

Why Even ‘Moderate’ Drinking Is Harming Your Health —

Interview With Dr. Brooke Scheller

By Dr. Joseph Mercola

Dr. Joseph Mercola:

Welcome, everyone. Dr. Mercola, helping you take control of your health. And I'm beyond delighted to have a new guest on the podcast, Dr. Brooke Scheller. She's a clinical nutritionist and she's going to share her story with you. And I'm really excited because this is a new interest and passion of mine. And like most clinicians, I was seriously deceived and confused about the truth about alcohol.

As we're going to learn, alcohol is not your friend. There is essentially no evidence to support that its use at mild or moderate levels has any therapeutic benefit. It is a metabolic poison, converts to the same similar poison, a reactive aldehyde, that linoleic acid does. And it destroys your mitochondrial function, and it definitely leads to premature aging and death. I know that may sound like a lot, but you're going to reach that conclusion after we talk to Dr. Scheller. She has her own personal story, which I'm going to let her share, which is very powerful and it really explains why she wrote this whole book about this topic.

Welcome, and thank you for joining us today.

Dr. Brooke Scheller:

Thank you so much for having me, Dr. Mercola. I'm thrilled to be here. I am so happy you're covering this topic on the podcast, and we're really starting to see it become more of a conversation in the health and wellness space, and that's really exciting.

Dr. Joseph Mercola:

Yes, indeed. And you're catalyzing that movement, for sure. As I mentioned in the introduction, I've only recently come to this conclusion. I bought the myth hook, line, and sinker like almost everyone, because you don't know. There's so many things to study and know about that. How can you possibly really research all of them and have a deep understanding of the true nature of this issue? But once you find out about it, it's massive. And what really caught my eye is that it likely contributes to one in three cancers in this country. One in three cancers, which is crazy.

I'm sure we're going to dive into it, but first we want to hear your story and what brought you to write this book.

Dr. Brooke Scheller:

Yeah, well, thank you for allowing me to share my story because it's a big part of why I do this. I, just like you and just like so many other healthcare practitioners, I bought the lie that alcohol was good for me, quote-unquote, at small levels. And that's never really explained, what that means.

And I think what I experienced in my story and what I see when I work with clients now, I work mostly with clients who are either sober or sober curious or looking to cut back on their drinking, and it almost has allowed us to say, even if we know we're drinking too much, we are framing it as, "Well, maybe it's not that bad because at small amounts there are health benefits." And so we've really been misled as to what this is really doing to our body. And we're talking about all of these other areas, topics you cover like the gut microbiome, hormone imbalances, nutrient deficiencies, and alcohol plays a really critical role in all of these pieces.

And so, I was a big drinker. Started as a teenager, like so many people do, and that progressed over time. During my twenties, I was a pretty big drinker and into my early thirties. And it wasn't until I went through my own sobriety moment, my own rock bottom, if you will, where I decided to eliminate alcohol in its entirety. And again, I was a Doctor of Nutrition, so it was really interesting for me to see this not only as someone who experienced it myself, but as a clinician.

And early on in my sobriety journey, I started following sobriety influencers online and attending 12-step meetings and hearing a lot about this disease, if you will, of how we talk about alcoholism and addiction. But no one was talking about the ways that the microbiome is impacted, that the nutrients are impacted. And when I looked at that with my experience and my background as a Doctor of Nutrition and an expert in functional medicine, and I said that this is 50% of the puzzle and we're not talking about it.

Not only when we're drinking alcohol is it affecting these areas of our body, but that is then creating an environment where maybe we are having more anxiety or depression and looking for coping mechanisms. It's really creating this vicious cycle, and I found that in my own self and really was passionate about bringing more of this information to others and decided to write the book.

Dr. Joseph Mercola:

Yeah. Well, thank you for sharing that. It's quite a journey. And the focus clearly is it's just not the social consequences of excessive alcoholism, which are quite profound. And no one would disagree that alcoholism isn't truly a disease and has quite severe biological consequences, but the real challenge in the transition in our understanding now, there really is no safe dose. It's toxic at every dose. Now, it doesn't mean you can't tolerate that, but it provides no benefit.

Why don't we jump into that? Because that, to me, is beyond astonishing because almost everyone watching this, I'm pretty confident, and I'm sure you'll agree, believes that social

drinking, moderate drinking an ounce or two ounces a week is going to provide some benefit because the studies show it.

Dr. Brooke Scheller:

Yes. And this is a really interesting area too, because in my experience, full sobriety, I had to hit a moment where I had to make a change in my life. And that is how alcohol addiction or alcohol use disorder has been typically framed in the past. It's either you have a problem or you don't have a problem, and until you have a problem, it's fine. You can drink and no big deal, and nobody bats an eye. They say it's the only drug that you use where people ask you why you're not doing it. "Why aren't you drinking?" No one would say to you, "Hey, why aren't you using this heroin or this cocaine?" But they will say, "Hey, why aren't you having a drink?"

And so the interesting thing from a scientific perspective and a dose perspective is you don't have to be drinking alcohol every single day for it to be having an impact on your health. And we see this in areas like cortisol. There's some really great research on the way that alcohol affects cortisol and drives cortisol production, and it takes somewhere between seven to 10 days for cortisol levels to normalize after a drinking episode. That means, even if you drink once a week, your body is still having effects of that later on. And so that's just one example of how we see this having an impact. You don't have to be a daily drinker, but it is having these health effects long-term.

And to circle back to your point on the dose and the research, there's now more studies, larger body studies that are showing that the small amounts, the quote-unquote moderate amount of alcohol that we previously thought was providing some benefit, we're looking at those studies now and saying those were flawed studies. The control group of folks that they were using who were non-drinkers were either non-drinkers because they previously had an alcohol issue or they were non-drinkers because they already had preexisting health conditions like cardiovascular disease. You're seeing a risk that it looks like the people who are not drinking are quote-unquote healthier, but the reality is that they're not drinking because they already have health concerns.

There was actually just a second large study that was published about a month ago prior to this recording where they backed that up and they said that now we're really seeing there is no benefit to moderate or low amounts of alcohol. And so the way that it's affecting us is going to vary from person to person, but if you are someone who is listening and you do drink a few times a week and maybe you have some health concerns that you're battling, this may be playing a role even if it doesn't seem like it is the main cause.

Dr. Joseph Mercola:

Thank you for sharing that. And I've written a new book that comes out next month. It's called Your Guide to Cellular Health. And I've been passionate about mitochondrial function is really the crux of all health and all disease. And if you don't dial that in and optimize your mitochondria, you don't have the energy required to repair and regenerate.

That comes down from my review and understanding to just a few items that knock out the mitochondria. And one of the main ones, and I know this is controversial and you certainly... Especially in nutrition. But I take the position from my review of the literature that excess linoleic acid, omega-6 fats, is not healthy. And the primary justification for that is the metabolic byproducts, because by itself it isn't, but they're highly perishable oxidizable fats, and when they're metabolized, they turn into something called OXLAMs, which is oxidized linoleic metabolites. And what's consistent with all of those molecules is they're reactive aldehydes. And then the light hit, especially right before I encountered your work, is that that's what happens with alcohol. It turns into a reactive aldehyde, which is called acid aldehyde. One carbon molecule, I think.

And so do you agree with that assessment that this may be the primary reasons, the primary biological mechanism which is responsible for producing the litany of symptoms you previously mentioned, is that this has got to be one of the main things? It seems like from my perspective, and I'm really curious as to what your view on this is.

Dr. Brooke Scheller:

Yeah, well, from a mitochondrial perspective, alcohol requires an extreme amount of energy to be processed by the body. Anytime that we are consuming alcohol and we have to metabolize it through acetaldehyde and metabolize that out of the system, we're requiring excess amounts of NAD. We're requiring excess amounts of all of those co-factors needed in order to produce energy. If we are regularly putting in this substance that is detracting from our body's normal processes, then we don't have the resources left over to restore and replenish our body. We're not recovering our cellular function if we are constantly requiring the co-factors to eliminate alcohol, so there's a very big chance that that is one of the main factors.

And I think it's multifaceted, because you have this mitochondrial piece, you have a massive, excuse me, decline in nutrient absorption, so that's by way of the stomach and the small intestine. But also, to restore function in the body, we require a lot of antioxidants, so we need that extra antioxidant we're depleting out our body's B vitamins, all of them, the B-3, the B-12, the B-6, the folate. We're depleting B, vitamin D, vitamin C, all of the minerals, and so we're really destroying that normal cellular function by way of nutrient deficiency.

But I also think that there are ways, for example, with the gut microbiome that, because alcohol is having a direct impact, the example that some folks use is if we think about hand sanitizer to kill bacteria on our hands, well, what is that? That's alcohol.

Dr. Joseph Mercola:

I was wondering what the mechanism was, so your supposition is that the alcohol reaches the colon, which is a long transit time, at least two hours, maybe significantly longer than that, and

it's directly toxic and kills most of the bacteria reside in the colon. Is it toxic directly there, and that's its mechanism? And it doesn't discriminate between necessarily pathogenic and beneficial bacteria would be.

Dr. Brooke Scheller:

Yeah, and I think some of the mechanistic discussion is probably still up for debate because what we see in the literature around the ways that alcohol affects the gut microbiome is we do see decreases in probiotics. Whether that is by way of direct impact of alcohol through the system or that is by acetaldehyde production, which is possibly destroying or affecting microbial growth. We also see, and there's a portion that I write about this in the book, that there are some bacteria that can actually feed off of alcohol. And so in that regard, you're then maybe feeding some of the pathogenic bacteria that resides there as well. It's, I think, really early to probably say what the mechanism is there and there's still some research that needs to be done around that.

Dr. Joseph Mercola:

As you were mentioning the micronutrient deficiency, it occurred to me that when I was in training in an inner-city hospital in residency, that we would see many chronic alcoholics that had progressed to the point where they had mental deficiency. Typically, I think it's a Wernicke encephalopathy, and it's almost always related to thiamine or vitamin B-1 deficiency, which I didn't know at the time, but it's crucial. It's an absolute co-factor for a Complex I, and you require that to use NAD in that pathway. And if you're blocking that Complex I, you are going to shut down that electron transport chain and you're going to radically reduce mitochondrial energy production.

But it's pretty amazing. I guess you can compensate for it somewhat if you took a thiamine supplement and get over at least that particular perspective, but it's still... The thiamine supplement would not counteract the production of the reactive aldehyde at all.

Dr. Brooke Scheller:

It wouldn't. And that's what's really interesting to me around the Wernicke encephalopathy, is that's one of the largest researched effects of alcohol use or heavy alcohol use. Or we talk about wet brain, which is the same. That's the kitschy term that is used maybe in more of the alcohol addiction space. But really what it is it's nutrient deficiency. That is one nutrient deficiency that's been highly studied, but we also see research around the folate and B-12 because those are stored in the liver. And so there's ways that it's not just necessarily impacting the B-1. Just because we have a lot of research on it doesn't mean that it's not affecting those other B vitamins, for example. And so I think that it's more complex than just B-1, or I know it's more complex than just B-1, but that happens to be one area where there's a lot of research. I'm ready to do the studies when you are.

Dr. Joseph Mercola:

Yeah, the ultimate study, really, we're developing an assay for it, is to take a live cell. We're looking at using macrophages and using a very sophisticated gold standard of mitochondrial function, which is a seahorse assay, and then preserving them in a way that you can transport them so they can measure these in bulk, maybe doing 500 a times so you can scale it so you can make it cost-effective. And ultimately, we're trying to do the test under \$50 so that you can, in the real live cell from your body, measure the mitochondria.

Dr. Brooke Scheller:

Amazing.

Dr. Joseph Mercola:

And you can do it. In some ways, it's definitely in vitro study because you're taking your cells out of the body, but it's your live cells, so in some ways it's in vivo because you're really measuring your body. That's interesting.

I was hoping you could explore the issue of liver disease. And when I was training in the '80s in my medical training before I graduated, if you had liver disease, it was almost universally related to alcohol. It was called alcoholic liver disease. But now, that is not the most common cause of liver disease. It's called NAFLD. And there's probably another term for it, and I forget the term because it begins with an M, but there's another term for it. Essentially, non-alcoholic liver disease, which affects a lot of people. And if people don't have full-blown NAFLD, they have an element of it, which actually impairs your metabolic ability because the liver is the primary source of systemically produced or available glycogen. And you can't store as much glycogen if you have damaged liver.

I'm wondering if you could speculate on the damage that alcohol does to the liver and how that might be related to some of the more current assaults in the liver, which would be fructose primarily, which is pretty widely recognized as damaging to the liver.

Dr. Brooke Scheller:

Yeah, well, I think that's a complex subject because, even as we jumped on the call earlier and you mentioned cancer being one of the major risk factors for alcohol consumption, I think that alcohol consumption is playing a much larger role in societal health concerns than we are really able to understand right now. And some of that is under-reporting and people, again, not really recognizing how much alcohol maybe they're having, doctors maybe not asking their patients how much alcohol they're consuming.

I speculate that there maybe is some alcohol playing a role in NAFLD in the sense that maybe it's not enough that you have liver damage specifically due to alcohol, but you have affected liver

pathways because of the way that alcohol is playing a role. And so I would propose that there's maybe some lack of understanding there of if alcohol is still affecting it in that way.

But I think that we also see that alcohol is affecting the metabolic system as well. And that's another big area that the two don't really seem connected. And I think for so long it's been about, as long as you drink clear liquors that are lower in sugar and you're not taking in excess calories or excess sugar, that that's okay. Whereas, we are seeing that alcohol even affects hormones like leptin and ghrelin. I talk a little bit about this in the book. The hunger and satiety hormones are affected by alcohol and can be actually part of the picture that can make up why someone might be more likely to become addicted.

And so that also plays into food addiction, cravings, what we're consuming otherwise. And so I think it is more complex than just alcohol or no alcohol, excess sugar or no excess sugar. And in general, beyond alcohol, as you know, and I know you talk a lot about on the podcast, we are exposed to so many more environmental toxins than we ever were, and so I think it's total toxin-load that is affecting the liver's ability to adequately metabolize some of these things.

Dr. Joseph Mercola:

And as you're mentioning that, it makes perfect sense that this could be a unrecognized contribution because the prevalence of alcohol use is so pervasive. And that's my next question for you, because I'm sure you have a good handle on the statistics on this. It's the minority of people who are choosing positions like we have. I don't drink any alcohol. I used to drink it maybe a few times a year. Now, since I've learned this information, I'm choosing never to drink it again. There's just no reason to. I don't enjoy it. Maybe the only reason would if I had some sweet brandy or something that really... But it's a sugar I'm craving. It's not the alcohol at all.

What percentage of the population chooses not to have alcohol either because of sobriety issues, previous problems with it, or just are teetotalers and don't particularly care for the sensations it provides them or it produces to their brain?

Dr. Brooke Scheller:

This is a great question and it's at a great time because we're at a pretty pivotal moment societally with alcohol. Over the last couple of years post-pandemic, we're seeing that there was a huge surge in alcohol intake during the pandemic. We saw some really fascinating studies in late 2021, one that pointed to women increasing alcohol intake by 41%. That was likely stress-induced, being home, homeschooling kids, working from home, all of that.

But post-pandemic, we're seeing this huge trend toward sober curiosity, people who are looking to cut back and to limit their intake. And a lot of this is coming from not only research and the science that's now coming out to point toward this, but we're seeing a huge surge in non-alcoholic beverage options. We're seeing that some of the non-alcoholic brands are being

purchased by the alcohol brands, by the alcohol companies, because they're seeing that there's this need in the market and there's this big movement.

There's actually, I think the statistic is that about 25% of Americans do not drink, but there's about 41% of Americans right now who are looking to quit or cut back. We're seeing that there is a really, really large interest in this because I think the conversation has started, we're learning more about these health effects, and people did increase their drinking during the pandemic and now are looking to rein that back in.

But what's really interesting, the last stat that I'll share with you, and I hope I don't misquote this, but it's something like if alcohol was drunk in moderation like the alcohol industry puts that little disclaimer on the bottle, that if every American did only consume that one or two drinks per day, that alcohol sales would be cut by something like 70% to 80%. That means we are purchasing much more alcohol than we need for everyone to have that one or two drink per day. And I think it's under-reported. I can attest from my own experience that I probably would've under-reported how much I was drinking by a significant amount. And the good news is this is changing, and I think it's a great time to be exploring this topic.

Dr. Joseph Mercola:

Thank you for sharing that. You had mentioned that we had talked before with the interview about my referencing the cancer. And I had mentioned to you that, from my understanding, it's a contribution to one in three cancers in the country, which is phenomenal. Cancer is, depending on who you review or statistics that you look at, it's certainly one of the leading causes. It's neck and neck and may even be passing heart disease as leading cause of death in the US.

Although my perspective, this is an interesting tangent, is that the number one cause of death is mitochondrial dysfunction. And actually, I've coined a term for it, which is mito shock, similar to septic shock, which is the result of endotoxemia. And that alone, septic shock, if you look it up, again, always the result of endotoxemia, is 300,000 people a year. The undocumented contributions, I think, pushes it to number one. That's why I call it mito shock, resulting in insulin resistance and all these other issues. And certainly cancer.

You could say that alcohol is a contributing factor, but ultimately, yes, it is, alcohol is the culprit, but I guess the mitochondrial dysfunction is really the target of the culprit, which is alcohol. And I think the other poisons. They contribute to this, rapidly so, like the vegetable oils, processed foods, EMF, and these endocrine-disrupting chemicals, EDCs, that ultimately activate the estrogen receptors and do the same thing, destroy mitochondrial function.

Anyway, that's a long pivot around the... But clearly, alcohol is a contributing factor. I wonder if you can comment that and walk us through it from your perspective.

Dr. Brooke Scheller:

Yeah, so I would agree with you. I agree that I think that number might actually be higher, that it might be more than one in three. Again, depending on-

Dr. Joseph Mercola:

Wow.

Dr. Brooke Scheller:

... how much people are consuming this. I think, again, people are consuming much more alcohol. And there's very little way to tie those two things together. We know that alcohol is linked to cancers of where there's direct impact of alcohol, so mouth, throat, esophageal, colon cancer, but also hormone-specific cancers like breast cancer. And there's a close link there, and part of that has to do with the way that alcohol affects the liver and the liver's ability to excrete excess estrogen byproducts.

Again, if we are regularly putting alcohol into the system, we're pressing pause on so many of these other important processes like detoxification of other elements, of other compounds or toxins that need to be excreted from the system. I think we have these direct links to these specific cancers, but I would actually propose that it's probably having an impact on many of the other cancers as well.

I also would agree with you in terms of with heart disease. I think there is research that shows that alcohol is a contributor to heart disease. But I think that when we look at alcohol increasing risk of death, and there was a study that came out earlier this year that showed that deaths from alcohol have increased something like 24% or 27%, and that number is higher in women, and what I think is missing in some of this discussion around, well, if alcohol is the third leading cause of death or the fourth leading cause of death, but cardiovascular disease is number one, well, how much of the cardiovascular disease cases are actually the result of alcohol consumption? Because we are seeing insulin resistance. We are seeing major effects to blood sugar.

I talk a lot about blood sugar in the book, especially from a perspective of cravings management. Not only cravings for alcohol, but oftentimes when people quit drinking alcohol, they have cravings for sugar. Well, what is the mechanism there? Some suggest that it's a dopamine mechanism, and that is part of it. I'm a big believer and proponent that there's a huge component that is blood sugar related. And so we're seeing more of a hypoglycemia in folks, but when we are consuming alcohol over long periods of time, especially higher sugar, higher carbohydrate alcohols, that is going to be an increased risk factor for diabetes and cardiovascular disease. And that isn't necessarily the question that your doctor's asking you when you come in with pre-diabetes. They're asking, "Well, what are you eating?" They're not asking about your alcohol consumption.

Dr. Joseph Mercola:

And there's really no good sensitive markers to identify persons that correlate really carefully or closely with their consumption of alcohol. When a physician or clinician is doing a patient intake form and questioning them, it's really quite well-noted that patients don't always necessarily tell them the truth about what their habits are, so it's really easy to underestimate to make yourself look better.

But it was a pretty astonishing number you just stated earlier with respect to the decrease that would occur if people only drink one or two drinks a day. I had heard one of your presentations on a previous podcast, which we may be aware of your work. And in that discussion, you had mentioned that there's a wide disagreement as to what is moderate alcohol use. And I suspect you do go into it quite in depth in your book, so I think that would be a good place to discuss because there's a widespread misunderstanding on this. And when listening to your conversation on that, really it was very instructive to me to help understand that. There's a lot of confusion around this topic, so help enlighten the people who are listening to us.

Dr. Brooke Scheller:

Yeah, well, that's a great question. And I think what so many people have heard is what is the USDA government guidance that has long been around that says one drink or less per day for women, two drinks or less per day for men. And that has been the recommendation since the '90s, and it hasn't changed really since. There's a lot of discussion right now because of the changing research that's coming out that when the USDA dietary guidelines for Americans in 2025 comes out, that there may be a change to that recommendation. And there's a little bit of controversy over it because, of course, there's major industry ties into these things as well.

What we did see in 2022 in Canada is they flipped everything on its head and they made a change to their guidance, which is now that anything over two drinks per week starts to increase risk of health effects, and anything over seven drinks per week puts you into a high-risk category. So, instead of saying that one drink or less per day, they're now saying that anything over that one drink per day is increasing your risk. And it's a pretty stark difference between the one or two drinks per day and the one or two drinks per week, so I think that's where we get into a little bit of that controversy.

But when we talk about moderation in that way, what's previously been understood about moderation is that one or two drinks per day. Now, I think it's also helpful to point out to some people that anything over three or four drinks per day in those categories, women and men respectively, is now trending into high alcohol intake. And so we don't talk about societally that piece as much. We leave it a little vague. We make it that way and everybody's open to their own understanding of that, and that is part of what I think has created an environment or a society where we don't really know what too much is. We don't know where we're exceeding that point.

And I'm hopeful that we'll see the US follow similar guidance to Canada, but I think that it will be probably a little bit of a shock if that change does come.

Dr. Joseph Mercola:

Thank you for sharing that.

One of the questions, the curiosity as a result from you sharing it, is the observation that, and as a nutritionist you know this very well, the definition of diabetes, full-blown diabetes, is a fasting blood sugar over 125. That was all it was when I graduated, and then they started developing pre-diabetes, which is fasting blood sugar over 110 or between 110 and 125. But realistically, if you have a triple-digit fasting blood sugar, you have metabolic dysfunction. And in fact, I'm not sure if you're familiar with the HOMA-IR, but I had heard of it, but I never realized how important that was. You're familiar with that-

Dr. Brooke Scheller:

Yes.

Dr. Joseph Mercola:

... assay, right?

Dr. Kate Shannon has done some work on this and really studied the NHANES database to the recent one, the most recent, and determined that using that, probably the most sensitive indication for insulin resistance, that less than 1% of people are not insulin resistant in the US. 99% of people are insulin resistant, so that's shocking. Using those metrics, you can make a pretty good argument that even that conservative, highly conservative recent Canadian shift is not enough.

Dr. Brooke Scheller:

Yes.

Dr. Joseph Mercola:

I am wondering, with your knowledge and your careful review of the evidence and reading the literature, what you would classify as excessive, because we don't care what the conservative scientists are saying. We want to know what's reality.

Dr. Brooke Scheller:

I agree. Well, I agree that no amount of alcohol is the safest amount of alcohol.

Dr. Joseph Mercola:

Yes.

Dr. Brooke Scheller:

We've heard that from the World Health Organization.

Dr. Joseph Mercola:

Well, that's a skeptic... What they they did in COVID, they'll never regain their credibility.

Dr. Brooke Scheller:

Right. I'll give you that, but I think that it's a bold statement to put out.

Dr. Joseph Mercola:

Sure it is. It's surprising from an organization like that. It's actually surprising.

Dr. Brooke Scheller:

And I'm glad that they've put that out because I think when we hear larger governing bodies say none, that, to me, makes me feel like there's hope in that regard.

I was on a call for the European arm of the World Health Organization a few months ago around alcohol, and they're looking to move it more toward tobacco. And so what I think we may see from a governing perspective is more movement in the direction that tobacco went in to try to start. Now, again, we have big industry ties and influences that are going to have an impact there, and that's why we still see, "A couple is fine," and these choose your own adventure recommendations of, "Oh, well, you could have more, but here's the risk that comes along with that."

My perspective is that no amount of alcohol is the safest, and I think that even one drink per day is having an effect on your health. And if you are someone who is diabetic, pre-diabetic, you have cancer, increased risk for cancer, if you have an autoimmune condition, if you have hormone imbalances, GI issues, that one drink is affecting those symptoms. I do think that even at the lowest amounts that you could be consuming it, if you are looking to optimize health, the answer is none.

Dr. Joseph Mercola:

I couldn't agree more. And the conditions you mentioned, it doesn't really matter because it only affects 99% of the population.

Dr. Brooke Scheller:

Exactly.

Dr. Joseph Mercola:

99%. Essentially everyone.

Dr. Brooke Scheller:

And that's the thing. That's the thing about it, is really everyone can benefit from exploring more on this topic. Whether that is elimination, great, but even if you're taking it from a drink a day to four drinks per week to two drinks per week or multiple drinks a day to one drink a day, that is progress and that is moving in the right direction, because what it's allowing us to do is explore that habit and how and why we're choosing this as a solution.

So much of it is linked into stress. It's linked into our inability maybe to cope with that stress, cope with our jobs, cope with whatever that might be, and so there's fear around eliminating alcohol because it opens us up to, well, what do we do instead? And while that can be an overwhelming task or challenge, I think it's also a really worthwhile challenge, learning these healthier coping mechanisms. And maybe that is exercise. Maybe that is meditation. Maybe it is calling a friend and venting, but looking for alternatives outside of alcohol that are not going to be damaging to your health.

Dr. Joseph Mercola:

Yeah. Why don't you expand on that a bit? Because you have special expertise, having made that journey yourself personally. And hopefully we've convinced a fair number of people watching this video to this point that there probably is some benefit exploring this possibility, because more than likely, three-fourths of the people in the country are drinking alcohol, which is not optimizing their health. Hopefully, we've dispelled that myth that there is no health benefit for drinking. It's only a metabolic poison. It will damage your mitochondria and loads of other diseases it will increase your risk for.

We assume that we've intrigued some people to consider this movement, this path towards sobriety or this option that you refer to as sobriety curious, which is a term I'd never heard before you mentioned it. What are the recommendations that you advise for people to consider or explore?

Dr. Brooke Scheller:

Yeah, so some of it is just about getting curious about this topic. And my book is part of a genre of books called Quit Lit, Quit Literature, and there is a wide variety of books, of podcasts, of resources that are available today in today's day and age that are not just around the idea of sobriety per se, but this idea of sober curiosity. And sober curious is a term that was coined by a woman, Ruby Warrington, who wrote a book by that title in 2019. And essentially, what it's doing is it's opening up this option that you don't have to be a quote-unquote alcoholic in order to quit or cut back on your drinking.

And previously, the only people who did quit drinking were people that identified themselves as having a problem or maybe had to quit. And so the first thing I'll say if you're listening and you're interested is you don't have to have a problem to decide that you want to explore this. You don't need to even be that regular of a drinker for you to say, "You know what? This is something I may want to explore." Some of it is just about opening up and being open to the option of this being a choice for you.

And what I tell a lot of clients who come to me and say, "Well, Brooke, I don't want to call myself an alcoholic, or I don't want to identify as having an addiction, or I don't know what to say when people ask why I'm not drinking or why I'm doing this," and the answer is, for your health. Your health and wellness is a perfectly good excuse for you to say, "Hey, I'm not drinking right now," or, "I'm trying to cut back because I know that it's having maybe a negative effect on my health."

And so part of it is just opening up your frame of mind of what living a life without alcohol means to you, because we have so much stigma still around this topic, and I think it can be really scary for some people to tell their friends or their family members or their partner that they want to make this change. And so my number one recommendation is listen to more podcasts that are on this topic. Pick up a book like *How to Eat to Change How You Drank* or *Sober Curious*, for example, and just start learning more about the topic. And I venture a guess that you will be more inspired when you hear about more people who are exploring this path as well.

Dr. Joseph Mercola:

That's excellent. I would agree with all of it, except for one of the comments you made. The suggestion to respond to people who were asking you why you weren't drinking or considering not doing it, you said, "Well, maybe it might be hurting my health." I would suggest you become more bold and tell them, "Because it damages my biology." There's no maybe involved here, folks. It's 100% documented. Take it to the bank. It's damaging your health.

There is no evidence to suggest it's supporting your health in any way, shape, or form, so get that straight. Know that it's going to improve your motivation. It's going to catalyze you to empower

you to have the competence to make those types of bold comments in difficult and challenging social situations. That would be one barrier, but everything else I agree with.

And I'd also like you to offer additional resources like social media groups like in Facebook or other strategies that they can use so that there's this community, there's this support that will provide them the structure they need to make that difficult transition.

Dr. Brooke Scheller:

And community is a huge piece, so I'm glad that you brought this up. This is part of why in 2022, I launched my online community, which is called the Functional Sobriety Network.

Dr. Joseph Mercola:

Oh, great. Wow. Tell us more about that.

Dr. Brooke Scheller:

Yeah. It is a space for women right now, but we do have online courses and programming that are for both men and women, and we essentially are focused on an alcohol-free lifestyle through the lens of health and wellness.

There are many communities out there that are supporting folks on this journey. Even when we look at the research, we see that Alcoholics Anonymous, part of the reason why that program works is because of the community element of it, because we are finding people with similar values or similar goals to us, and that is helping us to see this other way of living. If we are surrounded by friends and family who are drinkers and we want to make that change, well, it can be really helpful to find other friends and community that are non-drinkers and that make that more of a normal way to live your life. They give you motivation. They lift you up.

Finding a community is key. The Functional Sobriety Network is one, but there are many others that are out there today. And social media is another great one. That was a big part of my early recovery, was following folks on Instagram who were posting motivation around sobriety and around alcohol elimination, as opposed to following accounts that are glamorizing alcohol because what we see is re-instilling those beliefs within us. I talk about this in the book. Go through your social media and unfollow all those accounts. Unfollow the ones that are showing the girls at the pool drinking alcohol because that is glamorizing a very unhealthy way of living.

And if you want to explore this, you want to see people who are living a really healthy, happy life without alcohol, because I've seen it in my own life and I've seen it with hundreds of people that I work with around the globe. This is a really beautiful way of living, and it's really going to take away this one piece, Dr. Mercola, that is, we all work so hard at eating the right food, taking

the right supplements, eliminating our exposures to toxins, and alcohol is this separate thing. For so long it's been in this other category, and it's time for us to bring it back into this category

Dr. Joseph Mercola:

As you were talking, I would recall watching movies as a child, and this is from the '40s and '50s, '60s, '70s, and certainly of today, where it's part of the culture, where if they go through a hard thing or a hard trial or event, they'll share some whiskey or something. This is the accepted norm to do. In some ways, it's not too different than all the people you would see smoking. I can remember Rod Serling in the Twilight Zone that many people probably have seen, and he was the moderator of their program and he'd come on with a cigarette, smoking. But no one would do that today, I don't think, or maybe in a movie, but it's not part of the... You don't see TV news anchors smoking.

I think there's this shift that needs to occur in the culture and a transition that needs to occur to allow people the comfort to securely take the position, because the culture is pointing them in that direction. That's what they've been listening to and viewing most of their adult life.

Dr. Brooke Scheller:

And the good news is it is changing. We're at the really early stages of this change, but again, 41% of people are looking to quit or cut back.

Dr. Joseph Mercola:

Yeah, it's just magnificent.

Dr. Brooke Scheller:

That means if you're with a group of friends and you're with 10 people, four of them have that same perspective as you maybe, and so it's not like it was five years ago when, if you were going to say you weren't drinking at dinner, you were going to be the only person. I would venture to guess that if you are big and bold and stand up and say, "I'm actually taking a stance against this," that you're going to have several people that say, "I've been trying to cut back too."

And so we need to be more loud and bold about it. It's, again, a big reason why in my experience, I didn't feel like I wanted to be someone who lived in the shadows about this, who was anonymous about this topic, because it is time for a change. We are on the precipice, I think, of a cultural shift around it, and it's up to each of us to take that step for ourselves and for our lives.

Dr. Joseph Mercola:

And that catalyzes social change that needs to occur.

Dr. Brooke Scheller:

Absolutely.

Dr. Joseph Mercola:

You had mentioned that you developed the Functional Sobriety Network, I believe.

Dr. Brooke Scheller:

Yes.

Dr. Joseph Mercola:

And then how does women access this network?

Dr. Brooke Scheller:

Well, you can learn more about this at my website, functionalsobriety.com. We also offer online courses that help folks to learn more and uncover more around nutrient deficiencies and effects to the gut microbiome.

I work with a lot of clients now, as I mentioned, who are either sober or sober curious, and they are looking for ways to support that lifestyle through more of a holistic approach. And so we're often looking at these other pieces, especially in those who are struggling with depression or anxiety and that's a major mediator for why they've drank, we want to look at, is the microbiome playing a role in that? Are deficiencies playing a role in that? And then we're using foods and supplements to help support that.

We're looking at, if I have a client, for example, who has a very anxiety-driven alcohol craving, we're then looking at, how do we use things like L-theanine and magnesium to help support that person from experiencing that anxiety that is then driving that craving. We're really looking at the biological side of things and incorporating that with what we know works, like community and getting the support that they need.

Dr. Joseph Mercola:

People need all the help they can, that's for sure.

I'm wondering what the response to your book has been.

Dr. Brooke Scheller:

It has been amazing. I couldn't have anticipated what I have experienced in just over three years of my own sobriety journey, that this, to me, is proof that some of the best things can happen out of the worst things. I think for me, when I got sober, I thought my life was over. I thought I'd never date again. I'd never have fun again. I thought that it was the end of my life, and really what it was was the end of that previous way of living.

I look at what has happened because of my sobriety and because of putting down alcohol, and another part of why I'm so passionate about this is because I see this with my clients as well, that the blocks that we have in our life, the challenges that we're going through, we think alcohol is helping, and it's actually hindering us in so many ways. And when we remove alcohol, sometimes that is the one catalyst that we need in order to improve our physical health, our mental health, our relationships, our careers, our financials, all of the things that are a struggle. If we're putting alcohol on top of it, those things are not getting better.

And so the response to the book has been really great because I have been able to reach a lot more people and I've gotten amazing feedback on it. And it's really inspired me to want to continue to do this work.

Dr. Joseph Mercola:

That's terrific.

I'm wondering if you could share the specific motivation or catalyst that caused you to choose sobriety, because I think, and I want to pivot on that, it seems like there might be two categories of people. Those people who are having challenges with it, like the experience you went through, and others who it hasn't been a problem yet, but they know, just because they're seeking to optimize their biology, that this may not be a good choice. And there may be two different paths to get to that sobriety level. But why don't we hear your path first?

Dr. Brooke Scheller:

Yeah. Well, I think you're 100% right in that there are these multiple paths, and my fear for people who are not at the point that I was at is that we can easily get to that place. You don't necessarily have to have a problem with drinking to decide that it's time to quit drinking. I'll preface with that.

In my experience, and I talk about this in the book, I share a lot about my story, I didn't have a rock bottom traditional like you might see in a movie. I didn't get a DUI. I didn't lose a job. I didn't have anything blow up in my life, but I was experiencing massive amounts of anxiety and mental health concerns that were really heavily being affected by my alcohol consumption. And what I had recognized was that in a short period of time, post-pandemic, my alcohol intake

escalated really quickly. In the course of about four to six months, I went from being a most days of the week, maybe seven day a week, drinker on some weeks to starting to drink every day, and that starting to get earlier and earlier. And that terrified me. And I had a couple of conversations with friends about it, and it turned to, for me, being the right choice to explore full sobriety.

But when I started working with others, and I write about this in the book, I have a chapter where I talk about these drinking archetypes. And there's three drinking archetypes. There's a social drinker, who's someone that's more of a social drinking in social settings. There's a stress drinker, who is someone that is drinking more based on stress. The end of the workday, for example, a trigger. And then a habitual drinker. And habitual drinker is more in alignment with addiction or alcohol use disorder like we would classify that today.

And the reason why I developed those archetypes was because when I started working with other people, I had some folks that came to me and drank like I had. They were heavy drinkers in the end, but I also had some people coming to me saying, "I drink on the weekends. I'm not an everyday drinker, but for some reason when I start, I can't stop." Or, "I feel like I want to cut back, but I can't do it by myself and I need a little bit of support."

And so the moral of the story is that you are the only one that gets to decide when enough is enough. And if alcohol is having negative effects on your life, that's enough to say, "I don't need to be or want to be doing this anymore." It doesn't necessarily have to be that every single day thing for you to say, "This is affecting my life negatively, and I think I'd like to try something different."

Dr. Joseph Mercola:

Good. Do you think there are two different paths? There's definitely two different paths, but the structure and the support system that you choose that are available to you are the same, so no matter what path you're coming from, it's still the same journey.

Dr. Brooke Scheller:

Yeah, I think there's definitely more support needed when someone has a heavier drinking history and it's much more woven into their habits, their daily routines, versus someone who is more of a social drinker. And in those regards, there's a little bit different way that I approach it when I work with clients in that someone who's more of a social drinker, they might need more help getting through those social settings. They might need more community around them to help get them through difficult times, whereas someone who has that daily drinking might need more of that one-on-one support. They might need more of a behavioral health approach to support that as well. They might need rehabilitation, for example. And so there are definitely different paths to supporting that, but it really all starts in the same place, which is just about getting curious about what life can be like without alcohol.

Dr. Joseph Mercola:

That's terrific.

In your book, I'm sure you review it, but maybe you could summarize some of it here with respect to general strategies with supplementation to support your transition away from alcohol because... And I'm sure it depends on the alcohol consumption you were having because of the stress it puts on your metabolism. Maybe you can review those now and give people some suggestions as to what they might want to consider.

Dr. Brooke Scheller:

Yeah. I do use a fair amount of amino acid support, L-theanine, for example. I also use L-glutamine quite often because there's some discussion around how it's helpful with cravings. I found it to be extremely helpful with cravings in my own experience and had incorporated in 500 milligrams of L-glutamine usually twice a day. My company has supplements, packets that have L-theanine, L-glutamine. NAC can also be really helpful with cravings.

The other really interesting thing about cravings goes into the blood sugar piece and the importance of regulating and stabilizing blood sugar throughout the day, which we all know from a perspective of satiety and energy and even supporting and balancing mood, but when do people often have a strong alcohol craving? Well, it's in the afternoon at 5:00 after work. And my first question is always, "Well, when was the last time you had something to eat?" Sometimes that alcohol craving or that sugar craving is manifesting from that low blood sugar.

And so, one of the big tactics and techniques that I talk about in the book is increasing protein, not only because those amino acids are co-factors for all of your neurotransmitters, but also because stabilizing blood sugar is going to keep those cravings at bay. Having more protein, having something to eat every three to four hours so that you're not getting those low blood sugar pitfalls, if you will.

And there's a whole chapter on supplementation in the book, but we talk about using things like milk thistle, for example, to support the liver, replenishing those B vitamins stores, so getting in a methylated B complex so that you are replenishing all of those Bs. And then even looking at things like vitamin D, which, as you know, deficiencies have been very closely linked with anxiety and depression. If someone is having more of those mood-related symptoms that are driving the alcohol use or craving, then we want to optimize and maximize those areas as well.

Dr. Joseph Mercola:

Well, good. I'm a big fan of not recommending vitamin D actually, for most people. Well, actually that's not quite true, but I encourage them to get it from the sun because there's other benefits from sun exposure than vitamin D, and maybe some of them even more significant. But vitamin D is a big one. I've been an early promoter of that for over a quarter-century. Actually, I

was one of the primary people, many aren't aware of this, but I catalyzed the rapid adoption of the vitamin D assay into clinical medicine.

Dr. Brooke Scheller:

Oh, amazing.

Dr. Joseph Mercola:

Yeah, that was in the early '20s. Actually, early 2000s, 2000, 2005. But now, it's pretty well-adopted. Most clinicians understand the importance of it, and they are measuring it. And back then, it was really odd, I don't know if you recall this, if you were practicing back then, but there was a lot of contrast for vitamin D supplements. Anything over 400 mil units was considered malpractice. And 2,000, they would take away your license. That's how much fear was around it, based on some flawed studies that were published in India that were just junk science.

Now, we know. There are routinely clinicians that give 50,000. I'm not a big fan of intramuscular injection of vitamin D or once-a-week dosing. But I think the best is sunshine. You can't beat it. Unfortunately, even if you live in an area where that's possible, most people are working inside and they choose not to go outside during solar noon areas to capture those photons. And there's a big difference between sun exposure at 9:00 in the morning and 5:00 in the afternoon. It's a big thing.

A little tangent on vitamin D. But I think this is great. I love what you're doing. I love your passion for this.

Dr. Brooke Scheller:

Thank you.

Dr. Joseph Mercola:

I applaud your recognition of the precision of the universe to help people understand that when things look like a catastrophe and your life is over and it'll never be the same, it could be the best thing that ever happened to you. And your life changed in ways that you could never possibly have imagined. You're a perfect illustration of that, and I applaud your efforts and your-

Dr. Brooke Scheller:

Thank you, doctor.

Dr. Joseph Mercola:

... passion at helping people understand the truth it's all about, because this is a journey. No one knows it all, but we can learn from so many people to help us get pieces of the puzzle, to put it together so we can benefit, because this is a big lie and a fraud that we've been told for all these decades, and it's only now coming out that there's just no benefit. I think this is a big piece of the story that really surprised the heck out me, and I'm so glad that the precision of the universe brought you to my doorstep and helped people understand this at a deeper level than I could have, so thank you so much.

Dr. Brooke Scheller:

Well, me too. And because of the precision of the universe, I've been following your work for 10-plus years and long back-

Dr. Joseph Mercola:

Oh, I didn't know that. I did not know that.

Dr. Brooke Scheller:

... in my drinking days, and hearing all about you and the work that you were doing early in my functional medicine journey as a practitioner. And the universe brought us together, and who knew that alcohol would've been the catalyst with that?

Dr. Joseph Mercola:

Because I don't know of your work other than just a recent connection, and I'm always concerned about nutritionists because the typical nutritionist has... We don't share similar views about nutrition. It's such a controversy. But I did not realize you were following my work, so that's good. So, you know the positions I hold on this then?

Dr. Brooke Scheller:

I do. I sure do.

Dr. Joseph Mercola:

Yeah, that's really good. And I'm going to have to send you a copy, a preview copy of my new book.

Dr. Brooke Scheller:

I would love that.

Dr. Joseph Mercola:

Your book is different. Your book has no intention to explore the primary factors that contribute to all disease. Mine does. And it is a compilation of 50 years of seeking the truth and finally understanding at a level that I never did before from a series of precision of the universe revelations. And I really think this is solid and modestly suggests that I believe that it's the best book ever written on health, ever in human history, because it finally puts together what you need to understand, which is why I want to have this because I think it's going to really help you with your work because there's some deep connections that I never understood prior to this year that will really help you tie in what your knowledge into this and really put all the pieces together, because there's a lot of pieces of the puzzle we still don't know.

This is not everything. But if you get this right, it's the only strategy that I know of that will get you out of what I described in the book... As I was writing the book, I came up with this idea that, you know a black hole? It's this force that just draws you in and you can't get out of it. Once you're in a certain time, you are gone. You're just going to get sucked in. Well, it's a similar scenario that's going on in your intestine, and virtually no one gets out of that. No one gets out of that. And I never knew, never understood that the gut microbiome was so important. We all know it's important, but I didn't know it was so primary. If you don't fix that, you can't get healthy.

And this black hole, it suggests that unless you fix that, and almost no one knows how to do it, and I reveal how to do it in this book, which is why I think you'll be really intrigued with it, you will die prematurely. There's no way out of it because you have to have a functioning microbiome. And as you mentioned earlier, that's why you don't want to have alcohol because it's not going to help your microbiome. It's only a negative. It just no way, shape, or form helps your microbiome. But it takes a lot more, and some of it is really surprising. Actually, even shocking. That's why I can't wait for you to read it.

Dr. Brooke Scheller:

I will be very eager to get the copy.

Dr. Joseph Mercola:

Yeah, I'm going to give it to you as soon as we finish.

Dr. Brooke Scheller:

Thank you.

Dr. Joseph Mercola:

It doesn't come out for a month and a half, but you can read it. You'll know it before-

Dr. Brooke Scheller:

Amazing.

Dr. Joseph Mercola:

... it's published. That's good.

Dr. Brooke Scheller:

I appreciate that.

Dr. Joseph Mercola:

Anyway, so before we leave, you have to let people give your website URL and your social media and any other resources you want to share.

Dr. Brooke Scheller:

You can learn more about me at brookescheller.com or our programs at functionalsobriety.com. I'm most active on Instagram still. I'm not a TikToker, but maybe one day. And my handle, it's @drbrookescheller, and I post a lot of inspiration on sobriety, but also these tips on nutrition and wellness to support that journey as well.

Dr. Joseph Mercola:

Okay. Well, terrific. Thank you so much. Really appreciate everything you're doing. I encourage everyone to consider seriously what we talked about today. And if you are drinking any alcohol, to really carefully reevaluate this. And I challenge you to go to the literature and look up this stuff. We're being fully transparent. This is published literature. This is new science that really documents what we're saying here. Look at it yourself, and then make your own decision because it's going to be a good one and it'll save you so much in the long run. Not just the pain from the alcohol, but the metabolic damage and the inability to experience your maximum potential that you have in this lifetime. Strongly recommend you consider it.

Dr. Brooke Scheller:

Thanks for having me, Dr. Mercola.