

Jaime Hartman ([00:00:02](#)):

Okay. All right. So welcome everyone. Those of you who are attending live, if you decide you want to add ask us a question in the Q and a you're welcome to, but know that we got all those questions you guys submitted in advance. So we're gonna prioritize those first. So we may get to some additional questions, but I kind of doubt it, cuz we've got a lot to cover. Before Dr. Sarah starts just a quick disclaimer, the information that we present today is for informational purposes, only it is not medical advice or diagnosis always seek the guidance of your doctor or other healthcare provider. For any questions you might have about your health or medical conditions. So that said, our first question came from Olivia and Olivia wants to know how Dr. Sarah is managing stress at this challenging time for her team.

Sarah Ballantyne ([00:00:51](#)):

Okay. So first of all, shout out to Olivia who has been like, so incredibly supportive has volunteered to help us through this time. So I just wanna say like mass appreciation for Olivia first and foremost, and also even for thinking to ask this question, because for those of you who, who aren't super familiar, my, both of my websites, actually the palemom.com that I've been building for over a decade, but also [nutrivore.com](#), which I have been working on for the last two years and was slated to launch this fall were both caught up in a ransomware attack against someone else. So my data was being held hostage, but I wasn't the one being ransom. So I had zero power and it's just been the most convoluted frustrating experience because basically overnight, I mean, it's sort of akin to a brick and mortar, you know, burning to the ground.

Sarah Ballantyne ([00:01:55](#)):

It just felt like everything was gone and what we've been doing for the last it's been over, I guess it's coming up on six weeks now, it'll be six weeks on Saturday, my team. And I, once we really understood the magnitude of the situation, we started tracking down content and trying to figure out how to rebuild the [paman.com](#), which is just a huge task is a lot of just manual repetitive aspects of it that have been really challenging emotionally because we're re putting together pieces of something that was already this just amazing comprehensive resource that hundreds of thousands of people have been using for years and years and years as their go-to place to learn about the science behind health and wellness in order to inform day to day choices and take back the, the power in our own health journeys. And so we are crowd funding the rebuild we're asking for a month of operating expenses, and that is what your donations are going to if anybody's watching this.

Sarah Ballantyne ([00:03:03](#)):

And if you haven't had a chance yet to go and make a donation, please do click on the link that you were emailed because we're only, we just crossed halfway to our goal. And I, I have to admit it's a little, it's a little scary to think about what happens if we, if we don't get closer to our goals. So please go check it out. The perk set up on the Indigogo campaign are like my best products. They are my best eBooks and courses all packaged together. So it's also an investment in your health, cuz you're gonna get way more value back for helping me out in this really challenging time. But it's been to more directly answer Olivia's question. I've never gone through anything like this. Like I don't even know that it's something I can, I can explain what it's like to work on something for a decade to, and every day you're adding like a brick, right?

Sarah Ballantyne ([00:03:57](#)):

You're adding one little piece to this bigger hole and then just have it gone like that. And not gone because the data still exists, just not accessible. And so it's been, I've had good days and bad days to be really honest. I've had days where I'm like, okay, I understand the path forward. I understand the next step. I understand what I'm doing right now. And I'm just gonna keep on swimming <laugh> and just you know, go forward. And I've had days where I've been really teary. I've been really irritable and really frustrated. And it just feels like why me, which is not a helpful question to be asking myself. I've been trying as much as I can to focus on the really positive lessons that I've learned through this. I've shifted a few things around in, in my business that I think is gonna help.

Sarah Ballantyne ([00:04:57](#)):

Neutro get build out faster when we get there, but we're rebuilding the paleo right now. So I think there's, there's some really good things that I've I've learned. But if I could not go through this, that would be my choice. Like as, as valuable as I can sort of focus on the positive of, of the life lessons and the business lessons. I mean, have seven backups, I think is the most important business lesson <laugh>. But but I, the backups were also that's the thing, right? So the hacker took down all of the Northeast data centers for the 365 data centers that provides our cloud infrastructure and it affected both the primary systems, right? The main website and all of the backups. So the backups are also inaccessible. That's why it's such a crazy situation of the backups were accessible. We would've had the site back up in a couple of days, so it's, it's just crazy.

Sarah Ballantyne ([00:05:51](#)):

And it's, it's been very, very hard and I've been doing as much as I can to, to work on all of the healthy habits that I've been talking about for years, making sure I'm protecting my bedtime. I start every morning with a four mile hike with my dog in the woods unplugged, and I am so grateful for that habit. I've been working really hard to keep my diet dialed in and not let it slide into stress eating habits. I haven't been perfect. <Laugh> so, so, but I've been not as, not as unraveled as I could be with diet through this. And I've been leaning very heavily on my amazing team because we're, we're sort of going through this traumatic experience together. So we're experiencing some post traumatic growth and bonding as a team and leaning really heavily on my family to just pick up some of the slack.

Sarah Ballantyne ([00:06:42](#)):

I start, I always know I'm too stressed out when I burn steamed broccoli. <Laugh> that, that is when I, when I burn broccoli that I'm steaming there's water in the pot and I walk away for so long that I let the pot boil dry. And then it becomes the worst blackened tarry mess. This has always been my, like uhoh okay too, too stressed, too stressed. But this is of course the situation again, being powerless is also, I think really challenging in this situation to not to not have agency and and not have a way of gaining agency other than to see the amazing response from all of you. The support. I mean, whether you can donate or not even just the supportive comments on social and responses to my newsletters. That's, that's been very buoying during this time. So the <laugh> the long rambling answer to Olivia's question is I'm not doing that great, but but I'm doing a lot better than I think I would've, if I had gone through this situation five or six years ago, because of all the work I've done in the last few years, especially through the pandemic on really cementing stress management and resilience habits in my life.

Jaime Hartman ([00:08:05](#)):

Yeah. I'm glad you said the word resilience. That's one of the key things I talk about a lot with my one on one clients is that we can't control the bad crap that's gonna happen. You know, it's gonna happen. We

don't still know what it's gonna be. We just building we count on is that something's gonna challenge us at some point. So resiliency is what we always wanna build. And you're a great example for us of that. Obviously we don't, we wish you were not going through this too, but we appreciate you doing it in full view so we can learn from it. Let's move on to our questions, cuz we got a lot of them the first and I'm gonna kind of combine some of these questions so that we can, you know, we pick the questions that we saw repeated themes that we knew most people would really benefit from, but I'm gonna combine 'em a little bit

Sarah Ballantyne ([00:08:48](#)):

To say. And I, and I also would like to know that I came with notes <laugh> because there's so many great questions and I wanted to have really precise answers. So yeah.

Jaime Hartman ([00:08:58](#)):

Okay. So the, the first two questions go together, they came from Susan and from Stephanie and they're about people getting started. So Susan wanted to know if there are one or two aspects of the AIP diet, which are the most impactful on overall health. If so, which ones and Stephanie said, you know, what are or asked, what are some of your main suggestions for someone who has just gotten diagnosed with an autoimmune disease, any helpful tips or hints for somebody starting out on this journey?

Sarah Ballantyne ([00:09:28](#)):

Yeah. So I think I'm gonna answer the second question first, because I think there are some steps that we can take before we even get to the AIP and that is find your support network. So there's a lot of emotions that come with an autoimmune diagnosis. It, it is a very, very challenging thing to go through. Just at the very fundamental level of how is this, you know, it's scary, right? How is this gonna affect my life? It's, there's this weird relief to finally having a name to the thing that has been affecting our lives. But there's a lot of uncertainty. There's a lot of frustration with conventional medicine that often goes into that long protracted diagnosis period that most of us go through or at least that many of us go through. And just knowing that our immune systems are attacking ourselves like that betrayal <laugh> is also, I think really challenging when we start to understand the, the physiology of what's happening.

Sarah Ballantyne ([00:10:28](#)):

So I'd say step one, figure out where you're getting your emotional support structure and your practical support structure. So you, you probably already have people that you rely on in, in your life, whether that's a spouse or children or parents who are good friend who are already helping you navigate. But maybe think about what, where we can add whether that's a support group or a therapist or having maybe this means a more detailed conversation with people who have been supporting you, but laying down some more more asks, right? Like here's what I need. Don't be afraid to tell the people in your life what you need. So I think step one is figure out where you're getting that support from. Maybe it's an IP coach, right? There's lots of different places where we can get that support. Step one. So then step two is learning about the autoimmune protocol and I definitely recommend it can, depending on where you are now and what you're eating now, it can feel like a lot.

Sarah Ballantyne ([00:11:31](#)):

So give yourself the space to learn about it. Give yourself the space to start engaging with the content, give yourself the space to have a grown up temper tantrum or two, the perfectly normal response to I have to give up what, and then see if you can shift your mindset to the positive, because there are far

more crazy delicious nourishing foods. We get to eat on the autoimmune protocol than what we eliminate and there's reintroductions. So none, none of the eliminations are forever. I mean, some of them might be for you, but you're gonna identify your own trigger foods and that's gonna be empowering knowledge. That's gonna be an amazing part of this health journey. Even if maybe you're sad that that's a trigger food, you know that, and then you, you get to move on with that knowledge. So that's actually a really important part of this journey.

Sarah Ballantyne ([00:12:21](#)):

So give yourself the space to learn about it. And then I would say if you're looking at what are the most important parts to focus on first? I would say two, I would say two part. I there's two there's, there's two things sleep. So really working on how do I get enough sleep? What is my daytime routine? How do I sleep on a consistent schedule? This is really challenging in a society that doesn't prioritize sleep like the whole society does it, right. We're actually rewarded for ignoring sleep. We've got all these idioms, right? All sleep is for the week I'll sleep when I'm dead, right? Like coffee is life, right? Like we've got all these different ways of rationalizing being chronically exhausted. So figure out sleep because it is so fundamental to immune function, to gut health, to mental health, neurotransmitters, cognitive function, to how our immune systems are regulating.

Sarah Ballantyne ([00:13:16](#)):

And it also translates to all of the other choices that the AIP is suggesting you make feeling easier. So when you're well rested, not eating your favorite food or going to the work of a more protracted preparation to create an alternative version of your favorite food, right? That doesn't seem like such a big deal. It, it really is so much more approachable if we're well rested. So number one is just focusing on what changes we can make to support sleep. And the number two is actually nutrient density. I argue that nutrient density is actually more important than the eliminations. Obviously the AIP is an elimination and challenge protocol where we're identifying our own trigger foods, but because of the role that nutrient sufficiencies play in immune, overactivation like really flooding the body with nutrients is really critical for immune regulation. And we can actually let nutrient dense powerhouse foods crowd out the foods that are, you know, potentially inflammatory skewing the gut microbiome, leading to hormone balances that are initially eliminated. So if you're struggling with eliminations, focusing on the delicious, wonderful nutrient dense foods that are going to help you heal and just letting, just letting those be the focus without necessarily thinking too hard about the eliminations can be a really good way to get over that speed bump as well.

Jaime Hartman ([00:14:43](#)):

Yeah, I, I completely agree on that. You're so right. What you said, I just echo what you said about when you're well, rested, everything gets easier. And I, I certainly, I think we all know that from our own experience and the science bears it out too. I know. Yeah. The next question, the comes from let's see, the name is, I'm not sure if this is a real name or a screen name, but bump. And this person says I have a good friend that is a dietician and she has not agreed with my choice to follow AIP for my Hashimotos when I ask her why she replies that it is not reputable. How do you counter such replies from Western medicine practitioners?

Sarah Ballantyne ([00:15:25](#)):

You can tell I've learned how to eye roll from my 12 year old <laugh>. So I think there's a couple of things, like, first of all, if she's not your dietician doesn't really matter, right. What she thinks of, of your

diet, if she is your dietician, you may want to explore having another dietician. I realize that's very challenging if you're our friends and you know, have a, a, a patient relationship. I realize that that could, that could be some extra stress that maybe it's not worth it. But then the conversation that I have when I'm trying to present the autoimmune protocol to a medical professional is focusing on the things that are just inarguable, right? So a diet that focuses on nutrient dense foods that's plant forward that is you know nutrient sufficient. So we're working on getting all of the nutrients that our bodies need from food that has a lot of aspects to it that are very similar to a Mediterranean diet.

Sarah Ballantyne ([00:16:27](#)):

Right. So it's, it really embraces vegetable consumption and lots of seafood. You could call it clean eating and that it's an elimination and challenge diet. So you're going to eliminate the foods that you suspect you know, science says are potential triggers, and then you're going to reintroduce them. So you're only going to cut them out for a relatively short period of time, and then you're going to try them again. And it's really hard to argue with those aspects of the AIP diet. And then I'm gonna focus on getting more sleep and managing my stress and living in active lifestyle, but not over training, like no person with a scientific background or a medical background can argue with the individual tenants of the AIP, because they're solidly rooted in science and, and in decades and decades of science. So even though we don't have this huge collection, we have some clinical trials using the AIP, showing that it's very powerful.

Sarah Ballantyne ([00:17:21](#)):

Obviously it would be great if we had, you know, giant perspective, you know, studies with tens of thousands of people. That's, you know, that's likely a ways down the road because of, of how those studies are funded and how challenging they are to do a at all. But if you just break it down to the, I'm gonna eat a lot of vegetables and seafood, I'm gonna focus on nutrient density. I'm gonna work on healthy lifestyle. It really becomes something that you can't argue with. And I think most of the time when we have a medical professional healthcare provider dismiss the AIP, it comes out of a misunderstanding of what the AIP actually even is. Right. So for example I heard recently someone talking about how the A's so terrible because all we eat is meat and butter. <Laugh>, that's not, it that's.

Sarah Ballantyne ([00:18:14](#)):

If, if any of you are here doing the AIP, only eating meat and butter, I, I urge you to dig more into the, the literature and what the, the fundamental tenants of the AIP are. Because that is, that is, I would say antithetical to the AIP. So I think often when we're sort of facing that kind of friction a little bit more education, but what the AIP is not focusing on the eliminations, as much as what we actually are doing, that's healthy in our lives. I think that can go a long way to even opening up that, that professional to a better understanding of what the AIP is to the point of there's a lot of medical professionals now who recommend the AIP for their patients. And it started with in many cases, having a conversation with a patient who's having great results. And at that doctor being curious to try to understand why that might be

Jaime Hartman ([00:19:04](#)):

Great. The next question comes from Sandra and she asks, why do we eliminate everything in phase one? If we don't know that everything is causing an autoimmune response, and then she put in parentheses instead of testing, like, wouldn't it be faster if we could test and then just eliminate the things that cause that response

Sarah Ballantyne ([00:19:24](#)):

It's super would be faster if we could test unfortunately there are many ways that we can react to foods that we don't have the capacity to test for. So testing is just a very limited tool. It can be very helpful in troubleshooting, especially if you've been following the AIP for a couple of months and you really aren't seeing results. Chances are very good. You have a sensitivity to something that you're eating in that result, or there's some kind of other underlying health challenge, like an infection or hormone imbalances right there that chances are there's something going on there that testing of some kind is going to be helpful for. But yeah, the, the issue is we don't have tests that can tell us all of the different ways that we can be reacting to foods. So the, the only way to really know is to eliminate them and then methodically reintroduce them so that we're identifying our own individual trigger foods and what we're cutting out.

Sarah Ballantyne ([00:20:15](#)):

Initially on the, in the elimination phase of the AIP is all of the foods that science tells us are more likely to be triggers. There's a few foods that there's still a relatively high rate. We cut out all the, the most allergenic foods, but there are a few that we keep like seafood and shellfish that do have slightly higher allergy rates compared to broccoli, is anyone allergic to broccoli? But but the reason for that is the, the nutritional value is so high. And because intolerance rates are not that high, but allergy rates are most people know going into the, a already, if they're allergic to fish and shellfish. So you can always, if you're allergic to something, don't eat it on the AIP. Like, just because it's a fundamental food. If you have an allergy, that's not, it's not a food for you.

Jaime Hartman ([00:21:06](#)):

Yeah. Great. okay. The next three questions that I've kind of lump together have to do with transitioning to that elimination phase. Yeah. Ruby asked what the pros and cons are of doing it cold Turkey versus slowly easing into it. And then Cindy and Greta both wanted to know if they've been, they did a, I P they've been away from it and they wanna get back. Should they go cold Turkey or ease in, especially those who feel like they have a hard time with that total restriction. They think they need to do the full AIP elimination phase, but they're having a hard time with that. So,

Sarah Ballantyne ([00:21:41](#)):

So to take the, the sort of 30,000 foot view for this question, I think there are some factors that could change the calculus, but I think the basic thing to consider here is how do you best affect change in your life? So if you want to be more active for a new's resolution, are you the kind of person who can get that gym membership and just start going and, you know, six months down the road, you're still going to the gym, or are you somebody who needs to think about how to fit the sense your life? It's a little bit more complicated. It's a little bit more accessible. You're gonna start with a small walk. And then once you've got walking down, you're gonna start, you know, some, then you'll start going to the gym. Are you better at baby steps and kind of moving on to the next step once the last one feels easy, or are you better at sort of ripping off the bandaid Ling your way through that transition period.

Sarah Ballantyne ([00:22:34](#)):

And then, you know, turning that into a healthy habit, because what science will tell us about habit formation is there's a lot that goes into it, right? So understanding why that habit is good will make that habit easier to form performing it routinely will make it easier to form, but also breaking it down into its individual steps will make it easier to form that habit. And what we really wanna do with the AIP is use

the, the discovery aspect of it, right? The health journey aspect of it to help know ourselves. And we wanna be forming healthy habits that can take us through the rest of our lives at the same time, right? So we wanna understand our bodies and also develop healthy habits that will service forever. So however you do change best, that's the best way for you to approach the AIP.

Sarah Ballantyne ([00:23:20](#)):

So if you're better at baby steps, do baby steps. If you're better at all in do all in. And then the caveat at is if you're really sick, if you are talking about a surgery with your doctor and you have a limited amount of time to see if you can make changes that are going to change the, the conversation around that surgery or disease modifying drug or whatever it is, right. That that feels like a really big thing. And not to say that AIP is going a hundred percent of the time, mean that you are going to avoid a medical intervention, right? The AIP is not a substitute for our doctors. It goes hand in hand with the best things that our doctors have to offer us as well. But if you're, if you're in that, if you're in a hurry, even if you're a person who does change normally better step by step, you have additional motivation to go all in.

Sarah Ballantyne ([00:24:12](#)):

So if, if getting to the, the feeling good quickly is going to help propel your motivation, or if there's some other right extra force, that means that you really need to feel good as fast as possible. Then that's extra motivation to go all in. Even if normally baby steps would work better for you. So it really is very personal and there's no, the only wrong way is to not mm-hmm <affirmative>. So whatever works for you, whatever gets you to that goal of understanding your body and, you know, figuring out how to, to live as healthy as, as you can. That's however you get there, that's the right way to get there. Yeah.

Jaime Hartman ([00:24:53](#)):

And what would you say to those people who are like, I I've gone it before I've gotten away from it and now I

Sarah Ballantyne ([00:24:59](#)):

Wanna go back. I need to go back. Yeah. I think again, it, it kind of, okay, so you don't need to go full elimination phase. I would say, take a step backwards to the last, the last time you felt really good on the AIP piece, whatever those reintroductions were. Whatever that lifestyle was like, when things unravel the most common culprits are not getting enough sleep, stress, being out of control over doing it at the gym and letting too many inflammatory foods, especially sugar sneak back in, and they kind of all go together, right? So not getting enough sleep and being stressed and overactivity all make us crave sugar. So it's not just figuring out how to go back to a, a, a part of like, through the reintroduction phase of the AIP, where we felt good, but figuring out where we need to, to tighten things up in terms of lifestyle.

Sarah Ballantyne ([00:25:52](#)):

And I would say just like I said, at the very beginning, if you're looking to, if you're struggling, right. And I, I mean, I understand I've I've before AIP, I had many, many on, again, off again, yoyo dieting experiences. Part of that challenge was they were not science backed diets, which meant bad, bad consequences of following them which drove the yoyo even further. But but one of the, one of the things to, to think about if you're really struggling to go back to what you know, worked right, and it's just the, the work, the emotional, the cravings, think about the lifestyle aspects, think about sleep and stress and activity levels because those drive our behaviors. So substantially cravings, appetite

disinhibited eating, right? So if we're tired and stressed, we're more likely to when we, when we break a rule, right? Like when we cheat, I hate that word, but for lack of a better word, we're more likely to let that completely unravel us.

Sarah Ballantyne ([00:26:59](#)):

So where can we tighten up in terms of lifestyle and, and dial that in, that'll make, going back to a variation of the diet. And again, you know, if you went through reintroductions for, let's say a couple of months, and then things were going well, so you just kind of started to just kind of do reintroductions in a much more lackadaisical way. Go back to when they were methodical, what was the last, the last step? So if you'd already reintroduced chocolate and coffee and white rice and nuts and seeds, just go back to that. You don't need to go all the way back to the elimination phase, unless you're really not sure what foods had had worked for you, unless you, you were really disorganized with three introductions and you just don't know, then there's a different motivation for going back to the full elimination phase.

Jaime Hartman ([00:27:45](#)):

Yeah. I'm glad you said that. I think there's this misconception out there that there's something like magical almost about that combination of the AIP elimination phase. Like I must eliminate all the foods in order for it to work. And that's the starting point. You don't have to go all the way back to that all time. We don't wanna treat this like a yoyo diet, like you mentioned, we want you to learn from it and yeah. Go back to what was working for you. Yes. But you don't need to go back to an earlier stage. The next question comes from Dorothy and she's asking about variety. It was kind of a, she had a lot of details in it. I'm gonna summarize there, but basically she was,

Sarah Ballantyne ([00:28:22](#)):

I, I brought

Jaime Hartman ([00:28:23](#)):

The notes. Great. She was talking about eating a variety of foods over the course of the day or a week. Is it okay if basically in essence, you have variety over the week, but maybe every day you eat the same thing for one of your meals or two of your meals. And she said, you always hear, don't eat the same things as you will develop a food sensitivity to them. So is that true? That's my question. I'm adding that in. And then basically how much variety is, what we're we need to aim for.

Sarah Ballantyne ([00:28:50](#)):

So there's no evidence that eating the same foods every day will cause us to, to develop a food intolerance caveat. If you have very high intestinal permeability, then that changes it a little bit, then something you eat frequently, you do have a slightly increased chance of developing a food intolerance to it. But we're talking about a situation where you're like on the AIP, you're really working to support your healthy gut microbiome and work on gut barrier health. So we're gonna kind of take that piece out of the, out of this equation and just say in, in once you're even like a few weeks into the AIP because of how important all of the different dietary factors are for gut health on the AIP, then we're not talking about a situation anymore where eating the same foods every day is going to dramatically increase risk of developing a food intolerance or food allergy to those foods.

Sarah Ballantyne ([00:29:45](#)):



So that's not part of this equation. So food, dietary diversity, and this is measured in scientific research in, in different ways. Sometimes they look at how many different members of different granular food groups you look at. Sometimes they look at what's called dietary species richness. So how many different species are represented in your diet? And this is a really interesting field of research because all of the studies show, the more diverse our diet is the better our health outcomes exactly how it's measured, exactly which type of health outcomes they're looking at. Of course, that's all all across the board. And there isn't a solid answer yet right now, but what's the minimum number of different foods that we need to be eating every week in order to be healthy. I think one of the best studies that it was done, and I have the numbers in front of me.

Sarah Ballantyne ([00:30:32](#)):

They were looking at dietary species richness over the course of a year. So how many different species are you eating annually? And their lowest group. This was in a Japanese cohort was eating 47 different species or less. And then their highest cohort, they were eating 81 different species or more so that's roughly twice as much diet diversity. So in the, the highest to lowest of their, their Quintiles was a 37% reduction in all cause mortality, which is a humongous effect. And but how does that translate to every week we can look at, there was a human gut project study that showed that people who ate 30 or more different plant foods a week had much healthier gut microbiomes than people who ate 10 or less. And there's a variety of different experts who kind of comb through this dietary species, richness data, and have kind of landed on 30, 25 to 35 is kind of the range depending on the expert.

Sarah Ballantyne ([00:31:31](#)):

And the reason for that is there's no definitive answer yet. We just don't, we don't have enough science to be able to say, here's how many different species. But I generally look at that and I go 30 to 35 different species is, is definitely like where the majority of the science is. And obviously you can go higher than that, or you can go lower than that. And what's really interesting about the science is it doesn't mean just vegetables. It means all of the different foods that we're eating, which definitely makes 30, a lot easier to achieve. So if you're getting at least 30 different whole foods, at least just serving of it throughout the week in your diet, then don't worry about eating the same things every day. If it's under 30, see where you can swap some things out to add some, add some extra diversity, and it would be good to still find more diversity over the year, right? Eating seasonally can help with that. So when the stone fruits are in season, like right now, maybe it's the stone fruits when the apple family is in season in the fall, maybe it's the apple family. Right. So, so finding some seasonality will be helpful as well. But that would be my reading of the science. That would be my, my threshold is something like 30 to 35 servings per week is, is the target

Jaime Hartman ([00:32:53](#)):

Great. So 30 to 35 per week is the answer. We don't need to worry if, if there's like something that shows up every day at the same time, not a problem. Okay.

Sarah Ballantyne ([00:33:03](#)):

I eat the same few things for breakfast every day, too. Yeah. I, I get it. It's easy. Like, yeah. We don't need to make things unnecessarily complicated for ourselves.

Jaime Hartman ([00:33:11](#)):

Yeah, absolutely. Okay. So Adriana has a question about a clarification question about the neutro matrix, Adriana attended the AIP summit, and she was happy to get the AIP version of the neutro R matrix, anybody who doesn't know what that is, what you're talking about will let Dr. Sarah tells just a little bit about that inner answer and how you can get ahold of it. But her question was about foods that would fit into multiple categories on that matrix. Yeah. So like a hidden liver burger or a cup of KA salad, do they count as a serving of each or half of each? And then she admitted maybe I'm overthinking this

Sarah Ballantyne ([00:33:46](#)):

<Laugh> yeah. Yeah, you're overthinking it. That's okay. So what the neutro weekly serving matrix is, and there's a general version in an AIP version. It's a, basically a way of simplifying all of the science that we know in terms of which food groups have the biggest impacts on health outcomes and how much of those foods we need to eat to basically close to maximize the benefits. Right? So, so I would say like, what's the minimum number of foods to get 90% of the benefit from that food roughly, right. What, what is that, that level? And it also makes nutrients efficiency, right? Getting all of the nutrients we need because of different food families offer us different nutrients. So it, it really takes in that that full, what are the most important foods aspect and just makes it a, a simple weekly checklist.

Sarah Ballantyne ([00:34:35](#)):

We can look at servings as a, you know, rough guesstimate. You can, you can use your fist to estimate a cup. It doesn't need to be exact, we're not doing this to, to measure our food or be like super obsessive about our food. The idea is to take that away, right. And just make it really simple and check all the boxes. And that will add up. I mean, if you just check all the boxes, you're, you're still only talking about like 300 of your calories a day on average, but you're hitting like a hundred percent of about a quarter of your nutrients for that. And over 50% of just about every other nutrient, right? So like it's, it's getting us a huge, huge, huge, huge way towards nutrient sufficiency, which is the goal. So it's a fantastic tool. My, my website's down, so <laugh>, so right now the best way to get it would be to actually go to my Indiegogo campaign and look at the neutro pack because that includes that as well as my guide to neut four, as well as an online course, that goes through nutrients and, and the importance of nutrients in our diet.

Sarah Ballantyne ([00:35:36](#)):

So it's a, it's definitely been the most popular perk action Ingo. So you can go grab that there, and then we'll basically deliver that once the website's back online. That's, that's what I have for you right now. Yeah. but the very specific answer is yes. So if you eat kale, it counts as let's say, you have, right. A serving of a leafy green is two cups. So let's say, say you have a kale salad that has two cups of kale that counts as both a serving of cruciferous vegetables and a serving of leafy vegetables. It counts as both of those check boxes, but just note that it only counts as one vegetable towards your eight a day. So so, but you can get your credit for both your crucifer, vegetable servings and your leafy greens servings, and same with, with liver that counts as both an animal food servings in the, the main middle section.

Sarah Ballantyne ([00:36:22](#)):

And it counts as an organ meat serving in your bonus section. So it counts in both places. So just check both boxes and then of course, make sure to keep track of those in the diversity section at the bottom, kale is one, one food in your liver burger. If you've got liver and beef, you've got, you've got two foods there. So you can check box for liver and check box for beef. So so the answer is, yes, you get all the credit, you get extra credit for eating those foods that actually qualify in more than one box. Yep.

Jaime Hartman ([00:36:50](#)):

Great. The other place people can get, at least the AIP version of it is those of you. I know a lot of the people that registered for this are people who purchased the I summit. So if you forgot you got it, you've got it already go back and your archives and find it. So in the meantime, you've got that. All right. Nancy wants to know if someone who's in the elimination phase slips up, she put that in quotes one or two times, do they need to quote, start all over again to ensure leaky gut healing?

Sarah Ballantyne ([00:37:21](#)):

No. So the reintroductions is about identifying your own trigger foods. So if you've been methodical through reintroductions, you have discovered whether or not that food works for you. So the idea is to use this template, like a step by step plan to identify your individual personalized, ideal diet for the rest of your life. And then you're gonna have some gray areas where, you know, if you have that food once in a while, it's okay. But if that food creeps in every day, it's not okay. Right. You're gonna, you're gonna find those. It's sort of inevitably, cuz you're gonna think it worked for you and then you're gonna way overdo it and then you're gonna realize it doesn't work for you. So those are the harder foods to identify than the like super oh wow. That doesn't work for me foods, but you'll find them. So it's just part of the reintroduction process where we're learning about our own individual tolerances.

Sarah Ballantyne ([00:38:11](#)):

So let's say I was actually my last book tour on the last day of the tour, I got gluten and was violently ill because that's what gluten does to me. And couldn't, I mean, it was like having food poisoning. That's all the details you need to know. So through that, like really intense couple of days of symptoms, I slept a lot. I hydrated, I couldn't keep much down. So I was just sort of sipping on broth when I could. And it was just right. It's just management at that point. Then once I got to the other side of the symptoms though, I just went back to what I knew worked. Right. So that's not a good time to have the sometimes foods, right? So not a good time for me to go to the gluten free bakery and get the cupcakes that I know.

Sarah Ballantyne ([00:38:57](#)):

I really can't handle that well. Right. So we're not gonna, we're not gonna go and, and hit any of those foods that we we know are borderline during that period of time, but you don't need to go full back to elimination phase because the AIP is about identifying your own personalized diet and focusing on nutrient density and nutrient density is gonna help heal the gut all, all by itself. Right? So all of those same healing foods that are so focused on in the elimination phase continue to focus on those, but enjoy the, the extra dietary diversity that you've earned through reintroductions as well, and then sleep hydrate, right? Manage stress, like all of those other things that are really, really important to heal from any kind of suboptimal, whether it's a exposure to a food that doesn't work for us or it's an infection or right. Really stressful life event, like all of those types of challenges they will inevitably come up. We will inevitably have to navigate them and look at the AIP as a toolbox to that you can reach into and get all the best tools to get through that situation.

Jaime Hartman ([00:40:03](#)):

Yeah. And I think that what, what happens when people will talk to me about that starting over thing. It's when they're just starting out, they're in that initial 30, 60, 90 days or window, and they've heard like 30, 60, 90 days. And they think they have to count days and I have to start over counting days if I slip up. And how do you respond to that? I know what I say. I want, I'm curious to know what you would say to somebody.

Sarah Ballantyne ([00:40:27](#)):

Yeah. So if we're, if we're in those first couple of, couple of weeks, I say, definitely make sure you're giving it at least two more weeks before you start reintroductions. Because the whole idea in reintroductions is you want to hit that window of the cells, responsible for the reaction are still around. And the cells responsible for constraining. The reaction are starting to die off that magnifies the reaction going gluten-free did not make you gluten sensitive, the whole, it just unveiled a reaction that was already happening. So you definitely wanna hit that window where it's easier to identify foods that are not working for you. It's frustrating, but it's very clear when you can hit that window. So I say, definitely give it another two weeks before you start any introductions, if you're quite early on in your journey at least, and then go by just like I would say there's no hard and fast rule on when to start reintroductions.

Sarah Ballantyne ([00:41:22](#)):

I don't like to see people wait more than six months because of that important window of effector cells versus reregulate regulatory cells and, and their relative numbers, because it makes it a lot harder to identify trigger foods. If we're doing introductions later, if you haven't done reintroductions yet, and you're still, you've been on elimination phase for a couple of years, it's still worth, it's still worth doing them. I stay still go for it. It's actually incredibly valuable. It's, it's where all of the learning about ourselves happens is in the reintroduction phase. So if, if you're not in that window, still go for it. But if you're sort of early on, I say, wait, at least two weeks, but really we're looking for starting to feel improvements to be able to like you wanna be feeling better enough on the AIP that you'll notice if a food makes you feel crummy.

Sarah Ballantyne ([00:42:08](#)):

Right. That is the, the one major thing that we were looking for before starting reintroductions. There's no perfect timeline. There's no perfect reintroduction, frankly. I mean, obviously we wanna try to be as scientific about it as we can. But sometimes a reintroduction is, oops, oops. That meal, I just ordered in the restaurant has that thing that I don't know if I can eat, I guess I'm gonna find out right that's life. And, and we need to give ourselves permission to be human through this process. So I say, wait, at least at least two weeks. But look at the other, look at the, the other things that go into deciding when to start to start reintroductions you know, how, how am I feeling? Am I gonna know if this food doesn't work for me? And if the answer's yes, then, then go for, and it's been at least two weeks then go for it.

Jaime Hartman ([00:42:54](#)):

Yeah. Great. the next question is a parenting question. Mm-Hmm <affirmative> for you. I hope you're gained for this one. Jade wants to know how she can best support her tween daughter in balancing her health and her social life. She talks about, for example, she, she invites friends to her birthday party, feeds them what they eat at their, their house. And then she feels like when she's in, not, that's not reciprocated and she's afraid food gets in the way. What she said is food feels like the barrier. Yeah. When she does cheat and she eats normal food, she feels unwell for days or week. So that's not really an option for her. And she's feeling like the kids maybe are kind of rejecting her daughter because of this food restriction. She wants to know if she should reach out to the parents or just let the kids figure it out.

Sarah Ballantyne ([00:43:44](#)):

I think there's an in between. So I think the first thing is having conversations with your daughter and really empowering her to advocate for herself and figuring out where that, like, there's almost certainly

some foods that your daughter can eat and not feel sick when she eats that'll be like normal hangout foods for some of her friends. So finding what that common ground is, I think is a really good step. What can we serve when your friends come over that they'll want to eat that food. Right. So figuring out what that is seeing where you can nurture friendships outside of birthday parties, I think is really, really helpful. What other things you can do to help your kid navigate like that, that time. And I, I have a, I have a tween, I have a teen and a tween daughter and that time is so challenging socially.

Sarah Ballantyne ([00:44:35](#)):

It's so challenging. And especially because they're maturing at different rates, like having any kind of maturity disparity just adds a whole extra complication to the matter. So helping your daughter nurture the friendships outside of parties. And then if you're friends with the parents, like definitely having that conversation with the parents, or even just reaching out with the parents, just like, Hey, my daughter would love to go bowling with your daughter this weekend. How does that work? What time works for you? Right. So trying to, to help make it not about the food and see what kind of bonding can happen outside of food can be really, really helpful and just know that your daughter may need help with the relationship part of friendship. Learning how to be a good friend is hard, is there's a lot. And with social media and texting and all the extra stuff, the, those poor kids have to get to navigate nowadays, it's really complex.

Sarah Ballantyne ([00:45:33](#)):

So just talking things through with your daughter and trying to understand, you know, where she needs help. I just had a conversation with my 12 year old about how to have conversations and text messages. <Laugh> you know, she was texting her friends and she, my friends don't text back and I'm like, okay, well show me, show me what you're texting. I said, Hey, it might be really helpful if you texted more than one word answers back, like I read your text and I think you're shutting down the conversation. I know you're not, I know that's exactly what you would say if you're in the same room, but it doesn't sound the same because it's a text message. So how can you, instead of replying yeah. <Laugh> to whatever that text was, how can you like expand on your agreement to what your friend texted so that you can propel the conversation? And it's just, it's a skill, right? Learning how to text is most, Ugh, come on. Let's face it. Most of us don't know how to text well, so, so helping your daughter develop those skills that are outside of whether or not foods in common are, are going to be enjoyed, right? What, what are the other places where you can help your daughter nurture those friendships is going to, to be really helpful.

Jaime Hartman ([00:46:42](#)):

Great. Thanks. I'm sure that's helpful hearing that from a mom in that same life stage right now, also dealing with that, I thought it was really, I, I, I just like, hadn't even thought of this, but what you said early on in the answer about, you know, work with your daughter, maybe do you identify, well, what food is served at your friend's house? And maybe there are some things you can't eat, you can't have all of it and feel good. Yeah. But there probably are some things that you can nibble on. So you feel like, you know, you you're part of the group, you know? So yeah. Do that. Yeah. What she

Sarah Ballantyne ([00:47:13](#)):

Said about sending food with her daughter, like, I, I still do that. Mm-Hmm <affirmative> know depending on where my kids are going, I still send them food or they know that if there's a treat that they're missing out on, all they have to do is come home and say, I didn't get this treat that everyone

else had. And we have a treat that night. I, I have a pantry stocked full of great options. And so we, we always, like, they've known that since they were toddlers, that if they're missing out, they don't need to worry about it. Cuz they'll get a treat when they get home. But yeah, I think, I mean, I think sending food with their kid is a great option, but I think figuring out where the commonality is in terms of, of diet, what, what are the things that all you need to do is send this version of that food, right?

Sarah Ballantyne ([00:47:55](#)):

Like maybe for, okay. I'll use a personal example. So we can do corn in our family. We're, we're all fine with corn, but two of us really, really, really, really, really can't do dairy. <Laugh> really can't do dairy. So it's really common if there's popcorn somewhere else, then it's gonna have some kind of dairy ingredients. So sending dairy free popcorn is a great option because then it's the same food. It's just a version that my kid can eat, that she doesn't have to worry about. The, her reactions to dairy are really severe. So it's highly motivating to not consume

Jaime Hartman ([00:48:32](#)):

It. <Laugh> yeah. Then you just inadvertently they're made another plug for why doing reintroductions is so important. Cuz you need to know this, you need to know like how important is it that I avoid this particular thing and not that other thing mm-hmm <affirmative> so you can live in the world. All right. We're gonna, we've gotten a couple somebody asked this and the Q and a and it had also been submitted. Yeah. So I wanna get to this question, Lisa submitted it. She said, this is a topic of controversy for the past few years. I know AIP includes eating organ meat and bone bro, because they're so nutrient dense, but I'm having a hard time reconciling studies and she she'd provided some links to us. Yeah. That show levels of lead and other heavy metals are high in organ meat. I have no way of knowing the animal that she's eating is expo if it was or was not exposed to these high levels of lead. And that goes for bone broth too. It seems that even if something was super nutrient done. So if it had a good chance of having high levels of heavy metals, it wouldn't be included in AIP. She wants to know if there are other studies showing that this isn't a concern or if these are not good studies or how should she reconcile this?

Sarah Ballantyne ([00:49:37](#)):

So yes <laugh> so funnily enough, I have a huge article that it was gonna go live with with Neu Travo exactly on all of the science. So these are all studies that I've read. And the, the main heavy metal actually that were concerned about an organ meat is CAD B. Although you can get high levels of copper and there is some lead, you know, it's, there, there is some heavy metals in organ meat, especially kidneys seem to accumulate or heavy metals faster than other organs. But the context is really, really, really, really important here. So first these studies are generally done in animals from very polluted areas. So there's a lot of studies from like Poland and the Netherlands, right? So areas that have traditionally had very, very high levels of pollution, couple of the studies she linked to are studies out of Iran.

Sarah Ballantyne ([00:50:33](#)):

And so these are, these are animals grown in highly polluted areas. And for example, the Polish studies come from the nineties, they then enacted a bunch of environmental protections and more recent studies show much lower levels of heavy metals in animals raised in those areas. So what these studies are designed to do is not freak us out about eating organ meat. <Laugh>, they're designed to help rationalize the need for higher levels of environmental protection in areas where we are growing food. The context is really important. So all of these studies show that the levels are well below levels where

that heavy metals could cause us any kind of health problems. And they're not necessarily translatable to if I don't know where she lives, but if you live in north America or Australia, or even Western Europe, you are not dealing with the same types of, of pollution in those areas.

Sarah Ballantyne ([00:51:26](#)):

So it's not translatable there. And very importantly, there's a lot of nutrients in organ meat that are the nutrients that help our bodies not absorb heavy metals. So I wrote this down iron, obviously very high magnesium zinc, alpha Lippo acid, very high in organ meat and calcium, which obviously we're getting from from different foods are all minerals that help to reduce the absorption of heavy metals into our body. And then things like circadian rhythm entrenchment, right? So melatonin is really important for, for affecting how our bodies process heavy metals. So making sure we're getting enough sleep and we're, we're doing all of the things to help entrenched circadian rhythms can be very, very helpful. So the important thing here is the levels are not high enough to actually worry about eating higher levels of heavy metal exposure actually come from plant foods.

Sarah Ballantyne ([00:52:18](#)):

So we're getting exposed to these things in vegetables. Tofu is actually the highest and the biggest source of heavy metal is smoking. So if you smoke, no that's bad. I, you probably have heard that before. <Laugh> <laugh> so, you know, putting these studies into context is really important because they're often used in an alternative health community for fear Moning purposes. So they're, they exist because they're intended to drive environmental protections because obviously if those areas continue to get more polluted, then the heavy metal accumulation in meat will get higher and higher. And then that's going to eventually cross a threshold where we do need to worry about the, those levels. We're not there now. So if you can, by local is really fantastic. And no, you know, know where your meat's coming from, but really this isn't translatable to the meat that's, that's raised in north America because we don't have that kind of level of, of pollution.

Jaime Hartman ([00:53:14](#)):

Yeah. Great. Thank you for that. That's very reassuring about the purpose of those, those studies is not to, to guide our individual choices, but to guide the larger, bigger picture. Yeah. Gosh, we're already almost time out of time. Let's just, just wrap up.

Sarah Ballantyne ([00:53:28](#)):

Let's let's go, let's go over a little bit. Let's make sure that we get to more of these questions. Okay. Cause there's so many fantastic ones. I, I really feel like

Jaime Hartman ([00:53:35](#)):

Okay. If you've got the time, we'll do that. Yeah. Let's talk, there were a couple questions about eating, like low gluten or gluten once in a while. Mm-Hmm <affirmative> Brandon had a question about low gluten communion hosts and Catholic churches. The, the gluten content is supposed to be at a certain level. The person is not celiac does not have Crohn's disease. Wondering if it's okay to have those. And then Kate had a different question, but I think it kind of runs along the same lines. Do you think it's possible for someone to have gluten every once in a while, like on a special occasion, like birthday or holiday dinner or something like that?

Sarah Ballantyne ([00:54:11](#)):

AB yes, I do. I do not think that all of us with autoimmune disease have to be strictly gluten free for the rest of our lives. I think the, you know, what we know about the genetic predisposition to non celiac, gluten sensitivity and how that crosses over with autoimmune disease, risk genes, probably a, you know, we're obviously the gluten sensitive in us are, are overrepresented compared to the general population. So it is going to be common for us to not be able to tolerate any gluten. That's definitely part of my own discovery through accidental exposure, not, not reintroductions. But, but I know people with autoimmune disease who have been just fine reintroducing, occasional gluten, or home baked sourdough, where the gluten is partially degraded, but not entirely degraded. So the only way you're gonna know how sensitive you are to small amounts of occasional gluten is to try it and see how it goes. Unfortunately that's, that's really all you can do. But do we all need to be gluten free forever? No. A large portion of us probably, but not all of us.

Jaime Hartman ([00:55:22](#)):

Yeah. Yeah. And I think that the, the story in there is that, you know, figure this out for yourself. Maybe don't wait until that occasion,

Sarah Ballantyne ([00:55:31](#)):

But maybe it's worth, you know, maybe a small reaction is, is still worth the piece that comes with taking communion, right? Like maybe that, that ritual and that that experience is, is helping to regulate stress. And you just know that you're gonna feel if for three days and you're gonna recover. You know, like you'll, you're gonna learn that about yourself and, and maybe that's still a trade that you're gonna wanna do. And if that is that's fine. No, nobody's, nobody is saying that you can't make a choice to eat something that doesn't work for you once in a while, but that somehow makes you bad or, or like not a good AIP. Like we've all I've, I have made choices. I have eaten things that I, I'm pretty sure I'm going, I'm gonna have a little, some consequences for that choice, but I have complex reasoning that goes into making that choice in the moment. You know, I'm at a wedding and I'm gonna eat this food, even though I'm pretty sure it's not gonna work for me, but how often do I get to watch my brother get married? Right. We, there are all types of situations where the calculus changes and this is why introductions are so important. Cuz you have the data that you need to be able to actually make that, that choice in that moment and make it a choice and not a compulsion.

Jaime Hartman ([00:56:45](#)):

Let's a jump to the reintroduction questions then. Yeah. So Joyce had, had wanted to know why they seemed to be more difficult for some people. Sarah was wondering if you would share what changes you personally believe helped you to be able to reintroduce foods that had been problematic in the past and then Sal wanted to know about the best way to reintroduce foods. And we've kind of already touched on that. Like there's no one robust way, but let's

Sarah Ballantyne ([00:57:10](#)):

Talk about re method methodical in some way is good, right? Like intentional is definitely the way to go. I think a food at symptom journal is fantastic. And outside of that, you know, there's obviously in my books, there's reintroduction protocols and on my website that none of us can read right now. <Laugh>, there's obviously reintroduced a lot of reintroduction information on, on what to look for and how often, and, and you know, the most systematic way to go about it. But in terms of like why reintroductions are so challenging for some people like why some people can get into the reintroduction phase and nothing's working, nothing's working, there's a couple of different things that can be



happening. One, there could be some kind of underlying health challenge that has not yet been addressed, right? Chronic infection, for example. So this might be the time to go work with a practitioner and see if there's something else that needs to be treated in some way that is not gonna get fixed just from diet and lifestyle.

Sarah Ballantyne (00:58:11):

Right? Diet lifestyle are very powerful, but they're, they, they can't fix everything. And we need to understand that on the AIP other things could be that some of the fundamental aspects of the AIP are not actually dialed in yet. So not actually getting enough sleep, not actually managing stress, not actually doing the nutrient density piece, which means that that person is, is still really in an active disease state because there's still too many barriers to being able to help regulate the immune system. So something like that could be happening again, that's a, you know, first step of troubleshooting is always like a long, hard reflection on how we're actually implementing the AIP. And then it's finding a good practitioner to, to work with, to, to dig deeper. So outside of that, we have one of two possible sort of psychological reactions to allergic reactions.

Sarah Ballantyne (00:59:08):

One is food avoidance. So we develop a strong dislike for that food. And because endorphins are also released as part of the stress and inflammatory response, when we have a reaction to a food, the other possibility is developing a huge preference for that food, loving that food, thinking that food is the most fundamental food you could possibly eat. And so we tend to have one of these two different reactions like, and it's completely subliminal, right? Developments of, of preference to a food when we're having a reaction to it. And so if it's a food you've been, you loved before the IP, you gave it up and you like were just gritting your teeth the whole time and you couldn't wait to reintroduce it. There is a likelihood that this is one of the most reactive foods for you and you developed a preference for it because of the biochemistry of having a reaction to the food involving endorphins, which are pretty fantastic and can help, you know, drive addictive behaviors and stuff like that, for example.

Sarah Ballantyne (01:00:09):

So it could be that you just, all the foods you were most eager to introduc happen to all be the foods that you had reactions to. And it's just really bad luck, but it understand that there, there is some physiology behind why those were the foods you wanted to reduce. So I suggest going completely, you know, take a hard left turn and try reintroducing something that you didn't eat very often before. That's not your favorite, right? Like not that you had a strong aversion to it either, right. But just wasn't, wasn't a normal food for you. Try go try lentils or right. Just try something that's really like completely different from the types of foods that you've reintroduced and then try something even different from that. Right. And just really take a few samples of some foods to reintroduce that feel really far away from the things that haven't worked and see how that goes.

Sarah Ballantyne (01:00:59):

And then the last sort of aspect of this is I think I, I think it can be really challenging to identify mild reactions to a food. Right. We can have that very like amorphous I kind of have a headache, but sometimes I still get headaches. Is this headache? Cause I didn't sleep well last night or is this because I reintroduced, you know, almonds yesterday. I'm not really sure if that's the case. This is the other thing that can happen with your deductions is we feel like we're not being successful, but maybe we are right. Maybe those symptoms are actually attributable to other things in our life. Cut that food out again and

try it again in a couple of weeks, if you have the same, not quite sure amorphous symptoms. Now you've got two data points. Maybe even wanna add a third data point to be really sure.

Sarah Ballantyne ([01:01:48](#)):

But then, then you've got something to really go on. Then you can say, okay, no, look like every time I have almonds, I have this, this mild headache the next day. I think that means almonds don't work for me. But if you don't have, maybe it was just stress or didn't sleep as well last night. Right. Ideally we'd only do reintroductions when everything's perfect, but the never happens. So don't let perfection stop you from reintroductions. So if you try it the next time and actually you feel fine now you've got data that actually shows that what you thought might have been a reaction the first time. Wasn't really.

Jaime Hartman ([01:02:23](#)):

Yeah. I always in coaching. This is, I, I always try to tell people, like when you do the reintroductions, you are going to have essentially three lists. You're gonna have yes. List. That was fine. I'm a hundred percent confident I can eat that food. Not gonna even think about it anymore. It's part of my diet. You'll have some nos mm-hmm, <affirmative> hopefully not very many, but hopefully they'll be really clear to you and you'll know for sure. But you're also gonna end up to that process having a whole bunch of question marks and yeah, just as means more information is needed. You're gonna have to try 'em again later and that's totally normal. We all have that.

Sarah Ballantyne ([01:02:56](#)):

And I have a huge collection of foods that I know I'm good if I eat it once a week, like that's how nightshades are for me now. Mm-Hmm <affirmative> like each nightshade. Right? So I only eat tomatoes when I'm on vacation. Cause I know my stress has to be very low for tomatoes to work for me, but potatoes or bell peppers I can eat each like maybe once a week. And then I'm, I'm totally fine. Twice a week I might start noticing some very mild symptoms and three times a week I'm I'm like, oh yeah, that was wait, did I have potatoes three times this week? Oops <laugh> that didn't work. Yeah. And so that's, unfortunately it's just experience, experience and time that, that, that teaches you that, and that real I realized I didn't answer the, the last part of that question, which is what have I done to make reintroductions work better for me?

Sarah Ballantyne ([01:03:40](#)):

Because I did have like the first couple of times I tried eggs, they didn't work. The first couple times I tried coffee didn't work and those are all things that I did eventually successfully reintroduce. Part of it was just time. So just enough time regulating the immune system. So just like we wanna try introductions when we have the, this disparity with cells, eventually these effector cells that are responsible for the reaction. They, they will mostly die off. And the memory cells that remember the reaction will go hang out in the spleen. If you have a healthy gut and you're not getting food antigen into your bloodstream, then food antigen never meets those cells in the spleen again. And you can actually like no longer have a reaction. This, the cells that responsible for allergies have a much longer life and are much more sensitive, which is why allergies, you can grow out of allergies, right?

Sarah Ballantyne ([01:04:32](#)):

Allergies can go away, but at a much lower rate than food sensitivities, which is a much more dynamic system. So part of it was time huge. Part of it was getting my vitamin D levels dialed in. If you have not had your vitamin D levels checked, I cannot urge you strongly enough to go to go do that because of

how fundamental vitamin D is for everything in our bodies. And making sure that you're rechecking, if, if you're supplementing and make sure you're supplementing enough and make sure you're not overshooting the mark. So getting vitamin D levels dialed in doing a lot better with resilience activities and managing stress in my life was a huge factor. That's always been my Achilles heel is, is the stress. I am a type, a personality who does enjoy doing everything for everybody and then finds myself doing everything for everybody <laugh> and realizing that it's a lot.

Sarah Ballantyne ([01:05:24](#)):

So I tend to, I tend to just go, yeah, there's, there's the swimming pool of stress. Let me jump off the high board and into the big, deep end of the stress. And I do it willingly and then I'm floundering. So so getting better at managing stress, which meant figuring out when to say no and improving how much of my day was dedicated to resilience activities. That's been hugely important in my life. And that's probably, that was probably the biggest things. Right. So working with a functional medicine specialist on, you know, doing the things that diet lifestyle can't do I think most notably vitamin D time and stress.

Jaime Hartman ([01:06:11](#)):

Yeah. Yeah. And I, I, for me, I have a similar story in that I had, there were things I could not reintroduce, but I am now able to eat for me. Probably the biggest single thing was finally getting a consistent, getting consistency in my sleep. Like really having consistency. Like, you know, everybody has a bad night every now and then, and things happen. But having that be the extreme exception rather than the norm that I had been living under made a huge difference. And it didn't happen overnight, but like overnight sleep, you're talking about sleep. That's funny, but you know what I mean? Like that, that was a big one for me that I had been in denial about for years. Like it's not that important, you know, I was sure of it.

Sarah Ballantyne ([01:06:52](#)):

That's, that's been a huge silver lining of the pandemic for me is that is the time where sleep finally, really was fully consistent. Yeah. Like the right amount every night. And you know, we've all gone through a, a really stressful few years. So just like we started our conversation at the top of of this Q and a, I think focusing on the positive is very good. And that is one positive that came out of the pandemic for me.

Jaime Hartman ([01:07:16](#)):

Yeah. speaking of the pandemic, let's let me know when you're you wanna stop cuz I know I'm, we're going over. Why, why

Sarah Ballantyne ([01:07:23](#)):

Don't we go like 15 more minutes? Cause I know there's,

Jaime Hartman ([01:07:25](#)):

Some's 15 more minutes in there. Yeah. So we had a couple of people who ask questions about post COVID issues. Mm-Hmm <affirmative> I know we're not gonna have exactly the answer for them of course, but I think I'm, I'm curious to know what your, your experience is about this. Colleen wants to know if you have any suggestions for post COVID fatigue. It's been six months. She also has lupus Rana, this Ren has been dealing with post COVID headaches for 22 weeks. Any suggestion on how to get rid of

them would be wonderful. She says, I have them every single day. The severe severity is pounding to spiking to severe with no pattern.

Sarah Ballantyne ([01:07:59](#)):

So we are still learning about long COVID I think is, is the first and foremost, there are definitely some autoimmune features. So it could be a new autoimmune disease, but there's also some interesting changes in blood cells and blood clotting that can be driving a lot of these. And then there could just be right long persistent infections and it's likely that long COVID is a like there's different types of long COVID that has different causes. So thinking of it like chronic fatigue syndrome, like an infection driven autoimmune disease, I think is probably good, a good way to think about it for most of us because the action steps are, are then very appropriate. Like I think the AIP is, is very helpful. I realize we're already talking about following the AIP and having long COVID symptoms, unfortunately.

Sarah Ballantyne ([01:08:55](#)):

So I, I spent some time looking up supplements that can be particularly helpful. So I'm gonna say like first, right, like sleep, stress management whatever activity feels appropriate for however many spoons you have that day, right? What the, the, how much energy you have, what, what does, what is where you are for the day? Because knowing when you're dealing with this type of challenge, what is too much is going to be very different than what is too much or what was too much before. Right. so making sure that all of those lifestyle things are dialed in for the fatigue, there has been some really good studies looking at B vitamins, which of course really important for Celio metabolism, vitamin C vitamin D again, just making sure your levels are good and supplementing accordingly acetyl L carnitine which is a non proteinogenic amino acid that is very important for, for energy and muscle health and hydro Tyros, which is a phenolic compound extracted from olive.

Sarah Ballantyne ([01:10:01](#)):

And there are some studies looking at combining all of those. There's a couple studies using a supplement called a portal, a P P O R T a L. That basically is sort of a collection of that with some more really like immune important like zinc, selenium minerals. So it is a nutritional supplement that is very much geared at improving cellular energy, which of course will then translate to full body energy. So those are the things that I, that I was able to find very, very quickly in terms of supplements that have been evaluated specifically for long COVID fatigue for headaches. I definitely think it's worth talking with a doctor and like making sure that this is not a micro clot situation, like getting an MRI, like just, just rule out the scary things I think is really important. Always like always get to go to a doctor to say, Hey, yeah, here's all the things that I'm going through. So, so that I think is definitely something to, to just make sure just, just double check it's highly likely. And I also,

Jaime Hartman ([01:11:04](#)):

I would also suggest it with the fatigue one too, because maybe it's something else maybe you're anemic and it's actually kind, just happened all at the same time.

Sarah Ballantyne ([01:11:12](#)):

So yeah. So always, always, always the conversations with the doctor, rule out the other things that they're, you know, with anemia, it's ruling out something that's relatively straightforward to treat you know, with, with headaches, you'd be ruling out something that might be more, you know, you might need to take a blunt thinners, right? Like that it might be something else. Right. But like just ruling out

the things that your doctor can help with a treatment plan and, or ruling them in by right. Doing that testing, I think is really important. So then looking at nutrients where deficiencies can manifest as headaches, as well as in people who suffer chronic migraines, what nutrients have been shown to be helpful. This is the collection. Again, it's vitamin D making sure that we check and get those levels dialed in with headaches. It's vitamin B2 deficiency can cause headaches that's rib Flavin, B3, niacin supplementation has been shown to improve migraines as well as B12.

Sarah Ballantyne ([01:12:13](#)):

Magnesium deficiency can cause headaches, hydration let's oh, wait, that should have started with hydration. Make sure you're drinking enough water. Yeah. so magnesium Coke, Q 10 supplementation has been shown a headaches, have a have vascular features, right? So any nutrient that's really important for, for vascular health is gonna be helpful for, for migraine headaches. So that's where Coq 10 comes in and then interestingly carnitine and alpha Lippo acid. So Carine again, which we just talked about alpha folic acid is found in organ meats <laugh> and some other foods, but you're gonna get a lot of it. Alpha acid is also really important for blood sugar regulation and omega threes which is just very important for cellular health in general at vascular health and central nervous system health. So all of those things, so those are all of the nutrients that have been shown to be beneficial for headaches.

Sarah Ballantyne ([01:13:07](#)):

And again, we're not medical professionals always check with your doctor before you start any type of supplementation. Might be really what helpful to, to keep a food diary, something like chronometer or my fitness pal that will give you how much nutrients they're not gonna have Carine or of poke acid in their, in their databases. This is something that we're building with a neutro database is all of these other nutrients that are in foods, but it's, it's not part of the U S D a food central database where all of those apps draw their data from. But you'll get, you'll get the B vitamins, you'll get magnesium you'll get omega threes from, from those types of apps that will help track nutrients and see if you can identify like, you know, do three days to, to seven days and see are you actually meeting the RDI of those nutrients, knowing that you might still be insufficient because there are a variety of situations that increase our nutrient needs.

Sarah Ballantyne ([01:14:03](#)):

So hitting the RDI, isn't automatically guaranteed that it's actually enough for you. But that's a good place to start, right? Is, is do a food journal and just see if there's some obvious points where, Hey, look, I'm not getting enough of this. I'm not getting enough of this. Then identify food sources. What is the food that I can be eating more of in order to get that? And then look at supplementation, check with your doctor you know, make sure they're on board. Most of these things, right? Water soluble, vitamins doctors, never worry about because if you have too much, you just pee it out. And then with everything else, right, cocuten carnitine there there's studies showing that therapeutic benefit from a very wide dose range. So if, as long as you're somewhere in the middle of that dose range or the low end, a a, doctor's generally not gonna flinch, but your doctor knows your full medical history will know if you have any contraindications to any of those, which is why it's really important because every once in a while, right, you don't wanna take Carine if you have kidney issues, right?

Sarah Ballantyne ([01:15:01](#)):

So every once in a while, you there's gonna be some kind of health history that is gonna mean that supplement is not a good idea idea, which is why our doctors are fantastic members of our team.

Jaime Hartman ([01:15:12](#)):

Yeah, absolutely. A couple things came in in the chat. Anna wants to know if the, the supplements can be sent in an email are posted somewhere. You're gonna get an email with a link to this recording, and I'll also have an automated transcript made from this too. So you can skim through that. So I think that's gonna be the best way to get that. So you'll get an email with that. JD wants to know if vitamin C can be tested for, in a blood test. I don't know it can't right. There's no, as far as we know, she said her doctor said no, and I'm pretty sure that's true.

Sarah Ballantyne ([01:15:41](#)):

So in a standard blood test, no, you could do something like a spectra cell analysis with a functional medicine doctrine, and I'm pretty sure vitamin C is included on that. And what they do for the spectra cell analysis is they take your red blood cells. I'm pretty sure it's red blood cells, not white. I'm pretty sure it's red. And they grow them in depleted media. So they grow them in like 20 or 30 different growth media. So growth media would normally have all the nutrients the cells need to, to keep being viable, but each one will be deficient in one thing. So vitamin C copper selenium zinc. So depending on how, what the storage is in those red blood cells of those nutrients, they will die off faster or slower in that depleted media. So then they measure cell viability and they go, okay, like you had, these cells were really unhappy in this vitamin C deficient media, which means that your vitamin C levels could be higher. So that is the type of test that a functional medicine doctor will typically recommend. But I don't think there's a standard blood test for vitamin C levels, at least not that I'm aware of, but I'm not a, I'm not a, a expert on blood tests. Yeah. So

Jaime Hartman ([01:16:53](#)):

Also far as I know too, that's not something that they can tell vitamin D you can definitely test for. Yeah. Vitamin D is the one kind of outlier in this conversation in that it is theoretically possible to have a toxic overload of vitamin D. It's just extremely, extremely rare when people take supplements, but it is something that like, if I'm gonna really kind of follow like my nutrition background, I need to say you shouldn't just take mega doses of vitamin D without knowing whether you need 'em or not, but

Sarah Ballantyne ([01:17:22](#)):

Test retest.

Jaime Hartman ([01:17:23](#)):

It is a pretty uncommon thing to happen, but that's a good idea. And then yeah, we're, we've got a bunch of other things to that people asked. There were several people who asked questions about meat. So do you wanna talk generally about, you know, meat one, can you be a vegetarian on AIP, if you are eating meat and your budget doesn't allow for all perfect meat? Is that okay? Kinda generally

Sarah Ballantyne ([01:17:48](#)):

That, so let's,

Jaime Hartman ([01:17:50](#)):

I know it's a huge topic for,

Sarah Ballantyne ([01:17:52](#)):

I know, three minutes, let's, let's start with, let's start with, there are nutrients that we get from animal foods that we can't get from plant foods and nutrients we get from plant foods that we can't get from animal foods. And it's, it's a lot of lesser known nutrients from animal foods, so, right. Like there's B12, there's Coq 10. But there's right. There's Carine and Carine and Toine and answering and ornathine, and like all these different peptides and non proteinogenic amino acids that are really, really important that have a lot of rules in our bodies. And so we really do need both to be healthy. That being said, a diet that's about three quarters plant foods, and one quarter animal foods will supply the nutrients that we need. So it doesn't need to be all meat. A three to four ounce serving per meal is sufficient to, to meet those nutritional needs.

Sarah Ballantyne ([01:18:46](#)):

So if you wanna reduce meat consumption, it's getting more and more expensive these days. That that is okay. That's, that's gonna be right. In terms of being a vegetarian, I'm going to say, can I raise you pescatarian? I think pescatarian AIP is fantastic. I think it's a great way to go. You're definitely gonna meet all your nutritional needs by including some fish and shellfish. And I, I like, I think it's awesome pure, like lactose over vegetarian. I think you you're, if dairy and eggs work for you in reintroductions, then I think there is a path there, but you may need to do some supplementation with some of the nutrients that especially that are predominantly found in red meat. So just understand that there's still some nutrients that you're, you're gonna be missing out on you know, vegan.

Sarah Ballantyne ([01:19:40](#)):

No, I, we just there's, there's nutrients that we're just are gonna be impossible to get. There's no way to supplement them. And they're just so fundamental to our health. Does meat need to be the highest quality? No, you're getting more benefit out of choosing these healthier foods, health, you know, vegetables and meat and seafood. You're getting so much benefit from just making those choices, the difference between the conventional option and the, you know, organic locally grown in season, a grass fed wild caught, like that difference is very small compared to the difference of I'm eating meat and vegetables and, you know, and fruit com compared to what the alternatives are. So if that level of quality is not financially accessible or practically accessible, don't worry about it. You know, the like, yes, would we all avoid pesticide residues in our food?

Sarah Ballantyne ([01:20:34](#)):

Ideally like, yes, but the science right now says that the amount that we're getting exposed to in our food is not not causing health problems. That's where the science is right now. The, the immune toxic sort of pesticides and, and fertilizers are being used are only problematic with occupational exposure or the ones that have already been banned. So it, at this point, I ideally, yeah, ideally we'd all eat the best food <laugh>, but it's, I don't eat all organic. I don't eat all grass fed. So it's, it's really challenging to, to hold ourselves to that level of standard. So give yourself permission to make the AIP fit into your life rather than to completely rejig everything about your life, including your budget, to be able to fit the AIP.

Jaime Hartman ([01:21:24](#)):

I think that is a great thought on which we can wrap this up, that idea that perfection is not the ultimate aim of this, and it is not,

Sarah Ballantyne ([01:21:36](#)):

I would argue

Jaime Hartman ([01:21:36](#)):

Necessary.

Sarah Ballantyne ([01:21:37](#)):

I would argue that the, the searching for perfection with the AIP is where we run into trouble. Mm-Hmm <affirmative> you know, I think like we need to acknowledge that the AIP framework for, you know, I came into the AIP with a history of binge eating disorder. If you have one eating disorder, you are more likely to develop, to develop other eating disorders and being able to, to navigate this framework and not develop orthorexia. Like I win, I win all the points for that, but it was not easy. It took giving myself permission to not be perfect and understanding that we're human. I mean, humans bond with food, we celebrate with food. We, we nurture our loved ones with food, you know, understanding that food is such an integral part of our lives. And that might mean that we wanna have a treat it's it's okay to it's okay. To make the best choice most of the time and make a better choice sometimes. Yeah, yeah,

Jaime Hartman ([01:22:38](#)):

Yeah. Cuz sometimes the best choice is not the same choice as you would've expected. It's always, it's always shifting. Yeah. You know,

Sarah Ballantyne ([01:22:48](#)):

Keep, keep in mind stress and sleep and activity and, and sometimes the least stressful choice is not the best food choice in that moment. We're making a trade. So also all of our choices are complicated and it's okay if they're complicated and it's okay for just doing the best we can. Yeah.

Jaime Hartman ([01:23:06](#)):

So thank you so much, Dr. Sarah for this Asad check coming, please remind us how to support Dr. Sarah. Yes, absolutely. Us send that out in the email. There'll be link. We'll be right there. You're gonna get an email with a link to this recording and also a link to go to her Indiegogo website, so you can support her as well. So

Sarah Ballantyne ([01:23:24](#)):

Yeah. And thank you. I mean, thank you Jamie, because this was very, very fun and what a fantastic collection of questions. Like I know there were so many more than we even didn't get to, but just such thoughtful questions. I love just how engaged everyone is. And it's wonderful to just be able to have this conversation and be able to nerd out and and be like, well, my website's not a resource here for you. My, my brain still gets to be, so I, I feel really good about being able to, to just be here and answer questions. I love how just dynamic this whole conversation has been. And I wanna thank everybody watching for your support in helping us rebuild theum.com because we really can't do it without you. Great.

Jaime Hartman ([01:24:13](#)):

All right. Thank you. Thanks everyone. Have a great day. All right.