



**The Good Clean Nutrition Podcast  
Episode 13 Transcript**

**Episode 13: Gut Feelings: Dietary Strategies for IBS Management with Will Bulsiewicz, MD, MSCI**

Dr. Will Bulsiewicz:

The exciting thing about this is that from everything that we know as of right now, your gut microbiome is malleable. It can be shaped. The choices you make can make an impact in as little as 24 hours.

Mary Purdy:

Welcome to The Good Clean Nutrition Podcast. I'm your host, Mary Purdy, integrative dietitian, and nutrition educator. And today, we are talking all about gut health and IVs with our guest Dr. Will Bulsiewicz. Dr. Bulsiewicz, or Dr. B as he's known by many, is the award-winning gastroenterologist behind The Gut Health MD, which he launched on Instagram in 2016 as a way to connect with patients and share evidence-based information.

He is board certified in internal medicine and gastroenterology and is an expert in digestive diseases. He is also the author of the New York Times Bestseller Fiber Fueled and the soon to be published corresponding cookbook, The Fiber Fueled Cookbook. Welcome, Dr. B.

Dr. Will Bulsiewicz:

Mary Purdy, thank you so much for having me on the show. I'm excited to be here.

Mary Purdy:

Oh, great. Well, I'm excited to talk with you about everything gut health related. You are this expert in gastroenterology, but I understand that you also struggled with some digestive issues of your own. What was your experience like up front here trying to address and resolve some of your own personal gut health issues?

Dr. Will Bulsiewicz:

I think it was actually a formative experience for me because I am someone who put great faith in our academic institutions. I think you can see that if you look at my track record of education where I basically was doubling, tripling, focusing. I mean, this was about trying to get the best education I could possibly get. I was coming towards the end of it, and this was about 10 years ago, Mary, and coming towards the end of this training like literally 16 years when you include college, 16 years that I spent to pursue this goal of becoming a gastroenterologist.

There I was and I was suffering with digestive health issues of my own. I'm the GI doctor. I'm not supposed to be the patient. I couldn't eat beans. I struggled with whole grains. They would give me abdominal pain, discomfort, sometimes diarrhea. At that period of time, I was also having a lot of are health issues. I was 50 pounds overweight, high blood pressure, high cholesterol, high anxiety, low self-esteem, low energy, and didn't really love the person that I saw in the mirror.

I knew that something needed to change. There I was, education from Vanderbilt University, Georgetown for med school, in Northwestern, I was the chief resident there, University of North



Carolina. Not only my GI training, but I was on an epidemiology grant in the School of Public Health there. All this great training, and yet the pills and the procedures that are in my medical tool bag are not going to fix these problems that I have, nor did I want them to. I didn't want a pill.

I needed some sort of way to address this. Initially, I kind of did the very early 30s male type of thing, which is I was like, you know what? If I work out enough, I can eat whatever I want. I tried that, and I did that six days a week. I'm not exaggerating when I tell you that I was doing 45 minutes of strength training six days a week, plus somewhere between a five to 10K in the winter time on the treadmill, or if it was the summertime I was in North Carolina, I would jump in the pool and do between me 50 and 100 laps.

I grew stronger. I was faster. I was more efficient in my exercise, but yet these issues were not going away. It was ultimately turning my attention to my diet and accepting that the food that I was raised on, the food that I celebrated, the food that I loved was, in fact, the source of my problems, and that I needed to change that. It sent me on a journey that... Honestly, I am a very sort of... I'm an extremely goal-oriented person. I have a five-year plan. I always think that five-year plan is going to come to fruition.

And yet here I am on this podcast, this was not the five-year plan. I don't know what I'm doing here, except that a series of events happened in my life that started first with me healing myself through diet, through lifestyle, and then transferring this onto my patients, bringing it into the clinic, and seeing amazing results to the point that I felt compelled to do something that was completely out of character for me, which was to share this story publicly.

That has parlayed from first an Instagram account into being someone who appears on podcasts, into my book deal in 2018 for *Fiber Fueled*, which came out in May of 2020, was a New York Times Bestseller, now basically around 200,000 copies sold. My second book coming soon, which I cannot wait to share with the world.

Mary Purdy:

Excellent. Well, that is quite a story. I mean, I think those personal experiences, not only do they help us inform how we might work with patients, but they really resonate with the public. Thank you for sharing this story, the 16-year journey that you've been on trying to understand what was going on for you and realizing that dietary changes were at the heart of what maybe what needed to occur in order to improve that and resolve those issues.

You've got this incredible large following on social media. Obviously, this is a topic that a lot of people resonate with. We know a lot of folks out there have digestive issues and IBS, in particular, is rampant in our society. Talk to us a little bit about IBS. What in your opinion or your experience characterizes IBS?

Dr. Will Bulsiewicz:

Well, IBS has a very clear definition of what we, as gastroenterologists, would say qualifies as irritable bowel syndrome, and that definition actually was created by one of my mentors, Dr. Douglas Drossman, who's from the University of North Carolina. He actually started the Rome Foundation back in the 1980s because what was happening was that they were seeing a pattern of symptoms in patients and didn't



really have a way to describe this. And that really brings us forward to here we are and like IBS is widely prevalent in the United States? What is irritable bowel syndrome for those that are wondering? Irritable bowel syndrome is when a person has digestive symptoms, specifically abdominal discomfort, and that abdominal discomfort is also associated with a change in bowel habits. You need to have both, not just discomfort, but also either there's diarrhea or constipation or both.

Classically, in the person who has IBS, what they'll see is that they get discomfort, they have a bowel movement, and then actually they feel better after the bowel movement. That's one of the classic things. Now, if you're listening to this at home and you're like, "Oh gosh, that's me. I have IBS," I also want you to know that there are other things that can masquerade within this pattern. There are things, celiac disease or sucrase-isomaltase deficiency.

There are multiple different conditions that are identifiable that we need to first work on to make sure they're not there before we give you this label of IBS. We have to be very careful about that, because if we apply the label too early without turning over these stones, we are forgoing an opportunity to give people the most targeted, most well-directed treatment based upon what their diagnosis is. We have to figure out the diagnosis first.

Mary Purdy:

Diagnosis is key. I heard you say celiac disease, and then I heard you say isomaltase deficiency, which I'm assuming is a deficiency of some kind of enzyme that helps us to digest more maltose, the sugar that's found in grains. Is that correct?

Dr. Will Bulsiewicz:

I could go on. We could literally do a whole podcast about the differential diagnosis for irritable bowel syndrome. But this specific condition, I think it's very relevant and important for people. Perhaps you have been diagnosed with IBS. If they have not tested you for what I'm about to describe, they should. This is congenital sucrase-isomaltase deficiency, CSID.

Sucrase is the enzyme that helps us to digest and process sucrose, which is table sugar, and isomaltase is an enzyme that helps us to process and digest carbohydrates that you will find in starches. People who lack this enzyme, which by the way, it used to be thought of as a rare disorder, when in fact I was finding this with great frequency in my clinic, more frequently than celiac disease, which gets a lot of attention.

The issue is that we didn't really have good testing until very recently. But people who have this condition, sucrase-isomaltase deficiency, when they consume, for example, table sugar, which by the way, is in everything.

Mary Purdy:

Right.

Dr. Will Bulsiewicz:

And also in healthy food, you can consume beets and they have sucrose. Sucrose is not necessarily bad, right? It can be a part of healthy foods, but those foods would trigger symptoms in people that have this issue. They would have most of the time bloating, discomfort, and in many cases, they'll have diarrhea.



They get diagnosed as having irritable bowel syndrome with diarrhea. Mary, a quick story, a quick little anecdote that I think just to kind of illustrate this point.

I had a patient who had been diagnosed with irritable bowel syndrome and came to me for like a fifth or sixth opinion. This person had been to so many different doctors, not finding solutions, suffering for more than 10 years with irritable bowel syndrome. Well, it turns out that it was never irritable bowel syndrome. This patient had congenital sucrase-isomaltase deficiency, CSID. We did the noninvasive breath test that is necessary to make that diagnosis.

Once we discovered this is what she had, we initiated her on a supplement that she takes with meals, which by the way, is so easy. And it completely changed her life. Her symptoms went away entirely because it was never irritable bowel syndrome. She had been mislabeled. This is just an example of where, to me, step one, no matter what your health issue is, it doesn't need to be your irritable bowel syndrome.

No matter what your health issue is, step one starts with firmly establishing the proper diagnosis. Because if we don't know what we're treating, then how can we possibly treat it properly?

Mary Purdy:

I think you just broke open the world of digestive issues right there in the last five minutes. Because I feel like so many people that I've worked with and that probably many people out there have worked with or who are experiencing these symptoms may have been misdiagnosed and maybe getting treated for something that ultimately is not the root cause of what is going on for them. Let's actually talk about root causes, whether it's talking about the CSID, which is going to be my favorite new word to say at cocktail parties now.

When we think about IBS, why are people struggling with this issue, whether it's because they actually have CSID, or whether it's because they have this pattern of symptoms that you talk about, abdominal discomfort, changes in bowel habits, a constipation, diarrhea, or a combination of those? Why is this happening? If we are just treating the symptoms, we aren't really getting to the root cause. What are some of these root causes or contributing factors that may lead someone to have this set of symptoms?

Dr. Will Bulsiewicz:

Speaking to irritable bowel syndrome specifically, irritable bowel syndrome is interesting because it's so widely prevalent. 10 to 15% of Americans have IBS. That makes it like literally 35 to 50 million people that need to be hearing this podcast right now. It's so widely prevalent, and yet there is no test to prove that you have IBS. The criteria that my mentor, Dr. Drossman, laid out all the way back in the eighties continue to be the way that we approach and diagnose irritable bowel syndrome, which is why we call it a syndrome.

This creates challenges. Your question is, what is the root of the problem here? If we want to fix IBS, let's not just patch it up. Let's not just withdraw the pain with some sort of pain killer of any variety or change the bowel movements. Let's actually fix the issue. What is it? Well, from my perspective, Mary, this is an issue of the gut microbiome.



The gut microbiome, this community, this ecosystem that lives inside of us, predominantly focused inside our large intestine, which is our colon, 38 trillion of them, which is literally taking all the stars in the sky, every single star within our galaxy, shrinking it down and putting that inside your colon a hundred times. That's how many microbes are living inside of every single one of us. These microbes, they're there with a purpose. They're not just like kind of hanging out.

They actually are deeply intertwined with human health. Because if we go all the way back to whoever the first human was, the first human had a microbiome. And when we talk about evolution, we're not just talking about human evolution as if it's this isolated phenomenon with nothing else. Human evolution actually is truly co-evolution with these microbes. They helped us. We rose and we fell together. When we live longer, they live longer. They want us around.

As a result of that, if you look... It's so fascinating to me as a medical doctor to, first of all, consider how powerful this is. And second of all, to entertain that this isn't even human, nor is it a part of our body, and yet these passengers are completely intertwined with our digestion, our metabolism, our immune system, our hormones, our mood, our cognition, our brain health, and even the expression of our genetic code.

Every time you hear a person talking about these topics, ultimately, we could insert the gut microbes into that conversation, because they are a part of that conversation. When we speak about irritable bowel syndrome, if you were to take a microscope and zoom in on what's happening inside the large intestine, what you would see is a microbiome that's out of balance. This is present for all people that have this condition.

100% of people that have irritable bowel syndrome we will find an alteration or disturbance within the gut microbiome. If I were to in simplistic terms describe what's happening, basically what we're seeing is that within our microbiome, there are good guys and there are bad guys. In the case of a damaged gut, which I would call dysbiosis, but some people might use other terms like leaky gut is out there, there are less good guys, there are more bad guys, and, very important point, there is a loss of diversity within the microbiome.

There are less varieties of species and less balance. This point is quite fascinating for us to consider because we're just understanding this about human health, gut health in the last 15 years. We're just understanding this for the first time. But if you were to go back 50 years ago or 100 years ago and you talked to a biologist about ecosystems, they would tell you that the health of an ecosystem like the Amazon Rainforest or the Great Barrier Reef, the health of these ecosystems is determined by the diversity of species that exist within that ecosystem.

And here we are, and I'm telling you that this is the determinant of gut health, the diversity of species within the gut ecosystem.

Mary Purdy:

Yes. That diversity creates resilience within our own internal ecosystem or this I'm now going to call it the galaxy in your gut interfacing with all the different systems in your body. It's quite a phenomenal interfacing that occurs. I'm hearing the dysbiosis, which is the disruption of the microbiome health,



having too many bad bacteria, having not enough good bacteria, and the potential for intestinal permeability, AKA leaky gut syndrome, whatever people like to term it.

But that that is actually one of the potential contributing factors or is intricately involved with a pattern such as IBS that people are experiencing. How does someone begin to determine that they have dysbiosis? What are they seeking out? What are the ways of measuring that? And then how do you, as a physician, begin to work with someone to help to resolve those issues, to improve the gut health of the microbiome?

Dr. Will Bulsiewicz:

Well, I think one of the things that we can do... First of all, let me say this, I am excited about where we are today and where we are going in the future with the research and the science that exists in this space. This is not a fad. This is real. It's going to keep getting better. We are making huge steps every single month. But we're not all the way there on every single topic. I say this because there are, for example, available at home tests to look at your gut microbiome.

The problem is I would describe this as half baked, where you can have a beautiful cake. And if you just wait for it to be properly cooked, you are going to relish that opportunity to eat it. But if you pull it out of the oven too early, you just got to mess. And that's kind of where we are with at home testing or testing of the gut microbiome. We're not there yet. We have not validated that there is a test that you can do, whether it's a stool test, a blood test, a breath test, whatever it may be, to prove that there is dysbiosis.

We're not there yet, but here's the way that I approach this as a gastroenterologist. First and foremost, the person who is suffering, not with like a one-day phenomenon, but the person who is chronically suffering with digestive health issues, struggling to process their food, suffering with food intolerances, discomfort, bloating, nausea, diarrhea, constipation, we could go down the line, acid reflux. There are so many, right?

These people I am convinced 100% of them have disruption or disturbance of their gut microbiome on some level. I'm not talking about like if I drink a gallon of milk, will I have diarrhea? We all will have diarrhea if you drink a gallon of milk. What I'm talking about is the person who's eating a routine meal with normal, moderate quantities of normal foods, and yet is incapable of tolerating that. That to me indicates a disturbance of the gut microbiome.

Sitting there in my seat as the gastroenterologist and observing these patients who walk through the door, what I tend to find is that if you look at their health history, you will find supporting and confirmatory evidence. What am I talking about? Well, the gut microbiome has been associated with alterations and disturbances of the metabolism. They could have high blood pressure, high cholesterol. They could have type 2 diabetes. They could be overweight. They could have a history of coronary artery disease.

These have all been associated with alteration disturbance of the gut microbiome. It could affect their immune system. Many of these patients have autoimmune or allergic type issues, seasonal allergies would even count on some level, asthma. These are common issues associated with the gut



microbiome. It could be their hormones, so polycystic ovary syndrome, endometriosis, breast cancer, ovarian cancer, could be a mood disturbance, chronic anxiety, depression, migraine headaches as a neurologic issue.

Effectively what you do is you say, "Okay, here's this person who first and foremost has digestive health issues. I find that the vast majority of people have this." And in addition, as supporting evidence in their medical history, we see all these other diagnoses that have been associated with alteration or disturbance of the microbiome. I've already proven it. I don't need any more evidence. I don't need it a test to tell me whether they do or they don't have this. I already know. Let's turn our attention to what can we do to try to get this better?

I think that the exciting thing about this is that from everything that we know as of right now, your gut microbiome is malleable. It can be shaped. The choices you make can make an impact in as little as 24 hours. I mean, that's what we're seeing in our studies.

Mary Purdy:

It's unbelievable. I've read some great research to showcase that when people leave the States, for instance, and go to Mexico or go to a country in Africa, that their microbiome changes dramatically just by being in a different location and buy some of the different foods that they are eating, because there are different microorganisms that are living in those various different ecosystems.

Let's take a brief pause to hear from our sponsor Orgain. Orgain's Organic Protein and Superfoods Protein Powder is a tasty and convenient option to support your overall health. Packed with 50 organic superfoods, each serving of this smooth and delicious protein powder also contains three grams of fiber and 21 grams of plant-based protein from organic pea protein, chia seeds, and brown rice protein. For more information, visit [orgain.com](http://orgain.com).

Now let's get back to our conversation with Dr. B. Let's talk about the food. Let's give some solutions to our listeners out there for what people can do. I have a feeling we're going to be talking a little bit about fiber since your book is called Fiber Fueled. We know that fiber feeds the gut microbiome and helps them to create those short-chain fatty acids that nourish the gut lining. Talk to us a little bit about fiber and how it helps to optimize the microbiome.

Dr. Will Bulsiewicz:

We have been sold a false narrative about fiber that is wildly outdated and it's time for us to bring it into the 21st century.

Mary Purdy:

Bring it.

Dr. Will Bulsiewicz:

We all kind of grew up with this story about, or like we all witnessed grandma with her orange drink, stirring it, and taking that in the evening so that she could have a bowel movement. That's what we think fiber is. Many people would describe it as oh, fiber just goes in the mouth and it sweeps through





and it comes out the other end. Well, that's not completely true. And looking at the scientific evidence, Mary, prior to writing my book, I was like, people need to hear this. Fiber isn't boring. Fiber is sexy.

I set out on this mission to write this book about how fiber is sexy basically. Not titled Fiber is Sexy. It's titled to Fiber Fueled. But basically, I went out there to try to put this out there. So many people are like, "Fiber is boring. You can't write a book about fiber. No one will be interested in that topic." Well, let me tell you why fiber is interesting. Let's follow the path of fiber. It goes in the mouth. And by the way, fiber is found in all plants. Every single plant, no matter what it is, it has fiber.

And not just exclusively plants, but almost exclusively mushrooms also have fiber. Mushrooms are technically not plants. They're actually fungi, but I'm going to lump them in with plants. This entire conversation just include the mushrooms even though they're technically not plants. We're making them honorary plants. You consume fruits, vegetables, whole grain seeds, nuts, legumes, or mushrooms. They go in your mouth. You chew them up.

There's fiber in there, and that fiber is going to move through your intestines. We as humans, as big, as strong, as complex as we are, we actually lack the enzymes to process and digest fiber. The fiber is unchanged as it enters into your colon, which, of course, is where the 38 trillion microbes are sitting there waiting. And guess what? This is their preferred food. This is the ideal food because they get it fully intact. It was made by nature for them to arrive intact into the colon. They will burst into a feeding frenzy.

The enzymes that we lack, they have and they have them in spades. They have the digestive enzymes to process, unpack, break down our fiber. The fiber doesn't just pass through and come out the other end. I mean, some of it does, but it doesn't just do that. It is consumed by these microbes. They grow stronger. They become more powerful. And guess what? More powerful microbes means that they are more capable of doing their job supporting human health, not just digestion, but all the different things that I've been talking about.

The fiber doesn't disappear when it's consumed. It actually undergoes transformation. The microbes, it's like they're chefs. They take this fiber like an ingredient and they cook a delicious meal specially for you as the human who just provided them these ingredients. They create short-chain fatty acids, butyrate, acetate propionate. These are, Mary, the most anti-inflammatory molecules that I've ever come across in all of my reading as a physician.

They are the results of consuming, quite simply, dietary fiber found in fruits, vegetables, whole grain seeds, nuts and legumes, and mushrooms. These short-chain fatty acids, just to kind of run through real quick what happens, we are talking about dysbiosis, loss of good guys, too many bad guys, breakdown of the gut barrier, increased intestinal permeability. Guess what the short-chain fatty acid do? Build up the good guys, suppress the bad guys, E. coli, salmonella, shigella, perhaps you've heard of these.

These are bad microbes suppressed by short-chain fatty acid. Gut barrier, restored. You want to fix the gut barrier? You want to fix leaky gut? I'm literally telling you right now how to do this, short-chain fatty assets that come from dietary fiber.





Colon cancer, our number two cause of cancer death, directly suppressed through multiple different mechanisms. Our immune system, this is a signaling molecule for our immune cells. 70% of our immune system is right there in the lining of our gut.

Short-chain fatty acids help to optimize, shape, form the immune system. We could talk about the ways in which short-chain fatty acids have proven to be relevant in COVID-19. The evidence is compelling. Metabolism, so like insulin sensitivity, high blood pressure, high cholesterol, all of these things can be affected by our gut microbes. Satisfaction after meal, like feeling full. Why does fiber allow us to feel full and not overeat? Short-chain fatty acids are the answer.

They spread throughout the entire body having their healing effects. Literally they go to the blood-brain barrier. Literally they cross the blood-brain barrier, enter into the brain and have healing effects there. What we're talking about is powerful. It is not just your gut, it is your entire body that is receiving an anti-inflammatory effect. This shotgun effect though, has to start with the adequate consumption of fiber, which is a big issue because people are just not doing this

Mary Purdy:

Right. I think the average amount of fiber that the typical American gets is somewhere around and 15 grams a day, which we know is not enough. The recommendation lies somewhere between 25 grams to 38 grams per day. I think many schools have thought even that is not enough.

Our ancestors were probably eating close to maybe even up to a hundred grams of fiber a day, and they were probably doing a lot better than we were in terms of those microbes and providing them with this feeding frenzy and making them into fabulous chefs to create these short-chain fatty acids. I hear that fiber is sexy, Dr. B, and I love that. I think your book could've been titled that. You might have sold a few more copies. Who knows? How do we get fiber into people's diets?

I heard nuts, seeds, legumes, beans, roses, whole grains, and of course, our mushrooms, our beautiful mushrooms. What if someone struggles with digestion? If we bring this back to IBS and make this a practical application, I've had patients, and I'm sure patients out there and practitioners out there are going, "Gosh, I've got a patient, every time they try and eat fiber, they are bloated. They feel terrible." How do we begin to work with patients who are struggling with IBS and may not do so well with fiber or certain types of fiber?

Dr. Will Bultsiewicz:

Mary, as someone who has worked with these groups of patients, people who suffer with digestive health issues, you know that it's not just, hey, more fiber is categorically better for all people. I think it's important because when it comes to the complexity of the human body, the sort of like simple answers that appear on the internet I find to be a bit absurd, because these are nuanced conversations.

And even me as this advocate for fiber, I'm the one who was presenting to Congress, about fiber, the USDA, the importance of having fiber in our diet, right? But yet, even to my own patients, I don't say to every single one of them, "Hey, you need more fiber." There's a balancing act that needs to exist. I think it really starts with having an understanding of the way that your body works, so that you can make choices that work and are consistent with yourself. I would draw an analogy.



The consumption of fiber is very similar to lifting weights at am. Your gut is a muscle. It is adaptable. It can be trained and made stronger through challenges. But those challenges have to be the appropriate amount, right? If it's January 1st and you haven't been going to the gym and you start going to the gym, and you go and you lift the heaviest weight that exists, we all know what's going to happen. You're going to hurt yourself. Why would you do that?

We all know that the appropriate approach within the gym is to go and start with the amount that you're actually capable of doing, where you don't hurt yourself. But by doing this, you are challenging your body. And in that challenge, you grow stronger as a result of that on the other side. If I want to be able to bench press 300 pounds, then I go to the gym and I start at 100. And next week, maybe I do 105. And if you give it enough time, I can meet my goal. I just have to allow my body to adapt and adjust with what I'm doing.

Your gut is a muscle. It can be trained. The consumption of fiber. You are not someone who is the victim of your gut and incapable of processing and digesting these foods. You have the ability to train your gut, to process and digest these foods. You just need to know the approach just like the way that you do it in the gym. And to simplify this topic in the way that I described it in Fiber Fueled, and I do want to mention that there is more to it than just this, and that's really what my new book, The Fiber Fueled Cookbook, is about and we'll talk about that more later on.

But if I were to simplify this topic, it's like this, you start low. Don't decide that you're going to go plant-based and just jump in. Start low, low fiber, with an amount that you can actually tolerate, and then you go slow. Start low, go slow. It was actually a Beastie Boys song, low and slow is the tempo, low and slow is the tempo, right? I mean, I realize I'm dating myself by bringing out the Beastie boys here.

Mary Purdy:  
The Beastie Boys live on forever.

Dr. Will Bulsiewicz:  
That was actually a song, and that's the idea that I want you all to hear is that when you approach dietary fiber, you start low, you go slow. You ramp it up over the course of time. And just like you are building up muscle in the gym, you can build up tolerance to these foods over the course of time. Don't worry too much about the grams of fiber but focus on what you enjoy and what you are able to tolerate, and then slowly over time increase that.

Mary Purdy:  
Great. I think that's awesome advice. These incremental changes go low, start slow. I'm going to give a shout out to chewing as well and eating slowly just as a way to set the digestive track up for success. We also know that as we increase fiber, we want to increase water to help with the digestion of fiber too. Shout out to that, as well as the Beastie Boys.

Dr. Will Bulsiewicz:  
Good point on that, Mary. Good point on that. We have digestive enzymes in our saliva.



Mary Purdy:  
Absolutely.

Dr. Will Bulsiewicz:

And that includes proteases and also amylases. The amylases help us to process and digest our starches. Among those enzymes, actually the starch digestion is the one that relies the most on your saliva to actually chew and process that food. I think that this is an important thing that people understand that digestion actually starts in the mouth and it's not just in the colon. We need to do that for sure.

Mary Purdy:

Yeah. We could even say it starts in the brain with the cephalic phase, right, of smelling a dish and getting some of those digestive enzymes, including that salivary amylase getting all juiced up in your mouth. We could talk about this for hours. The digestive tract is so fascinating and the incredible impact that it has on our body and our state of mind. I do want to hear about some of the foods and the recipes perhaps in this cookbook that you have coming out.

Tantalize us with perhaps a recipe or two that you found to be particularly delicious sounding, because we know when things are delicious and easy, people are much more likely to create them.

Dr. Will Bulsiewicz:

One of the things that I love about plant-based eating is that you have all the colors, all the spices, all the flavors, all the textures. They're all there. It's just a question of finding the combination that you enjoy. And if you look across the globe, many different cultures, the origins of their dietary traditions are in plant-based eating, whether it's Mediterranean food or Mexican food or Southeast Asian food.

One of the things that we did with this book is we made it a celebration of those culinary traditions from around the world. I'm excited about, for example, the tofu banh mi or the tempeh lettuce wraps or the pozole from Mexico. That to me is what makes plant-based eating so fun is that there's different flavor profiles from all these different cultures, and you can find it all on a plate that also feeds and fuels a healthy gut microbiome.

Mary Purdy:

That is fantastic. I'm so glad you brought that cultural piece into it because very often it's easy to get stuck in, "Oh, the Mediterranean diet," When there are so many other dietary patterns from all over the world. As you mentioned, the banh mi, the pozole from Mexico, there are so many different ways of incorporating these that also focus on plant-based. You've got this new book coming out this month, *The Fiber Fueled Cookbook: Inspiring Plant-Based Recipes to Turbocharge Your Health*. Share a little bit about it for us.

Dr. Will Bulsiewicz:

Oh my gosh, Mary, I'm so excited about this book, and I cannot wait to share it with the world. The thing that's interesting about it is that it's called *The Fiber Fueled Cookbook* and it is that. I mean, it does have 125 completely delicious recipes by Alex Caspero, who's the registered dietitian who did all my recipes for *Fiber Fueled*. We have that. We have full color photography. It's absolutely beautiful and gorgeous. But if I could call a book a toolkit, I would, but that's bizarre.



You can't call a book a toolkit, but this is a toolkit for gut health. I feel that I'm providing to the readers what they need to transform their health. This is more than just plant-based recipes. This is also two protocols to teach people how to actually find the cause of their food intolerances, how to properly heal from those specific issues. I teach you how to sprout. I teach you how to ferment. I teach you how to make sourdough bread.

I also teach you about lifestyle, which has nothing to do with the fork or the plate in your kitchen. To me, Fiber Fueled was about getting you excited about gut health. Now that I have your attention, now that you're excited, I want to show you how to actually transform your health. Here are the tools within The Fiber Fueled Cookbook. I can't wait to share it.

Mary Purdy:

It sounds absolutely fantastic. I think it's going to be a life changer for a lot of people out there.

Dr. Will Bulsiewicz:

I hope so.

Mary Purdy:

I want to lead us out with perhaps one last tidbit from you for our listeners out there who might be wondering, where do I start with beginning to improve my gut health? What would be a piece of advice you might give somebody who's struggling with digestive issues or who is a practitioner who's working with someone struggling with digestive issues?

Dr. Will Bulsiewicz:

Well, I think we've covered some very important topics, but if there were one message that I could get across to literally every single person on this entire planet, I don't care who you are, I don't care whether you have digestive health issues or not, if I could get this one message across it is this, I want you to focus on the diversity of plants within your diet. To rewind some of the important concepts from our conversation today, we talked about the important of dietary fiber.

We talked about how every single plant and mushrooms contain fiber. I want to just add on real quick that not all fiber is the same. Every single plant has unique types of fiber. Not every microbe is the same. These microbes are kind of like miniature versions of us. They have their own personalities. They have their own skills, certain ones do certain things, and they have their own dietary preferences. Not every microbe likes kale. They have varying types of foods that they want in order to optimize themselves.

My one message to everyone that I want them to hear the most important thing is to focus on the diversity of plants in your diet. Eat a wider variety of plants. Because when you do that, when you have that diversity on your plate, it translates into more microbes, more species getting fed. When more species get fed, we are supporting a diversity within our gut microbiome. We said earlier in the show very early on that that's a measure of health within the gut ecosystem, a diverse gut microbiome.

Diversity on the plate translates into diversity within the gut, which is a healthy gut microbiome. This is why, Mary, that this is not just like, "Hey, Dr. B's got an idea." It's not just an idea. I'm a doctor. I am coming forward with scientific evidence. In the largest clinical study to date to allow us to make



connections between our diet and lifestyle choices and the health of our gut microbiome, which was called the American Gut Project. But by the way, don't let that name deceive you.

It's actually a global study. In this study, they found one clear, most powerful predictor of a healthy gut microbiome, and that was the diversity of plants and the diet. Specifically in that study, the people with the healthiest guts were the ones consuming more than 30 varieties of plants per week. I say to you, stop counting calories, start counting plants. Stop counting grams of fiber, start counting plants. Stop counting, macros, start counting plants.

When you're at the store, when you're in the kitchen, when you are preparing your plate, I want you to hear my voice. Dr. B says diversity of plants, diversity of plants, diversity of plants.

Mary Purdy:

Wonderful, Dr. B. Well, thank you so much. We heard it loud and clear, variety, diversity, and of course, fiber is sexy. We look forward to having you join us for more future episodes of The Good Clean Nutrition Podcast, sponsored by Orgain, where we'll interview more subject matter experts on a variety of health and nutrition focused topics. To stay up to date on the latest episodes of this podcast, be sure to subscribe on your favorite podcast platform. Thanks so much for tuning in and see you next time.