



Dr. Drew Sinatra: Gluten, dairy, nuts. Too many of us have problems with certain foods we eat, but how do you identify which food is the issue, and how do you still get the appropriate nutrients while eliminating certain foods? How can you feel better and still have a healthy diet?

Dr. Drew Sinatra: Today, I'll be joined by certified nutritionist, Tom Malterre. He and I will talk about nutrient deficiencies, allergic reactions to food, and how you can use the elimination diet to help identify any food sensitivities you may have.

Narrator: Welcome to **Be HEALTHistic**, the podcast that's more than just health and wellness information — it's here to help you explore your options across traditional and natural medicine, so that you can make informed decisions for you and your family. This podcast illuminates the whole story about holistic health by providing access to the expertise of Doctors Steve and Drew Sinatra, who together have decades of integrative health experience. **Be HEALTHistic** is powered by our friends at Healthy Directions. Now, let's join our hosts.

Dr. Drew Sinatra: Hi folks...if you like what you hear today and you want to listen to future conversations on all things integrative and holistic health, subscribe to our podcast at **BeHealthisticPodcast.com**. Also, check out and subscribe to the Healthy Directions YouTube channel, which features video versions of our episodes, plus extra videos you won't want to miss. And finally, we have more with me, Dr. Drew Sinatra, my dad, Dr. Steve Sinatra, and other health experts at HealthyDirections.com.

Dr. Drew Sinatra: Welcome, everyone, to another episode of **Be HEALTHistic**. Today, we have Tom Malterre on the show. Tom holds both a bachelor's and master's degree in nutrition from Bastyr University, has advanced training from the Institute for Functional Medicine, and is a certified functional medicine practitioner with 15 years of clinical experience. Tom also lectures regularly for the Institute for Functional Medicine, was a past faculty member of the Autism Research Institute, was a medical affairs member of Thorne Research, and is presently Director of Education at Functional Medicine of Idaho. He has lectured on nutrition and supplementation across the U.S. and Canada, he currently coaches doctors and other healthcare practitioners on functional medicine protocols in his progressive practitioner coaching program, while doing interviews and blogging on a vast array of health topics.

Dr. Drew Sinatra: Well, Tom...so, so good to have you on the show today.

Tom Malterre: Drew, my friend, great to be on here with you.



Dr. Drew Sinatra: To give our listeners a little background, you and I know each other. We went to school at Bastyr University. We've become friends, and we tend to see each other at every single conference we attend. Isn't that correct?

Tom Malterre: Yeah, it's so true. It's great to bump into you guys. It's fantastic.

Dr. Drew Sinatra: I want our audience to know that you've made a huge influence in my life and in my patient's life because of the books that you've co-authored. And we'll get into these books, I think, as we go along in the show — but one of them is *Nourishing Meals*, the other is *The Whole Life Nutrition Cookbook*. And these have been in my kitchen for a long time, and they've also been in our clinics, where we've passed them out to patients. And they've really made a huge difference in the lives of our patients, because we need the information out there. You provide the science, and there's also the recipes in there, as well, to show us the importance of avoiding certain foods that we may be reacting to, we may be intolerant to, we may be allergic to.

Dr. Drew Sinatra: And that's really what we're going to dive into today, on today's show, is food intolerances, food allergies, the food elimination diet, nutrient deficiencies, and we'll probably tie it in together with environmental medicine.

Dr. Drew Sinatra: So as we begin here, why don't you tell our audience about the importance of identifying and confirming if a patient truly has a food allergy or sensitivity?

Tom Malterre: Oh yeah, great. Oh, that's a great place to start. So, we need food, right? We need water, we need air, we need all these things so our cells can function. And when we don't have the nutrients necessary to allow ourselves to power themselves up, repair, do whatever they need to do for detox, then we end up with disease. So we want to make sure that we can nourish a cell. And how do we do that? We do that through eating food.

Tom Malterre: Now, the problem is that what we're finding because of our sterile birthing processes, our chemical exposures — people are far more reactive to specific protein structures in their environment now. Everybody knows about peanut allergy, and pet dander, and whatnot — because of allergens. We know that if you have a frank allergy, there's a problem. But very few people are understanding that now that our immune systems are trained to hyper-react to certain things in our environment, we're constantly exposed to food particles because we're eating. And those food particles can be mistaken as foes.

Tom Malterre: So the things that are hardest to digest, the things that are hardest to break down so the immune system can recognize them are usually the things that we're reacting to. Of course, peanuts, they're very difficult to break down. But



gosh, gluten, we don't have the enzymes that piece apart the bonds found in gluten to make it so our immune system can recognize it. The dairy products themselves are made to not be digested; we're supposed to be passing immunoglobulins and chemical structures intact, in milk, to the next species. So whether it's a cow or a human, you'll have a lot of calcium that'll buffer the actual stomach acid and allow proteins to come back intact to the intestinal lining. So then all of a sudden our immune system can recognize those as being foreign and have a response.

Tom Malterre: So really, the vast majority of people who walk into the practice doors here at Functional Medicine of Idaho, or Holistic Nutrition in Bellingham, or Bellingham Functional Medicine — those people have some sort of food response. Meaning they're eating a food that they want to have them nourish by, but it ends up creating a potentially problematic reaction.

Tom Malterre: The undigested food proteins sneak into the immune system, the immune system recognizes that as something that looks foreign, initiates an inflammatory response, and now that person is tired. That person has eczema. That person has gastroenterologic upset. So gas, nausea, bloating, diarrhea, constipation. They have some sort of adverse event because of the food they're consuming. And many people have not explored that yet. And what we found in the field of functional medicine, and through thousands upon thousands of people through our clinical experiences, you can't make progress moving forward if someone is responding every time they eat breakfast, and lunch, and dinner, and snacks, and dessert. You just can't. They're exciting their immune system all day long. So the job, the task, the adventure, the exploration of an elimination diet process is to discover which foods make you feel like a rock star, and which foods are holding you back.

Tom Malterre: So it's interesting, the publisher came up to me when we had a book deal, we had *The Whole Life Nutrition Cookbook* and *Nourishing Meals Cookbook*, and they said, "What's your next book? What's going to be coming out? What's the one thing that you would see shifting global health?" And so, what do you think I wrote? I wrote a book called, *The Elimination Diet*. Right? Because literally, that's the thing that seems to shift people's health.

Tom Malterre: I just literally came out of an appointment where this woman was in shock. She's gaining weight, she doesn't know what's going on, her energy level's awful, her sleep's not so great, her mood's not so great. She goes on an elimination diet — she loses 11.5 pounds now only after a few weeks, and she's feeling fabulous. Sharp as a tack, she's like a new human.



Tom Malterre: This happens all the time. You know it, Brie (Dr. Briana Sinatra) knows it, I know it. Every single day in clinical practice we see people who, all they do is shift what they're eating and their lives change. So it's the gluten, it's the dairy, it's the eggs, it's the yeast, it's the corn, it's the soy. It's whatever it is that their immune system doesn't interact well with.

Dr. Drew Sinatra: You just brought up some amazing points there. And I just want to touch on a couple, before you move on there. The prevalence of food allergies and food sensitivities, what would you say it is in our population?

Tom Malterre: Oh, that's great. Thanks for asking me that, because the conservative literature is going to confuse the heck out of you. You'll see something like wheat, for example, and the conservative gastroenterological research, immunological research will show you 0.4% of the population has a frank wheat allergy. They'll show you 1% approximately have celiac disease. And then they'll show you this new player on the block, this anomaly. It's 6% will be this non-celiac wheat sensitivity, or non-celiac gluten sensitivity. So that's 7.4% of the general population, they would say, does not tolerate gluten.

Tom Malterre: Well, in my clinical practice, I would say 80 plus percent of people feel better when they get it out. So there's a massive variation in what the conservative literature is showing, and what clinical presentation is showing. So I'm not sure where that gap comes from, but I can only pay attention to my clients. And after you see thousands upon thousands of people and you listen to the same stories over and over again, I have a tendency to believe the people much more than the scientific literature.

Dr. Drew Sinatra: I've said this on the show so many times before, Tom, in that the number one treatment I've ever given patients is a gluten-free diet. And because there's no supplement, there's no nutrient, there's no herb, there's no medication that matches the changes that you're going to see in someone, in terms of symptom resolution. So I completely agree with you on that 80% statistic there.

Tom Malterre: Oh, at least 80%, yeah. So, the reality is if you look at even conservative journals, they'll show us that every single person who consumes gluten gets a permeable gut. So there's a tendency for specific proteins in our intestinal lining to open up when we're exposed to gluten. Now, if a person has an incredible microbiota colonization in their gut, because they've never been on antibiotics and they're eating a very diverse diet — if that person has incredible nutrient status, and they have plenty of amino acids and B vitamins and constituents to produce a very healthy intestinal lining, and lots of mucus to protect them from any damage, then that little bit of permeability from gluten won't cause an issue. But the reality is, you and I know that that's an idealistic society that no



longer exists. We're very much given antibiotics at birth, or we're having these sterile births, and we're not allowed to be exposed to fecal matter at birth, and we're not allowed to get any sort of dirtiness. We're getting Lysol-ed all the time as kids, and we're having our hands washed. And so we just don't have the perfect intestinal environment anymore.

Tom Malterre: And then we add in junk food, and we're not getting enough amino acids, and we're not eating lean, clean proteins as much as we used to — so we can't heal our gut as well. So now when people do get permeable gut from gluten, it may not even be immunological. It may just be that their guts are so out of balance, that that little bit of permeability has allowed food particles and bacteria to sneak in, and now they're having immunologic responses to those. So we can't ever know what all things are going on at one time with life, it's impossible. What we can do, though, is pay very close attention to what makes people feel better and what makes them feel worse. And you're dead on, man...gluten is one of those things that make people feel awful.

Dr. Drew Sinatra: Okay, so then we've got the gluten piece, you spoke briefly about the dairy, there's the other food allergens. And that's the reason why you do the food elimination diet, correct? You just want to take everyone off all the major allergens, intolerances — and then clear the road, so to speak, so that you've got a clean slate and can figure out, really, how that person's reacting. Is that right?

Tom Malterre: Absolutely, because you can't really see the forest from the trees if there's a bunch of smoke around, right? So...I loved that, I was taking my functional medicine training back in 2007, and my teacher up in front of the room was Mark Hyman. And one of his first things that came out of his mouth when he was up at the podium to a group of doctors was, "Hey, if you don't have a nutritionist in your practice, you're not practicing medicine. I put every single one of my patients through an elimination diet through my nutrition staff before I'll even see them." He said, "There's just too much noise going on with the inflammation from all the foods for me to know if there's a sub-response to a toxin, a mold, or Lyme or anything else. I can't see it until I get rid of the inflammation from the food." And I thought, "Gosh, that's profound." You have to be able to figure out what's going on, but you'll never see it if there's too much noise.

Dr. Drew Sinatra: Well, walk our listeners through what's a typical food elimination diet look like, and how they're supposed to re-introduce foods back in.

Tom Malterre: Yeah, well...that varies depending on what the person's stage of change is. So after seeing so many people trying and not succeeding with elimination diets,



I've known to now meet people where they're at. So it depends on if you came in to see us at one of the clinics, what we would do — it may be something as basic as getting rid of gluten and dairy, or it may be more complex, then we would do gluten, dairy, eggs, yeast, corn, and soy, which are the top six. Or we might even venture even deeper, if we're trying to get to the root of auto-immune diseases, for example. We might delay some nut consumption, we might limit some nightshade consumption, we might limit beef consumption, that seems to be cross-reactive in some people who have dairy allergy issues. So it would depend, it would depend on your case.

Tom Malterre: There are specific foods for migraine, there's specific foods for gallbladder disease, there's specific foods for eczema. So it would depend. But in our book, we cover the vast majority of those things — including refined sugars, including beef, including nightshades. But it's definitely...gluten is king, dairy is queen. If you're going to have to get rid of any foods at all and do an elimination diet, the very least you can do is gluten and dairy. And then egg comes in with a third print, and then it starts going down from there. So those are the top three things I would recommend everybody...everybody try at least the 28-day period in their life without them, and see how they feel. Because usually by day 14 or 16, they'll know...they're going to feel a lot better.

Dr. Drew Sinatra: Well, I was just going to ask, so why is it that 28 days? Is that just giving the body enough time for the immune system to calm down and for the gut to do a little healing, during that time?

Tom Malterre: That's exactly right. So we're seeing that that's the approximate half-life of the IGG antibodies that your immune system might be secreting, it allows you a little bit of time to repair. Now that's not the ideal window, ideally you would be putting this out for at least two months, if not four months, and then waiting to see how you feel. But realistically in modern day society, and everybody wanting their immediate results, no one's willing to wait that long. So usually we say it's a 28-day window. And that's the time when you'll see that the inflammation is calming down to a point where you can pick up certain sensitivities when things are added back in. The longer, the better, of course. But yes, that's the minimal window we see for people picking up some responses.

Dr. Drew Sinatra: Okay, so they've given up the foods for at least 28 days, maybe longer. And now the food re-introduction phase comes in. What's your plan of attack for that?

Tom Malterre: Yeah, so, I'm old school. I learned this from Joe Presardo and Jeff Bland and the old school guys — Alan Gaby. And so at that time, we were thinking it was the, add in a single food and eat it three meals a day, and then wait three days and



see if you have a response. But what we're finding is it's not that important that you eat three meals — and it used to be like, we thought, if you're challenging corn, you have to have three ounces of corn three times a day. Nah. You just need a little bit of it, and you want to have it a couple of times during those days, and then wait that 72 hours and see if you have any sort of fatigue coming up, or rashes, or any sort of symptoms. But when it comes to the re-introduction phase, there's a fascinating thing that happens.

Tom Malterre: And that is, I've seen this pattern where people will have a response — so they'll have a mild brain fog, or fatigue, or joint pain, or something — and then they'll excuse it away. They'll be like, "Oh, well, that's because I must be coming down with a cold," or "That's because I just worked out a little too hard," or, or, or. They'll excuse things that they're familiar with, and associate them with the symptoms versus the foods. And I would challenge people when you're doing an elimination diet, when in doubt, leave it out! So if you do have any sort of change, any sort of response, and you're like, "That's weird, I was a little cranky today. Or my gut was a little gurgly and I wasn't sure why." When in doubt, just leave it out. That means you've had a response...just attribute it to the food, leave it out for a couple more months, move on to the next food when your symptoms calm down, and go from there. So yeah, that's the biggest challenge, re-introduction.

Tom Malterre: That and the other challenge is making sure that you're eating that food, and only that food. So for example, people will go out and they'll be like, "I just tried corn tortillas and I had a terrible reaction, it must mean I react to corn." I was like, "Well, show me the tortilla package." And in the tortilla package, it says wheat flour...and you're like, wait a second, no. It could have been the wheat you had a response to. So make sure you're just eating that food and only that food, make sure you're eating it for three days, and make sure that anytime during that time period that you attribute whatever symptoms you're experiencing to that food. And then you can play, you can fine tune over time, exactly which foods make you feel great.

Tom Malterre: I'm telling you...it's the cheapest, easiest intervention to reverse an autoimmune disease, or increase cognitive function in someone with Alzheimer's or...the list goes on. The case studies I've seen in my clinical practice would shock you. I've seen a reversal of rheumatoid arthritis of 30 years, I've seen people with Alzheimer's disease wake up, I've seen people who've had IBS their entire life, it's gone. So, it's worth it...I don't know why everybody wouldn't try it at one time or another.

Dr. Drew Sinatra: You know what it is? It's the fact that people love eating food. They love their bread, they love the butter on the bread, they love all the processed foods that



we eat because we've been tricked by the food industry to think that these foods may not be that bad for us, and truly they're addicting. And so, it's hard to get off these foods. I've been in this place before too in my life, and I know what it's like. And as long as you have the resources, you have someone like yourself to help be a guide and a teacher and a coach through this whole process, that's what people really need. Because if you try to do an elimination diet just on your own, it can be challenging — and you need someone really to be there to support you.

Tom Malterre: Oh, I totally hear that, you're exactly right. And there are so many psychological and biochemical associations with food, and addictions to foods that we have. We view foods as freedom, we view foods as love, or celebration. There are certain things in different times of our life when it's like, "Oh yeah, I just came down from the Wizard Run, when I'm up in Whistler and Blackcomb...you got to stop at the bar and have a beer and nachos, right?" It's tradition, it's just things you have to do, people think, right? But then there's also this key piece that people ignore, and that is that there's evidence that we have biochemical receptors for compounds in bread and dairy that actually physically addictive. So we have the gluteomorphins in the gluten-associated foods, wheat, barley, and rye. So breads that make us feel addicted.

Tom Malterre: And then we also have the casomorphins, and I kid you not...cheese is a drug. So infants are supposed to suckle at the breast, get breast milk, and then be sedated. Nature has designed it that way. And not only are they supposed to be sedated so they stay quiet and don't attract predators, but they're also supposed to be addicted so they continue to breastfeed and not just run around. And when they breastfeed, they gain size and strength, and then they can defend themselves. So, you think of a colt out in a field being born by a horse. And then all of a sudden the mare keeps the colt very close, and the colt stays quiet because it's nursing all the time. And then it runs a little ways, it doesn't get too far from Mom because it wants to make sure it can get back to feed. There are biochemical substances found in milk that create that bonding behavior — opioid-like peptides. These things bind to opioid receptors in our brains, and make us feel awesome, addicted, sedated. So if you wanted to concentrate that into a drug, all you'd have to do is take out extra moisture, take out extra fat, put a bunch of this block of stuff together in a product called cheese, and you've accomplished it.

Tom Malterre: So I've literally had people call me...I had this one guy call me, Drew, I'm not even joking you, man. He called me at 2:00 AM in the morning, and he's just freaking out. He's like, "Hey, I don't know what's going on. I'm just sweating like crazy, and I can't sleep, and I don't know what's happening. And all I can think about is nachos and grilled cheese sandwiches. I just got to have a nacho." And



I'm like, "Oh, yeah. You're one of those people who has those hyper-expressed opioid receptors. It's okay...you're addicted to cheese like any other drug, just give it a couple of weeks. You're going to have withdrawal initially, and then it'll get better and better and better." But I'm telling you, man, it's real. There's a chemical addiction here.

Dr. Drew Sinatra: Yeah, I'm so with you on that. I'm laughing to myself, because I've actually heard very similar stories to that. And that's the thing, too, is people need to realize if they go on a food elimination diet, they give up the gluten, the dairy, particularly — they may have a couple rough days, and it may feel like they're dying. They have headaches, they have joint pain, fatigue, they feel awful. But then, the beautiful thing here to talk about is that the clouds disperse and soon enough, you start to feel so good in your body, with your brain working, your sleeping improving, your energy improving. You feel so good after at least a couple days to a week, or so.

Tom Malterre: That's the thing, and this is why we do what we do, buddy...because we know. We know what's on the other side of this. So we know that when somebody just puts in the work, and bears down, and does the dietary change, and increases supplements, and gets a little exercise, and improves their sleep...we know. Life is awesome, and if you're not experiencing life as being awesome and you wake up and you're like, "Man, this is another great day. Let's go out and get it." If you're not there, you don't even know it exists yet. So that's all we're doing is we're acting as tour guides and saying, "Man, just trudge around this next corner. Trust me, the view's going to be fantastic. There's going to be a pristine mountain lake, you're going to jump in, you're going to feel like a new human." That's all we're doing, we're just saying...look at your diet, look at your stress, look at your toxins, look at your microbial imbalances. Let's deal with this, because once you get through those things, man, you're going to be on the top of a mountain.

Dr. Drew Sinatra: Yeah, so true. Well, now that we've talked about the food elimination diet, can you speak to nutrient deficiencies, and what we need to address and look at there?

Tom Malterre: I'd be happy to, man. So, I'm buried in it now...right now, I'm out in Boise and they've got now three clinics for the Functional Medicine of Idaho, they're building this brand new one. But holy smokes, this has been the missing piece of medicine, it doesn't make any sense at all. So far, you have a misbehavior of a cell, and what do we have a tendency to do with conventional medicine? We see the cell misbehaving and we say, "Bad cell! Let me give you a synthetic compound that will stop that misbehaving." It's like, as if a statin medication or an SSRI is going to make that person whole again. Nah, that's impossible, right?



But what I'm seeing, because we've been running now these ION 40 panels, these lab analysis panels — it looks at the serum, and the red blood cell, and the plasma, and the urine.

Tom Malterre: And we look at the metabolites of biochemical compounds, and/or we look at the actual nutrients themselves, like the amino acids, the fatty acids, fat-soluble vitamins or minerals. And we see that the vast majority of people who have misbehaving cells...and it doesn't matter if it's a person who can't repair their gut, or a person who is anxious all the time. That's one of the most common things, we see a lot of anxiety being associated with nutrient deficiencies. But it doesn't matter what it is, there is a component of something missing. There's a magnesium deficiency, there's a B6 deficiency, there's a lysine deficiency. There's some sort of nutrient that that person does not have adequate levels of, and that's why they're in a state of disease. What in the world? Why are we always trying to punish chemical pathways? Why aren't we trying to nourish chemical pathways? Why aren't we trying to make sure that a person's cell can function well, before we introduce something like a synthetic compound that might exacerbate issues and create "side effects"?

Tom Malterre: This is amazing, right? We can actually now work on a balance of what things are irritating a person, and what things are missing in a person's life. So, Sid Baker, one of the founders of the whole functional medicine thought process, he says, "All disease is caused by two things. One, you're getting too many things you don't need. Things like gluten and dairy, things like air pollution, things like stress. And you're not getting enough of things you do need. Things like proper nutrition, vitamin C, magnesium, essential fatty acids, love, sleep, exercise." So these are just the basic principles of all life, let alone disease. So in essence, all we're doing by looking at nutrient testing is we're looking at what needs are unmet. Does that make sense?

Dr. Drew Sinatra: Yeah, totally makes sense. Yeah, and...

Tom Malterre: One more analogy.

Dr. Drew Sinatra: ...yeah, go ahead.

Tom Malterre: You and I are dads. So if we have kids coming in, and the kid's crying and the kid's like (whining noises)...you don't even know what's going on, you just have no idea, they're incomprehensible. So we have a couple of different possibilities for a response. Let's imagine I'm going to do a conventional medicine response. What am I going to do? I have a symptom — it's a crying kid, I'm trying to get some work done, let me solve that symptom. "Go to your room, I'm busy, I can't talk to you right now." Okay? So that solves the problem immediately, right,



because I don't have a crying kid in my face and I'm trying to get some work done. But then, does that solve the issue? No, not at all.

Tom Malterre: So what's the alternative? The alternative is, "Hey honey, come here. Sit on my knee for a second. Let me give you a hug. All right, tell me what's going on. Take a deep breath, it's all good, it's all good. Oh, I see. Your brother was pulling your hair. Oh man. That's a toxic thing to have in your life, that brother picking on you. Absolutely, I get it, I totally get it. Oh, wait a second. It's 9:30. Usually you have breakfast at 8:00. You must be starving, sweetheart. Oh, you know what? You were up late last night, you were putting that puzzle together. You went to bed at 10:30, you normally go to bed at 9:30. You probably need a little bit of sleep. Oh my gosh, what a beautiful sunny day. Let's get you outside and let's get a little exercise."

Tom Malterre: So looking at the needs...what does your cell need when you're experiencing pain? What does your cell need when you're exhausted? Well, I'll tell you what it needs. You're exhausted, you got to have magnesium, you got to have branch chain amino acids if you're deficient, you got to have coenzyme Q10, you got to have riboflavin, maybe you need some alpha lipoic acid. Biochemically, your cells are like children. If they come to you crying, don't punish them. Ask them, "Hey buddy, what do you need?" So that's the whole thing that we do with nutrient testing is we're just asking the cell, what do you need?

Dr. Drew Sinatra: Tom, that's such a good analogy, I totally love that. Do you assume that everyone has nutrient deficiencies though in this world because of just the soil depletion and all that, and the poor diets?

Tom Malterre: Buddy, I don't have to assume anything. We've run hundreds upon hundreds of these panels at the clinics. So it's very, very rare that we see people that don't have nutrient deficiencies. Yeah, on a daily basis, I'm reading anywhere from four to eight of these panels a day. And yeah, I will see that the vast majority of people are seeing nutrient deficiencies in their chemistry, for sure. And there's weird commonalities and it seems to be regional. So I'm from Washington state as you know, Northern Washington, and I've helped out practitioners in Seattle, and I've helped out practitioners in Arizona, and I've helped out practitioners across the United States. And these tests look different based on different regions, which is fascinating.

Dr. Drew Sinatra: Interesting.

Tom Malterre: So here in Boise, I'm seeing this trend with an elevated arsenic level from the water supply. I'm seeing B6 insufficiencies leading to more anxiety, and oftentimes the B6 is partnered with magnesium. So it's regional. Well,



magnesium is pretty consistent, a lot of people are deficient in magnesium, but yes, I would say the vast majority of people need something, and it usually depends on what their diet's like, what they're exposed to in their environment, and what their genes are, as well.

Dr. Drew Sinatra: Well, Tom, this has just been an awesome, awesome conversation. I think you and I could continue this on for hours. As we wrap up here, for our **Wellness Wisdom**, if you had one big "pearl" of wisdom in regard to, we'll go back to the elimination diet...what would that pearl of wisdom be?

Tom Malterre: Trust yourself. You are your best doctor. If you are experiencing symptoms, that's the wisdom of your body talking to you. It'll start as a whisper, and it will fast become a scream if you don't listen. Listen to your body, it knows what it needs. And if it's saying, "Ouch," it's asking you to change your behavior. So listen and change.

Dr. Drew Sinatra: I think your next book is going to have to be a poetry book or something like that. That was beautiful, thank you for that. Well, again, Tom, what a pleasure to have you on the show, so thank you for coming on.

Tom Malterre: Absolute honor to spend time with you, Drew. All right, I appreciate you having me.

Dr. Drew Sinatra: Well, yeah, we'll see each other soon...hopefully at a conference, when they start happening again.

Tom Malterre: Yeah, right. All right, my friend, take care of you.

Dr. Drew Sinatra: All right...thanks, bud.

Dr. Drew Sinatra: That's our show for today, folks. If you have a question or an idea for a show topic, please send us an email or share a post with us on Facebook. And remember, if you liked what you heard today and you want to be an active member of the **Be HEALTHistic** community, subscribe to our podcast at **BeHealthisticPodcast.com**, or on Apple podcasts, or wherever you download your favorites. You can also find more great content and information from us and the Healthy Directions team at HealthyDirections.com.

Dr. Drew Sinatra: I'm Dr. Drew Sinatra, and this is **Be HEALTHistic**.

Narrator: Thanks for listening to **Be HEALTHistic** with Drs. Drew and Steve Sinatra, powered by our friends at Healthy Directions. See you next time.