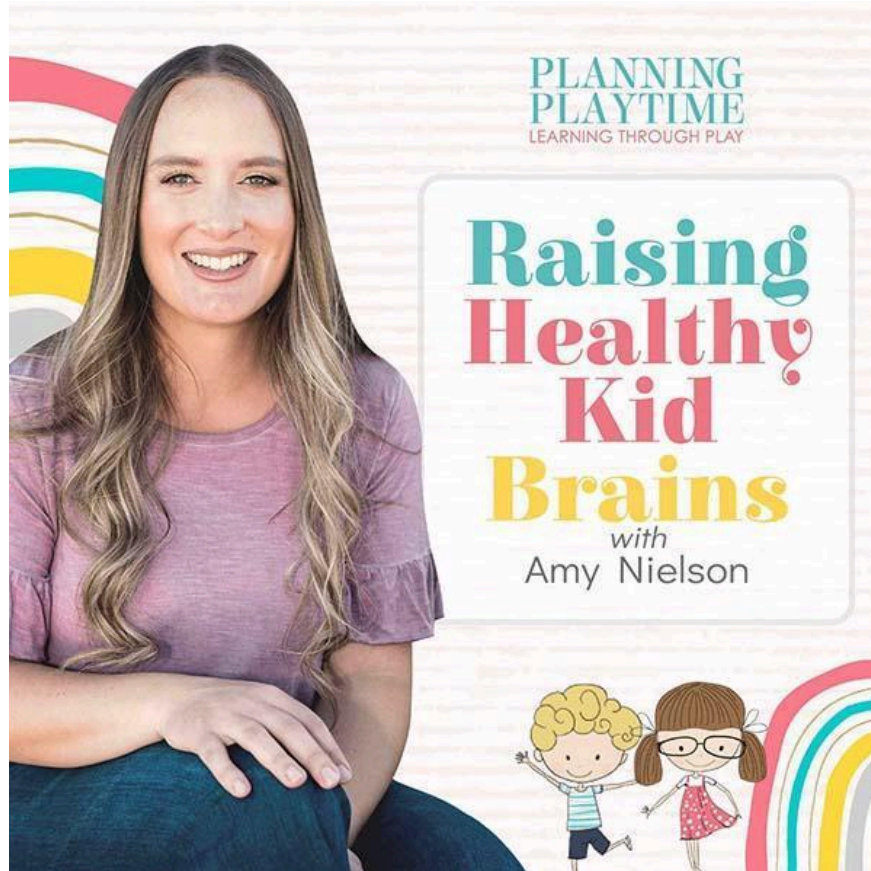


Ep #86: Heal Your Child's Stomach Pain: The Surprising Brain-Gut Connection with Dr. Ali Navidi



Full Episode Transcript

With Your Host

Amy Nielson

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Does your child get stomach aches? This is one of the most common things that school nurses see is children coming in with stomach aches. It's something that I've heard of from so many of my friends. And it's a thing I've experienced myself with children having unexplained stomach discomfort at school. My guest today is Dr. Ali Navidi. He is a licensed clinical psychologist and co-founder of GI Psychology. He specializes in innovative treatments for GI disorders using clinical hypnosis and cognitive behavioral therapy.

This is one of those conversations that nearly every parent can benefit from, because this problem is so common. He talks about the brain gut connection, why stomachs hurt when a child is suffering from anxiety or stress. He talks about this four step process of the progression getting worse, so they're having that discomfort between their stomach, the brain and the gut connection. And then becoming hypervigilant, catastrophizing and then getting to visceral hypersensitivity.

This conversation was so amazing because he not only gives resources to go and get help in 10 sessions for your child to really get on top of this before it gets worse and continues to progress into adulthood. But he also talks about some of the education we can do with a child early on to help prevent it from getting worse. If you have a child that's been diagnosed with IBS without any specific problem that doctors can find in their stomach, or if you have a child that suffered from regular stomach discomfort, this is for you. You're going to want to listen up. It's coming up right after this.

Welcome to the *Raising Healthy Kid Brains* podcast where moms and teachers come to learn all about kids' brains, how they work, how they learn, how they grow and simple tips and tricks for raising the most resilient, kind, smart, compassionate kids we can. All while having lots of grace and compassion for ourselves because you know what? We all really need and deserve that too. I am your host, Amy Nielson. Let's get ready to start the show.

Amy: Alright, Dr. Ali Navidi, welcome to the show and I am so excited to have this conversation with you today.

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Ali: Yeah, Amy, I am excited to be talking with you. I think there are so many people out there who are really going to benefit from learning a little bit more about this and I'm excited to get started.

Amy: Oh, my goodness. Okay, so I was telling you before we got on, but I've had this conversation with so many moms and we're talking about when kids are having stomach issues. And so, the school nurses talk about this all the time, how many kids are coming in with stomach aches and just tummy problems. And my friends are like, "Oh, my goodness, I had a kid that for the entire fifth grade or whatever, was having all these tummy issues."

And then, I've had kids, I have two kids actually, that have had this experience and we've gone to the doctors and done all the scopes and all of this kind of intense stuff to try to figure out why their stomach was hurting all the time. And then come to find out it really wasn't about their stomach at all. So, tell us a little bit about that and take us in and we'll just kind of get chatting about it.

Ali: Yeah. And if it's okay, I want to back up a second and just explain why anyone should listen to me at all and who am I.

Amy: Yes, please do, yes.

Ali: So, I'm a clinical psychologist and then right off the bat, people should be thinking, well, for a stomach problem why would we be listening to a clinical psychologist? Well, I'm a very unusual clinical psychologist because I've spent maybe the last 13 years working with what's called the brain gut access. And that is the connection between the brain and the gut. And this is something that scientists have been studying maybe for about 20 years. And they've learned that there's this massive connection between what happens up here and what's going on in the stomach.

And so, I guess, long story short, psychology, behavioral health has developed some really impressive treatments for things like IBS. So, it's irritable bowel syndrome, something called functional abdominal pain, which a lot of kiddos end up having, which is pain in their abdomen, in their stomach that they get scoped left, right, scanned, blood tests, all this stuff. And at the end of the day the

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doctor's like, "Hey, we didn't find anything." And usually, parents are very sad that nothing was found.

And I'm here to say that you should be super happy because what that means is that they have what's called a disorder of gut brain interaction, a DGBI. And that's a relatively new term. It used to be called a functional GI condition. Now it's called a DGBI. So anyway, these DGBIs, they're super treatable. When I say super treatable, I mean short term treatment, an average of 10 sessions and about 80% success rate.

So, I've been working in the DC Metro area for 13 or so years. And about four years ago I was like, "Look, I can't see any more patients and there's literally millions of patients with these problems." So, I started a bigger practice called GI Psychology. And the mission is, I thought it was a terrible shame that these treatments worked so well and that pretty much nobody has access to them. So that's the goal of GI Psychology. Our mission is to get the word out by talking to people like yourself. And then also I train more people to do this treatment. So those are the two things we're doing.

Amy: That is so amazing. I'm so glad you're doing this, because yeah, as a parent who has this kiddo, now two kiddos, that have just been in pain. And the first one, I mean it was years literally, and I had taken her to the pediatrician. And because of her age we had gone to this range of doctors and they were doing things that were just tests on her that they haven't even done on me as a woman in my early 40s. It was so hard, but then you feel as a parent, you have to do something because they're just in pain every day. It was impacting her schooling, whatever and I don't know what it is.

And then it wasn't until all of this stuff, that I was like, "Okay, maybe this was really never an issue in her stomach." And I just wish I'd known that sooner because the other treatment was so much nicer to her body, and it healed the cause. And so, we weren't just treating symptoms. So, I'm so grateful you're doing what you're doing. So, tell us what you've learned and what to do when we have kiddos that maybe have been diagnosed with IBS or are just having these really regular stomach aches and maybe, yeah, what we do.

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Ali: So, the range of things that these kids might have, they might have IBS, so they're pooping is messed up and they have pain. They might just have pain. They might have chronic nausea. They might be regularly throwing up. These are all within the realm of DGBS. They might be bloated and not be hungry, there's always different things, but they're all really treatable. So, if you end up going to your pediatrician or going to your pediatric gastroenterologist and they rule out all the really bad stuff, and then you're left with, okay, we don't have anything to tell you that's going on physically. Again, this is super good news.

So, I want to make something really clear, which is, it's happening in the brain and the gut. Both are involved because they're both connected so powerfully. So that pain that the kids are experiencing is real. It is real pain. They're not making it up. It's not just in their head.

Amy: In their head, yeah, I was going to say that expression, oh, shoot, yeah. Okay, so it's not in their head, yeah.

Ali: Yeah, that expression kills me. It's not just in their head. It's in their stomach and their head is playing a big part of it. And essentially what's happening, I can lay out a pretty simple model for everyone who's got kids so that they can understand what's happening.

There is one, two, three, four things they need to understand. One is the brain gut. The other is something called hypervigilance. And that's a specific type of anxiety where those kiddos will lock in on whatever part of the body has been causing them trouble and be scanning it for danger almost from the time they wake up till when they're going to bed. They're always scanning it. And if something pops up that doesn't feel right or doesn't seem right. Then they're doing the other thing which is called catastrophizing.

And catastrophizing is like, oh my God, is it going to get bad again? And I don't know if I can go to school. What if I'm in the middle of class and it's feeling worse or what if I need to poop or what if I need to throw up? So, you've got all this catastrophizing. And all that anxiety gets sent through the brain gut access into the GI system and actually makes the symptoms worse. And if it was just that, it would be bad, but it gets worse.

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Then there's something called visceral hypersensitivity. And what that is, is that all those sensations from the gut get amplified. It's almost like you've got a volume, I've got a microphone here, it's got a little volume. If I were to crank up that volume, I would be sounding way too loud or the sound coming in would be way too loud. Even if your voice is a perfectly good voice, it would be blasting in my ears, it would be painful. And this is what happens with their sensations in their stomach.

So, these kiddos will just be hungry or they just might be digesting food. But those sensations are amplified so much and distorted that what their brain is getting is pain. And we know that because usually it's part way through treatment, things are starting to work and the visceral hypersensitivity has been turned down and now they're like, "Hey, I don't think this is pain, this is, I think I'm just hungry." And I'm like, "I think you are."

Amy: Oh, my word, this is just blowing my mind. If you have had kids experience some of these things, you're nodding your head right now and you're like, "Oh my gosh, all of these things, I've seen it all." So, what do we do? Because that just feels so like the cycle, that these things are happening. Because I think when you are in pain and we know that it actually is. The explanation I've been told is that some of the same nerves that go through your brain go through your stomach. I don't know if that's how you would say that.

Ali: Yeah, that is the brain gut access. That's what we're talking about. Yeah, that makes up the brain gut access.

Amy: Yeah. So, it makes sense that if you're uncomfortable, those nerves are going around your stomach causing that distress. And if you're in pain so much, and I've had a kiddo that's like, "I can't eat because it hurts." But then they're not eating so then it hurts. And then it just kind of leads through these things you were talking about. The catastrophizing and the hypersensitivity and the scanning and am I hurting right now? Because it hurts so you're thinking about it more and then it just plays into each other, so what do we do about it?

Ali: Well, I've got some good news and some bad news. So, the good news is some of the things I've already said. So, the treatment is short term, about 10

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sessions. It's a very high percentage, so about 80% are going to be feeling better. And there's a crazy amount of research showing, if you all are into research and there's literally 40 years of research showing these treatments work. So, you can really rely on it. That's the good news. This is good news. The bad news is, last count there's about 500 people in the world trained to do this.

Amy: Oh, my gosh.

Ali: That's why I'm trying so hard with this practice, GI Psychology. So probably the next question is, well, what does the treatment entail? There's kind of two prongs to the treatment. One is cognitive behavioral therapy. However, most people have heard of cognitive behavioral therapy, CBT.

Amy: Yeah, CBT, yeah.

Ali: Yeah, but let's not confuse it with bread and butter CBT, because if you go and march yourself into the local CBT therapist, office, they will more likely than not, not know what to do about your kid's stomach pain. They will be very helpful with their anxiety or their depression or if there's any trauma history or anything like that, they can help. But their specific CBT protocol's designed for these kinds of problems. And I've seen that over the years, many, many times is that my patients have been sent to just a regular CBT therapist.

They'll come into my office and I'll say, "Okay, we're going to be doing some CBT." And they'll say, "No, we tried that. It doesn't work." And I'll say, "Well, you probably haven't tried it really. You've probably tried just generic CBT." So that's one side of it. Now, the other side is, I guarantee is going to require more discussion between us because it's clinical hypnosis.

Amy: Okay.

Ali: Yeah. And we're not pulling this out of left field. This has again, those 40 years of research has been clinical hypnosis.

Amy: I want to go to a couple of places with this. I want to know more about this clinical hypnosis, I want to talk more about that, what that treatment looks like

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that you offer, which is so amazing. And then how we would help people connect with that if that's something that they feel would benefit their child. But I also want to talk about too, just because there's so few people trained to do this, what other things can a parent do in their home right now until they can get access to that. Is there anything they could do that would help if you can't get into this very specific one.

Is there any benefit to decreasing stress and anxiety overall and kind of learning some of these other skills that would help, even though we don't maybe have access to the best? So, anyway, let's go, whichever of those two you want to start, let's start.

Ali: Let's start with what you just said last. So related to that, we've worked really hard to make GI Psychology available in all 50 states. So, it's a telehealth treatment. And that was a big administrative hurdle, getting all the licensing stuff. So, it's available in all 50 states. So, I encourage people to come, check us out. Now, if that's not an option for whatever reason, there are definitely things you can do for your kiddos.

The very first is something I just call good psychoeducation because one of the big things that makes the situation worse is going to be, there's a feeling that something is very wrong because that's what pain means in the body. The pain is a warning signal. And when someone's getting that warning signal in their stomach, it's natural even if you're a kid, to think, there's something very wrong in my stomach. And once they can understand that that pain is a false alarm, kind of like a car alarm that's going off because the wind was blowing, that pain is real, but it doesn't signify damage. It doesn't signify a threat.

And you can give them lots of examples of a false alarm like I've set my alarm to wake up at 6:00am, but I forgot it's the weekend and I forgot to change it so the alarm's going off and we don't actually have to listen to it, we can just turn it off. So, there's lots of examples of false alarm and that's a really important thing for them to understand.

Amy: I love that. So, explaining that to a kid because we don't want to invalidate the fact that they're in pain and I think that's tricky. Okay, so for an example, our [Raising Healthy Kid Brains](#) with Amy Nielson of Planning Playtime

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fire alarm was going off a week and a half/two weeks ago. And it kept going off and this has never happened at our house before in four years and they're all like, "Oh gosh." So, they're coming out of the different floors and they're all coming together. Do we need to go outside? I'm searching the house, there's no smoke. I'm like, "What's going on?" I can't figure out why this fire alarm is going off. There's no indication as to why it's going off.

And then it turns out that some water had been leaking through the ceiling of one floor into the next floor and was going directly into the fire alarm and it was making the fire alarm go off. But it had gone off several times that day before we figured that out. And anyway, so this whole idea, there is an alarm going off, but is there any damp, do we need to be afraid, are we worried, whatever?

So, I kind of love that as an example, but it's okay then to talk to kids and use this kind of an example and say, "There is absolutely pain happening in your body and it's a signal for your body to pay attention, something's going wrong, but it's a false alarm. There's no actual damage in your stomach right now." I love that, okay.

Ali: Right. With your kids, for example, you'd be like, "Remember when mom went and I checked everything and I made sure there was no smoke and no fire." And so now we knew that that noise didn't actually mean there was danger. What it meant is that the mechanism that was triggering the alarm was kind of screwed up, something was messed up there. We needed to fix that, but there wasn't any fire.

So that's why we took you to the doctor and the doctor did all those tests and the doctor figured out that your tummy is actually fine. It's a healthy tummy. It's a good tummy, but there's an alarm in there that keeps going off and it's broken, so we need to fix the alarm, not the tummy. So, you make that distinction.

Amy: I love that, fix the alarm. I love it. And does that help them start to kind of just maybe have more perspective, so that they're not having that scanning and kind of over-dramatizing, catastrophizing, I think is the word you used and some of those things. Does that help kind of with some of that, so it's not escalating and making it worse, is that kind of what that does?

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Ali: Yeah, I've had patients that got almost 50% there, just from a good psychoeducation. You're never going to go wrong if you're going to get them to be more resilient in general about dealing with stress, about dealing with anxiety, about dealing with what's going on in their life. You're never going to go wrong teaching them some affect regulation skills. Affect regulation skills, that could be anything from age appropriate meditation, breathing techniques, things called PMR. That's called progressive muscle relaxation. You can find stuff like that on YouTube where it's tense and release, tense and release.

Amy: Yeah, I know that one.

Ali: Yeah, and it works. So, there's a lot of things you can do to just kind of make them more resilient, decrease anxiety in the system. You also want to look at what's going on in their life. A lot of times these things show up when there's some kind of change. It doesn't always have to be a bad change, but often during times of change, whether you're moving, whether you're changing schools, your best friend has gone. Or there's some negative things happening, there's some bullying or they're struggling in a class or their parents are fighting.

Just keep your eye out to see if there's change, because often these things will develop in periods of heightened stress, not always, but sometimes.

Amy: I just had a question come into my brain. If you're able to somehow minimize that stress, there's so many of our stresses that just keep happening. But if you're able to somehow decrease the stress, does that automatically help or having triggered this, it just kind of continues going until we're able to kind of help teach some skills or do you see a connection there?

Ali: I think there is some benefit if you can identify the stress and then open it up as something to talk about, for some people, that will help. For other people, the patterns have been established so solidly that even though you deal with the initial stress, these patterns have a life of their own. Because once they start with that hypervigilance, locking in on that part of their stomach, that in and of itself will create anxiety, that will create symptoms in the stomach. And then they're noticing the symptoms, and then they're freaking out about the

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symptoms. And then the visceral hypersensitivity amplifies the symptoms and it doesn't need any extra stress at that point.

Amy: Right. It just takes a life of its own and goes, yeah.

Ali: Yeah, but some of these kiddos will have, this system has not been so firmly established yet. And identifying that stress and maybe talking about it and helping them to be more resilient, those kinds of things can help.

Amy: Let me do one follow up question on that then because you talk about, that feels like an early intervention kind of a thing. But then the hard part is, we don't know, is it something because as parents were like, "Oh, is something really wrong with my child? They're in stomach pain every day." So is there some value as you're kind of going through this process of ruling out all the medical things that it could be, to start this stuff early too, and just say we're going to do both?

We're going to search the house to see if there's a fire when there's smoke, we're doing all of that. But we're also going to recognize that sometimes this is an indication that the mechanism isn't quite working and it might be something else so let's talk about. And kind of doing both of those at the same time to maybe keep it from becoming such a pattern, by waiting until all the doctor stuff is done, I don't know, what would you say about that?

Ali: Absolutely. 100%, especially if the alarm is going on in the house and it's the third time. So, if your kid has some unexplained stomach pain and it's the first time they've ever had this, take it very seriously. Take them to the doctor. But if it's the third, fourth, fifth time, you should have in the back of your mind, okay, what's going on in their life? Is there some change happening? Or the other big route that everyone should understand is kind of the PTSD of the stomach. In technical terms this is called post infectious IBS, but there's a lot of routes.

But basically, anything that causes trauma to the stomach, so, if they have food poisoning, if they have a bacterial infection, a virus, anything that's making them throw up or have diarrhea. That kind of a trauma to the GI system can lead to

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this pattern starting. I had a patient, for example, who I think it was just food poisoning, but they ended up waking up in the middle of the night just vomiting.

Think about that, you're asleep and you're not even fully conscious and then there's this pain and you're throwing up and it was traumatizing to them, to the point that they develop that hypervigilance and that catastrophic thinking. Because in the back of their mind that emotional part of their brain, they're like, if they feel something weird in their stomach, does that mean I'm going to be vomiting again?

Amy: Right. Yes.

Ali: Right. And so that system gets started and it didn't involve any change in their life or any stress, it just involved this one incident and that was enough.

Amy: Our bodies are so cool and then they do weird things to us and we have to figure it out. Oh, my goodness, this is so good. So, I wanted to make sure we didn't run out of time. I feel like we could talk about this for a long time, but I wanted to give you a chance to go back and talk too just a little bit more about the treatment. So, we talked about the cognitive behavioral therapy that's very specific to this type of problem, and then you talked about hypnosis. So, tell me a little bit about that so we can kind of just be thinking about that too.

Ali: Yeah, I very quickly want to help people because I've been using it throughout my career. It's an amazing tool and it can help so many people. But before it can do that, we need to take everything we know about hypnosis basically and put it in a category called entertainment hypnosis.

Amy: Okay, good. Can we talk about that? Because I think it's a little weird. Alright, so help me get through this.

Ali: It's very weird. Look, if all I knew about hypnosis was what I see on TV, what I see on the movies, I would be very, very skeptical about the whole thing. So, take all that, put it to the side and let's talk about what it actually is. All humans go in and out of a state called trance. If you have teenagers, which I do, if you just hand them a phone they will immediately go into trance. They won't be able

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to really hear you. Their mind will be a million miles away. But trance is happening all the time. You're listening to a lecture. You're daydreaming. You're driving the same route every day, and you just are in your head the whole time.

Amy: I'm driving my junior high kids to the elementary school because I just am thinking about something else and going in my pattern and yeah, I've totally done that before.

Ali: 100% yeah. Exactly. Runners get into their zone. Athletes will play their sport and have a bruise or a cut and not even know where it came from. But trance is happening all the time in our lives. And all hypnosis is, is teaching people how to get into that trance state on purpose instead of accidentally. That's it. That's it. And when you're daydreaming, nobody can control your mind. When your mind is somewhere else, but you're still doing something, there's no magic there. It's just a normal state of consciousness.

So, the first thing for people to understand is, trance is a very natural thing and we're just learning how to do something you're already doing, but we're just doing it on purpose.

Amy: Interesting. And what's the benefit?

Ali: That's a perfect next question.

Amy: Yeah. Why do we do it?

Ali: So, then the next question is, well, why do we care about trance? Well, for whatever reason, when we're in that trance state, we have a much higher ability to learn how to influence the mind body connection. And so, these kinds of problems are probably the best example of the mind and body interacting. And it's not just the mind, and it's not just the body, but it's the way they're interacting. And for some reason, when we're in trance, we can influence those connections in a way that we just can't do when we're in our normal state of consciousness.

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Now, the benefit for parents, especially if your kids are, let's say, within between 10 and 13, is that is the height of our ability as humans to go into trance. These kids are awesome at trance and they're awesome at using their imagination, which is a huge part of doing hypnosis. Really hypnosis is, you go into trance, you focus and you use your imagination, and that's pretty much it. That's all you have to do. It's not actually very hard to show someone how to do hypnosis. We do it via telehealth all the time, but again, it's not hard because humans naturally go into trance. It's not this fancy thing.

Amy: That's so interesting. So, you can do it through telehealth even?

Ali: Yeah.

Amy: Oh, my word, that's so cool, okay.

Ali: Yeah, and kids are really, really good at it. They're really good at it. So, in my career I spent, let's say, most of my time was spent working with adolescents, then I work a lot with kids and then I would see some adults. But the majority were adolescents and kids, so I really like working with them. And plus, they're so much easier to work with, they haven't developed those patterns. Look, if you come in and you're, let's say, 45 years old and you've had IBS for 30 years or something. That's harder to treat than a little guy who's had their IBS for maybe six months.

Amy: Right. Absolutely. Because those patterns we create in our brain, I feel just become more and more permanent the more we use them and then they're harder to reprogram.

Ali: 100%, yes. And that's why kids, actually, I think adults are 70% affected in this. Kids are 80/85%, something like that.

Amy: Wow, that's amazing.

Ali: Yeah. So, it's really treatable. These little guys do not have to live like this.

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Amy: This is so good. Okay, we're out of time and I want to keep talking. So maybe just as kind of a wrap up, I want to ask you, just top tips for parents, what they can do right now with their kiddo, maybe just give us a quick review of what you would recommend for a parent who has a kiddo that's struggling. And then I want you to tell us where to come find you so we can locate these 500 people because you said there's one in every state so we're going to go find them.

Ali: Yeah. No, we have them available. So quick tips first is, keep this in the back of your mind right off the bat. Still get them checked out because there are some nasty things that need to be ruled out, but you don't need to spend months and months and months ruling these things out. I think a good doctor should already be getting an idea pretty early on. And then once it's starting to look like it might be this, they've started to rule out some of the nastier stuff, you could start doing that psycho education for the kid.

Start letting them know, "Hey, looks like these tests are coming back and there's nothing wrong with your stomach. You've got a healthy stomach. This is really good news." And talk to them about the whole alarm system. And then also as a parent, keep an eye out on what's going on in their life, start asking the right questions, what's going on with their friends? Is there anything happening with the family, good or bad? But just changes can be stressful. And then resilience, teaching them ways, the PMR that we talked about, meditation, breathing, giving them some tools to calm themselves down can also be really helpful.

Amy: So good. I love this. Okay, so I'm going to go write some of these down. And we've developed some of these things over time, because I had to because I didn't know you yet.

Ali: Of course, yeah.

Amy: But I'm so glad you're sharing with everyone who doesn't know yet, and I will be telling people this. I'm going to refer many people to this episode. So, tell us then the next piece, which is, if we want that treatment, that is that very specific treatment, how do we find that? How do we get to you and the people you train?

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Ali: Yeah, it's very straightforward. It's just gipsychology.com. You go to that website and we have a free phone consult. There's a clinically trained person who can ask all the right questions and figure out if this is the right treatment for yourself or for your kiddo. We have a lot of resources on the website. If you want to get more education, there's talks I've given, longer talks about this stuff if they want to dive in and learn more. It's all available.

Amy: Amazing. Okay, that's that. We can do that and we'll put that in the show notes too, everyone. So, it will be there and we can just go to that so easily. I just want to say thank you for the work that you're doing because as a parent who has had two kids experience this. And it is so difficult as a parent to sit here and watch this pain and not be able to get to it. We have done all the things, I have been to all the appointments and we just can't reach it. And then finally recognizing and then of course, with my second one, I got to it a lot faster because of my experience with the first one which is helping and I think it's going to make that a lot easier to handle, but yeah.

Ali: It bothered me so much, there are some patients that would come in, they had been through this medical journey for three/four years and then we could treat them, some of them were better in three sessions. It was ridiculous. So, I was just like, "Look, this is crazy that people are having to live like this when the treatments are so available." Well, they're not really available, well, they're available now. If you go to the website, they're available. But back then, they're available if they came to see me and back then, so a lot of gastroenterologists would refer to me.

I was kind of the end of the line. As they got to know that these treatments work, they started letting their patients know earlier and earlier, which is what we were talking about before. This is what these kids need. Anyway, I could go on and on, I'm sorry.

Amy: No, I love it. So, these are the conversations I'm like, "I wish we could talk for an hour and a half." But our listeners have things to do. So, I just want to say thank you and yes, I am actually going to go look up your site and do some more research on my own. So, I can listen to these talks and get more

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information, but this has been just extraordinarily helpful. And I think this is such a common, common problem. And so, I just thank you for coming and for doing the work you're doing, to give our kids other options so that we can hopefully get them the help in what they need instead of them having to suffer and build those patterns and make it harder to recover from over time.

So, thank you so much and we will get that out and just thank you for coming today.

Ali: It was my pleasure. And I want to thank you also for getting the word out because again, my mission is that people should not have to suffer needlessly. The kids shouldn't have to suffer if there's treatments out there.

Amy: Yes. Thank you.

Don't you just love all the fun things we're learning on the show together? Well, we wanted to give you a chance to practice a little bit of it at home. And so, we made you a special freebie just for being a listener here and you can grab it at planningplaytime.com/special-freebie. That is planningplaytime.com/special-freebie. So what this freebie is, I'll tell you, is an amazing alphabet activity that you can start using with your kiddos and it is based in play and is so fun.

You can use dot markers with it, you can use Q-tip painting, you could use circle cereal. There's all kinds of options, but you can print it out today and get started. Just head over to planningplaytime.com/special-freebie and we'll send that to you right away.

Thank you for hanging out with me today for this fun chat on *Raising Healthy Kid Brains*. If you want to see more of what we're doing to support kiddos and their amazing brains, come visit us on our website planningplaytime.com. See you next week.