## Introduction and Guest Background

Welcome to another episode of the Restore Your Mitochondrial Matrix summit. I'm your host, Laura Frontera. I'm bringing you experts to help you boost your energy and fix your health so you can build the life you love.

And today, I have one of my favorite practitioners in the space, Doctor Peter Osborn. Hi, Peter. Welcome to the summit. Hi. So great to be here. Thanks for having me.

Yeah, I'm so excited to what we're going to dig into here, because you are an absolute expert in all things. Autoimmunity, gluten food, nutrition. You really can speak on any topic that that we can dream up.

But you really have a specialty in this area. You're referred to as the gluten free warrior because you're one of the world's leading authorities on gluten sensitivity, and you're the author of the international bestselling book No Grain, No Pain.

I to this day, I love the name of your book. It's so good. You're the founder of the Gluten Free Society. You're the creator of the Gluten Knowledge Masterclass series, which teaches you how to live a true gluten free lifestyle.

You also help people with chronic autoimmunity who have seen multiple practitioners have not gotten better, are totally frustrated. You really are a specialist in all of this.

So welcome to the summit. Well, it's great to be here. Thanks. Yeah. Well, today the topic is, of course, mitochondria. We're talking about all things mitochondria and cellular support and dysfunction.

And can we start out by just understanding why autoimmunity. Why gluten. Why did you do this? I know you have a personal story there. I do. It was a mistake, really, I think I think it was a, you know, God put me in a position.

I was in graduate school and one of the things that I was doing was, was doing a rotation through the rheumatology department at the VA hospital. And, it was super frustrating because coming from my background, heavy in biochemistry and nutrition and understanding that, nutrition was important to autoimmune already.

I was given on the first day of this rotation by attending physician. I was given a book. It's like this thick. It's called the Primer on Rheumatic Disease.

And I was told, don't come back on Monday until you read the book. If you haven't read it, don't come back. I'm a student. I love to read. So to me, it wasn't it wasn't like, oh no, I have to go read.

It was like, great, let me dive in. I want to learn as much as I can. And so I read the book cover to cover and made copious notes and had several, like, little sticky tabs hanging out of that book.

Even yet, today it's on the shelf behind me. But, when I when I got back after reading the book, I, you know, I try to organize my thoughts around what I was going to be watching and witnessing as a, as a and, I guess as a fly on the wall and a rheumatology wing.

Right. So, you know, usually when you're a student and you're going through these types of rotations, you're not going in there making all the decisions.

So I just wanted to learn. And so I felt like, okay, I organize my thoughts, I come in to learn.

## How Gluten Sensitivity Became a Focus

And what I see is not at all what I experience while reading the book. And so I just I just sit back and watch for a couple weeks. And here's what I, what I really learned, it was super frustrating was it didn't matter what your diagnosis was like.

Like we had all these different criteria for diagnosing diseases like rheumatoid arthritis and lupus and ankylosing spondylitis and psoriatic arthritis.

But it didn't matter which diagnosis we came to, you were going to get methotrexate, you were going to get steroids, you were going to get non-steroidal anti-inflammatory.

And you might get something like hydroxychloroquine. Totally. But it was the same. And it is like, so why do we spend all this time in like differential diagnosis, trying to figure out what the nuance of the autoimmune reaction is when the treatment's exactly the same.

And even deeper than that, the treatments are horrible, like the long term outcome of the treatment is worse than no treatment, because the treatment really is largely mitigated around management of pain, which is, you could say is a noble endeavor.

I call it pseudo compassion. When you when you give somebody something to block their pain, but don't help them understand why they have it, you're not helping them.

You're setting them up for addiction. And so these are veterans. They're coming in. One of the things I see and witness is the veterans that are coming in for their follow ups, like maybe they've been at this clinic for 15 years, right.

But now they're at the end of that. I've been on methotrexate for 15 years. I've been on steroids off and on for 15 years. And their joints are still fail. Right?

So they're coming in, every I can't remember, Tuesday or Wednesday is one day of the week. Every, every day was surgical consult day, right. And they'd come in, the ortho would come in and say, yeah, you're a great candidate for surgery.

He wouldn't examine them. He wouldn't touch them. He wouldn't have a deep conversation with them. He would only have an X-ray and say, okay, yes, you have erosion in your joint and you're a candidate for surgery.

And here this guy or gal have been taking methotrexate and steroids for 15 years. And of course, methotrexate destroys the gut. Steroids cause malnutrition, bone loss, muscle loss.

And now you're gonna operate on this person who's malnourished and has existing atrophy. Like that's the worst thing you could possibly do because they're not going to recover from the surgery.

And I and I knew that coming in as a student like that's not new news. And these doctors should have known better. But they didn't care. That was at least what I gathered from it.

I can't yeah, it seems like they were feeding the machine, right. The rheumatologists were feeding the machine to the orthopedics, and it was just a no win situation for the patient.

Very much so. No win situation. And so I asked my attending physician, I said, look, can we pull ten people aside and do diet change? I just love to be a part of that and and just see what happens.

Yeah. And he said no, no. And I'm like, why? And he said because diet is not important. So I pull out the book, the Primer on criminological disease. Right.

I say, well, if diet is not important, why does the book say that? You asked me to read and said, don't come back unless I read it. Why does the book have allusion toward gluten?

Why does it have allusion toward pesticides which are found in food right as being triggers of autoimmune disease? Because the book what I, what I gathered and garnered from the book was there were four classes of triggers for autoimmune disease.

One was food, one was chemical exposure, one was, infectious microorganisms or bacteria, which we weren't testing for either. Like we weren't testing any of those things in any of these patients.

And the fourth was nutritional deficit, most notoriously vitamin D, vitamin D deficiency is super linked to REM. It's a logical disease, right? You're not testing vitamin D, you're not testing for infection.

You're not testing nutritional status. And you're certainly not looking to see whether these patients need to go on a gluten free diet or have any other kind of food issues.

And it's very frustrating because the book you asked me to read it and I'm just I'm not like like I'm not the I'm, I'm the messenger. Right. You told me to read it.

Here I am, I'm coming to you and I want to do something different, because what I'm seeing is that everybody gets the same thing and it's a fail. And these are veterans and they deserve more than that.

And we're doctors, and we should have more compassion to help empower people to get better. And this is super frustrating. So I was told, no, I went to the hospital that Jesse Johns Medical Library in Houston, it's one of the largest medical libraries in the world, and I just started collecting research papers.

So the first thing I did was I collected all the research that I could find on gluten and its relationship to criminological disease, and it was stacks, stacks of literature.

And I brought it in. I said, look, this isn't me saying this. So like, like dismiss me as the student. This is your peers saying that if a patient goes gluten free with RA, then there's a great likelihood that they'll have remission of their RA, because the amount of celiac that also have our aura is very high.

And so this research was to me, it was like, okay, this is awesome, let's do this. I was told, no, I went back to the library and I started collecting research on fasting because fasting to me was really it wasn't rocket science.

If you took a patient with autoimmune disease and you fasted them for 48 hours, most of their pain would go away. And in some cases, all of their pain would go away.

So I mean, like, okay, if they're not eating, that means that something that they are eating is contributing to their pain. That's not that's not a huge leap to make.

So I took and stacks of research on fasting. I was told no. And so then I went back a third time to the library, and I started collecting research on omega three.

Fatty acids and joint pain reduction as a better option for pain management than steroids. And at least this way we're not hurting them. Right? Right.

Well, maybe manage some of their pain. And I was told no. And so I left. I left really, you know, just because I couldn't handle it for the most part, I couldn't handle just sitting back and not saying anything.

And I couldn't handle, the pomposity of these doctors and the lack of empathy. And so one of my when I opened my private practice, one of my very first patients was a little girl.

She was she was nine. She had a diagnosis of juvenile rheumatoid arthritis, and she had been diagnosed at the age of two. So from the age of two to the age of nine, they'd been pumping this little girl full of methotrexate.

And they still didn't control her pain. She had a permanent port embedded in her arm because she was in and out

of the hospital to get pain management so frequently.

And so seven years, this little girl's mom, her name was Ginger. Her mom trusted this rheumatologist to to basically say, yes, this is the path. This is the right way. This is the only way. Right?

And then at the end of at the end of seven years of treatment, they look this little girl's mom right in the eye and said, you need to go home and get your affairs in order.

She's got about six months to live. There's nothing we can do for her. It's over. Right. So you figure that. I mean, you trust that doctor? Like that's part of it, right?

You trust that doctor that doctors telling you nutrition isn't important. So first and foremost, screw you for being that way, for telling me something that you're not qualified to tell me.

Like, you could tell me that this is the path forward with medicine, but you cannot, through your qualified patients, tell me anything about nutrition because you don't know anything about it, especially that it doesn't work right.

And so that like, there's that. And then there's also, this little girl is dying. And so you're dealing with that emotion as a parent, like, what am I, what am I going to do?

So so when I met Ginger at, at nine years of age, I was the last resort. Like, I wasn't like, the first doctor getting to come in and, like, have the advantage, right?

I was like, okay, we're going to die, so we better work fast, right? Right. And I'm also the crazy chiropractic nutrition guy. And so, you know, there's already, as you know, in the world, there's already this massive distrust and propaganda against my profession.

Even though we're extremely qualified, the rest of the world doesn't know exactly what our qualifications are, even though we do more hours in school than medical doctors.

Well, that's by design. That's all part of the master plan. It is. So I'm working uphill against the mindset because dad's not on the same page as mom, but, you know, daughter's dying, so what else are you going to do?

So the first thing we do is we test for gluten sensitivity.

## Gluten, Autoimmunity, and Cellular Damage

She's positive. Obviously we get her off of gluten. Within six months, the pork comes out of her arm. She doesn't need the pain management anymore. But she was also allergic to blueberries, which we.

We came to find out. And every morning, mom would give her a blueberry smoothie. Because blueberries are a superfood. And that's. That's kind of the gist, right?

So, yeah, we got her off of blueberries and and within a year, she was in total remission. And, you know, that was 20 years ago. She's gone on graduated high school and college.

Yeah. You saved her life, you say? Yeah. I mean, that's how I stumbled into this whole thing, you know, really, because of of ginger and and strangely enough, too, I had I had a neighbor, I had a neighbor, neighboring doctor.

He's a he was an orthodontist. And he had a he had an opening house at his practice. He had just moved into the building. I was in where he invited all his friends, his dentist friends, and his wife.

And I, we had like a four hour conversation about gluten. And this was again before I was like, doing a deep diet. So she really helped me kind of she shared a lot of her experience with it and helped me kind of research it even more.

Right. And then so Ginger falls in my lap and I'm now I'm very unprepared, right? As the old saying goes, chance favors the prepared. And that's I think those two experiences really prepared me for that.

Yeah. And over the years you have really done so much extraordinary work around the impact of gluten on the body and inflammation and how it affects you at the cellular level, the gut level, how it creates illness and inflammation.

You know, autoimmune disorder. Can you talk a little bit about the impact of gluten? What's the big deal about it. Why are we having so much trouble with it?

What's the problem there? You know, there's a lot of problems, and it's not just gluten. You know, when I wrote my book, no grain, No pain, I didn't say no gluten, no pain. I said no grain, no pain.

And that was on purpose. Gluten is a family of proteins. If we're defining what it is, it's a family of proteins found in grains. It's soluble in alcohol, and it comes in multiple different varieties.

So like for example, the most well-studied gluten is gliadin, which is one of the types of gluten found in the in the wheat varieties. You've got you know, you've also got other kinds of gluten.

And beyond that, for example, there's a form of gluten in corn that a lot of people are just not they're not aware of. It's called Zayn, and there's a form of gluten in rice called auxin in.

And so it doesn't matter the grain, you've got different kinds of gluten and you have different properties, but they're all very, very similar. And when a person has genetic, propensity to react to gluten, what that means is so, so, so what is gluten sensitivity?

Gluten sensitivity is not a disease. Celiac is a manifestation of gluten sensitivity. And so we can say that everyone with celiac disease is gluten sensitive, but not everybody with gluten sensitivity will develop celiac disease.

Right. And they will develop other forms of inflammatory problems. Right. So there's there's celiac disease, which is one of the most while starting conditions related to gluten.

But there's room at a logical disease autoimmunity. There's Hashimoto's which is an autoimmune thyroid disease. There's nonalcoholic fatty liver, autoimmune hepatitis.

That can be, can result as a or can occur as a result of gluten. There's diseases of the skin, like eczema and psoriasis that can occur as a result of gluten.

There's diseases of hair loss. Alopecia areata I've seen. Wow. What I have seen with reversal, full reversal of women who have no hair is amazing on a gluten free diet.

And so gluten is a trigger. I think the element of gluten is that for the people with genetic propensity to react to it, when you eat it, you activate these immune genes that create inflammation in response to the exposure.

And so it's a normal thing. We think, okay, it's it's abnormal to have inflammation. It's normal for your body to produce inflammation against what it perceives to be a foreign invader or an A or a dangerous substance.

And so people with gluten sensitive genes will perceive gluten not as a protein they can digest. They'll perceive it as a protein that is going to be a threat.

And so they're mounting an immune response against it. And it's not always like the classic allergy response. Like the IGA, my lips are swollen, I'm out.

I'm breaking out in hives. And it's also not always the, the the other one, the IgG response, which is what a lot of doctors measure when they're trying to look for celiac disease.

They measure something called anti gliadin antibodies to IgG. They're measuring an exact. And so there's IgG. There's IGA there's IgG. There's there's immune complex.

There's T-cell response. So there's different types of reactions that people can have that gluten. They're different weapons. The immune system can make or produce in response to gluten exposure.

And really that's where a crux of the diagnosis is, is so many people don't get the right testing to determine whether or not they should change their diet.

They get simplified celiac testing. But as I mentioned earlier, although everyone with celiac disease is gluten sensitive, not everybody with gluten sensitivity will manifest celiac disease.

So if you're looking for celiac disease and you don't find it, it doesn't mean that person doesn't have an issue with gluten. So you've broken down now that gluten is a much bigger issue than just wheat.

You've explained that gluten is in corn, gluten is in rice, just different forms of gluten. And you've broken down that testing. You know, testing sounds like an art form, like you really need to work with somebody who understands how to test for this.

So let's say somebody you've identified somebody with a gluten, with a gluten sensitivity, and now you're looking at helping them support and heal their bodies.

Can you talk about what's happening at the cellular level? So specifically mitochondrial level, cellular level, what is the gluten doing? Like what's happening to people who are sensitive to it.

So one of the biggest elements to it is an inflammatory cascade that can occur. And we've identified a number of different ways that inflammation can occur.

One is through the activation of a of a series of compounds called TLR toll like receptors. And these toll like receptors are immune system receptors and when activated, will produce different types of cytokines or different types of chemicals that create an inflammatory response.

We've also got antibodies that can be produced against gluten. And so antibodies will bind to gluten and create what's called an antigen antibody complex that damages tissue on its way out.

So you've got your immune system is trying to neutralize something. But in the process of that, it's creating an inflammatory cascade. And if that inflammation is intracellular, it's going to damage the mitochondria.

But then you also have one of the properties of of gluten on the GI tract, which is it creates malabsorption and malnutrition. So if you think about just like the biochemistry of how mitochondria functions, there's certain nutrients that you have to have in order for the mitochondria to generate energy from the food that you eat. Right?

So if we're talking about high performance, great energy production, imagine if you're gluten sensitive and your your body is now absorbing CoQ10, which is one of the key nutrients your mitochondria needs to generate energy.

It's the rate limiting step of energy production is now your CoQ10 is low because you're eating a food that's preventing you from properly absorbing it.

Right. And so now your mitochondria are not generating energy. So you're tired, right? And what most people do when they're really tired and super brain fog is they go to the doctor.

Yeah. Right. And then they get usually some kind of prescription or they get stamped with a crazy card, depending on the type of doctor, that they have.

Right, depending on the level of symptoms. But a lot of times doctors don't measure mitochondria function directly.

They don't measure nutritional status.

They do what's called a CBC, complete blood count and a chemistry profile, which measures very fundamental, basic things about the blood. And it's not comprehensive at all, but most people don't know that.

So their doctor runs these labs and says, okay, your labs are normal. You're probably just stressed out. Yeah. You need to, you know, you need to get less stress.

Well, what the hell is that supposed to mean, get less stress or have less stress. And so they're kind of left to their own devices until the problem progresses.

And then once it progresses beyond just a simple CoQ10 deficiency, again, that's just one example. But there's also other nutrients that can be absorbed.

The B vitamins, vitamin D, etc.. Once all that progresses, you know, now they have other serious problems because when the mitochondria don't generate energy adequately, that affects the heart and it affects the blood vessels because they need energy.

And so what happens to some people, guys in particular? This happens to their blood pressures go up. Right. And so now their blood pressure's up. Their doctor is saying, well, we need to put you on medicine.

Most blood pressure medications block CoQ10. So that very same problem that we started this scenario with. Again, just a hypothetical example. They're now taking a drug that blocks the nutrient that gluten was also blocking.

And so now the problem isn't really getting any better. Their blood pressure's coming down. But now they're even more tired because they're suppressing right.

They're suppressing their their physiology to bring that pressure down. They're not they're not engaging their nutrition. They're suppressing their physiology through through artificial chemistry.

Oh, you just said something. They're not engaging. Say that again. They're not engaging their nutrition. They're suppressing their physiology. That's it. Yeah, yeah.

That is a concept. Wrap your mind around that. Everyone suppressing physiology. Yeah. You you always lose when you suppress physiology. It's a losing battle.

I mean there are times in an emergency situation where suppressing physiology might keep somebody alive, like an acute stroke or heart attack. Right? Or, you know, somebody with a clot.

And you need to suppress clotting for a little while, like, that's okay. But when we're talking about general chronic inflammatory diseases and chronic autoimmune diseases, suppressing physiology always leads to a worse outcome than the disease itself.

That absolutely a lose situation. And that's what so much of the foundation of our Western medicine model is built on. We suppress physiology for everything, right.

It's become. Well, you know, it's the cliche, the pill for every ill, the pill for every symptom. And so it's become more of a how can we market and create more diseases.

I, I use a term disease if I. Right. So yeah, it's when we take a normal aspect of life and we turn it into a disease. Like a classic example that is menopause.

You know, we now like we look at in view, we view the process of change as a disease process that needs to be medicated or surgically operated on. And there are a various and sundry other examples.

But but that's probably one of the more common ones, you know, for women as they, as they go into the change. Yeah. So what are your thoughts? Totally agree.

I'm I'm going to be 50 this year and I'm looking at menopause coming around the corner. And and it is seen as a disease state. It's not a disease state. It's a state of health.

There's a transition right. There's some things you can do to to help yourself fly through it. Feeling great. Yeah. So what are your thoughts on, people who test fine for gluten?

You've run the tests. Gluten doesn't seem to be a problem. What do you say to those people? So there are other aspects of grain that we also consider.

So it's in my when people come to see me, it's not just let's just test for gluten. It's it's a whole comprehensive battery. We you know, that I mentioned earlier what what the primer that book taught me was there were four biochemical categorical triggers for autoimmune disease.

Number one is food. So we don't just test for gluten. We test for other food as well. So if you've eaten it or heard of it, we test for it. We test for chemical exposures.

It's whether it's heavy metal or whether it's chemicals found in food, like dyes and preservatives. You know, things like meat, gluten tissue, trans contamination.

We look at those elements and say, okay, are those problems? We also look at their nutrition status. Are they deficient in vitamins, minerals or nutrients?

And also are they deficient in their ability to digest and process the nutrients from the food that they eat? Because if their pancreas is inflamed or their liver's inflamed, they're going to struggle with digestion, right?

If they're if their stomach is inflamed, they're not producing adequate stomach acid. They're not going to absorb minerals properly. So all that is all that needs to be looked at.

And then we also look at that, the microbial aspect of the GI tract, because there's there's a parameter, an autoimmune disease. And man, we are learning so much about this over the last ten, 15 years.

And the research is just exploding. But it's a it's a concept. There are two concepts. One is called molecular mimicry, which is where the wrong kinds of bacteria, if they overgrow in your intestines, they can produce chemicals that can mimic your own tissue.

So like, for example, bacteria make a toxin that looks like thyroid gland tissue. And so initially the body is normally reacting to the toxin from the bacteria.

But as time goes on, it starts looking at the thyroid as a threat. That's called molecular mimicry, where the bacterial byproduct mimics the human tissue and triggers an autoimmune process.

But the other one is there are other agents that we know certain bacteria produce called lipopolysaccharide. And these are in very, very inflammatory caustic compounds that leak across the the gut barrier.

And the first place they go through your portal circulation is your liver. And so they start damaging the liver. And they're notorious. And they've now been linked to nonalcoholic fatty liver disease.

## Food Industry, Corruption, and Nutrition Misinformation

So when the liver starts to out or you only have one, it's not like your kidneys, you know, now your detoxification starts to shut down and now why? Because we're in a world where we're surrounded by ubiquitous chemicals.

There's over 30,000 chemicals that we're exposed to on a daily basis. 3000 of them are approved to be in our food. And and so what do you do if your liver is not working efficiently?

You start getting sick, right? Poisons start backing up and then your body's like, what do we do with our poison? Shove it in a fat cell. And if you don't have a fat cell, it says make more fat cells and let's shove it in.

And that's one of the reasons why so many people with inflammation end up gaining weight. Yeah. You mentioned something that 3000 chemicals are approved to use in food are more than 3000.

And sometimes I, I know you must feel two as a practitioner that man we are on an uphill battle because there is a whole machine that is giving information to the American public telling them, eat this, this is healthy food.

This is the wave of the future. This is what you should be feeding your kids. And I'd love it if we can talk about that a little bit, because the food industry is killing us.

And I know you, you know a lot about this. So I. What's your take on this? What's happening? Well, the food industry is in cahoots with the drug industry, which is also in cahoots with the government.

And all together, you know, the government puts out public service messages and publishes things like a food guide pyramid. Right. Which is not created by qualified individuals.

It's created by people with corrupt conflict of interest. I have personally been involved, in a number of areas where I was invited one time to do a research study at University of Texas, and we were researching the effect of CoQ10 on congestive heart failure.

And so the cardiologist had invited me to be a part of the study. They didn't invite me because I'm so smart and they love me. They invited me because they wanted to use me.

They wanted to use my company's CoQ10 because I have a supplement company. And so they wanted to use our CoQ10 and, for this study. And but they gave me the study parameter, and I'm looking at it and I'm like, you designed this study to fail on purpose.

Like, that's what they were doing. They were trying to create a study that showed CoQ10 was ineffective at helping people with congestive heart failure.

So it was intention. Their intention was to deter people away from understanding that a nutrient could be super helpful for a condition. And I wasn't going to play a role in that.

And I called them out on it and they got hot and they turned their faces, turned super beet red, and they were mad. And they left the room. And that was the end of it. Whoa.

We we've also I've also seen other things where lab reference ranges by some labs get changed. Most recently one of the things that happened in this happened with omega omega fat testing.

So the lab company that performs the task dramatically changed the reference range to reflect people who have cardiovascular disease. And so I've been running this type of testing for 15 years.

I'm no newbie to it. And so when I see the first test result come back with this brand new reference range where it's like, wow, that doesn't look right, that doesn't sound right, and the research doesn't support that.

Why in the hell did they change this reference range? And I call the lab and I'm like, why did you change your reference range? And they're like, well, we're really excited.

We have 50,000 new patient samples. And we recalculated the reference range based on the samples. But I'm like, yeah, but you guys predominantly focus on cardiovascular disease.

How did you qualify the samples? You know, did you did you qualify the patients to make sure they didn't have heart disease before? You use them as a 50,000 normative sample population to recalibrate the reference range.

And they wouldn't answer my question. And they actually ended up hanging up the phone on me. So I, I haven't heard back from them since. So, you know, you have intentional you have agencies that intentionally try to dismantle or be disingenuous about how nutrition can be helpful and can be important.

You have drug funded studies like an example. Another example, there's a study funded by back end pharma on vitamin E. And the study was horrible. It's basically the end of the story.

Was vitamin D increase the risk of cancer. Like that was the news bite okay I remember that. Yeah. Yeah. What was that study. It was a question generic where they asked people to remember what they ate over the past several years.

Now, now. Okay. If I say, Laura, what did you eat for breakfast? Three weeks ago? Monday, would you know? Who knows, you wouldn't have a clue. And so how can we even validate a study like it's.

It's just such junk science. But then it gets picked up by the AP, the Associated Press, because they're in on it, too, right? Because who's the number one sponsor of media?

If you look at any magazine, you watch any news channel. What do you see more than anything else? You see drug ads, mostly Pfizer, sponsored by Pfizer, brought to you by Pfizer.

So the media companies, they're number one source of revenue is pharma, right? Pharma is in bed with the CDC and is in bed with the FDA, and the FDA is in bed with pharma.

So you have this revolving door right where the attack is on nutrition, right? I mean, look at what we're seeing now, the attack on meat. It's like cow farts caused global warming.

You know, you got to eat Impossible burgers, because it's plant based. And plant based is somehow generically better for everyone. All of a sudden, despite years and years and years of research and despite the inability for the vegan movement to ever prove that that animal meat causes detriment or harm, I know there's the people that say, what about the China study?

And what about, you know, this study on TMO, like, these are studies in petri dishes and these are observations. And these these studies are not taking into account the quality of the meat.

Like if I give you junk soil meat from a commercially produced factory farm where the cow gets no sunshine, gets no exercise, is is corralled into a six by six pen, right.

With shit everywhere. Excuse my language, but with other cows. Right? And so they're mustering in their own feces. They're being fed grain, which is not conducive to cow health, right?

Cows eat grass. They don't eat grain as a staple food. And so are they going to be sick? Yes. And if you eat that meat, is it going to be healthy for you to consume?

No. You have to consider what you eat, eat. And so this, this, this whole plant based movement hasn't even engaged in that conversation. And anytime you try to engage somebody in that conversation, they scream at you as if you're, you know, anti-science, global warming denier, denialist.

Right? Like, they they can engage with you with a real argument or real facts or real science. So they, they, they begin calling you names, like, that's the way most of that goes.

And we live in such a cancel society of a culture, where everybody is canceled if they don't have, like, mass, you know, mob agreement with one particular item, especially as it relates to food and the other aspect of that cycle,

psychologically, I'm throwing a ton out here, but the the aspect of when well, when you.

How do I want to say this without without just making everybody super upset? I tell you what, I'm just going to keep my mouth shut on that part. Now, because I know I feel pretty strongly about it, and I just, I know how it will be taken.

It will be construed at context. But my point is, is you have you have a government who doesn't know what good nutrition is. You have doctors in an entire medical system where the training and nutrition is absent.

Seven hours is is kind of a baseline requirement. And if you've ever attended one of these nutrition classes in medical school, it's a joke. It's basically food guide pyramid.

And nutrition is not important. And you better learn how to prescribe you drugs. That's basically what the class is about. That's not nutrition. And so they don't get training and then people put them on a pedestal and, and their perception is that the doctor does understand nutrition.

So when the doctor says nutrition doesn't play a role like that's coming from authority, it's just like psychologically the patient thinks the doctor has the authority and the and the knowledge to make that claim, which they don't.

And so you have a person who's very, very confused, and then they go on the internet and they do, you know, Google or whatever. And then they come up with stuff like this, like this summit and they come up with other really intelligent, really great scientists that are out there.

And this knowledge and this research exists, but they can't get anybody to admit to it. Right? Their doctors won't admit to it. So they get gaslighted into taking medicine until they just get sick of it.

And anyway, point being, you've got a very corrupt food industry. You've got a lot of approved ingredients that go into food that should never have been approved.

It's called the grass list, the generally recognized safe list. There's not been any real great scientific research on any of these items that we pump into our food.

Europe is far more advanced in this way, because they don't have near the chemical content of, of, of in their food, in their processed food as Americans do.

And, in any way that it's just a travesty all the way around and the only way you can really escape it. And where I've chosen to try to escape it as much as I can is, is to move to a farm and grow some food and be involved with my own animals and know what they're being fed, and take some stewardship over the land and take some stewardship over my own health, and in the best way that I could advocate for good health, which is know where your food comes from and know what's in it.

Yeah. And if you're not in a position like you, Peter, where you can, you know, have a farm and learn all this, you can get to know your local farmers and you can get to go to farmers markets.

You can, you know, instead of buying your meat at the store, you can invest in buying a half of a cow or, you know, sharing that with another family and getting that from a reputable source and having it shipped and put it in a coffin freezer in your in your garage, you know, and same goes with your local farmers.

So, you know, it's amazing that you have a farm and you're doing this. And for people who think I live in a city, I can't do this there there are things you can do.

And, you know, thank you for being willing and open to share and shed light. If you're watching this interview right now, this is the time to really stand up and take notice and really stand for what you know, deep inside of you is true.

You know, Peter is telling you truth right now, and you know, you're going to come up against, people who are going to have a conflicting argument. You're going to come up a up against the TV and the media.

Your family members stand in what you know is true. I, I, I beg you to do that. Thank you for being willing to go down that rabbit hole. Peter. Yeah. Welcome.

So where is there hope? Let's talk about solutions. So, you know, you're in the business of helping people heal their bodies. You know how to do it. You know how to how to get people out of this terrible hamster wheel of inflammation and sickness and autoimmunity.

So what solutions can you offer starting at the, you know, starting at the very basic cellular level, we got to support those mitochondria. We got to be able to make ATP energy to heal.

You need energy to heal. So what kind of solutions do you have? I think I'm going to give a couple of different angles here. One is is what you can do right now, right.

What can you do right now without a doctor, without testing to improve, the first thing you can do is quit eating processed food. It's that simple for many people.

## Practical Steps to Support Mitochondria and Healing

Not for everyone, but for many people, just taking away the chemicals that can inhibit mitochondrial function and that can inhibit physiology that are in your food.

Right? Your processed food is a huge step in the right direction because your body's so intelligent, it knows what to do. Your body has the innate gift from God inside of it, and it knows how to heal.

But it can't do that if it's being poisoned all the time. So, you know, the the old, you're saying just eat real food is a good place to start, right?

Real food. There's in there six other things that that really that you can do that don't cost you really anything at all. They just cost you time to observe and listen to your body.

So again, the first is eat real food. The second is exercise to your ability to do it like exercise to tolerance. You don't have to go join CrossFit or become an Olympian.

Just move. Move your body. Number three go outside, connect with the earth, get some sunshine, walk on the beach, whatever that looks like for you. Wherever you live in the world, connect with the planet.

And you will be healthier because there's an energy force there, and we don't understand it all, but we know that it works. We know that it's very valuable.

Number four, go to bed on time. Put the phone down, turn off the blue lights like, get some sleep. One of the things I learned on a farm, Laura, is when you're outside and you're all the animals have been put away and the sun has set in, the dark is wrapping around. And you see the lights.

Not the lights as much as the starlight. Right. If you pick up a phone and look at that after your eyes have adjusted to dark, it is like. It is like so radically different than if you're like, daylight and you're looking at that phone. So you don't realize that when you're inside with all the lights on.

But when you're in the dark, you know, in nature and you do that like it's such a stark contrast is what I say. Put the turn the lights off, put the phones down and like, go to bed on time.

Your body's designed to heal between 10 and 2:10 p.m. and 2 a.m.. Ideally, I know not everybody can do that, but get as close to that as you can and obviously sleep longer than that four hour window.

Number five, drink clean water. You're 70% water if you're drinking fluoride and chlorine and bromine and other chemicals, you know, you're just pumping that into you.

And again, your body is so dependent on water for detoxification. So drink clean spring water, filter your water if you live in the city are is the best option.

Just add minerals back to the Aro because the carbon filters don't pull all the other stuff out. They pull some things out, but not everything, and then breathe clean air.

If you live in that again, if you live in the city, if you're buying a new house and you've got all of the blocks, you need to get an UltraFine Hepa air purifier, like that's a great way to kind of.

There's an old saying that today's, necessities, or rather today's luxuries, are tomorrow's society's. Yeah. So, you know, we all live in great houses or, you know, nice, convenient technology.

We have this this life that has evolved over a number of years in America, right? Where where we kind of forget going backwards and just protecting ourselves a little bit.

And so, you know, it's great to have a nice paint on the wall. It's great that great to have a nice soft couch. But there are chemicals that come off of that.

And you can filter those out of your air with the right technology as well. And I would recommend anybody own a good quality Hepa air filtration system as a, as a device to mitigate some of those toxins.

And what's, what's a quick, quick what's a brand that you trust? Er, doctor. Great know. Yeah it's an ultra fine Hepa. So it pulls down super small below 0.2 microns.

So if you've got a mold or mycotoxins problem, it actually can pull those out of the air too. And it's super affordable. I mean not super affordable. Yeah okay.

Go ahead. Keep that. And then the last is, is mitigate your stress. And and if you do the first six things you are mitigating your stress. Right. And then you know what other stress can can we think of that needs to be mitigated. For some people it's the stress of their work or the stress of their relationships.

And for some people, it's realizing that there's a relationship they have that they shouldn't. Well, I mean, there's a there's a million different, different potential possibilities there.

But you just start by just being aware and saying, hey, like, for example, let's say you have a friend and every time you hang out with that friend, you feel icky when you when you're done, like maybe reevaluate whether that's a friend or whether that's something else.

Because there's all kinds of codependency and relationship issues that that many people who are chronically ill struggle with. But if those seven things are free, again, it just it I mean, yeah, maybe an air filter is not free, but, but the others are.

Right. So, so no cost, easy things to do. If you find yourself in a position where maybe you're struggling a little bit and you've tried a lot of things because there's all kinds of supplements you can take for mitochondrial function, just pick there's CoQ10 there, B vitamins, magnesium. Right.

And you've done all that. Or maybe you're doing all that. What I would suggest that you do is seek a functional practitioner and get micronutrient testing done, where you can analyze what your body may be lacking.

Right. And once you understand what that is, because sometimes, for example, a person could be on CoQ10, maybe they're taking it every day. But maybe instead of 30mg, they what they really need is 300mg, ten times the dose.

And that's what a good test can help you understand whether or not your, you know, you're underserved in your nutrition. Because when you when you take your nutrition to the next level through objective science, like it's night and day difference for many.

Absolutely, absolutely. These have been wonderful tips. It's you are just an authority in the space, and you're so generous with your knowledge and your time.

And you have you have a lot out there for people to get access to support from you. So tell us where people can find you, where they can get access to your free stuff. How they can work with you.

So the best place to start is gluten free society, dawg. And just register for our free newsletter. We've got thousands of of articles, thousands of hours of tutorial videos, if they're if they really want to dive into gluten and really understand, the ins and outs of the gluten free diet so that they can make sure they're not doing it wrong, most people do it wrong.

Studies show 92% of people on a gluten free diet fail to recover from the inflammation. And so we have what's called a balloon allergy masterclass, which is just it's free.

It's 14 hours of tutorials and they can register for that at Gluten Allergy dot net forward slash registration. Absolutely amazing. Nobody gives 14 hours worth of stuff away for free.

We do. That's incredible. Our mission is to save 100 million lives. That's you know, my foundation is that gluten free society. And that's our goal. It's to save 100 million lives.

And I can't do that in a single solo practice. Working three days in the clinic. Right. So we do that through our outreach. We do that through being involved in wonderful summits like yours and and just through disseminating as much information freely for people who are seeking it out.

And you still work in practice. Two people can actually come to you and see you, right? Absolutely. Yeah. I feel like if I ever quit that, a big, huge chunk of my relevance would diminish.

Not not that I my knowledge is is irrelevant. But, you know, being in practice keeps you on your toes. Sure does. Yeah. There's something about allows you to evolve, right.

Yeah. And there's something about that human connection as well. And that human touch, I mean, as a practitioner, putting our hands on people is just as important to us as it is for them.

No doubt. Absolutely. Yeah. Yeah. Well, where's your practice at? It's in Sugarland, Texas. Southwest Houston. All right. Well, now you know where to find Doctor Osborn.

Thank you so much for being here. Just so, so much gratitude for you. Well, thank you for having me, Laura. I really appreciate you inviting me to be a part of this great.

Well, you take good care. Now. You too.