



Healthy Moms Podcast

BY **Wellness Mama**[®]
simple answers for healthier families

Episode 150: Debunking the Myths About
Gallbladder Disease with Deborah Graefer From
GallBladder Attack

Child: Welcome to my Mommy's podcast.

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This podcast is brought to you by Vivos. This is something we recently invested in for our entire family and we are absolutely loving it and here is why. So, data shows that the nutrition we receive in utero determines our palate development and how narrow or open our airway and jaw structure are. So a narrow mouth, jaw and airway increase the chances of needing braces, of getting sleep apnea, breathing difficulties and much more. But it was pretty much assumed that your jaw structure was set in stone once you were born or for sure after the first couple of years of life. But Vivos has found that not only is this not true, but they created a non-invasive, non-surgical, easy way of widening the maxilla, the jaw and the airway. So for our kids, this means that they get to avoid the braces that my husband and I both had and for my husband, this means his sleep apnea has disappeared and he stopped snoring, which is a bonus for me. I'll be writing more about this soon but you can check them out, in the meantime, at wellnessmama.com/go/vivos

Katie: Hi, and welcome to the "Healthy Moms Podcast." I'm Katie from wellnessmama.com, and I am here today with Deborah Graeber. She trained at the Pacific College of Oriental Medicine and graduated Magna Cum Laude. She became interested in gallbladder problems based on her own digestive issues from early childhood. She started her website, gallbladderattack.com, in 2001 to be able to reach more people with what she's learned. And she's now helped thousands of people from all over the world alleviate the symptoms of gallbladder pain. Her practice is now devoted exclusively to gallbladder related diseases, and she specializes in uncovering the underlying causes such as hypothyroidism, Hashimoto's, food intolerances, leaky gut, and toxicity. So, welcome, Deborah. I can't wait to chat about this.

Debbie: Yes, thank you.

Katie: Yeah. I think this is such an important issue, especially for moms, because whatever the reason, there seems to be a higher incidence of gallbladder problems around pregnancy and postpartum. So, I think I'd love to just start with the basics. I know a lot of people struggle with this. But let's talk about some of the reasons that someone might struggle with a gallbladder problem. I know you've said there's a lot of myths surrounding what we think we know about gallbladder. So, let's start with what are the actual problems.

Debbie: What are the actual problems or the myths?

Katie: Let's start with when someone is experiencing, for instance, gallbladder pain or a gallbladder attack. Can you kinda walk us through what's actually going on in the body?

Debbie: Sure. Well, actually, that's a little bit difficult. But if it is actually a gallbladder attack, it's usually...well, I'll run through the symptoms very quickly. Right-sided chest pain below the rib cage. That pain can go back into the shoulder blade or anywhere in the right shoulder, actually, and right or left side. But usually, the most typical is right in the back, in the shoulder blade, behind the gallbladder. You can have nausea and vomiting, gas, belching, burping. The pain is usually excruciating and can take people to the ER, and it lasts at least 15 minutes up to, actually, 24 hours. Most common is 15 to 4 hours. And it's actually rather scary. So, a lot of people, when they're told they should take it out tend to agree with it because they don't wanna experience that pain again.

And then, you know, one of the myths, which I'll go into right here because you asked me what's going on, one of the most common things that happen is that there's a stone stuck, a stone that is trying to travel from the gallbladder down the bile duct to get out through the bowel. It can get stuck in one of the bile ducts and the...that tightening. They say in Chinese medicine, wherever something is stuck or stagnating, there is pain. And the sharper the pain, the more it's a substance as opposed to the energy that's stuck for example. And that's certainly the case with excruciating gallbladder pain. Now, the interesting thing is it doesn't always have to be a stone that causes that, but that's the most common thing that's going on. And it's very frightening for people.

Katie: Yeah. I can imagine. I remember, when I was young, my dad had his gallbladder removed. I think I was in, maybe, in junior high. And I remember he was in a lot of pain. And then, basically, the doctors told him that the gallbladder doesn't really serve a purpose in the body and that it was safer to take it out. And I'm curious what your take is on that because I'm definitely of the belief that everything in the body has a purpose. I know...I had my tonsils taken out as a child and now I've learned all these things that tonsils do in the body. So, is that true that the gallbladder is kind of an unneeded organ or what does it do for our bodies?

Debbie: Well, I agree with you that everything's there for a purpose. And when they say that it's not really needed, what they're saying is you won't die without it and that you can still digest and go on with a "normal life." Well, I get all the phone calls of people who are having very abnormal lives afterwards. And I'm not so sure that the surgeons get to hear that, right? They go back to their doctor, but not back to the surgeon. So, I think there's a lot of misconception about that. But the function of the gallbladder is, you know, we think of it as something that stores the bile. It actually stores the bile. It concentrates the bile and it controls or regulates the secretion of bile. So, if you have more concentrated bile and then you eat a fatty meal and the gallbladder secretes that bile all at once into the small intestine where you're trying to digest that fat or the protein, then it's actually a better quality for that purpose than the bile that comes just from the liver. Now, bile, the reason they say you can take it out is because bile does continue to be made in the liver and flow from the liver, and now it just bypasses the gallbladder and goes straight down into the duodenum, into the small intestine.

But that in itself can cause problems because, number one, some people have a problem where because it's not being stored, it drips constantly. For other people, it like...they'll eat a meal and then, all of a sudden, it dumps. It's called bile dumping. And that causes them to rush to the bathroom and they, you know, it's like they can't eat anything without running to the bathroom and staying near a bathroom. And I get a lot of calls on that, so to me, it's common. But I think, across the board for everybody who has it removed, it's not the most common thing. But it certainly happens and happens frequently enough that it's cause enough to avoid removal if you can help it. But the other thing that is not known, so it's really not known even that much in the

medical field, and I'm gonna say more around natural practitioners, and clearly, the physicians don't think it's that important. But it also has a protection effect on the whole body in that it changes the bile. It accumulates the toxic bile.

And there's a balance of bile in the body that is water-soluble and fat-soluble. And the gallbladder plays a role in that. So, when you remove the gallbladder, you no longer have gallbladder bile, which is not only thicker and more concentrated, but it's also more balanced bile with more water solubility. And the fat-soluble bile is more toxic. So, once the gallbladder is out, that's where you end up with a real imbalance of bile, although we do have it with any gallbladder problem. So, certainly, there are times when the gallbladder just needs to come out and times when it's not working anyway. But afterwards, you have this toxic bile that causes more problems. And it's very much known that there's more cases of heartburn and GERD, and actually, what's called DGER. It's like the duodenal reflex up into the stomach, and then from the stomach up into the esophagus. And that happens because inflammation from that caustic bile causes something in the sphincters like inflammation and less ability to contract and do their job properly. So then, you get this backflow of bile going places where it shouldn't.

Katie: I got it. Okay. So, I'm curious. My husband had his appendix out several years ago. And basically, we found that they kind of diagnosed that based on symptoms. If you go to the ER with lower right-side pain and nausea, and the symptoms he had, they pretty much assumed was the appendix, and take it out. And then they could verify it once they're in there that the appendix looks inflamed. And they could check your white blood cell count, but it wasn't like there was a black and white test if your appendix is definitely inflamed. So, I'm curious, when someone is presenting with gallbladder problems, is there a way to actually clinically know if something's wrong? And how might someone in that situation know how bad their gallbladder is and if it is working or not?

Debbie: That's a really good question because, in a way, the answer is no. Certainly, there's a lot of testing you can do, but not everything can be seen. So, they can tell from an ultrasound, for example, if there's gallstones. That doesn't mean the gallbladder is bad. And in China, they do a lot of other things other than just gallbladder removal. They do things to remove the stones and they do things to dissolve the stones, and that's just not done here. It's just, you know, they assume that once you've had gallstones, you'll always have gallstones. They'll keep coming back. But they're also assuming that nobody is willing to work with their diet and make any lifestyle changes. And certainly, I've had patients like that. It's like just, you know, "If I can't eat my hamburgers and whatever, just take it out." And they don't wanna do what's necessary. But you know, for example, with an ultrasound, they can see whether there's a fluid surrounding the gallbladder, which could tell them that there could be some infection going on. And they can see whether there's inflammation. But there's...what I hear is once they've had it removed, they say, "Oh, yeah. They found out that it was actually infected and pusy. And it could be totally necrotic, like, it's just dead tissue." And those need to come out, but they can't always tell. Unless you're actively in the infection stage and showing white blood cells in the lab work, they can't tell.

Katie: So is it possible then for someone to have gallbladder stones and not have symptoms? Can those exist in a gallbladder that's otherwise functioning?

Debbie: Oh, totally. Many people go through life. It's more common to have asymptomatic gallstones than to have them be symptomatic.

Katie: Okay. So, just an ultrasound that showed gallstones, like if someone was presenting symptoms, that wouldn't necessarily be a reason to get your gallbladder removed if you're willing to make the dietary changes basically?

Debbie: No, it wouldn't. Right. And the other thing is, too, that sometimes people will go in with excruciating pain, because this was your question is, "How do you know clearly with the amount of pain that someone can get into with a stone trying to pass through the bile duct?" It is just so painful that they're going to think that this is just very serious. I mean, it's not that it can't be because the bile can back up and so on. But in terms of the gallbladder being diseased itself, that's not necessarily the case.

Katie: Okay. So, I'd love to go a little deeper on what actually creates these problems in the first place because I know from what little I remember when my dad went through it, they pretty much said like, "It's fat in your diet that causes gallbladder problems and it can't be fixed. And you just have to have it removed." And I'm guessing you have a better answer than that. So, I'm curious, what are some of the things that cause gallbladder problems in the body to begin with?

Debbie: Well, that's very interesting because still, to this day, they talk about the four Fs, which is fat which causes gallbladder problems, being female, being over 40, and being fertile. So, women who've had more children, because of the hormones at play, are more susceptible. But I have a list on my website of more than 30 different causes. Low thyroid, for example, or Hashimoto's, both of those can contribute to a slower functioning gallbladder, and then the bile can stagnate and form, you know, become sludgy, thick and sludgy, and then form stones. There's research to that effect that low thyroid can end up in gallstones and a low-function gallbladder. So, it's not always just gallstones. It can be low functioning as well. Even low stomach acid, which really means that...look how many proton pump inhibitors or antacids are being used today. And the gallbladder actually relies on the acid. It's one of the things that contributes to gallbladder function is the hydrochloric acid in the system. So, when we're stopping that or taking antacids to stop the acid, then we're really just asking for more problems with our gallbladder.

Food sensitivities is a big one, you know? Like gluten and dairy, these things...I had a woman call me one time and ask me, "Look, I don't understand why I have gallbladder problems because I eat so healthy. We live on a farm. We eat vegan. Everything's organic." So, you know, a lot of these different calls I've had over the years have led me to deeper research, even some of it, which was years old and still applicable such as food allergies. So, what happens is even though you may be eating "healthy food," it may not be healthy for a gallbladder. There are different...for example, eggs are number one. 95% of gallbladder people who eat eggs will have a reaction to them, whether it puts them into an attack or just makes them feel bloated or whatever. But 95% of people with gallbladder issues will react to eggs. And eggs are known to be healthy apart from the cholesterol, right? But it's not even necessarily the cholesterol that could be an allergen to the egg protein. So, you know, low-fat yogurt people think is...it's like, "Okay. I can eat that." Even though I tell people get off dairy, they'll say, "Well, but I'm eating low-fat or nonfat yogurt." Well, if you have a reaction to dairy and you're not really aware of it, then that causes inflammation. Anything that you're eating that your body reacts to will cause inflammation and inflammation contributes to the problem.

Katie: That is so fascinating.

Debbie: Yeah. So, gluten intolerance, for sure. You know, gluten is a big one and it's not...I mean, I'm sure

you've done a topic on that. It's so big and a lot of people think it's overdone. But I can tell you from experience that it really contributes a lot to digestive issues, including the gallbladder. It's not just the leaky gut, for example.

Katie: Yeah. I'm with you on that one. I'm fond of saying that gluten is not a food group and neither is dairy in a sense, that you can get all the same nutrients from other foods. So, I think that's a good point. And I see that as well, not from the gallbladder side, but just from the moms of kids with food intolerance, that gluten and dairy both still seem to be on the rise, at least with I've seen. And I feel like you just connected a ton of dots for me because I've always heard that gallbladder problems are worse around pregnancy and postpartum. And when you said that about HCL and hormones, that everything falls into place. Because I know from being a doula and working with midwives, you have a little bit decreased stomach acid production already when you're pregnant. And then so many women take antacids if they get heartburn when they're pregnant. And then you already got the hormones going on. So, that makes perfect sense that you could have an increased chance of a gallbladder problem. That makes perfect sense.

Debbie: Well, I actually have a kit that I made. It's called the "Gallbladder Pregnancy Kit," which includes hydrochloric acid. So, it's basically a support for digestion and bile salts, which will help...and beets. And those two things will help to keep the bile thin and moving. But at the same time, I've just added some taurine to my bile salts because taurine helps to change the toxicity of the bile. So, keeping the bile thin and flowing and trying to keep it more water-soluble than...fat-soluble bile, they also call it lithogenic or stone-forming bile. So, you wanna lean towards the side of more water-soluble bile. And during pregnancy, that's one of the times that you can get into trouble and get a stasis of bile. So, doing whatever you can. And exercise, of course, keeps bile moving, too, so...and it can be difficult in pregnancy to get enough exercise unless you have other ones you're running after.

Katie: Right. That makes perfect sense. So, I'm curious. So, you said people can have asymptomatic gallstones and be fine, and that people can have even...have had gallbladder attacks and it could be caused by an intolerance or hormones or other factors of thyroid disease. So, I'm curious, can people recover from this? Like, if someone's gotten to that point where they definitely have something going on in the gallbladder and they're willing to address it with diet, are you seeing people who can recover from that?

Debbie: Oh, yes. Many. Thousands. Yes.

Katie: That's amazing. So, kind of walk us through the system. I know there's different levels of severity. And I wanna talk about avoiding gallbladder problems as well because I think that's something that all of us could focus on. But if someone is having gallbladder attacks, or even just is having that pain and those symptoms and suspects they might have a lower-functioning gallbladder, what kind of things do you take them through? You mentioned gallbladder flushes and things that they do in other countries. So, where do you start with them?

Debbie: Actually, flushes are done here, too. It's not so much flushes they do in other countries, but they...I mean, medically, they actually give herbs to dissolve gallstones and they do surgery to remove the gallstones through the gallbladder, from the gallbladder itself. And then, if they add acupuncture to that and they add herbology to that, then they get even better results. So, there's research done on that in other countries. In this country, we tend to just opt for the simplest thing, let's just take it out. So, what else were you asking me?

Katie: Just kind of like what's the process? So, obviously, you're trying to identify food intolerances, see if there's an underlying thyroid thing. But especially for someone who's maybe in that acute phase, who is having that pain and is pretty scared, what are some things...obviously, I'm gonna link to your website in the show notes because I know that's a scary situation. So, anyone who is there can find you, but just kind of walk us through your process.

Debbie: Well, there are several things that you can do to get out of pain right away. And people who subscribe to my newsletter, one of the first things they'll get is a newsletter that says, "How to Get Out of Pain Now." And there's like a position, for...the first thing you wanna do is get out of pain. Yes, you have to address it. Yes, you have to...there's several things that need to be done. Like, you need to see a doctor, find out what's going on, and get a diagnosis. Find out is it stones or is it not because a low-functioning gallbladder with the bile trying to get out, but it's not...the gallbladder is not pushing it out, that can cause as much pain as a gallbladder attack itself. It can feel the same. And likewise, there's a condition called "Sphincter of Oddi Dysfunction." And that happens more frequently after the gallbladder has been removed and the sphincter that is not working properly or gets stuck and spasms or is too loose, it's not working properly, that can actually cause the exact same symptoms as a gallbladder attack, that excruciating pain in the upper right quadrant. And it can happen with or without a gallbladder. So, these things do happen.

So, finding out what's going on is the first thing. Knowing that when you go in, usually, what they'll do if you go in in an acute gallbladder attack, they usually just find out what's going on, and then they will tell you, usually, to come back later, right? They'll give you pain meds. They'll help you through it. Tell you to go home and they'll schedule you...tell you to go see your doctor and will schedule you down the road for surgery. Unless they see something else severe going on, they don't usually take it out right away. And the reason for that is because so long as there's inflammation going on, there's much more chance of making a mistake during the surgery. Because all of those ducts that crisscross each other can...you can miss the wrong duct. It happens. So, I think that's really important for people to know, that if they go into the emergency room for surgery, unless the doctor has a really good reason why it can't wait until next week, that you should just get pain meds and go home and let it settle down, and then schedule for later. It's during that time that I tend to get the most calls, and people wanna know what they can do.

So, that email that gives you a position for getting on, sort of, on all-fours, it's kind of a child's pose in yoga but your chest is on the mattress or on the floor and your butt is up in the air, and that causes the gallbladder to fall forward, releasing the pressure that's pushing on the nerves behind. And that can work in seconds. That doesn't take away the issue. It doesn't move the stone...I mean, it can actually move the stone if the stone is somewhere that it can fall back into the gallbladder. It's not the end. But then there's things like flaxseed tea, which is a recipe I got from a Sufi Sheikh in Jerusalem. And that can really help to stop the pain right away. One of the problems with that...I had a friend call me once and said, "I was having gallbladder symptoms and I took your flaxseed tea. And now, why would I do anything else? I'm fine." And that's really the danger because you're not out of the woods just because the pain has stopped.

And so in a way, it's doing a disservice to people because you want...I think that one of the best things about the pain is the fact that it motivates people to make these changes, to change their diet, to look at what's going on, to actually get a diagnosis, and clean up their diets and clean up whatever they're doing if they're smoking or they're not exercising because being sedentary is a real issue. It causes gallbladder problems. So, I think that's kind of the thing to do. And I don't recommend a gallbladder flush when someone is in pain like that, right? There are a lot of people who do them. They want to do them and that's fine. I don't discourage

people from doing them. Unless someone calls and is really nervous about it, and I discourage it. I said, "Look, don't do it."

Because that person is going to be a lot more nervous. And when they're nervous, then they're going to have a constriction of muscle and of bile ducts. And they're the ones that are more likely to actually have problems. So, flushes are okay. I prefer to have people work on other methods like using castor oil packs, for example, to reduce the inflammation, and taking product supplements that can help to lower the inflammation, that can help to increase the functioning. For example, if you're taking hydrochloric acid, that can help with the functioning of the gallbladder and thinning the bile and dissolving stones. You know, these kinds of things can be done and should be done, I think, before doing a flush. Doing preparation before a flush is really important.

Katie: Okay. Got it. So, there's a time and a place for the flush. That was gonna be my next question. I know these have gotten more popular lately, the whole liver-gallbladder flush idea. And so there's a time and a place, but you would say not during the acute phase of an attack and only if a person's prepared for it basically?

Debbie: Yeah. Yes, exactly.

Katie: Okay. Awesome. So, if someone is willing to address it, like, all these things that you've just mentioned and they're working with you, how long might it take for someone to start feeling better and then actually to start recovering?

Debbie: Well, we get results from people who take the 30-day gallbladder solution, which is working with both the diet and taking supplements that help to thin the bile and get you out of pain more quickly. People can get results with that within a day or two. And that's all that I think they need, is they need to be able to see that they can get out of that excruciating pain, and then they can make a decision of whether they want to see what can happen over the next month. It depends on the problem but, you know, month to six months, and see if they can get control of it. Because the worse part of a gallbladder attack is the fear of another attack. So, once people have had that experience of being able to get out of that pain and to calm everything down, then they can make a clear decision, "Do I wanna remove this? Is there a reason why I should remove this? What's really going on underneath there? Or shall I just take my time and try changing my lifestyle and see how that works?"

Katie: That makes sense. And I'll make sure we link to your website so people can find that if they're concerned. I think that's a really good solution. And I love that you mentioned castor oil packs. Because I've never had gallbladder trouble, but that's something I researched my way into, just in different health treatments that I've tried. And I think that's an amazing treatment. I'm also curious, do you ever do anything with enemas or colonics or anything that would move things around or is that contraindicated with gallbladder?

Debbie: No, not at all. Coffee enemas are really terrific. They can help to flush the bile really well. Coffee enemas are known for increasing glutathione from the liver, the secretion of glutathione, and within the bowel can be 600% to 700% more. So, it's a great thing for cleansing and just for detoxifying. But at the same time, it helps to move the bile and to...I recommend after gallbladder removal that people do a series of 21 days of coffee enemas because it helps to flush the bile ducts from the liver. But certainly, you don't have to wait to have your gallbladder out to do coffee enemas. They're very helpful when you have gallbladder

problems as well.

Katie: Okay. I knew that they were good for the liver because that's kind of the common knowledge, but that's great to know that they can be helpful for the gallbladder as well. And people can do them daily if they're in that acute phase and they're trying to really improve things?

Debbie: Yes. They can do them as often as they like.

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Katie: Very cool. So, I know there's gonna also be a lot of questions from people who have already had their gallbladders removed. And I know you mentioned that I know people who have digestive problems or really severe diarrhea after a gallbladder removal. So, obviously, for those people, they can't do the things to avoid having it removed. But are there things they can still do to help their digestion and improve things even at that point?

Debbie: Yes, definitely. There are a few people that have really severe issues afterwards. And that's another topic that we probably don't need to go into here, just to know that there are things to be done for that. There is help. But for the milder problems such as, you know, milder pain and gas and bloating, and burping and belching, and feelings of fullness, and heartburn...heartburn nearly always gets worse after gallbladder removal. Constipation can get worse. Bile reflux and diarrhea, and even weight gain can happen. You know, these things afterwards. But it's really about supporting fat digestion because when you take the gallbladder out, as we said, you're removing the organ that concentrates the bile and helps with that digestion, and all of a sudden, it's gone. So, as opposed to thinking, "Okay, my gallbladder is gone. I don't need to do anything. I'm fine now," really, you need to do more because the quality of bile is different.

So, supporting digestion, taking things like choline and bile salts can help with gas and bloating, and also just to metabolize the fats in general. You want to be sure that you're extracting, for example, fat-soluble vitamins from your food, so taking bile salts pretty much all the time. And when I say, "pretty much," I like everybody to

take a break from everything at least once in a while. But bile salts are something that should be considered after gallbladder removal on an ongoing basis. The exception, of course, would be people who end up with the bile dumping syndrome because they already have enough bile going. But interestingly enough, one of the things they try, physicians try with that, is to alternate giving bile acids and then giving a bile sequestrant, something that actually soaks up the bile. So, they do that every six hours. They alternate. If there's something about...the bile is always circulating. It doesn't all just go out the bowel. Some of it is...most of it, 95% is re-circulated through the liver. So, if you can add something different into it to change that bile salt pool and reduce the toxicity and help with water solubility and so on, you can change the inflammation that's going on and, hopefully, some of your symptoms.

Katie: Got it. Okay. So, I love that you said that about never taking anything all the time. I got to interview some really awesome biological doctors in Switzerland last year. And that was something that surprised me, that they said was you should never take anything all the time and they don't take supplements on the weekends, for instance, just to give their body a time. Because they're like, "Then your body doesn't remember to make things on their own." Just the variety is good. So, I love that you said that, too. I'd love to now delve into how can all of us support normal gallbladder function in our everyday lives. I know a lot the women listening are in that phase of life where they're having babies, and they're pregnant or postpartum. And so, obviously, this is something that could affect a lot of the people listening. And of course, I'll encourage them to go to your website and to follow your diet plan. But can you kind of walk us through just some of the ways that we can make sure we're trying to support our gallbladders in our everyday lives?

Debbie: Indeed. Fat, of course, is a big part of gallbladder. So, eating fried foods and eating trans fats, bad fats, which I'm sure you've talked about on your site before, they're very, basically, inflammatory foods. There's an inflammatory component to gallbladder disease whether or not you have what's called, technically, gallbladder inflammation. There can be inflammation within the bile ducts, within the sphincters, apart from the gallbladder walls. And that inflammation is not just something that happens on its own. It comes from things that we're doing. And again, I mentioned healthy foods can be healthy. But if they give you a reaction, then they're not. And you have to pay attention to that, right? If you have discomfort in your stomach, not necessarily your gallbladder, if you have discomfort anywhere, if you get dripping down the back of your throat after you eat something, that food is causing an inflammation within your system, not just within the throat. It will go to the intestinal tract even if you don't feel it and it can go to the brain, which causes things like foggy brain and neurodegeneration, etc. It's also affecting the gallbladder and the bile ducts because inflammation goes everywhere

So, avoiding inflammatory foods, which are things like sugar and processed foods and the bad fats, and again, things that you specifically have a problem with, will help with reducing inflammation in the system. Sedentary lifestyle causes inflammation everywhere and it definitely is connected with gallbladder disease. So, keeping yourself moving. Depression and constipation, both of those things are causes or contributors to gallbladder disease. So making sure that you're doing the right things, which is usually getting enough fiber or getting enough exercise, enough water, enough fluids, it could be probiotics, whatever it is, it's...I personally start with constipation for people that have...always is to give them hydrochloric acid. And if that's not enough, I give them bile salts. And that's usually enough to move the bile. I mean, sorry, the bowel. Well, it moves the bile and the bile moves the bowel. It's one of the purposes of bile, is to cause peristalsis in the colon.

Katie: That makes sense, what you're saying. So, I've checked out your website and I know it seems like there's definitely a lot of things you'd want to avoid if you're in the acute phase. But then there's also a ton of things

you can eat that are great for you. So, for someone who's not in the acute phase, would it be advisable sometimes just to cycle those foods and go off of them sometimes, just to kind of give the digestive system a break? Would you recommend that for someone who's not even having any symptoms of gallbladder pain?

Debbie: Yes. I wanna say something about those foods, okay? So, I have foods to avoid and everything that's there, I have been researching for years and playing with, and whatever. But it's not necessarily the case for every person, okay? So, even though fried foods are not good for anybody's gallbladder, even if it's healthy, onions, for example, could cause a problem to one person's gallbladder and not another. The reason that they're on here is because people who are searching on the site are in acute pain usually. And I want to get them out of pain. And so everything is listed. And that's the place to start. And I've had many people call and say, "Oh, my God. Every one of those foods you've got listed really gives me problems with my gallbladder." So, for example, even cabbage and cauliflower, those cruciferous vegetables are really good for the gallbladder or for the bile in that they help to detoxify the liver. But when you're in an acute stage, it can make things worse. And garlic is one of those as well. It contains sulfur and that helps with liver detoxification.

And you know, and any problems that I've ever had with gallbladder, I've never found that I had to stop eating garlic. And yet, most people will say, "Oh, my God. Garlic just caused an attack." So, it's important to know that, you know, you have to play with these yourself and find out what that is. But in general, following fresh fruits and vegetables and very lean meats or fish is a good place to go. And detoxing the liver, which you can do, just by eating a lot of fresh fruits and vegetables and avoiding meats for a while, those kinds of things are really good for the condition of the bile, and therefore, the gallbladder. And one of the things people will do is they make the mistake of thinking if something is good for a gallbladder, it doesn't apply to them anymore if they don't have one. And what I would like to see is that, in their minds, we just replace the word "gallbladder" with bile because anything that's good for the gallbladder is good for the bile. And they're so related. It's like the biliary tree. And even if the gallbladder is taken out, what would have been good for a gallbladder is good for the bile, is good for the liver.

And so eating healthy...you know, and healthy food, it's amazing. People call me and say, "Oh, yes. I eat really healthy." And then they give me a list of what they're eating. And you know, it might be good food, for example, chicken, right? They think they're eating lean meat, but a good percentage of gallbladder attacks can be caused by turkey and chicken. And in Chinese medicine, we say that chicken is just too hot for the gallbladder and turkey is even worse, right? Even though it may be a lean meat and healthier than red meat, it depends on the person.

Katie: I think that's so many aspects of health, like, there's such a personalize and varied aspect to it. So, I love that you kind of give people the tools to figure out what their triggers are. And I also love that you give a lot of hope in that these are things you would avoid for a time. And if you have an ongoing problem, you might avoid them for longer. But it's not like, other than the big triggers, an absolute like, "You can never eat these things again." It's just other than fried foods and probably, I would guess gluten and things like that. But I think that's a really good balanced approach. And I think most experts would agree, I seem to hear this over and over on the podcast, is that we need to be eating more fresh vegetables and that we need fiber but we need fiber from vegetables. And so I think that's such an important message in and of itself. And I love that you are saying that as well.

Debbie: Yes, I am saying that for sure. And I think people do really well following a diet like this. And as you

say, they don't have to be eating that way all the time. There's hope for everybody to be able to eat anything. For example, we come to Thanksgiving and Christmas, and certainly, this is the worst holiday for a gallbladder because there's so many...actually, it's bad holiday for any digestive system because everyone overeats and they overeat the wrong foods, the sweets, the processed foods, etc. And overeating is one of the worst things on a gallbladder, regardless of what kind of food it is.

Katie: Yeah. That's the beauty of the vegetables is with the fiber, fruits, and vegetables, but especially vegetables, they have that built-in mechanism where our body tells us, "Okay. You've had enough." I don't know many people who have actually overeaten on salad.

Debbie: That's true. So, I tell people to go prepare. You know, it's like...as they're starting in with these foods, they have products they've learned from me that they've taken from the site that they know can help. And everybody ends up with their favorite. But bitters, for example, is really helpful, taking before and after a meal, bitter herbs, and that just gets digestion going and helps the bile to flow. And it can also help with sugar cravings. So, the more people are on my site and getting my newsletters, they learn to work with these things. And then they begin to understand that if they're going into a stressful time, whether it's stressful food-wise because it's the holidays, and will be, you know, stressful on their digestive system, or whether it's going to stay with in-laws, or financial problems, or a new job, is understanding that stress is a huge component to all digestive problems and gallbladder particularly. And then they need to learn that if they can't control the stress, then they have to control their diet more. And they have to take more products. They learn what works for them, but it's not just crossing your fingers and diving in and hoping everything's gonna be fine. It's you have to use your brain and think clearly and make some choices that will help you to get through these things.

Katie: Yeah. Absolutely. And I love that you're talking about the thyroid connection, too. Because I've had a diagnosed thyroid disease for, I guess four or five years now, and no one's ever mentioned that. You're the first person I've ever...hear made that connection. And I've personally talked to several people who have had really severe gallbladder pain and who have worked with you, and your stuff was the first thing that ever helped them. So, I just wanna thank you for the work you're doing because I think you're helping so many people. And of course, the links to your website will be in the show notes. And I know you have, even a phone number on your site. If someone's having an acute attack, they can call and schedule a consult with you. So, just thank you for all the work you're doing.

Debbie: Well, thank you. It's really nice to be appreciated when you're spending all your time doing it.

Katie: Absolutely. Well, I hope that...and I know that you'll be a resource for a lot of people. Again, those links will be in the show notes at wellnessmama.fm, so you guys can find them if you're listening, or your website is gallbladderattack.com if you wanna find it directly. But what kind of...I always like to ask at the end, what baby steps would you give someone if you could just...it seems like a lot of information. If someone just wants to support their gallbladder, what would be the first few just most important baby steps that you'd encourage them to start with?

Debbie: Well, when you say baby steps, one of the most difficult things for people to do is to change their diet. So, a real baby step would be to start something like the bitters. I mean, that's very baby. It's one product. It's herbal digested bitters. I also call it gallbladder bitters. Starting with that can make a difference. And then taking small steps with your diet, adding in more vegetables and so on. Honestly, I think one of the best things about gallbladder attack, and I sometimes call it the gift of gallbladder disease, is that you're much more

motivated to make bigger changes faster when you are hit with that pain. So, yes, there's baby steps you can do, but they're kind of hard. It's kind of like New Year's resolutions. People don't often stick with them very long. When you have that pain, you're much more motivated to do it. And it's much easier, actually, to do it all at once than to do one thing, and then a second thing, and a third thing because by the time you start the second thing, you've dropped the first thing. That's my experience with people, with myself as well.

Katie: Yeah. I've seen it too, and I've done it too. So, I think you're so right. And again, I hope that everybody will bookmark your site and subscribe to your newsletter. Hopefully, they can heed your advice early and not have to ever go through gallbladder attacks. But if anybody's there or worried about being in that state, I love that you have resources that really help. So, thank you so much for your time in being here. Again, all the links to your site will be in the show notes. I hope people will visit you. And thank you so much for your work.

Debbie: Yes. You're very welcome. Thank you.

Katie: And thanks to all of you for listening, and I will see you next time on "Healthy Moms Podcast."

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