a] very smart guy. And I told him: "You know, I've just been thinking about this. If we evolved to have stomach acid, why is it okay to take a PPI that changes that?—because we're changing physiology that we've evolved over hundreds of years to have this low stomach acid." Back then, they were starting to say, "Well, PPIs—everybody should be on a PPI. If you have acid reflux, just take a PPI." And I was thinking: "There's got to be some effect. There's got to be some side effect from changing that stomach pH." And years later, we found out it interferes with calcium and iron, leads to osteoporosis, increases the risk of pneumonia, [and also] increases the risk for C. diff colitis. Yet, we were just thinking: "These medications are benign," and they happen to be the second most common medication prescribed worldwide.

Dr. Jill 17:26

Yes. And you and I [both] know it's indicated for 14 days, which may be appropriate at times, obviously. It's not indicated for 5, 10, or 20 years.

Dr. Vincent Pedre 17:34

No. And how many of those patients would come to see me after they've been working with a gastroenterologist for years? It's almost like they forget. Like, every time they need a refill, they just refill the medication over and over. So then it's five years down the road, and no one has asked the question: "Why are you still on this medication?"

Dr. Jill 17:53

Yes. So GutSMART, it's coming out either as you listen to this or in a few days. What is your protocol? How do we kind of dive in? We talked about [how] IBS [affects] 11%

[of people]; I said one in three visits. Either way, a large, large percentage of people [are] suffering. And the bigger thing is that when your gut doesn't feel well, you feel foggy [and] you can't function. So it's not just the gut; it affects every other system. So let's talk a little bit about the GutSMART protocol. What does this look like? What are people going to find in the book as far as how they can heal?

Dr. Vincent Pedre 18:29

First of all, I go through the science, but I try to make it as simple as possible for everybody to understand because there's so much new research coming out about the microbiome and how it affects us. But also, [I go through] really cool research about: What is the right diet for our gut? And actually, as I was writing the book, Stanford University had just completed a study where they had divided the group of people—it ended up being about 18 people per arm. It wasn't a big study, so we've got to call that out. It was not a big study. They didn't use a control group. They had a fiber-rich group versus a highly fermented foods [group]. So [for] one group, they had them increase their fiber intake. And they went from an average of about 20 grams, but most of them were a little bit lower than that, and they raised it to 42 grams per day, on average. [To] the other group, they said: "We're going to increase your fermented foods." They were averaging about 0.4 cups per day, and they went up to anywhere between four and six cups. It sounds like a lot.

Dr. Jill 19:39

Wow. Yes, it does.

Dr. Vincent Pedre 19:41

But they were drinking vegetable brine drinks to get that amount and eating yogurt. So they looked at these two groups, and they wanted to look at what happens to the gut microbiome. What happens to microbial diversity? What happens to the 19 inflammatory markers?—not just c-reactive protein but also cellular activation like cytokine activation [and] intracellular activation. What happens if you're on a high-fiber diet versus a high fermented foods diet? So they ramped them up for four weeks, and then they did a steady state for six weeks, during which they were at the high intervention dose. Then they had a washout period, and they did pre- and post-stool PCR testing. You know, in functional medicine, we talk about what's healthy for the body: Eat the rainbow. Eat a lot of fiber. Fiber has prebiotics. Those prebiotics help your bacteria create all these wonderful post-biotic anti-inflammatory nutrients that are so important for our health. So I was reading the study and thinking. I was like, "Who's going to win here, the fiber-rich or the fermented foods group?" And honestly, I think they should have had another group;

they should have had a control group where they didn't have a dietary intervention, but they didn't do that. It wasn't the fiber-rich group that created greater microbial diversity. It was actually the fermented foods group that showed an increase in microbial diversity and a drop in 19 inflammatory markers.

Dr. Jill 21:21

Wow. That's what's powerful, right?

Dr. Vincent Pedre 21:24

That is powerful because what you said at the beginning [is so true]. When your gut is off, you're feeling it all over your body. Well, your gut is also command-central for your immune system. So if you can dial down your immune system and lower your inflammation through the gut, then you're affecting your entire body. What was interesting, though, is that they decided, "What is really happening in the fiber group?" So they realized that the fiber group could be divided into three groups: A low microbial diversity group, a middle [group], and a high [group]. And then they looked at: Were there any different effects in these groups? They found that the group with the highest microbial diversity, which was on the high-fiber diet, showed a drop in inflammatory markers. Whereas the low microbial diversity group, even though they were on a high-fiber diet, actually showed an increase in immune activation. So I like to say that microbial diversity is the holy grail. It's what we're seeking.

Dr. Vicent Pedre 22:30

But on top of that, what I've realized working with gut patients for over a decade is that you can't just take any gut patient and tell them: "Increase your fiber; start having fermented foods," because what if they have histamine issues? What if they've got bacterial overgrowth? So what I did was I filtered it down and created a quiz. And with this quiz in my book, I differentiate people into three categories, severe, moderate, or mild. And depending on your category, I basically guide you on: How is it that you can eat at this point to start healing your gut so we can get you into those lower categories without eating things that are going to be harsh on your gut? So if you're [in] a severe category, you can't have fermented foods; your gut isn't ready for it. Your body isn't ready. So we need to actually coax some healing to happen before we can get to that stage. The pivot of the GutSMART protocol is first taking a quiz. You find out what your GutSMART score is. It gives you a gut type. And it's really just [about] recognizing that there's no one-size-fits-all when it comes to gut patients [and] that there's actually a lot of individuality in the way that people experience their gut health issues. And if you

have more severe or moderate issues, or if you're high on the moderate scale, you're not going to be able to eat the same as someone who only has mild issues.

Dr. Jill 24:01

I love that. And from a very personal level, because when I was 26, right after cancer, I got Crohn's. I really healed myself from Crohn's by looking at the microbial [aspect]. But I have always had histamine issues. And it's so interesting. I love that you're addressing this because [there are] many, many patients [who have] mast cell activation [or] histamine issues. Everybody out there says: "Do bone broth. Do fermented foods and vegetables." Those are wonderful, as you saw in the studies. But when you're in that place, I know personally that I couldn't start there. Now I'm much healthier, and I could. But it's profound that you're talking about that because so many of my patients do have histamine issues. And they're like, "Why don't I feel good on the bone broth diet?" Or, "Why don't I feel good with kimchi and sauerkraut?" So I love that you're talking about this because I think it's so critical because histamine and mast cell activation are bigger than ever in many of our patients.

Dr. Vincent Pedre 24:51

And it's so important because we have such a democratization, let's say, of information now because of the Internet. But the problem with the democratization of this information sometimes is the oversimplification [of it] as well. We come up with all these things. You know, this study came out and says that fermented foods are going to lower your inflammation. So you might think, "Well, I need to go out there and eat more ferments." But that's not right for everyone. Really, what I wanted this book to do is give a voice to those people, see them, and make them feel heard [in the sense] that yes, you are different at this point. Your body is behaving differently, and this is the way that you need to treat yourself in terms of food, mindset, [and] relaxation in order to get your body into a healing state.

Dr. Jill 25:51

It's so powerful. I am such a fan because, again, I see that in clinic. Online, there are [comments] like, "Oh, this diet should fix everybody" or "this diet." There's no one size fits all, which is what you're saying in the book. Gosh, I would love to stay here, but I want to talk about the gut-brain connection because we know there's such a powerful connection here. Tell us about: How are the gut and brain connected? Why do people have brain fog and stuff when they have gut disorders? And how can we actually address that connection?

Dr. Vincent Pedre 26:20

There are several ways to look at this. So first of all, the gut and the brain are connected through a very long nerve, the biggest cranial nerve—cranial nerve 10—the vagus nerve, which goes all the way from the brainstem down on both sides of the neck, right along where the vocal canal is, and innervates all of the internal organs. It's super important because the vagus nerve is kind of taking an inventory of what's happening in the periphery and sending signals back up to the brain. So the vagus has these nerve endings all along the gut lining that have receptors like 5-HT receptors that get stimulated by serotonin that's being produced by either your enteroendocrine cells [or] by the gut microbiome. So in a sense, your gut microbiome is speaking to your brain through your vagus nerve. [Something] like 70–80% of the fibers in the vagus nerve are pointing up to the brain. It releases neurotransmitters like GABA, which help regulate. GABA tells everybody to be quiet. It's a soothing neurotransmitter. In the other direction, there's something called vagal tone. For anybody who's old enough to remember old phones when we had wired telephones that had a dial tone, you remember when you were a kid and you picked up the phone, and then you didn't hear the dial tone. You're like, "Oh, no, the phone is dead." Well, your vagus nerve also needs a dial tone. It's sending a signal from the brain down to your gut, and that signal does a number of things. It regulates the production of acid in your stomach [and the] secretion of digestive enzymes; it actually helps [to] partly control the permeability of your gut and also gut motility and getting things to the rhythmic contractions of the intestines. So that's coming downstream as well. It's a beautiful system because it's working in both directions. And then there are also the things that travel through the blood and can affect the brain.

Dr. Vicent Pedre 28:43

We always say that if you have a leaky gut barrier, if you have a leaky gut, then you're going to have a leaky blood-brain barrier. And then, if you have a dysbiosis and a leaky gut, and you've got yeast overgrowth if you've got mycotoxins being produced in that gut, those mycotoxins are going to get to your brain, and they're going to cause mental fog, confusion, [and] memory problems. I know that's one of your big specialties and what you deal with. So the interconnections are so important. The cool thing is that it gives you multiple avenues for healing the gut. I talk about that in my book because I think that a lot of people, when they think about gut healing, are thinking about what you can do with a diet [or] what types of supplements to take. Then the last thing on the table, and a lot of times it gets pushed off, is a mind-body connection, mindfulness, meditation, relaxation techniques—ways to activate the vagus nerve to activate vagal tone.

Dr. Vicent Pedre 29:52

For anybody listening, this abstract concept [of] the vagal tone, what is it? Well, when your vagal tone is low, when you eat, your stomach is going to feel like food just sits like a rock in your stomach. It's going to feel like food isn't moving down. But low vagal tone is associated with acid reflux, constipation, [and] also mental health. Low vagal tone is associated with depression [and] anxiety. Being in the wrong vagal tone is going to [cause] mental health issues. So as part of my GutSMART protocol, I have a whole section in the book where I explain what the vagus nerve is. I talk about the research behind that, how meditation can actually even affect the way the gut microbiome is functioning, and the type of bacteria that tend to predominate in there. [I] give people instructions on how to breathe using deep diaphragmatic breathing, breathwork, [and] meditations for the gut that then can improve not only digestion but also your whole body because it's the downstream effect from that. You can't absorb and assimilate if you're not in a relaxed state. When your vagus [nerve] is firing and you're relaxed, what it's telling your body is: I'm safe; you can heal now.

Dr. Jill 31:20

Yes. And you can take nutrients like you said. And so many of us [are] on the go. Even in my clinic, between patients, I'm guilty [of being] on the go [and] grabbing food while I'm standing. I don't even sit down sometimes. [I'm making] a confession here. But it's so important to sit down and chew. So I love the other section in the book on the vagus nerve because that's one of the biggest questions nowadays: What do we do on the vagus nerve? Patients are starting to realize that it's powerful, but I think there's still a mystery about: What do we do? Do you have any practical tips? We talked a little bit about [some], but obviously breathing [and] meditation [are important]. What few practical things could we leave people with to deal with the vagus [nerve]?—and it's in your book, so it's all there.

Dr. Vincent Pedre 31:59

First, I think it's very important to learn how to breathe because every time I'm with a patient and I ask them, "Can you take a deep breath for me?" this is what they do... And their belly is like tucked in. And I'm like, "You're not really oxygenating yourself that way." Then what I do is have them lie back, put one hand on their chest, and another hand on their belly. I have them lie down [and] bend their knees, because when you bend your knees, you relax your belly muscles, so it's easier. And then I say: "Okay, take that breath again. I want you to feel where your hands go when you take that breath." Usually, they'll still repeat that chest breath so that this hand will rise and the other hand will barely rise. And then I ask them, "Which hand went up first?" Or, "Which hand moved, [and] which hand didn't move?" Usually, it's the

chest, not the other one. And I say: "Well, let's reverse that. Let's breathe into the belly hand first and then the chest hand last." So you start by filling in the bottom of the lungs, and you end at the top. And then, as you exhale, you reverse that process. Now you're learning how to do deep diaphragmatic breathing. So I did that the other day with a patient. I had them lie down—it's easier when you're lying down—and then I said, "Okay, now that you understand the dynamic..." I think a lot of people are kinesthetic learners, so experiencing it in their own bodies is so important—even just experiencing the shift that happens.

Dr. Vicent Pedre 33:56

I've been doing breathwork and meditation since I was 21 years old, so right before I went to medical school, actually, as a solution for the reason I almost didn't go to medical school because I was afraid of needles. I passed out every time I had my blood drawn [or] had a shot. I [would be in a] cold sweat [with my] heart racing, then the room would turn dark and I was out. I started researching: Why is this happening to me? And that led me to breathwork meditation.

Dr. Vicent Pedre 34:31

So I was doing this with the patient the other day. And then I had them sit up, and I said, "Okay, now [that] you're sitting, I want you to repeat that breath." It's a little bit harder when you're sitting because now there's more pressure in your lower abdomen. It's a little more challenging to take that diaphragmatic breath. Once you get to the peak of your breath, you're going to exhale. Now I'm going to have you hum instead. So you're going to take a deep breath in. And on the out, you're going to go: Mmmm. And it's going to do two things. It's going to prolong your exhalation. It makes it a little bit harder to exhale, so it's going to make you exhale for longer, which is one of the things we want. We want the exhalation to be twice as long as the inhale. Second, that vibration is going to activate your vagus nerve. People hear "meditation" [and] "breathwork" [and think]: "No, I can't. Sitting for 30 minutes..." And I tell them: "Just take your smartphone, and set the timer for as long as you think you can do it at first. If it's two minutes, it's two minutes. Try it. Go to five minutes. And I just want you to breathe and hum. Just do it until the timer goes off. And I bet you that by the time the timer goes off, you are so shifted internally that either you feel a complete change in your state or you're going to feel so good that you're not going to want to stop and you're going to go for another couple of minutes. Maybe you'll go for another five minutes."

Dr. Jill 36:13

Wow, that is so practical. I mean, I've been in this realm [with] meditation [and] vagus nerve work. But that little tip is a pearl that's priceless because it's so practical—anyone can do it. Even if you're not a meditation expert, it's doable [and] achievable. Thank you for going through the details because patients, as they're listening, could [put them into] practice. I think that's so powerful. It's so powerful and important.

Dr. Vincent Pedre 36:39

So the patient that I was with the other day is a dad. [He has] two kids at home; they're like, four and six [years old]. [He has a] busy life, commuting into the city [and then] back home, [and a] stressful job as a lawyer. We were talking about how when he eats, he feels like the food doesn't digest. So, like you [or] any functional medicine practitioner, I got really curious, and I said: "Well, paint the picture for me. What is your dinnertime like? What do you do?" And he's like: "Well, I might just get home from work. We're trying to get the kids rallied to sit down. Sometimes my wife and I are just eating in the kitchen. We don't even sit down. Sometimes I'll get a call from a client, and they'll start eating, and then when the call finishes, I'll sit down, and I'm just... "

Dr. Vicent Pedre 37:33

I was like, "You're not creating a nervous system transition for yourself to give your body the signal that it's ready to shift, digest, and assimilate." So I took him through this breathwork exercise and said, "Well, how do you feel now?" It's like, "Wow, I feel different." I said, "Well, you need to think about this because when you finish a client call, it's like you're going 60 miles per hour. And now you're going to sit [down] and eat dinner at 60 miles per hour. Your body is not in a state where it can absorb, assimilate, and digest. So you've got to help your biological system make that transition." We're not computers that can go from one task to the next to the next. We have to respect our biology.

Dr. Jill 38:23

Yes. Gosh, [there are] so many key issues here. You've brought up: The personalization of the gut, the gut quiz so people can find out where they are on the spectrum and where to start, the vegas, and the gut-brain connection. What would be the one thing you'd most like to see the reader take away if they read your book? Like, what is the main takeaway of the whole program?

Dr. Vincent Pedre 38:45

Oh, that's such a great question. I mean, we covered a lot of pieces of that. I think it's important for people to realize that yes, diet is important. Yes, sometimes figuring out what supplements to take [or] if you [should] take a probiotic is important. But you can't out-diet [or] out-supplement a stressed-out lifestyle.

Dr. Jill 39:13

Brilliant. Brilliant. And we all need to hear that. That is brilliant. Dr. Pedre, where can people find the quiz, your book, [and] all the information that we talked about today?

Dr. Vincent Pedre 39:23

If they go to GutSMARTProtocol.com, they'll be able to find the book. I've got some preorder bonuses for them. If they want to just dip their toes in the pool, they can also download a free chapter and check out what the book is about, then decide if they want to preorder. Obviously, I think this is going to be a great help, not just for patients and listeners, but also as a tool for other practitioners to use with their patients.

Dr. Jill 39:51

I absolutely agree with you. And thank you again for taking your time to come on the show [and] for sharing your knowledge. And I hope if you're listening, you will go [visit the website]. And give us the website one more time.

Dr. Vincent Pedre 40:03

It's GutSMARTProtocol.com. And they can learn everything about the book there.

Dr. Jill 40:12

Fantastic. Thank you again, Dr. Vincent, for being on the show.

Dr. Vincent Pedre 40:17

My pleasure. Thanks for having me.