



The Women Masters Interview with Dr. Neha Sangwan

AMY: Welcome, welcome to everybody to the Women Masters Teleseminar Series. We're so excited that you're here. This is the fifth call in our twelve week series and I just hope that you are ready to get inspired. As many of you know, my name is Amy Ahlers and I'm the creator of the Women Masters, and also the CEO of Wake-up Call Coaching, and my vision for this series is to allow people from all over the world—and I know that we have people calling in today from Australia, we have people calling in from Hong Kong, places all over the world—so that they can get access to the most respected women experts of our time, so they can be inspired and be motivated. We know that we're in some challenging times right now, so I'm really excited about our topic today.

I'm delighted to welcome our expert, Dr. Neha Sangwan. I'm going to tell you a little bit about her. She is a board certified internal medicine physician and she's the founder of Intuitive Intelligence, Incorporated, a team of pioneering medical experts that are revolutionizing corporate wellness. Dr. Sangwan is an international spokeswoman on health and she's spent the last five years leading physicians and nurses through a novel concept in healthcare, that of self care. At the request of many of her patients and clients, she's decided to turn her attention to the public by presenting the surprising connection between what we eat and how it impacts our ability to manage stress throughout our day. She's had more than a decade of experience seeing patients and she'll also admit that it was actually her own journey through burnout and experiencing food sensitivities that led her to studying with and ultimately enlisting her team two of the nation's top medical wellness experts, Dr. James Gordon and Dr. Mark Hyman. Together they have created the **ifive**experience, a revolutionary system to assist you in identifying and addressing the root causes of imbalance in your life. She has a really amazing teleconference series called Creating Abundance in Times of Scarcity, that's beginning on April 21st, from 5:00 – 6:00 p.m., PST, and you can learn more about the **ifive**experience and explore how you can take charge of your life by connecting the dots between your own health and happiness. You can email Dr. Neha about this and receive a special discounted rate on that. You can email info@IntuitiveIntelligenceInc.com, and we're going to be talking more at the end of the call today about some special opportunities that Dr. Neha has for us on the call today. With that, let's give her a warm welcome. Welcome, Dr. Neha, welcome!

NEHA: Thank you, Amy.

AMY: Tell us a little bit—you worked in a hospital for ten years—what brought you to focus on wellness, rather than curing sickness?

NEHA: I would say that as I walked around the hospital, really, my patients—I would basically be treating people after a stroke and after a heart attack, and they'd always consistently say the same thing to me at the end, which was: where were you ten years ago? Where were you, giving me all this great information, and why are you here now? I love that you're here now, but you really could have changed my life a lot earlier. It was pretty powerful and I finally got



- it after about seven years, which was wow, I really think I can do good here, but I can probably do a lot more much earlier for people.
- AMY: I know that you also talked a little bit about your personal journey. Tell us a little bit about that—what that was like for you.
- NEHA: Sure. The whole system of medical education is a tough journey. At an early age you make a commitment to long hours and sleepless nights, and really taking care of other people. As a physician, and I think the types of people that sometimes end up in healthcare are those that are better at taking care of other than they are at taking care of themselves.
- AMY: Sounds familiar.
- NEHA: Yes. Looking around at my colleagues and the staff that I work with, we have cholesterol issues, we have weight issues, we have so many issues because we absorb other people's sickness and stress, and take care of the, and we often ignore ourselves. I was pretty guilty of doing that, and I think I said yes a lot of times, when I mean no, and I think I survived on two Mountain Dew's. I can tell you exactly what will get me through a call night of 36 hours; it's two, sixteen ounce Mountain Dew's. The caffeine, the sugar, right?
- AMY: Wow, caffeine and sugar; that's intense. I know Mountain Dew's are very high in both of those.
- NEHA: Yes and it's not Mountain Dew, per se. It could be soda, it could be anything. It was just my fix, and I would tell myself, well it's just caffeine and sugar, it's fine, and I think for a while it was fine, except what happened was I missed all of the early signals that were coming in to me from my body, of fatigue, of exhaustion, and this also ties in to the 3:00 energy dip, right? It's overriding these symptoms and signals that are coming in, until the first time I realized it, I was double checking someone's labs four times, and the nurse came up to me and said, Dr. Sangwan, you've already repeated the potassium; are you sure you're feeling okay? I remember in that moment knowing that I had clearly missed eight or ten or 100 signals before that, that were telling me that my body wasn't functioning.
- AMY: Yes. You know, we call them wake-up calls, which is the reason that I put the name of my company as Wake-up Call Coaching, and so I know what you want, being in the field of wellness, is for people to pay attention to those wake-up calls, those red flags, so that they don't end up in the hospital.
- NEHA: Absolutely, and the most curious thing to me was when I did burn out, and I knew I needed help, I was sent to my colleagues, right?
- AMY: Right.
- NEHA: The only remedy that they could give me, or not that they could give me, but that they offered me, was different forms of anti-depressants, or other medications, and they said, oh, you're just anxious; oh, you're just depressed. I thought to myself, you know what, I know



something's wrong here, but I really don't think it's an anti-depressant deficiency. I knew that there was something much, much bigger. It's not a Prozac deficiency; these are all things that would tide me through. One thing I really want to be clear about is I do give my patients anti-depressants. It's not that I'm against them, not at all. I think there's a place and a time for them. I think I just knew for me, that that was not the answer to what was going on, that I really needed to look at my life and I did well, coming out of my burnout and taking time to reflect. It was a wake-up call, as you say, and I think what happened next was really interesting, which was I started paying attention to what I was eating and how I was sleeping, and just my life, and what I was saying yes to. A few years later I actually developed some food sensitivities, and I started to get symptoms of low thyroid, which include things like feeling lethargic most of the time, having low energy throughout the day, gaining weight; all sorts of clues that I had come to believe were normal, that it was normal to feel that low grade, low energy, like oh yes, this is normal.

AMY: Right.

NEHA: That was when I went to a conference with Dr. Mark Hyman and I learned about functional medicine, and that's something we can talk about a little bit later, but the impact of food on my symptoms, and how much our entire food system has changed over the last 40 years. I learned a lot about my own sensitivities to gluten and to dairy, that I had no idea were causing me to feel sick. It's been an incredible journey.

AMY: I just want to mention to everybody on this call that if you email Dr. Neha, she will actually send you a medical systems inventory checklist, so that you can understand if you might be experiencing symptoms. Is that an accurate description?

NEHA: Yes, it's a medical symptoms questionnaire, and it's just you taking your own inventory. It just takes two or three minutes, but to go down—when I did this, that was my wake-up call. There's a score of, I think it goes up to 100, and I was almost at like 78, and really low is good, and high means I'm experiencing a lot of symptoms. I thought to myself, when it said, you're near toxic on your symptoms, I thought to myself, oh this isn't normal. It's not that it's going to give you all of the answers, it's more of your own wake-up call. If you're ready to just take inventory, it's a great way to do it.

AMY: Great, so people can email you at info@IntuitiveIntelligenceInc.com, and I'm sure you're going to start getting emails while we're on the call, because these people on this call are action oriented powerhouses, so I'm really excited about that. I'll be emailing you for that as well; it's really great.

I'm curious. You talked about your own experience of having doctors really point you towards anti-depressants and anti-anxiety as a solution, and I know that I've had that experience, and I'm sure a lot of people have had that experience, where people go to their doctor and the don't feel taken seriously when they ask their doctors for advice on what they should be eating, on supplements, on different symptoms that they're experiencing. Why do doctors do that?



NEHA: That's a really good question, Amy. There's a couple of answers to it. I'll tell you from the inside and my own experience, it's not how I was trained. First of all, one thing as a physician, and this is my personal experience, I'm not going to speak, for all physicians, but I've been in school for a long time to get to do this, right?

AMY: Right.

NEHA: I've studied a lot, I've taken a lot of tests, and a lot of them were multiple choice, and my job was to know the answer. I need to be right and if I wasn't right I didn't make it to the next level, so ingrained in me is needing to know the answer as a physician. Does that make sense?

AMY: Yes.

NEHA: Now if you look at what people take as common sense—which is wow, what I'm eating and supplements and vitamins seem like a good idea, why don't I ask my doctor about it—the truth is medical training right now and in general, has very little time spent on nutrition, and we don't even really go over supplements and anything like that. I actually spent about two days, two days of training in medical school—and I went to a U.S. fantastic medical school, and I didn't graduate all that long ago—two days of training. Day one was: after surgery, how do you learn to put an IV in someone and feed them through their veins, when you have to bypass their whole intestinal system? Day two was: how do you put a tube down their nose, into their stomach, once they've had a stroke, so that you can bypass their ability to swallow? That's it; two days.

AMY: And that was considered training on what people eat and vitamins.

NEHA: That was nutrition, right.

AMY: If you're dealing with someone that's really sick. What about the people like us that are functioning in the world, that are not feeling great?

NEHA: Absolutely, and so most people aren't really, really sick, and most people aren't really, really well. They're actually that gray area in the middle, where they kind of feel tired or they have headaches that are kind of, you know, like I don't feel so well, and they can't function, and maybe it's getting a little bit worse, and they're feeling a little bit depressed. They're kind of in that middle gray zone, and so now you show up in my office, I've got fifteen minutes to talk to you, and you address me with something like, hey, can you take a look at my supplements and tell me if what I'm eating impacts it, and I say something like, you know what, just eat a low fat diet, and I say something that I've been taught or that I've heard would be good for someone who's had a heart attack, or someone who's had a stroke. It's my way of a,—and this does not apply to all doctors; I'm giving you my experience—there's a way in which I feel defensive if someone comes to me on something that it seems like I should know, and I don't know. Secondly, I want to help you—that's my job—and so I want to answer your question. Me saying I don't know is a pretty foreign thing to me. There were times that I really have to act like I know, even when I'm not sure. Does that make sense?



AMY: Yes, it does.

NEHA: We're in crisis situations a lot and so I think there's some psychology to it, and I think there's some way—the way the medical system education works, that has not come to the forefront. Expecting your doctors to know this, unless they've gone on their own personal journey, or done additional training, because this is their interest or focus, you may not get the answers that you're looking for.

AMY: That's so enlightening and I appreciate just hearing that perspective of what it's like for you, having gone through medical school, needing to know the answer—A, B or C, which is it? Thank you for that. We're aware of what the problem is. Tell us a little bit about what are some of the basic things that everybody on this call should be doing regarding vitamins, regarding supplementation—does it matter where we get them; do name brands matter; all that stuff. Give us some basics.

NEHA: The first thing I want to say is I'm not giving anyone medical advice, right, so if you're asking me generally, absolutely. I would first say the supplement industry, in general, is unregulated. It's a multibillion dollar industry because people get that it's helpful to them, but it's not regulated like drugs are regulated. What that means is you don't know if, when someone says you're getting 100mg of X in this bottle, you don't know that that's consistent from pill to pill. You actually aren't quite sure how much you're getting. Does that make sense?

AMY: Yes.

NEHA: What you want to look for, as you're choosing basic supplements and vitamins, you want to make sure that products are manufactured at drug manufacturing levels. Of course I put high standards to things, and there are vitamin and supplement companies that are doing that, even though they're not required to, and I'll give you a few names of them at the end.

Secondly, not only are they manufacturing these supplements at drug manufacturing levels—that means making sure that there's a consistent amount in each pill, from pill to pill—you want to have companies that have third party independent verification, which means a company that's not invested in them checks to make sure that's true, and that's called third party independent verification. A place that you can look it up online and get some information is www.ConsumerLab.com. That's how you can check.

AMY: Great; ConsumerLab.com

NEHA: Something that I've noticed with my patients and my clients now, because I'm starting to move corporately, is there can be—not even in the supplement itself—you need to know what fillers do they use; what binders; what coloring agents; is there lactose in the supplement? If you start having a reaction to some of the supplements, a really great place to go is make sure that you have this really high quality supplement, because if not, there may be these fillers and binders, and things that you weren't even thinking of, that could be impacting you. You want to use clean products, and also it's a good idea that these products that you're



choosing have some basis in science or clinical trials, or have been used over a long period of time. There's all sorts of products that come out on the market and then get recalled, and so a long history of usage is kind of a general rule of thumb, that there's some clinical trials on it, and that they've been around for a while, and tested and true. Is that good on how you pick things?

AMY: Yes, that's great. What are some of the basics that you think most people should probably be doing, obviously knowing that you're not giving us complete medical advice, yes.

NEHA: Some basics that are good for everyone are to have a really good multivitamin and mineral combination, and how do you pick one? You certainly look for the criteria that I talked about earlier. A balanced, absorbable calcium, magnesium and vitamin D supplement, and they're often packaged together, which is great. I would say, if people ask me for specifics, general recommendations are calcium citrate, 800-1200 mg. A magnesium, amino acid chelate, so that would be like magnesium aspartate, magnesium glycinate. When you say a chelate, it means it's with something else, so magnesium aspartate, magnesium glycinate, magnesium ascorbate, or citrate, and you'd want about 400-600mg a day of the magnesium. The last piece is vitamin D3. Now why do I say vitamin D3? Because it's the active form of vitamin D, so you want to be getting vitamin D3, and you would use 400-800 IU a day, and that is in addition to what's in the multivitamin. The reason I say that is most people—I think almost 80% in the last study I read—are vitamin D deficient. We just don't get out in the sun anymore. A long time ago we were naked and running around as hunter-gatherers, and we were in the sun all the time. Now we're indoors, in conference rooms; we just don't get the amount of sun, and I live in California, and I was grossly vitamin D deficient.

AMY: Wow.

NEHA: So really, really important. So far what we've talked about is a good multivitamin and mineral. Secondly we talked about the calcium, magnesium, vitamin D supplement that can also be found together. Lastly I would say my third recommendation would be an omega-3 fatty acid supplement. Fish oil is a great adjunct to any person's regimen. You want to make sure you get this from a really reputable company because you want it to be free from heavy metals and pesticides. I also told you that I'd give you some name brands that I use. I just Nordic Naturals—they're great for fish oil, Omega Brite, and a great company based out of southern California called Metagenics, and I use their multivitamins, et cetera.

Now if you run into a problem with these, some of these companies require that a provider release the medication. Not the medication, but the supplements; they really have it controlled, and one other way that you can do it without going through your doctor is to go to an integrative pharmacy, because a pharmacist is also a provider. There's ways, but one thing you want to do is go into the pharmacy and really talk to the people and ask the questions, and make sure you feel really comfortable with them. The dangers of people not following up on all of this stuff is that there's different kinds of supplements. Some are water soluble; that means that they come out in your urine. When you have too much it comes out in your urine. Did you ever notice when you take a multivitamin, that your urine's yellow?



AMY: Right.

NEHA: There's some that are fat soluble, like the vitamin D, and those don't come out in your urine, so they actually can build up inside you, and so those ones can become toxic levels, or higher levels, so that's why it's important to actually be engaged with a clinician who can help you follow things, because most people don't know these things and truthfully, when I came out of medical school, neither did I.

AMY: That's astonishing.

NEHA: It really is, which is why I've really transitioned to making this what I do the majority of the time, which is get this information to people, get it to them from a credible source, give them great references. I just can't believe that we're in a world that doesn't know this.

AMY: Yes. Shifting gears a little bit from the vitamins, talk to us a little bit about diet, about food, especially keeping in mind people that want to lose weight. What are your suggestions around that?

NEHA: As I work with people, people are usually motivated by two things. Either they want to lose weight or they want more energy. That's always been my experience, why they come to me or join the workshops, or want to learn more about this. I say to them, first of all, losing weight is so much more than counting how many calories go into you and how much you burn off. Food actually is more than calories; it's actually information. It's information that tells your genes and your genetics to turn on and off disease; that's how powerful food is. There's a new science emerging called nutrigenomics and it's all about this. It's about how the most powerful tool we have is our fork, and how people have really underestimated this, now that we've gone into this really advanced technology world. We've also changed our food system. The first thing I say to people is just like you have a thermostat inside you—if I go to Michigan in the middle of winter time and it's cold, I don't all the sudden walk outside and become that temperature. I actually have a thermostat inside me that helps regulate my body temperature, right? Similarly, we have a system inside of us that regulates our weight, and knows what the right weight is for each one of us. Isn't that a novel idea? We have this elaborate feedback system inside of the body. It's magnificent. What's happened is over the last 40 years we've introduced things that aren't food into our food system. An example of that would be something like high fructose corn syrup, or trans fat; all sorts of artificial flavors. Our candy shows up blue; it's not normal. Intuitively we know that, but more importantly, when we eat it, somehow we think our body is going to recognize what we're putting in it, but this is not what our body recognizes. This is not what our genes recognize. Does that make sense?

AMY: It does, it really does, and I'm over here going, so if you're a person that—that thermostat that you talked about with weight, there's probably a lot of people on the call going, my thermostat, my body has decided this weight that I don't want to be anymore. What do we do about it? I don't like it—reprogram, please!



NEHA: What I would tell you is, step one is you can only—for the weight control inside you to work, you can only be putting things into your body that your system recognizes. As soon as you start introducing things that it doesn't recognize, you notice, then, how it couldn't regulate it. Imagine if I put something artificial into my body and I'm just going to give an example, okay? An example would be something like trans fat. Trans fat, the way it shows up in foods is hydrogenated or partially hydrogenated oils, like soybean oil, canola oil—any kind of oil. What that means is that a food science technique has taken vegetable oil and turned it into this Crisco type substance, a thick substance. I want you to imagine if you put Crisco on the shelf and you left it there for a few years, and you came back. Could you open it up and start using it?

AMY: Yes.

NEHA: Yes, absolutely. If the goal is that you put something in your body and you want it to break down, why would you be putting things in your body that don't break down?

AMY: Wow. That's such a powerful image to think of, like Crisco sitting inside your body and that it's going to be there for years and years and years.

NEHA: Yes, and I'm not sure that I can guarantee that it will be there for years and years and years, because your body has this incredible regenerative system, but it certainly will get stuck in your metabolism, trying to go through your system, so it will bind places that it's not supposed to bind. It will certainly mess up your metabolism, and it will certainly send that weight control system that we were just talking about into not being able to do its job. Really, really important for people, why do we have this in our food system? Because we've become a society that wants food preserved on the shelf. Isn't that true?

AMY: Right.

NEHA: We want things to last. We want to go to the Costco or the grocery store once, and we want to go shopping, and we don't want to ever have to worry about it again.

AMY: Exactly; the super size, yes.

NEHA: Super size it, right? So there's super fats and super sugars that, in response to our society evolving this way, the food industry has similarly evolved to give us what it is that we're demanding. In that process I just want people to really get the point that if it doesn't break down on the shelf, it's not breaking down in your body. Oftentimes people will say to me, oh I can't buy organic things, or I can't buy the fresh produce, it breaks down to quickly, and I always say: exactly. That's exactly what you want it to do inside you. You want it to break down so it can release and even amount of energy throughout the day. That's actually what you want. The next time something's rotting in your fridge, be grateful for it.

AMY: That's great; that's powerful.



NEHA: That's really one of the biggest things I want people to know that want to lose weight, or want to gain energy, is that the first thing you've got to do is get the artificial things out, and start putting in real food that your body recognizes, so that it can give you the feedback systems that you need to know whether you're hungry or whether you're not. Losing weight is like the age old issue, right? Because there's so many layers to it, in a very good way, you have to clean out your house internally and metaphorically to come back into balance, because there's so many reason people eat that have nothing to do with food.

AMY: Yes, and I know that we're going to touch a little bit more on that point, about what is it that you're really hungry for, because it's not the food, as you like to say. Before we go there, just give us some basics on how much sugar and carbs we should be eating, protein, like some of those basic guidelines. I've heard you loud and clear, and really appreciate looking at that shelf life and really looking at foods that are breaking down, because you want them to be breaking down inside your body, so you can work efficiently. Tell us some of the basics about what a good meal looks like.

NEHA: The most important thing is that you eat breakfast, and I think that's something that many people skip, or what I call the corporate breakfast, which is like a bagel, cream cheese and a coffee. All calories are not equal; they really aren't. There's calories and then there's the nutritional value, or content, of those calories. What's really important is that you d eat breakfast and you eat in the morning, and that there's protein in each of your meals. Just grabbing—people run out the door and they grab a fruit, which is great, look, I'm eating a fruit for breakfast. The problem is about an hour later you'll be crashing as well, because that's sugar. It's a good form of sugar—it has fiber, it has nutrients, all sorts of things that you would want in it, and what I would say to those people is, grab a handful of almonds with it. Spread some nut butter on that apple. Give your body a way to slowly release that energy inside you, so protein at every meal. People say, what is that, and I say, you know, there's animal protein, which would be like eggs, fish, chicken, and then there's plant proteins, which would be for the vegetarians or people that don't eat meat, which would be beans, nuts, seeds, pumpkin seeds, whole grains—those can all give you great protein, as well. The biggest key is that you eat protein at every meal and really it's great to space out your meals, which many of us have heard before—eating every three hours so that you don't get to a famished state, where you're sure that the candy bar's chasing you.

AMY: Been there!

NEHA: Yes, definitely. One of the other big things that I want to make sure I mention for people struggling in this arena, is a lot of people drink diet sodas because they think that it's going to help them lose weight, or they don't want the sugar. I just want everybody to keep in mind, once again, you're bypassing your body's own weight system. Your body doesn't recognize the chemicals that are, essentially, artificial sweeteners. Things like aspartame—these are not recognized like sugar is recognized in your system, so you're going to bypass your body's ability to tell you, send something called leptin to your brain, and tell you that you're full. That's a big message to miss, so artificial sweeteners are an issue, as well.



Lastly you had asked me to talk a little bit about sugar. The average American consumes about 180 pounds of sugar a year, so that would be half a pound a day.

AMY: Wow.

NEHA: People say no, no, I don't, there's no way; I only put two spoons in my coffee. What I do is I take out a bunch of drinks and have them look at it, things like sodas, things like Snapple. An example would be that Snapple has fourteen teaspoons of sugar in it; one Snapple. That's a lot. There's other ways that sugar is hidden. It's hidden in things like high fructose corn syrup, it's hidden in things that end in -ose. When I teach kids I tell them to become detectives and look on the labels, and anything that rhymes with gross is a hidden sugar—dextrose, maltose, sucrose—these are all the ways that sugar shows up that people don't recognize it, and the way I tell the kids is, well you know, because an hour later you're going to be feeling gross, and they really get it, right away, because they're so connected to their body, they get it.

The last one would be sugar alcohols. How you know it's a sugar alcohol is it ends in -ol, and that would be something like sorbitol, mannitol, any of those types of ingredients. When you see those, it's another hidden sugar.

AMY: Okay, great; really helpful. I know we named this call 'how to break free from the 3 p.m. energy dip,' so obviously some of what you've talked about with getting adequate supplementation and good vitamins, eating nice meals, protein at every meal. What about food allergies? How common are they and how do they play into that 3 p.m. energy dip?

NEHA: They're becoming increasingly common and they play—have you noticed children being much more, you hearing much more about food sensitivities in kids?

AMY: Yes, I have a one and a half year old, so I've been in quite a few different mom's groups, and there seems like there's a lot of kids where even in breast milk, moms had to cut out milk, and that sort of stuff.

NEHA: Absolutely. Everything that we've been taught, it almost seems like it's being turned on its head. Everyone things oh, we'll give our kids milk as they're growing up. That's not really working because our whole food system has changed—how we work with our animals, how we get our milk—all these things have changed and our thought processes around it haven't changed yet. Now we're being woken up by people's food sensitivities, and the children are more alarming. The reason we're not as alarming, or we catch things much later, is because we have a lot of strategies in place to override these symptoms that are coming in, which is what we started the call talking about. I would say yes, food allergies are links from food to symptoms. I don't want to call them allergies because there's a difference between an allergic reaction, which would be something which is an immediate reaction, where someone can't breathe, like to something like shellfish or peanuts. That's a food allergy; it's like a true allergy that you send someone to the emergency room and they get intubated for it, and they put the breathing tube down. A food sensitivity is what I like to call this, or an intolerance, and as I get older I've noticed myself that gluten and dairy are two big issues for me. What



gluten is, and these are the most common as well, food sensitivities. Gluten is a protein that's found in wheat, oats, rye, barley, spelt, it's even in soy sauce, and that's probably the biggest offender for people. The second one is dairy, and it's actually something called casein, which is found in dairy, that really can cause sensitivities. Thirdly I'd say eggs, is what I've seen, is the biggest intolerance. How this can show up is because they're intolerances, insensitivities may not show up for up to 72 hours after you've ingested them, so how do you connect the egg you ate yesterday morning to the headache you're having this afternoon? People don't usually make that connection, so that's why that whole medical symptoms questionnaire that we were talking about earlier is so important, because you take inventory and if you're going through that symptoms questionnaire and you're saying something like, well, I don't really have headaches, I just take Advil for them. Well no, you do have headaches, you've just numbed out that response to your body, so you have it, you're just not feeling it currently. I would say the most common food sensitivities are gluten, which is that protein in the grains that we talked about, dairy, which usually the offending agent there is something called casein.

AMY: Which is different than lactose; is that right?

NEHA: Yes, and lactose is usually a digestive issue that some people don't have lactase, in order to digest dairy products, and so they get gas, or they get bloating. There's a difference. There's sensitivities and there's also the ability to digest things, so that's a great point. Those would be the first set of things that I would look for, if I was someone curious, or I would eliminate from my diet, if I was someone curious about whether or not I had food sensitivities.

After that I usually work with people and talk to them about –if that doesn't work, then I look at soy, I look at nightshade types of vegetables, which would include things like bell peppers and tomatoes, corn and citrus. Those are really the big ones.

AMY: Okay, good, and tell us a little bit about the 3 p.m. energy dip, and how those will play into it, how those sensitivities will play into it.

NEHA: Sure. I want to first start with, as a society, we really ask for the magic bullet. We want one size fits all, right? You come into my office, I have fifteen minutes with you. You have a headache? I really want to give you one or two things, and I want to be able to make you feel better, you want to walk out with the answer, and we all want to feel good. But the truth of life is that we are unique, genetic individuals that have had different experiences, and are in different environments. The 3 p.m. energy dip actually shows up uniquely in each person. I wish I would tell you that everybody feels really tired, and when you're tired you know that you're experiencing the 3 p.m. energy dip, but depending on the cause and depending on the person, some people show up with a headache, just behind their right eye, around 2:30 or 3:00. Other people show up feeling really lethargic or tired. You need to tune in to what the physical experience is for you. That would be the first place to start. Did that answer what you were looking for?

AMY: It did, yes, and I'm really hearing that the 3 p.m. energy dip is so common because it can be due to so many different things.



NEHA: Absolutely. For example, let's talk about a headache, because many people have experienced a headache, sometimes even migraines. The causes are so varied; it could be anything from a magnesium deficiency, because, by the way, magnesium's a great relaxer. For anyone who's had babies, if you think about what they start giving you IV, when you're having contractions and cramping, IV magnesium. Sometimes a headache can be the result of not enough magnesium. Now on the other hand, for someone else, it could be they could be pre-menopausal and it could be about estrogen. Someone else could be experiencing their headache due to a sensitivity to gluten or eggs, or they might be dehydrated, or they might have artificial sweeteners, because by the way, that's one of the biggest causes of headaches. I can take my patients off of their artificial sweeteners and all of the sudden, their headaches go away. There's many causes—stress, as well. You see how it's not quite that simple?

AMY: Right, it isn't, and I just want to give out that email address again, so that people can go ahead and get from you that medical symptoms inventory checklist from you. They can email info@IntuitiveIntelligenceInc.com, and you'll go ahead and send them that, so they can get started to just investigate that for themselves. That's really great.

NEHA: Yes, absolutely. The one takeaway, when I was saying that my headache is not an Advil deficiency, it's something else going on, I would say that the 3:00 energy dip is not a latte and chocolate chip deficiency, either—to really make that connection, what's the strategy you're using, but that's not the cause, that's just the short term solution to get you through a few more minutes.

AMY: Yes and I love that image of the most powerful thing is what's on the other end of our fork. I'm really wanting everybody on the call to feel empowered by the choices that they can make on a daily basis, so they just feel good, look good, all of that stuff that we all want. Then it comes over to this idea about what is it that we're really hungry for. What if we're eating when we're not hungry? Talk to us a little bit about that.

NEHA: Yes, so what's really amazing is this is really where food and stress intersect very clearly. I ask people to start looking at what time of day, and what their comfort foods are, so I have them name their top three comfort foods, and I really have them map out when they need it, who they're around, what's going on immediately prior to them needing it, kind of really getting an idea of how they know in their body when they're hungry, and when they know that they're full, and I mean on a physical level. That's the first place to start, because then you can distinguish when—for me, it's an interesting experience, but at the base of my throat I feel a sensation of dropping that almost tells me that I'm hungry, and when I'm full, it actually goes away. Now that's unique to me, it may be shared by other people, but I learned that about myself, so now when I'm going to reach for something, I check in and I say, oh, that sensation's not really there; Neha, are you really hungry? That's the first place to start—me being aware of how I know when I really am hungry, and when I'm not.

AMY: You mean we have to slow down and pay attention to ourselves? You're crazy, lady!



NEHA: Yes, which is what you did at the beginning of the call, right, which is really give that message that we have to tune in, because if we're overriding it, what's going to happen is you're going to wake up one day and you're going to be me, that day when I missed all the signals because I overrode them with soda, and I showed up that day and didn't even know that I was completely burned out. So yes, it's really important to tune in. I would say that society has started moving at a faster and faster pace. We used to be these hunter-gatherers and we had these divided roles where we would relax and we would work, and we had this nice balance. We would eat family dinners around the table together and we don't do that anymore. It's about the faster, the better, the more instant, the more important, and we're multi tasking as we do it all. Then we wonder why we're burning out.

AMY: Right.

NEHA: I think you're right; tune back into your body and if you don't know how you get these messages, you certainly can't be receiving them.

AMY: Okay, good, so paying attention to what hunger even feels like, just physically in your body, and what being full in that moment of—there always seems to me that there's that moment when you go from full and satisfied to over full, that stuffed feeling. I get that and I appreciate that reminder to just really check in before you start putting things in your mouth.

NEHA: Also, the whole messenger system inside your body that I told you about—when you're full and something called leptin goes up to your brain and it gives your brain the message that you're full—it takes a little bit of time. In earlier days we would actually sit down and eat a meal over time, and connect to each other, so we gave our body time to tell us that. Now, as I eat in front of a laptop at my computer, and I have five minutes, I'll just shove it all in, and then I feel sick afterwards, but I did it in five minutes. I never gave my body the 15-20 minutes that it needs to give me those signals. You really want to give yourself that space so that you can get the messages.

AMY: Great. Talk to use a little bit about stress, and I know you mentioned, specifically, mid-section weight, the belly fat. What's the connection between those?

NEHA: Some of the biggest complaints I get are mid-section weight and not having great sex. Those are in some of the busiest people I know. It's an incredible link, actually, not only physiologically in your body—mentally, the way that we think about things—but if you think about digestion and all of that, I want you to now put it under the context of stress. If you're stressed your body actually, physiologically, think you're in danger, right? When would we be stressed? If we had to run away from a bear, we would be stressed, right? I want you to think about for a moment, just in nature, an antelope and a lion. When an antelope comes up upon a lion, instinctually it knows it's got to get out of there pretty quickly. What happens inside the animal's body is that one of two things is going to happen. The lion's going to kill the antelope; game over. Otherwise the antelope will actually get away, so maybe in five or ten minutes it's ran and it's gotten away. What do you think it's going five or ten minutes later? It's not stressed, right? It's probably grazing, it's probably laying by the water; it's out of danger. But what we do is we have now started our lives in this high paced society, that



from 6 a.m. to midnight, we're on full stress mode. We actually don't let our bodies rest. What happens is adrenaline is what's released in that immediate moment that the antelope's running away—that's called adrenaline. It's a short acting, pump-you-up hormone; it gets you out of danger. The long acting version of that is called cortisol, and cortisol, when we are running under stress from morning until night, our systems now start needing that long acting cortisol to sustain us throughout the entire day. If your body's in danger, I promise you, it doesn't care about digesting a meal, and it certainly doesn't care about relaxing and having sex. The blood flow in your body actually is geared toward raising your heart rate, having you breathe quicker—all the main muscles in your body are going to be where all the blood flow's going, so no blood flow's really going to digest that meal, that great organic meal that you shoved in your mouth as you were driving. Nor is it going to let you relax and enjoy sex, so it's interesting that people wonder why—no, relaxation is lazy, and all sorts of ideas that are around it in our society today, and the truth is, it's actually healing and essential to relax, in order to digest your food properly and to gain the pleasures of life.

AMY: What are your suggestions around stress? What can we do? So many of us are stressed, and especially right now with all the challenges that are going on in the country—layoffs and all this stuff, it seems like the stress level has jumped up even higher now—what do we do?

NEHA: I would say the simplest thing that you started this call with is to take a deep breath. People think that's not really as big of a deal as it truly is, and I'll get to that in one second. I'll start with saying the first thing is knowing your own physical sensations—and I mean when you're heart's beating, when you're stomach's dropping, when you're sweating—however it shows up for you, and being able to map that to your emotions, and to what's happening for you. If you don't know your own navigation system, you actually won't know what's happening. The way that you actually pause in the moment to know what is happening is through breathing. Physiologically, and I teach this to the doctors and nurses, and I'm amazed that they're so astounded by this connection—the reason breathing is so impactful is that you have—most people walk around and they don't take deep breaths all day. They just take very shallow breaths—hey, do you want to go for lunch; hey, can you get me that? I use a very small amount of my lungs. Your lungs actually take up a huge part of your chest cavity, and the best oxygen exchange occurs at the bases of your lungs, so when you do relax your abdomen or your belly, and you actually take a nice, deep breath in, you have this diaphragm, which is kind of like an umbrella shape. It's a muscle, and that actually has to flatten in order to let air in, and when it does, it triggers something called your Vagus nerve, which is your relaxation system. When you take three deep breaths you are actually, physiologically, inducing your own relaxation system, and I can tell you, we've got a lot of drugs that can do it as well, but actually just getting people conscious about it. I've actually hooked them up to monitors, with their heart rate and their blood pressure, and when they don't believe me, I just show them on the screen how it works. For those nonbelievers, I would say ask if next time you're getting your blood pressure taken and your heart rate taken, if you can just take three soft belly breaths, and prove it to yourself. That would definitely be a big one.

I would say that when someone realized that they're going into overload in their body, that they always know that they can name what's happening. If it was between you and I, and I'm



feeling really stressed right now, people feel the need that they have to actually respond to somebody in the moment, and what I would say to you, if it was happening for me, I would say something like—I'd name what's happening, so, Amy, I know you just asked me whether I can come over for dinner tonight or whether I can get that deadline to you right now. My heart is racing and I need to get back to you on that; can I have some time? People may say, no, no, no, I need to know right now, and I say it again: you know what, my heart is racing, and I need a little extra time, and I can get back to you by the morning. I think that's even a simple way to know what you need, and then really ask for it.

Lastly I would say something called guided imagery, that I think is really under utilized, which is the ability to daydream. We do it all the time, and I would look up some guided imagery CDs by people like Belleruth Naparstek, James Gordon, and basically, the ability to use your thoughts to help you physiologically shift into a more calm state of being. We're really good, in this economy, at using our thoughts to create a nightmare state of being, and then we get all stressed, and we're all tense, and it's the opposite of that. It's the ability that athletes are given, like at the Super Bowl. They help them visualize, at half time, getting the trophy and winning, right? It creates this different experience. I know we don't have a lot of time to go into guided imagery, but I would certainly have people look up guided imagery and allow themselves to work into a space of physiologically shifting their body.

AMY: I love you saying that we're already using guided imagery all the time, it's just that we're using it for the negative picture, so instead saying what is it that I want? What is that picture that I want, and really getting yourself into that state, and into that way of being, so that you can eliminate some of that stress.

NEHA: Yes, that's exactly it. Everybody can do it; we already do it.

AMY: I can't believe that we're needing to wrap up. This was just absolutely fascinating. Thank you so much. At the end of every call in the Women Masters, I ask our experts, what do you most want listeners to take away from the call today?

NEHA: What I want them to most take away would be that things that they're already doing could be contributing to their symptoms, so getting that link between food and what they're putting in their body, and their symptoms, or the way that they're handling stress—or not handling it—is actually something that can be changed in a small amount of time, if they decided to put their attention on it.

AMY: Great.

NEHA: Yes, that would be the biggest takeaway.

AMY: What about an inspiring homework assignment?

NEHA: I think the first and foremost thing I would say would be to take that medical symptoms questionnaire for yourself, so become aware of where you are.



- AMY: Good, so that's info@IntuitiveIntelligenceInc.com. That's the email that you're going to want to do. I know that you have this wonderful five week teleconference series called Creating Abundance in Times of Scarcity, that begins on Tuesday, April 21st. I know that you're actually going to be giving away, to one of the participants on our call today, a free admission to that five week teleconference series, so go ahead, Dr. Neha, and pick a number between one and twenty.
- NEHA: Sixteen.
- AMY: Okay, great, sixteen. If you want to enter this contest to get free admission to the five week teleconference series on Creating Abundance in Times of Scarcity, I want to you go ahead and email—I'm going to actually have you email Dr. Neha directly, at info@IntuitiveIntelligenceInc.com, and put 'lucky number 16' in the subject line, and she'll know you're entering that contest. The sixteenth email that she receives, she will let you know, and you can go ahead and get enrolled in that course. I'm so excited about that course, Creating Abundance in Times of Scarcity, and I know that you also have a discounted rate for people, and they can email you or log on to IntuitiveIntelligenceInc.com and they'll be able to access that special rate by emailing you directly; is that right?
- NEHA: Absolutely. I'm sorry, we were going to have a special page on the site, but if you just email me directly and ask for the special rate, we'll make sure that you get that.
- AMY: Wonderful, thank you so much, and is there a good phone number for people to call if they want more information, besides logging on to your website, or is email on the website the best place for them?
- NEHA: Right now I think email and the website's going to be the best place. There is also a contact number on the website, so should I just give that right now?
- AMY: Sure, that's great.
- NEHA: It's (415) 823-2486.
- AMY: Okay, great; one more time for people.
- NEHA: (415) 823-2486.
- AMY: Excellent. Again, IntuitiveIntelligenceInc.com, you can email Dr. Neha to go ahead and get your medical symptoms inventory at info@IntuitiveIntelligenceInc.com, and if you want to enter the contest to be lucky number sixteen, to go ahead and get a free admission to her five week teleconference series, Creating Abundance in Times of Scarcity, go ahead and email her as well, with 'lucky number 16' in the subject line. With that, I will go ahead and take everybody off mute, so they can say a quick thank you to you. Thank you so much, Dr. Neha, for being with us today.
- NEHA: My pleasure.