



Your Functional Medicine Expert®
Jill Carnahan, MD ABHM, ABOLM, IFMCP

[#62: Dr. Jill interviews Functional Nutritionist Megan Dopp, RD](#)

Dr. Jill 00:12

Okay. Hey, we're live this afternoon! After a few glitches in our Facebook connection, we're finally here. I am so excited today to have not only the best nutritionist in the world but my dear friend Megan Dopp. I will introduce her in just a moment. Today we're going to talk about optimal nutrition for performance and gut health. And we've got some stories for you because both Megan and I have been through quite a bit in the gut health realm and we both know the power of nutrition in overcoming these illnesses.

Dr. Jill 00:44

Just a little background: If you haven't seen the other videos here on the livestream, you can watch all of them anytime you want. They're all recorded here on Facebook and then also on my YouTube channel. I think we have like 60+ videos now. Just find my name, Jill Carnahan, on YouTube and you can watch all of those for free. [There's] lots of great content there. If you want to find my products, you can find them at DrJillHealth.com. All my blogs and articles about gut health and optimal nutrition for performance—which is our topic today—can be found on my website, JillCarnahan.com. You can also find Megan there under Forbes Nutritional Consulting—I'll include all the links, so don't worry about that—or on my website, JillCarnahan.com, under 'Services'. You can find her in either place.

Dr. Jill 01:34

I don't have the formal bio, Megan, but I want to introduce you as a friend and a colleague and then ask about your story. So we met. I remember way back when I first moved to Boulder and started practicing out of Dr. Rountree's office and you met me. I don't remember how you heard about me but you came in and we had this great talk. I remember where I was sitting when I met you and we shared our stories of our health and our guts. And I remember, "I like this girl; she's awesome" [and] really, really connecting and hearing your story and just your energy.

Dr. Jill 02:12

You've got such a wealth of knowledge that comes from your education. You're functional medicine certified as well as a registered dietitian, which maybe you can tell the audience in a second. There really is a difference in your training. There are a lot of online nutritional courses nowadays that are "go over a weekend and get a nutritional certification". And you have the real thing—the real degree. So tell us first just a little bit about: What is a registered dietitian? And what's your background training?

Megan Dopp, RD 02:39

Yes. So our training. I went to Colorado State. The undergrad didactic program was a lot of science, a lot of chemistry, and a lot of hard courses that I was actually hesitant to go into. I know a lot of people say that about doctors. I'm not a big chemistry person. But it was a lot of science. So we had that four-year undergrad didactic program. Then after that, we go on and do one or two years in the field. And we have to get a certain amount of hours working in all of our different rotations, being in the hospital and community. It's been a long time now, so I forget. But I actually built my whole program in Boulder.

Megan Dopp, RD 03:33

I did a distance option. I went through university at Delaware because I was working for a dietician here in Boulder, Nancy Grayson, who had her own practice and I developed my own rotation practical here in Boulder with her and all the other dietitians. So I was able to stay and work and get hands-on experience very early on. Then I ended up working with her after I graduated. I'd actually bought her company. She moved away. I hope she's well because she was great. So it was a very fast process, but it was also a lot of knowledge. At that time, it seemed like it'd take a while, but it was very in-depth and I learned a lot.

Megan Dopp, RD 04:18

Then I focused a lot on the community realm because she was [running] a private practice. We worked in a cardiac clinic and then also in a cancer clinic. So we moved on from there. But yes, that has been a good sort of groundwork, especially for what I've done. I was happy to learn more about functional medicine because I felt like that was a big help to my health so that was really good.

Dr. Jill 04:48

Yes. I remember sitting there talking to you and being like, "Oh my gosh, we have so much in common." Tell us a little bit about your story [and] your own health journey, because that always drives all of us and really allows us to seek the answers that we may not have found in conventional medicine.

Megan Dopp, RD 05:05

Right. Growing up, gosh, I met you. I actually got office space in Dr. Rountree's office and then we got to talking. I looked over my shoulder, we were chatting, and then all of a sudden it was like: "This is in common. This is in common. This is in common." And like you said, I was like, "Who is this amazing person?" Like, "How did this just happen?" And I remember talking to my family like, "You'll never believe who I just met!" It was, just like you said, totally a granted wish. So it's been awesome.

Megan Dopp, RD 05:37

So back to my story. I grew up in Michigan on a lake, actually near a lot of nuclear plants, oddly enough. But I started to have some trouble with my GI when I was 10, and it got really severe, really fast. The doctors were just trying to figure out what was going on. It took them about a year and us going to the children's hospital in Chicago to figure out what exactly it was. Through colonoscopy, they figured out it was Crohn's and it was very severe. They started to try to do all the treatments, all the medicines, and all of those types of things.

Megan Dopp, RD 06:20

Unfortunately, I wasn't responding to any of that. Everyone is different in what they respond to, and I just didn't [respond]. I endured a lot. It was a lot of surgeries and just a lot of years of trying to figure out what was going on. I was really young. We lived in a small town. So back then, it was kind of a very obscure diagnosis: "What is this? We've never heard of it." So we just did our best to listen to the doctors, who, of course, said: "Diet has nothing to do with it. She needs to get calories." [inaudible].

Dr. Jill 06:55

You and I both heard that, right? Literally the same phrase: "Diet has nothing to do with this, Jill." And it kind of changed my life. I know yours too. I'm like, "Wait"—I

was a medical school—"I don't know a lot, but that does not make sense. So back to you.

Megan Dopp, RD 07:07

No. It just definitely doesn't feel that way. Over time, as I felt like "this can't be" and went to school, I knew I wanted to do something in the health realm. At that point, I was a little bit more stable. But yes, that was many surgeries and a lot of hospital time later. So once I was in school, I thought: "Gosh, now's my chance. What can I learn to better help myself? I know exercise has always helped me feel better. I know that emotional health can definitely play a role. I know that staying hydrated... " I knew these big, broad things, "But what else can I do?"

Megan Dopp, RD 07:54

So I talked to some professors and I really got some good insight from them, and it was very helpful. I figured, "Food, man—food is really where I want to learn." It was great because it was a great place to learn about that and I was really happy to get somewhere with it. And through the years in my 20s, when I really was trying to grasp onto "What's going on with my body and what can I do?"—the functional medicine piece came in in my mid-20s—I was starting to get into triathlons. I was healthy enough to do these things at that point.

Megan Dopp, RD 08:05

It was really great because then I could start to peel back the layers. Not only was I still here and able to live life and do these things that I wasn't sure I was going to be able to do, but now I'm exceeding my expectations. Like the artichoke, I always say. My grandfather always used to say, "You peel the layers back of the artichoke and you get that great heart in the center." It took years and years and years to unveil all of the medications and inflammation and understand what foods [to eat or not eat]. As you probably have too, you go through these layers of health in different phases where you get better and better. Functional medicine, I feel, has changed my life. It has changed my family's life. And I'm so grateful.

Dr. Jill 09:25

Oh, I love that story. And it's so parallel because, again, if you haven't heard me talk about Crohn's right after chemotherapy... Both of us have these reasons, whether it was the exposures, gut permeability, or dysbiosis. Let's transition just a little

because you and I both know that at the root of Crohn's, colitis, and IBS... And those are very different diagnoses so I'm not putting them into a bucket. We've got inflammatory bowel disease, which is what both Megan and I had decades ago and Crohn's. Both of us had Crohn's disease. And then we have colitis, which is another version of an inflammatory bowel. And then we have IBS, which is just non-specific.

Dr. Jill 10:02

But what I know as a functional doctor and what Megan knows as a functional nutritionist is that there is almost always a root cause underlying these conditions. What we know about Crohn's is that there's an abnormal microbial response to a normal microbial situation. So you can have overgrowth of normal microbes in your small bowel or fungal overgrowth, which are both very, very common. And that for someone with the Crohn's genetics, like Megan and me, basically triggers this auto-inflammatory reaction where the body starts to attack its own gut. So you have this autoimmune disease that attacks the gut lining and creates pain, bleeding, and malabsorption. But the root thing from a functional medicine perspective is this overgrowth or abnormal... And it could be parasites, fungal, or bacterial—there are lots of different versions of it. But I know that both Megan and I found healing by looking at that root thing and treating it.

Dr. Jill 10:52

So let's shift to nutrition, though, because nutrition is core. Say you have an abnormal overgrowth of bacteria or an abnormal overgrowth of yeast. Megan, what have you found to be key in treating? I think sometimes the diet can treat both inflammatory bowel [disease] and IBS similarly because the underlying root causes can be similar. I'll let you just talk a little bit about: How does nutrition play into this? And what have you found in your decades of treating patients and yourself?

Megan Dopp, RD 11:18

Yes. Always trying to feed the person without feeding the bugs [is best]. I guess that's what I always come back to when I'm talking with patients: "Hey, we want to make sure you're flourishing and we don't want to let them take any of this energy." So the way to do that is to try to get as many healthy fats into the diet [as possible], [such as] olive oil, the different types of coconut oil and cooking with oils that are more stable at high heats, like avocado oil. Then obviously, [I recommend using] the fish oils—EPA, DHA, and lots of good, healthy omega-3s—to help dampen down that

inflammation. Fats really aren't going to feed the bacteria or the yeast, but they will also give you twice as many calories per gram for a human. So as you're adjusting your diet, you're getting that nourishment.

Megan Dopp, RD [12:12](#)

When we look at those macronutrients—the fats, the proteins, and the carbohydrates—and you move on to the carbohydrates, then with those we're trying to choose very specifically because those are the ones that can really tend to feed the gut microbes and cause disruption. As we know, there are about five million diets out there for different types of GI issues. And when we try to keep it simple, usually the lower-glycemic fruits are going to be a good option. For some people, taking out grains is important. For some people, just doing some whole-grain, cooked, gluten-free options like brown rice or quinoa can be a good option. Getting a lot of your carbohydrates from other vegetables is always a good option. I always try to emphasize this: Vegetables really have all the nutrients that we're looking for, but they don't have the calories.

Megan Dopp, RD [13:11](#)

So, depending on the person, you really have to adjust. Do you need to add some other fats and things in there to allow for enough nourishment or is that enough? Getting those nutrients is so key because of all the antioxidants and phytonutrients. They're medicine; they tell us how to perform. Vegetables are so key to our recovery and our detox. It's a great way to feed the body without feeding the bugs. And then the proteins, too. So speaking of the detox, [it's about] trying to get lean proteins that are from good sources: Grass-fed, free-range, and organic. I think a lot of people know now what those pesticides and what those growth hormones and things are doing to the gut and disrupting those genetic markers and things. So I think that choosing your proteins wisely and getting them from good sources is really important as well.

Dr. Jill [14:12](#)

Yes, gosh, I couldn't agree more. Growing up on a farm, we had steak and potatoes, which isn't the worst thing in the world. But then you kind of go towards really getting your grass-fed beef or grass-finished beef, which is something that's hard to find. Your wild salmon and your farm-raised salmon—those are actually totally two different food groups in my book. Farm salmon is going to have PCBs, phthalates,

and issues with other chemicals and pesticides. It's actually one of your most toxic sources because it's high in fat and fat will absorb toxins. So if you're eating butter, lard, eggs, cheese, or any animal product, you need to make sure that's from an organic source because otherwise, it's going to actually absorb the toxic load. And then wild salmon, on the other hand, is super healthy.

Dr. Jill 14:58

So I always have people shift towards that. And I don't know about you, but a lot of my patients tend to already have low stomach acid or poor digestive capacity, so they do better on proteins like fish or chicken versus a huge amount of red meat. Again, it depends, because I have no problem for most people with the clean types of red meat. In fact, beef can have the same omega profile as fish as long as it's fed right. It's what our food eats. Any comments on sources? And then sometimes the exotic meats like bison or elk or buffalo are so good because they're less allergenic because a lot of our patients have a beef allergy. [Please let us know your] comments on proteins and your favorites. Or what do you recommend for patients?

Megan Dopp, RD 15:42

Yes. Our big fan is wild sea bass. We really, really love that, but it's so pricey. We kind of have to keep it at bay for [costing] too much. Also, Dover Sole. Wild Dover Sole is a really small white fish and it's easy to put in a pan and cook quickly. And [I like] things like that too. I love seafood. Unfortunately, we live in Colorado so it's a little bit less appealing in the inner states, in my opinion. It does become more individual, but [those are] my personal favorites. I really didn't like meat. I think it can be very chewy and I really prefer beans and lentils. But when done right... And chicken—I do like it pretty well now, if you cook it right. I do prefer to have a chicken or a turkey type of meat versus a red meat. But yes, I really think getting variety and knowing, like you said, what you digest better and what's available in your area. I think that's another big one because you can get things shipped in, but it just depends on what's in your area too. I do like bison a lot. So I think that's another option. But yes, those are some of the favorites.

Dr. Jill 16:59

Oh, perfect, because people love practical [things]. I wanted to mention that for most of my patients—they've been everywhere—a lot of them are already eating clean. But my cardinal rule for most people is gluten-free. I'd love for you to talk

just a little bit about gluten, why it's such a problem, and why most people, even if they're not celiac or gluten-sensitive, may do better off of gluten. Dairy and sugar are also issues for many people. Those are my top three. We can do food allergy testing and take them off more foods if needed.

Dr. Jill 17:31

But what happens at a very basic level—many of you know this—you can have permeability in the gut and leak these antigens across into the bloodstream, and then they create this inflammatory response. So part of us helping to heal the patient is just temporarily taking out the big inflammatory foods, which could be almonds, soy, corn, sugar, wheat, or whatever. But what I find in general [is that] my patients with gut issues generally do better for the most part off gluten, dairy, and sugar. [Do you have any] comments on food allergies? And what do you see? And obviously, we can do more than that, like a full elimination diet. But how do you approach that with patients?

Megan Dopp, RD 18:05

Yes. I think you're right. I always call them the big hitters. What's going to make the most impact without having to do a whole lot? Not everybody is able to do a whole lot of tests and go down a lot of different roads. I think you and I both get a lot of very motivated individuals who are kind of sick of not feeling well. So to say, "Well, these three things can make the biggest impact on your gut health," is really helpful. I do think that gluten, dairy, and sugar are the three.

Megan Dopp, RD 18:38

Sugar and gluten in my book are just for people who have the gene, and some of the celiac gene markers. Then we know, "Okay, well, they're predisposed." And if they're having GI symptoms, then you can put the two together and make a good protocol. But I think for most people, when they do have GI issues, yes, gluten, dairy, and sugar, [it's important to find out]: Are there FODMAP foods that are correlated? Is digestion an issue? Are there other food sensitivities? So [it's about] knowing, "Okay, well, when they eat, do they get symptoms immediately or are they delayed?" Some of those delayed symptoms are those food sensitivities that just build up to their threshold and then their body has that reaction. So for a lot of my patients, yes, we do gluten-free, dairy-free, and sugar-free [diets]. And then, from there, where do we land? Do we need to look further? Do we need to do some testing? Do we need to see?

Megan Dopp, RD 19:42

But I think that's been such a great starting point because the test results for some of the food sensitivities take some time anyway so we get that going right away. When people who are sensitive to gluten eat it, it's interesting because it's not always this immediate [recognition] like, "Oh, it's gluten that's causing an issue." I think that's what's so confusing. These issues are this long-standing chronic inflammatory pattern and your body is just ebbing and flowing with that chronic pattern. What people don't understand is that you're not going to notice a difference until you're off gluten, dairy, and sugar for a longer period of time. For most people, it's not, "Oh, three days later, I'm totally good." For most people, it's good to understand that it takes some time to really see those benefits. A leaky gut or gut impermeability—all that takes time to heal. It didn't happen overnight and it's not just going to heal overnight.

Dr. Jill 20:46

I love that you set that expectation because, really, the half-life of these antibodies to corn or wheat is three weeks, or 21 days. I'm sure you do the same—a 30-day elimination diet is kind of a standard because you have a little more than three weeks. And what we would do for those of you listening who want to try this—the top three gluten, dairy, and sugar—is 30 days off to see how you feel. After that, try to reintroduce them one at a time, and you'll be shocked at maybe the brain fog, the joint pain, or the skin turgor. There are things that will change when you add them back in. You're like, "Oh my gosh, I had no idea that dairy or gluten..." [had a connection to] your stomach upset or loose stools. Often, people don't realize [it].

Dr. Jill 21:26

I always say it's like low-grade static in the background. Until they clear the channel and reset, they don't realize food is affecting them. The longer version is the top seven, which are gluten, dairy, egg, soy, corn, sugar, and alcohol. Now, that's a harder one to sell but that can be profound. And it's free, guys. You don't have to go do a test. You can go for 30 days. Whole30 has made it really popular. So if you want a program, a cookbook, or Whole30-approved [information], it has made the elimination diet really popular. And you can do it on your own.

Dr. Jill 22:01

You mentioned FODMAP. Probably not everyone knows what that is. Can you tell us a little bit about: What is FODMAP? And when would you use a low-FODMAP diet?

Megan Dopp, RD 22:08

Yes. So FODMAPs are basically an acronym for the different types of sugars that are fermentable. When people have too much bacteria in their gut—and like you said earlier, they're not necessarily pathogenic bacteria, but it's just an overgrowth of bacteria—these bacteria can produce these byproducts that become very unpleasant and cause symptoms like gas, bloating, diarrhea, and inflammation. So when people have that type of scenario, lowering the fermentability with the foods that they're eating is very impactful so that their symptoms resolve or at least get better. And a lot of times, we'll still need to do some treatment to knock back that bacteria. But the foods themselves, at least, can get people with much fewer symptoms to resume their lives at a better pace.

Megan Dopp, RD 23:07

So the FODMAP diet is basically trying to avoid... Dr. Siebecker's platform, her protocol, actually includes some of the specific carbohydrate diets in her FODMAP diet. So then you're actually excluding a lot of foods that trigger some of that fungal dysbiosis as well as the bacterial dysbiosis. The two together become a really nice guide and a really nice platform to just go off of. So that's something I always ask people: "Do you have issues with apples or fermented foods or"—

Dr. Jill 23:46

Broccoli, cauliflower, cabbage, apples, and pears. Or garlic and onion—those are big ones.

Megan Dopp, RD 23:54

Garlic and onions are big, yes.

Dr. Jill 23:56

And if the patient is like, "Yes, yes, I have to avoid all those foods," you know you're dealing with... So if you're listening and onion, garlic, broccoli, cauliflower, cabbage, apple, and pear all cause you to not feel so well or [cause] more gas or [make you feel] bloated, you probably have SIBO, which is small intestinal bacterial overgrowth. And, as Megan said, that's one of the treatments. You can literally do an

elemental diet with no FODMAPs or a low-FODMAP diet. And even without herbs or medication, you often get a really good response. Now, again, Megan and I both often recommend herbs or medications with your doctor, because those will really take it to the next level. But the diet can be pretty profound in treatments.

Megan Dopp, RD 24:34

Right. And I think, like you've said in the past, the precursor to that sometimes is that fungal dysbiosis. So the diet can be really helpful for fungal dysbiosis too. Then you're kind of treating both as well at the same time.

Dr. Jill 24:51

Yes, because antibiotics can have a place. I use them all the time appropriately. But if you are using antibiotics and there are fungal issues, of course, you flare that. So like you and I know, it's important to think about how we're doing [it].

Dr. Jill 25:03

Well, let's shift in our last few minutes to performance—a totally different topic—because you treat a lot of professional athletes in Boulder. What have you found if someone wants to perform better? What are some of the diet tips you do for your athletic patients or your professional athletes?

Megan Dopp, RD 25:17

Right. Yes. I think the biggest thing is first getting their basic foods ready. You are eating balanced meals. You're getting good-quality food. You're eating at specific intervals throughout the day. Then the other piece is that hydration. That is actually a very big part of the athlete's protocol. When you're out there for many hours in the heat—especially in Colorado when it's very dry—when you get dehydrated, your recovery just goes out the door. So some of the things that we try to do are getting a proper sports drink and getting a proper recovery.

Megan Dopp, RD 25:58

Sometimes people will say, "Well, I don't want to have too much carbohydrate" or "I don't want to have too much sugar." I work with a lot of athletes who also have GI issues. So that's where we do have to come up with some other options and not necessarily take out all sugar because they will not get through a 100-mile bike ride. But we have to time things in a really specific manner. Nutrient timing becomes a

very, very big part of what we do. And knowing when to have the carbohydrates and when to have the recovery so that you're getting your muscles replenished right away makes a really big difference in their performance and their recovery. Especially if people are struggling with any GI issues, the rest of the day really does need to be very clean and precise so that you're really getting the nutrients, the proper proteins, fats, and vegetables.

Megan Dopp, RD 27:02

As you know, there are so many health benefits from exercise. But the abundance of exercise—any for that matter—does produce free radicals. And we do need to combat that with antioxidants. So I know a lot of people might think, "Hey, I'm doing all this," bike riding, running, or whatever, "and I can eat whatever I want." And that's actually not true. Yes, some people have a different genetic makeup and they are probably less vulnerable. But we definitely need to take that into account. If you're out there in the sun, getting sun exposure, burning free radicals, and really hitting it hard, you do need to watch your adrenals. You do need to get those healthy nutrients from fruits, vegetables, whole grains, healthy fats, and all of that to really bring those antioxidants and then fight back those free radicals.

Megan Dopp, RD 26:56

We do a lot with smoothies. We do a lot with whey protein so that you're getting that recovery, branch chain amino acids before and after, and higher leucine for people who are vegetarian because that's just such an important amino acid for muscle recovery and that's not often in a lot of the vegetarian foods. And [it's about] just really eating well and [eating] what's digestible but also healthy, because sometimes that's the other piece of the puzzle. You're heading out for a big brick—a bike and then a run—and what can we eat beforehand? Well, eggs and sauteed veggies are going to be a whole lot of roughage and then some berries and some honey and nut butter—things that are very digestible but also healthy. It's doable. And I think that's something that I always like to take into account with the athletes I work with.

Dr. Jill 28:50

Oh, I love that. And it's so practical, too. I remember back at the BOLDERBoulder—I don't know how many years ago—when I ran. I was on a low-carb diet from my gut at that time, and I didn't do any juices, squeazy gels, or anything. I remember the

last half mile I [just] about passed out. My friend who was with me literally carried me over the finish line. I'm like, "I'm going down." And I'm sure my blood sugar was like 40 or something. I just remember, "Oh, that was very close." I felt like I was blacking out and they just grabbed me and carried me over. But clearly, I didn't know how to fuel. I was like, "Oh, I'll be fine." But what I realized—and again, you know because you work every day—[was that] in the practice I was fine, but the adrenaline of the real race totally used up more blood sugar. So that whole energy and the atmosphere... And it was probably a longer day. Everything about it was more intense and I crashed.

Megan Dopp, RD 29:44

Yes. So yes, the higher your heart rate, the more sugar you're burning. For Ironman—I mean, unless you're pro, which you know, they can do crazy things—a lot of times you're doing a lower heart rate. So then you're able to sustain more fats and some proteins. You can actually digest them for some people. And that way, you're able to eat more real food. But then, when you're doing a shorter Olympic distance race or a 10k or whatever, your heart rate is much higher. You're going to burn through those glycogen stores so fast. So yes, it's definitely a very individualized and distance-specific protocol.

Dr. Jill 30:24

I was a total amateur. I learned. What last tips would you leave for people? We talked about performance; we talked about gut health. What are some of the most common questions that you get when people come in of any age, type, or style? What are some of the most common problems?

Megan Dopp, RD 30:45

Yes, the most common. I do see a lot of people who do have GI issues and they are kind of all over the place. I think SIBO has been very common, I'd say, in the last several years. I think that's probably one of the bigger things. It's finally got a name and people can correlate their symptoms so they're like, "Hey, I maybe know what direction to go with this now." So I think that's kind of one of the bigger things. You know a lot about this but I think there's a lot of that histamine and mast cell stuff that's presenting. You have some really great podcasts and Facebook Lives on that. Other than that, I think a lot of people are still looking for optimal health and they

have three different conditions. And "What can I do just to optimize? And how can I reduce the aging process and things like that too?"

Dr. Jill 31:51

Yes. You said something earlier, and we didn't really quantify it. But it's so true. We think that the gym or all these things that we're doing are critical for our body mass, our health, and our skin. I would say that at least 80% is the food that we eat. Would you agree?

Megan Dopp, RD 32:04

Yes.

Dr. Jill 32:05

Whether it's your body composition, the weight that you want to be, or optimal brain health, performance, and energy, people think it's exercise. Exercise is huge. Any comments on how big of a deal the foods that we put in our body are?

Megan Dopp, RD 32:23

Yes. I used to work at Lifetime Fitness many years ago, and they did a study and actually posted it near our desk. I don't remember the exact numbers, but it said: "15% of people achieve their weight goal with exercise, but 80% achieve it with food." You put the two together and you're 95% there.

Dr. Jill 32:50

Wow. And that's exactly what I've seen. In fact, [I have] my own little weird history: I used to be super high-intensity running and all that, and I literally stopped exercising about two years ago. Not really, because, of course, I do weights. But I walk and hike—stuff that I didn't really consider real exercise before—and I got in the best shape of my life because I was driving the cortisol. And for me in my early 40s, that was one of the things that really made a big difference. So it's funny how the right exercise for the right person is so critical.

Megan Dopp, RD 33:21

Yes, absolutely. Yes, knowing your body, for sure.

Dr. Jill 33:25

Yes. Any last tips, tricks, or things that you'd like to share?

Megan Dopp, RD 33:32

Gosh, yes. I could go on on recipes. I haven't really done that. But there are so many out there, like you said, with the Whole30 diet. If you do grain-free, there's a Sweet Laurel cookbook that came out with a savory one. I think that could be helpful for people if they're having any issues in that regard. But I have a real passion for cooking. I just don't have the time as much as I used to. I have a lot of recipes at hand for my patients and clients and I think I'll start posting more on my website. But I think if people are struggling in the realm of just finding ideas, [by] grabbing a magazine or checking the internet, there's so much out there that just can inspire and get you motivated.

Dr. Jill 34:20

Oh, that's tremendous. Yes, we will share your website. We'd love for you to post because you were always my go-to [for things] like, "What's some good recipes, Megan, for this?" She was always like, "Low histamine, low oxalate, low FODMAPs?"

Megan Dopp, RD 34:33

Yes, definitely. We've got them all.

Dr. Jill 34:37

Well, thank you so much for joining us today. Like I said, I'll link your website and all your information below. And thanks again for all your wonderful tips and tricks.

Megan Dopp, RD 34:47

Oh, thanks so much for having me. It's been a pleasure. Enjoy the rest of your day. And thanks everyone who came on the show as well.

Dr. Jill 34:55

Thanks.

Megan Dopp, RD 34:56

Bye-bye.