

ADDICTION

SUMMIT



Healing from Food Addiction

Guest: Erin Elizabeth

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Dr. Paul: I'm Dr. Paul, your host for the Addiction Summit. And it's my honor and privilege to introduce to you our guest, Erin Elizabeth. She is the founder of Health Nut News. I just noticed that they topped over half a million likes on Facebook. And I've followed some of your writings. You are really championing a lot of important health information for people to access. So thank you.

You were awarded the Truth in Journalism Award last year. And I know you speak to thousands if not tens of thousands of holistic doctors. You've been featured in documentaries. And as you said, it's way past bedtime on the east coast where you are. And yet here you are chatting with me. So welcome to the Addiction Summit, Erin. And it's my pleasure to have you on.

Erin: Thank you, Dr. Paul. It's an honor to be here, Doc. I really appreciate it. And I was saying that I only wish it were still light out because I would show the Atlantic out this window and the east coast of Florida with you there in Hawaii, in Maui, with a beautiful view there.

Dr. Paul: Yeah, my people on this summit must be sick and tired of looking at my face. So I thought I'll just sort of be in the background with something fun for you to look at this time.

Erin: I love it. Yeah, I do that too. I'm sure they love it though, yeah.

Dr. Paul: So I know I was reading about your story. And you had an interesting start in life. I wonder if you might be willing to share that.

Erin: Sure, I'd be happy to share. To make a long story short, I am adopted. And my birth mother -- I don't usually go into this, but I just feel compelled quickly -- I was born '70, so just before Roe v. Wade. So she went to Mexico, did an attempted abortion, which I survived. So then she decided that was a sign. She still could've tried to terminate the pregnancy, but she had me.

But I was born very sick and hospitalized for the first couple, three months of my life. So then eventually my parents were able to adopt me. And I don't know if I was double vax'd but they were first time parents, adopting a baby, and they took me for a DPT. I may have had other shots at the time; I'm not sure, and, yeah, so now known as DTaP, as you know.

So they did the shot, which would've had thimerosal. It was January, 1971, Chicago, freezing cold winter. And I had a bad cold. And unfortunately that pediatrician said, "Oh, that's not a problem." And I [inaudible] MTHFR now we found out, heterozygous. So anyway, I then unfortunately had the shots and then had a 104 fever, seizures, vomiting, was hospitalized a week. The fever wouldn't break. They did a spinal tap thinking spinal meningitis, when in fact we're pretty sure it was encephalitis that I would've had.

And so yeah, it was a tough start. But I really feel like I dodged a bullet. Or I'm not sure what injuries it may have caused long term, but I know that it could've been far worse. So I do my best to consider myself lucky and have no blame toward my parents. And my dad, he has a different point of view. But my mom's watched now all the documentaries and gets it and really says, "Wow." She understands about what happened, that it wasn't a coincidence that it just happened right after the vaccine. So yeah, it was a rocky start.

And I was on antibiotics a lot of my life, just chronic ear infections, a very, very sickly child. But they got me on allergy shots, which got a little better, better or worse, I guess. And I got bit by a tick in eighth grade. I was on my eighth grade camping trip, had it on my leg for two days and did have Lyme and kind of did a book about overcoming that. And yeah, so it was a rough start.

Dr. Paul: Wow, that really is. So you probably don't know this, but I have three biological kids and six adopted.

Erin: Wow. Oh, that's awesome. Oh, I just was talking about that yesterday how much I appreciate people. That's so awesome. Wow.

Dr. Paul: Yeah, I grew up in Zimbabwe. I had an African couple who helped raise me. And my parents adopted their children, which were my siblings, African siblings, when they were tragically killed. And then this one sister of mine passed away at age 43 and orphaned four kids. So we weren't planning to go from five to nine, but we were called to do that.

Erin: Oh, that is beautiful.

Dr. Paul: Our family just exploded. So needless to say, for the Addiction Summit, thank you for sharing your story because I think so many people have hard beginnings or very difficult childhoods. And I think a lot of people struggle with not knowing if they were really wanted and all of that. And you clearly are a shining example of someone who has overcome. And I'm sure it's quite the journey you can share with us of how you overcame. In fact, I might be interested in hearing a little bit about what were some of the struggles you had going through puberty, adolescence, early adulthood? And then how did you overcome those and finally become such an avid health advocate?

Erin: Well, I think, gosh. I don't usually share this -- but I was just telling about a minute ago to a friend it was kind of in the 80s growing up, so that alternative funky hairstyle and kind of a little bit of a theater, music, a little bit different than the rest of the kids. So that was always tough in a small town of 30,000 in the Midwest.

But for me, I don't know that it was difficult being adopted. I'd always wanted to seek out my birth mother. And then at 20 I did. And I discovered a book that she'd written in the library about placing me for adoption. So I found the book. And that's how we met. So it was a beautiful fairy tale. And I'm her only child. And she said the book dedication that was printed is for my first born. So I found it in the library.

Dr. Paul: That is a beautiful story.

Erin: Yeah, so I'm very fortunate. I am her only child. And so it's beautiful. And we're still close. But that was 27 years ago, so that 27 years ago that I've known her that long. And I thought I'm 20. And I did it before 21 because under 21 you need your parents' permission. And I thought I should have their blessing, but we had to go through a lot of red tape and lawyers because I was under 21 years of age. But I thought I'm an adult. It's no problem.

I went to Europe for six weeks for really my first time since a little kid. I remember in Europe traveling from country to country kind of on this budget, this crazy trip that I did with this woman I never met who is my biological mother.

Her sister says, “Well, you can’t just pick up where you left off,” where she’s like, “This is my daughter; I’m her mom.” And I’m thinking wow. So that was a challenge. But at the same time I feel so grateful because she and her husband, my stepfather, I’m very close with them. And then my mom and dad were still married, who are awesome, who raised me, and have been married over 50 years. So I’m very grateful.

But I would say that some of the challenges that I had as far as health would be concerned was I was recently diagnosed with Ehlers-Danlos. And I didn’t believe it. I didn’t even know what it was, kind of in the model thin family because I’m five ten, very long, lanky, gumby, flexible, hypermobile. And so the doctor said, “No, no. You’ve got to get in touch with your birth family.” So my birth mother said, “No.” She’s a doctor. And actually she said, “No, nobody has it. It’s got to be your father’s birth father’s fault.” So contact them.

So I found out the first relative I called, my birth sibling, my father’s son, has it as well, never told me, said, “Well, I didn’t know.” We both have hypermobile classic type one. So I’ve just rolled with the punches. But I guess just because of my early start I never thought I’d get this far. I’m just grateful to get here besides some of the health challenges.

But because of Ehlers-Danlos, I can more easily fracture things. But the gene expression, okay, I was a little hypermobile and had a few breaks as a kid on the bicycle and all that. But I really don’t think the genes expressed themselves until a couple, three years ago, when we suffered a lot of hurricanes in a row, 2 and 11 months that hit us. And we’re on a barrier island here, similar proximity to the ocean as you.

Dr. Paul: And you guys have rough hurricane seasons for sure.

Erin: I know. I’d be living in probably Maui, but I lived in California eight years. But they had that quarantine with the animals back in the early 2000s, when I left California. And darn it, now they don’t. But it was 90 days, and I thought they couldn’t survive in the cages.

Dr. Paul: Is part of your story, I think I read somewhere, a challenge with food? I know in our addiction world a lot of folks... I used to have a hard time

with my eating, as well. And I think I read somewhere, is that part of your journey?

Erin: Yes, definitely. So believe it or not, it would've been 2012, I weighed significantly more. I did a DEXA scan, which does measure body fat as well as bone density, the type I had. And it showed me at over 50 percent body fat. So even though I'm long and lanky, I tend to gain it toward the middle, probably in the middle, because I'm sure my cortisol levels were quite high. I'm a 26-inch waist because I'm just so lanky and slender built. But I was a 38-inch waist, probably almost bigger than my hips, and very disproportionate.

And a doctor said, "Look, you could be borderline obesity if your weight keeps going up." And I did have definitely, I believe, an eating addiction. So with that addiction, well, a lot of things happened. I was diagnosed with Lyme, overcame that, had a Lyme literate medical doctor who helped. But also I made some major changes in everything that I was doing. It was kind of all at once. And that seems to work for me better in life.

So I was doing a lot of high intensity exercise and so tired and having fatigue that that didn't work. So I switched and slowed it down to doing more yoga, Pilates, because I think I was even addicted to kind of working out. But as I did more and more high intensity, my adrenal fatigue, I just was putting on more and more pounds. And then I gave up – well, I won't say gave up -- we took out the foods in the house that would be, like I say, the Cs: the cookies, cakes, crackers, or the Ps: the pizza, pasta. And even though they were organic, yeah, I definitely had an issue with that.

And I got rid of those foods and have them maybe on a very limited... because I don't want to deprive myself completely, maybe at a birthday party I'd have a small slice of cake. But it wasn't something that I'd ever have in my house every day, or ice cream -- because I could eat anyone out of house and home -- and replaced those with healthier organic foods. Even though those other foods were organic, I saw that it really made a change.

And as I healed my gut, of course that's the number one thing -- I realized I needed to heal the gut -- then I wasn't having the cravings all the time, once I fixed that leaky gut that either Lyme or whatever, just life, that I had. So that made a difference.

Dr. Paul: You brought up a point that I'm not sure anybody else has brought up yet for this summit. So if you're watching and you have an addiction, so in this example it was food, Erin, what you did and your loved ones, so the

people in your life that allowed this to happen, is you got the dangerous foods out of your house. And that's so important, folks.

So back when I was drinking -- and that was my challenge -- I could not have alcohol anywhere in my life because of the cravings, right. I'm long past that at this point, but initially...And for me it was five years. I had to just stay away completely from alcohol. And so whatever your addiction is, tell your loved ones, be open about it, and make sure you just remove all those traps and temptations. I think that was huge. You just sort of gave us that pearl. Thank you for that.

Erin: Oh, my pleasure. Well I think it helped Joe, too, my significant other, nine years, Dr. Mercola. Whatever people's opinions are, he was very...

Dr. Paul: We love Dr. Mercola. What do you mean?

Erin: Oh, good. Okay, yeah, I figured most do. That's good. I'm just checking. No, because I think that is true, that most do, very much. And I love him. So he was really good and also made changes and has been very open about that, about just not having those foods around because both of us would talk about that we could eat, maybe organic or maybe locally made organic pizzas or something. But for me the grains were an issue, probably with my gut. And I'm not trying to demonize grains.

Dr. Paul: They're problematic for a lot of people.

Erin: Yeah, me definitely.

Dr. Paul: So another little pointer, if you're watching this summit and you're concerned, maybe it isn't for yourself but it's for your loved one. And they have a struggle with a substance or a food or a behavior. You can stand in solidarity with your loved one and join them, just as you mentioned Dr. Mercola did with you. And don't bring these substances around them. Don't partake.

Some people can have a glass of wine, and they're fine with it. They'll actually drink half a glass. That never made sense to me. I drank alcoholically. Why would you only drink a half a glass, right. But some people are what we call normies. It's no big deal. But if you're a normie, let's say, but your loved one is having problems with alcohol, just do them that loving favor and gesture of just having it out of your home. Don't drink in front of them. Just be beside them and be a teammate until they get through that journey.

Erin: Definitely. No, I think that's important. And I guess both of us are normies. And I'm Irish, so I'm fortunate. But I do have relatives who are alcoholics. And they don't drink. So they're working on their sobriety. And if we're ever with them, if we go out, they, of course, aren't going to order anything. We don't even order a drink. There's no reason. When I'm with friends who are working on sobriety -- they're sober; they have however many years -- I don't order drinks really much anyway. I'm not much of a drinker.

But even if it were tempting and they had some sweet port wine or something, I wouldn't even have that because, yeah, I think that you can stand and help support your loved one. And the same if you don't have... some people live alone. I always say it's good to have even a friend help to hold you accountable. So that's really important to me.

Dr. Paul: Accountability partners, thank you. I don't think anybody brought that up either, maybe one other person. When you're trying to do something challenging, whether it's quitting an addiction or addictive behavior or substance, or whether it's starting, like exercise, right, it's hard to do it without some accountability.

Erin: Right. Oh yeah, definitely. Joe and I, [inaudible] times in my life where it's just been [inaudible] apartment and school or whatever it is. It's always good to have an... whether it's a roommate, a family member, a friend, they may not even live with you, but yeah, have them help hold you accountable.

Dr. Paul: Yeah. You mentioned having a genetic glitch, the MTHF.

Erin: Yes.

Dr. Paul: I'm blessed as well, as are my children and my wife. So some of my kids are doubly blessed. We did have one other speaker, Ben Lynch, was on a talk. And he wrote *Dirty Genes*. He's big on single nucleotide polymorphisms and the MTHFR and all of that. But what would you say is your take on that issue? What do you do when you have genetic risk factors, and maybe you're not even aware of them? Do you have any thoughts or suggestions for people?

Erin: Well, I think now if someone is unsure, it's become so inexpensive. When I first had my test maybe seven, eight years ago, we did the blood test, which I paid \$300. But then I did one of the online tests which is like \$99 or \$89 with a coupon. And so now people can get tested so much... same with other, maybe, genetic, I don't want to say, mutations -- I don't like that word -- but they can get tested for so many things online so cheaply. So maybe they

want to find out first. And I would say for me, well, I mean I've had doctors that would suggest then that I do supplementation because of that. So you probably know better than I because I'm the journalist and you're the doctor.

Dr. Paul: Sure, yeah, methylfolate for your MTHFR.

Erin: Yes, it was the methylfolate. And that makes a difference. If I'm traveling so much I'll fall off the wagon a little bit with my supplements. But I'll even build my way up to a full tablet over a week or so. But that can make a big difference for me. And of course I'll do the B12 as well.

I know for me, personally, and I think sometimes the fair-haired people, though there could be other people that aren't fair haired that are sensitive, but I had a medical doctor once say that it was always the fair-haired people. And I see that a lot with vaccine injury. For me I just would not do vaccines for me. For me, I would not.

And I don't mean to get into something controversial. But I just think that I am so sensitive, whereas other people may be able to do them. And whatever each individual does is their choice. But for me I wouldn't do that. And I'm probably just careful, I guess, even with chemical sensitivities, do my best to be not around certain chemicals, and mold. We had to gut the house after one of the hurricanes, floor, ceiling, actually everything, and the walls two times in the hurricanes, and then make sure that I would not be exposed to mold. So I would be more sensitive because of that.

Dr. Paul: Yeah, I've known of people whose health was devastated by mold.

Erin: Oh, yeah.

Dr. Paul: You just have to actually sometimes move, or what you did, just gut the house completely down to the studs.

Erin: Yeah, that's what we did, and then retested, and then another hurricane and did it again, retested.

Dr. Paul: Oh, boy.

Erin: Yeah, you get through it. That's why I love where you are because you don't really have those.

Dr. Paul: Right. So from a lot of the work you're doing with Health Nut News and some of your activism, would you say lifestyle factors are probably key when you're dealing with chronic anything, really? I mean, you went through chronic Lyme. You've dealt with a chronic issue with weight and cravings and that whole thing. Maybe you could list for our viewers the top things that you would focus on that can really make a difference that anybody can do?

Erin: Sure. I think that there are a couple of things. And so of course for me -- I don't want to say of course -- but slowing down is one of the most important things, and taking breaks, even if they are small breaks. And I'm sure other people have touched on that. But another thing that I always think in the background -- it may not be perfect; this may sound off the wall -- but organization, because if I'm organized, which I'm not always completely organized, especially after moving in and moving out of the house, but I realize how important organization is. If I know where everything is and everything is in a perfect spot and a perfect place, that makes my day so much easier for a lifestyle, to have everything in place. And it just makes the day go more smoothly. So that's what I'm really seeking now to perfect as much as possible. Nothing's ever perfect.

But also I kind of have these ideas which never happened with work being what it is that okay, I'm going to get away and go to this place for ten days or seven days. But sometimes it's just going there for ten minutes. And you can go out there and just go walk along the water and take a 10 or 15-minute break. And for those, I always say, who may live nowhere near the ocean or any body of water, I think even in an apartment -- I lived in a lot of cities -- that people can find some park with a little bit of grass and ground themselves. And that really does make a difference. And I think that adds up. It's cumulative.

Like I said, I may not deprive myself of a small piece of cake, but if we're eating it all the time and it's cumulative, then it's in a bad way. But in a good way I like to get out there and just ground 10, 15 minutes. And sometimes just doing that two or three times a day and taking breaks from work can make a significant difference, and that organization, which really helps me, then, as opposed to total chaos.

Dr. Paul: You've brought up a couple of excellent points. I don't think anybody's mentioned grounding. And this, folks, is something you can add more if you like. But you need to be barefoot, right. And your body needs to touch the earth. So whether it's grass or dirt or sandy beach, there's

something special that happens when you actually ground yourself. We're electrical, right.

Erin: Electrons, yeah, all that good stuff. Yes, it's so true. And I think that of course our ancestors were all barefoot way back when and walking the earth and touching the ground.

Dr. Paul: And I think the other thing that you highlighted very nicely that has not been brought up much at all is this thing of taking a break. I was struggling with chronic sinus infections just a couple of years ago, ended up having sinus surgery at one point. It didn't do much. And my naturopath says "Well when do you take a day off?" I said, "Oh, I'm off every weekend, a couple of days off." She says, "No, I mean your computer is off. You're not blogging. You're not internet doing anything." "Oh, never." I mean I was on unless I was asleep. And so just taking a break, eat lunch, and don't be on your computer or your phone or whatever, right. And that's an important thing for stress. I call stress the x factor with addiction. I think we don't realize all the things we do that are stressful. And so I love your tip that we take breaks.

Erin: I think the digital detox is so important, too. And I don't do it enough. We do have wireless, which I'd like to not have. But I mean sometimes it's inevitable nowadays. But we'll turn that off and take a break from all electronic devices. I think that's so important. And I'm a lot like you, where I'm kind of always on, literally and figuratively, except when sleeping. That's the other thing I've been guilty of lately, where I keep that phone off in airplane mode but in the room. I might wake up at 5 and check it. Of course endocrine disruptor, looking at the blue screen, all that, so to keep that just out of the bedroom.

Oh, and that's another thing, I think, that is really helpful for me. When we were rebuilding, the only place to work was in the bedroom. We were gutting the rest of the place. But I learned working in the bedroom where you're sleeping, that's supposed to be your sacred place, was not conducive. So yeah, I like to be able to keep that separate and not have electronics in the bedroom, anything. We just have a little clock. Or you can look at a watch or something. But I don't like to have any electronics in the bedroom if at all possible.

Dr. Paul: Yeah. No, it is difficult. But it's so important, folks. We're just way too wired. And our brains are not built for that. We are animal kingdom creatures. I mean we're supposed to be hunting and gathering and making a fire and then going to bed when the sun goes down. Who does that? I mean I look at my kids, and they're all on phones. In fact they'll text each other

across the room. It's ridiculous. In my pediatric practice I am seeing every week, almost every day, a teenager who is so depressed, anxious, that they can't go to school or focus in school. And it turns out they're on their screens seven, eight, nine, ten hours a day. And we're just not built to take that much input because it's a stress. It's just that little hit. Even social media you get an alert. You go oh, it's just mom. But for a moment you get a fight or flight response, danger, right. We're wired to scan for danger. So that's really, really big.

Do you have any dietary practices that you've found to be very helpful in just helping with cravings, helping with detox, helping with weight control? I think so many people struggle with weight issues. What tips might you have for how we should eat?

Erin: Sure. So with my addictions there were a couple of things, like with coffee, just for me with my adrenals. And I'm not judging. For some folks, coffee can work just fine. But I weaned myself off of the coffee, regular caffeinated to half caffeine to decaf and then eventually none. And that was a process, and then the same with some of the sweets that I would have or ice cream. And it's been a while now. I've forgotten. And it's interesting. I'm sitting here drinking green juice instead of something that might be sweeter or not so healthy.

But I switched from all these sweet snacks or ice cream or gelatos, even if it was organic or whatever -- it could be plant-based ice cream --but I was eating so much with the sugar. So I switched to Stevia. But I don't think Stevia's so great. And I know people have mixed feelings on it, but if it's really good, raw, organic Stevia, I don't have a problem with it. But I found that it was better if it's with a fat. If I have it with just tea or something, it tastes awful. But I liked having that with a fat.

So I would do the flax seeds in a little bit of homemade almond milk and then really let those flax seeds soak and really get it almost like a tapioca pudding and put in that Stevia. And slowly but surely my taste buds would adjust. And that was a nice sweet snack that I could look forward to, where I'm having homemade almonds, a little flax seed, like a little tapioca pudding, where they've gotten all nice and jelly in the milk, with a little organic Stevia in a glass. And that really was very helpful for me, and a nice replacement. So I found that replacements were good.

Oh, and we were just talking about this earlier today, that I think so much of the time we eat just because. We're not hungry. I think that happens, too,

though. I understand about cravings completely, but also I think addictions can become habits. So I realized I'm not hungry. But I'm going to eat. I still do it. I'm still guilty at night, that I want to go downstairs and get that food. And I realize it's kind of a conversation with myself that I don't need that. And I know that for me -- everybody's different, but I know friends who say I have to have a little something before bed -- that's how I am.

Maybe because of that gut and so many years of antibiotics and a leaky gut that I do better with four hours before bed. Although I admit I'm not perfect. I get that urge. And I have broken the promise to myself before and gone down and eaten. And if I do, I just accept it. I don't get angry at myself. But I do my best 90 percent of the time not to go have that midnight smack craving that I might have because I know... not that it's a weight matter now, because I have kept the weight off for five years, right around this month. I think it's been five years this month.

Dr. Paul: Congratulations.

Erin: Thank you. Thank you. Yeah, but I know that it won't be great if I'm eating, going to have a full stomach. There was one doctor who said, "It's kind of like a dishwasher," I think he described it. This is very rudimentary, but how can your gut, kind of your stomach, wherever it might be, do its job at night and kind of do everything if you just put a bunch of food in there before you lie down? You're horizontal on the bed.

Dr. Paul: Yeah, no, I've experienced it myself. I was a big lover of bread and pasta. And I couldn't lose weight. I just was constantly overweight, and sugar, right, or sweets. And your taste buds change when you've done what you've done because I've done the same thing. And you actually enjoy, immensely, natural sweet flavors from vegetables and fruits. They pop like they never used to before.

Erin: It does. It does change. And it's a slow process. And for me, I even made videos to hold myself accountable, if Joe were traveling and no one else was there. And I didn't even have a website then but just had a little YouTube channel, and would make videos where the audience, I said, "Here's what I'm eating. Here's what I'm doing," to be held accountable.

Oh, and for me, I know each person's different, the sugar, but I still allow myself a little organic local fruit. I'm not going to go, like I may have in the past, and eat a giant bagful of berries or something, but allow myself a piece of a mango. And I know that each person's different, and some don't like fruit at

all, but for me, maybe I'm a blood type A -- I don't know if you put any stock in that -- but I've felt okay having a little bit of a fruit as a snack. And it sure was better than, like you said...

Dr. Paul: Cookies or cake.

Erin: Cookies, cakes, and all that.

Dr. Paul: Ice cream, yeah. Yeah, no, I've done the same thing. When I'm trying to lose weight, I have to cut out the fruit as well. I just cannot have simple sugars. But once I'm where I want to be, I can have a little bit of fruit as my snack. And I'm better off that way. Otherwise I find myself craving, if I'm totally puritan, I'm just eating vegetables and lean meat or fish mostly. I get tired of salads.

Erin: Oh, yeah, sure, no. And I still do. But I do my best to have very healthy snacks and things that are easy to prepare and, again, ridding the fridge or cabinets of those unhealthy foods. And it might sound a bit much, but it's kind of I'm forced to eat those, to prepare something simple, but prepare a healthy snack, where I may have nuts or a tiny bit of fruit or something like that. And my taste buds, too, did change.

But it's not easy because, yeah, for years I did have a food addiction, where I'd be overeating, or an emotional eater. I was an emotional eater too, yeah, night time eater. And I even saw this yesterday. There's so much stress. Everything was going on. Delivery people are here. I was handling all this. And the first thing I did when I got a break, I ran to the fridge and just wanted to eat everything. And I thought no, I'm doing that. It's emotional eating. And I know that's not going to help in the long run.

Dr. Paul: Yeah, that was good you became aware of it. I know I do the same thing. I'm exhausted. I just need it. I deserve this.

Erin: Yeah, yeah.

Dr. Paul: That's how I drank too. I deserved it.

Erin: Yeah.

Dr. Paul: Back in the day. One other thought before we get to your final wisdom thoughts. How about toxins that are important to avoid because I think some of our viewers in the addiction world probably are not as in tune to

toxins in the environment, toxins in our food. What would you say are the key things people need to be aware of?

Erin: Well for me, because I would let it slide sometimes, at some of these bigger grocery health food store chains, where it's healthy but it may be GMO, for me, I really do my best. I don't really eat as much soy or corn, but if it's anything that has that, I really want to avoid any genetically modified food if I can. And there's something else that slipped my mind. Let's see. Oh, I know, with toxins. So I did a program, this natural health ten-day program, years ago. It was ten hours a day. We did 100 hours.

And this woman had breast cancer. And I drove her back to where she was staying; they didn't have lodging. And I had to use her rest room. I said, "Oh, before I drive back where I'm staying, can I use your rest room?" And she had breast cancer. And I won't say it's a secret what brand it was, but she was using an aluminum antiperspirant. And I thought oh my gosh, that's part of the secret, is not using these aluminum antiperspirants. So I think that some people may forget.

And I know this may not be addiction as much but as far as just the things that we put on our body, it goes into our body as well. There are so many natural brands. And now, thank goodness, in 2018, we can get those at a discounted price or get them online or get them in bulk or even at the grocery store.

So as far as those toxins, that's important. But with other toxins, I would say as far as food, so the genetically modified food would be the sugar. The sugar was really a big one for me. And maybe it's a substitute, whether it's healthy or not, but I did the organic Stevia. And I would say other toxins to avoid, so in regard to addictions or just a little bit in general?

Dr. Paul: Oh, either, in general. Thank you for bringing up sugar as a toxin. That's interesting. I certainly didn't think of sugar as a toxin. I think sugar's natural. In fact, I'm in Hawaii, where they make cane sugar. But until very recently they would spray the fields with glyphosate to finish the crop, basically to dry it out. So your cane sugar is loaded with one of the worst toxins, the herbicide glyphosate, which is in all the GMO foods, basically, right. You were mentioning corn and soy. And these are products that the seeds come from Monsanto. I just heard they were bought out by, was it, Bayer?

Erin: Bayer. Bayer has just bought out Monsanto, which is frightening.

Dr. Paul: Right, so a drug company and big food giant join hands. It's like oh, dear. This was just what we need. But anyway, the point is they control and have a monopoly on the seeds. And the seeds are designed so that they can spray those crops with glyphosate, which is where they make their big profit. And everything else dies but the soy or the corn, for example. Well that herbicide is getting into the soy and corn.

So any time you eat it, I agree with you, Erin, absolutely 100 percent you have to be organic if you're going to have a soy product or corn product. There are others, too. Even sugar you have to be cautious. Most of our sugar in the U.S. comes from sugar beets. And that's also GMO, meaning they use glyphosate.

Erin: That's so true, exactly right. That's why we're doing the march tomorrow, which is worldwide. We're going out there and marching against Monsanto because, yeah, it's so prevalent.

Another thing is, I was just traveling, flying to Dallas, and just came back. And I do my best to bring snacks, though it's not always easy when you're traveling on the road. But no matter if you're in the middle row, in the back of the plane, in coach, they still have, now, these snacks they'll sell or give you, cookies and all that stuff. And it's so easy, especially if they're giving it away free.

Dr. Paul: You're stuck, and it's free.

Erin: The stuff is free. You're hungry. But they couldn't shut a door or something, so we got stuck an hour on the tarmac. And I looked, and the first ingredient... I took one bite. And then I said no, because it was canola oil, soy. You know none of it was organic. And so I know this is GMO city. It's a bad, bad thing. So I do my best to bring some snacks beforehand. And even if you are on a long trip, there are healthier alternatives in the airports now that you can find, even just a salad. I know it's not always exciting, but a salad or something a little more healthy than some of those things they're giving away on the plane.

Dr. Paul: Right, right. So some of our viewers are probably thinking, "What the heck are they talking about, GMO? I can barely eat, I'm so bad in my addiction." But the point is, and the reason so many of our experts on this summit are coming back to the power of eating healthy and avoiding toxins, is that we have to heal the body from the cellular level to get rid of that brain fog, to get rid of that angst, that craving, that anxiety. You're going to take a pill from your doctor, and while it might be a Band-aid that makes you feel better

momentarily, we want you to heal. And I think this is why Erin is sharing this common sense. But we've lost our common sense. I know I had. I'm a doctor, and I used to buy the stuff in boxes and bags in the grocery store because I grew up in Africa. And this looked really high tech. I figured, America, this is the way. Not so much, we need to go back to eating vegetables out of the garden, right.

Erin: Oh, yeah, definitely. There was probably an advantage for you living there, probably getting -- and I'm not sure; I haven't been yet -- but that you maybe get healthier food, I don't know, in some of the African nations, which may sound a little crazy to some folks, but depending where you grew up, as opposed to now what we're eating in the U.S., which isn't even really food.

The Atlantic did an article recently that says it's more difficult for us than our parents -- even if they ate the exact same foods -- to lose weight because of the pesticides, herbicides, endocrine disruptors, the plastic. I mean even 40, 50 years ago our parents, I mean this happens to be a to go thing, but it does have plastic, where they had real glass, if the milk man was delivering milk, if they ate dairy.

Dr. Paul: Glass bottles.

Erin: Glass bottles delivered to their home 50 something years ago. Yeah, so it's changed. And it's more difficult, they say, for us to lose weight than the baby boomers. And yeah, so I feel for the people in the next generation out there as well. With all the toxins, to be able to detox and to stay healthy and to fight off those cravings and addictions can be a challenge. But it is possible.

Dr. Paul: It is possible. You mentioned tomorrow you're going to go join, I'm sure, a large march on Monsanto. And that just brought to mind one of the final points and sort of things I urge those of us struggling with addictions to do, is to get involved. Get a community of active positive people. And so if you don't know what to do, heck, you can go to Health Nut News, right, and figure out how to connect with Erin and all of the things you're doing. Tell our viewers how they can reach you as far as just connecting to your platform.

Erin: Sure. The site is healthnutnews.com, so Health Nut. A lot of people think it's net. It's kind of like being a health nut, no spaces or dashes. And there they'll have a link to all the social media links. And I give away a book called *In the Lymelight*, with the play on the word Lyme. But it's way more than about Lyme.

And one last thing I wanted to say because it just hit me. And this may be a different type of addiction than food. But real quick, it's in the book, and this is super easy that people might want to know. I found out from my birth father's side of the family I had trichotillomania. And they tried to put me on Prozac for a number of years, which is an SSRI. You'd know, a fake inhibitor, however you say it. It's not good, a fluoride drug. And it didn't work anyway. So I went to a hypnotherapist. And I know the doctor said, "You'll never be able to be hypnotized. You're a type A personality." I did the hypnosis, and that really worked for me. Now, I don't know your feelings on hypnosis.

Dr. Paul: It can work, yeah. I've known a lot of people who have quit smoking with hypnosis, which actually brought me to one other thought. I think prior to our going live here you were chatting about marijuana, something you were learning about it. Maybe you can share that with our viewers.

Erin: Sure, yes. So I had a medical doctor here at the house who was a radiology oncologist who just quit his job days ago. He kind of was going back and forth. He worked at the hospital, saw so many cancer patients, and now is full time. He sees patients for prescribing medical cannabis or medical marijuana, which finally passed here in the state of Florida.

And he was saying that he sees a lot of people that have opioid addiction because we've heard about the opioid crisis, sometimes on six or seven prescriptions, where they're able to wean off of those with the cannabis. Now, I understand that for some folks that cannabis may be an addiction, so I'm not advocating that, that works for everybody whatsoever. But he has had success in weaning people off.

And for me, because I think he called me a normie, so I remember that word now, I'm the one who drinks a half glass of wine and can't finish it. And I'm very grateful that's how it is considering some of my family. I have myoclonic seizures. So it falls under epilepsy. And I'm able to qualify and get my medical cannabis card. And I have gone back and forth in life off the smallest amount of clonazepam, the only drug I would have taken for years on and off because of the seizures. So I am able, then, to do very low dose THC with CBD oil, so much that it doesn't even get you high, and then titrate off of the benzo because the benzo, what can it do to you long term.

Dr. Paul: Oh, terrible.

Erin: Alzheimer's. So yeah, that may be something. And again, I understand with addiction that may not be for some people. But now he was talking about

that they, of course, make some of those *Charlotte's Web* or whatever the strains that are just so so low THC that it wouldn't make anybody high or have a psychosomatic effect. So that works. That's what I'm doing now. And it works for some people. But again, I know each person is different. But he talked about how many people are able to break their addiction from numerous synthetic drugs to maybe at least a plant might be better. Each to their own, of course.

Dr. Paul: Yeah. No, thank you, Erin. That is a very good point. So I run an addiction clinic. If you've read my book or you're getting my book, there's a chapter on cannabis. We kind of play with miracle weed or cannabis conundrum, we call that chapter. And here's the cautionary thing. If you have teenagers, if you have young children, plenty of studies showing there's real danger in a high THC. Probably I would avoid all THC because of some things it can do to the brain if the brain is developing. The fact that it's beneficial for cancer, for the immune system, for pain, for seizures, is very well documented in the literature.

And Erin, your experience is absolutely right on. You want to try to go with something that's as pure CBD as possible. You can buy organic products so that you're not getting pesticides and herbicides with your cannabis or your CBD. And yeah, in my opioid practice, I've got, at any given time, 60 to 70 patients I'm helping get off of opioids. And most of them are on THC, cannabis, marijuana. And it seems to help them wean down. I don't have that published yet as solid data, but I certainly have clinical experience with hundreds and hundreds. So yeah, that's something to stay tuned to for sure.

Did you have anything you wanted to share with our audience that I've forgotten to ask you?

Erin: I would just say that one final thought that I want people to remember, for me anyway, because it was very difficult when I had severe fatigue, had had an accident, had several fractures, a lot of things going on, it was sometimes difficult, but I want people to remember that there's always light at the end of that tunnel. So that's my words, whether it be words of wisdom or not, my own personal experience, that people must remember however dark it's going to get, that there is always that light at the end of the tunnel, that they will make it through to the other side.

Dr. Paul: Oh, thank you for that. And thank you, Erin, for sharing your thoughts and your wisdom. It was my real pleasure to meet you. And, folks, there is light at the end of the tunnel. Jump into the solutions. And surround

yourself with loving, supportive people. And we'll see you on this happy journey of your destiny. I'm Dr. Paul. Thank you. Thanks, Erin.

Erin: Thank you. Honored to be here. Thank you, Doc.