Introduction and Guest Background

Hey, it's Nathan Crane, director of the Health and Healing Club and host of the Conquering Cancers Summit. And today, I am honored and excited to welcome you to a very special interview.

Doctor Peter Osborn is the clinical director of Origins Health Care in Sugarland, Texas. He's a doctor of chiropractic, doctor of Pastoral Science, and a board certified clinical nutritionist.

He's one of the most sought after alternative medicine doctors in the world. His practice is centered on helping those with painful, chronic, degenerative autoimmune diseases.

Using natural methods, Doctor Osborn is one of the world's leading authorities on gluten sensitivity and lectures nationally on this and many other nutritionally related topics.

He's the author of the bestseller No Grain, No Pain. In addition, Doctor Osborn has served as the Executive Director and the vice president for the American Clinical Board of Nutrition, and he's on the advisory board for Functional Medicine University.

Make sure to go visit Doctor Osborn. Doctor Peter osborn.com as Dr. Peter Osborn is spelled OSB or any doctor Peter osborn.com. Get a copy of his book and just dive into the extraordinary work that he does around helping, heal chronic diseases like autoimmune disease.

And today this is a really unique perspective, but I think really important one, as Doctor Osborn was just telling me, kind of behind the scenes here before we hopped on is, is how autoimmune disease can actually be a precursor to cancer.

But also there's a lot of things that are related between autoimmunity and cancer, as well as the solutions that you might, apply for if you have an immune disease.

Also, if you have cancer. So there's just a lot of, interconnection between the two. I definitely encourage you to take notes. There's some key points, that you're going to want to write down and learn and some really practical solutions that, you know, Doctor Osborn is really famous for sharing, and helping us make this information practical in our lives.

So, Doctor Osborn, thank you so much for joining us. Hey, it's my pleasure. I'm super excited to be here today. So in all your years of research and experience working with thousands of patients, what have you found to be some of the most common causes of autoimmune disease in general?

Well, number one, hands down and above and beyond everything else is gluten. And that may sound like a broken record. I mean, that's why I wrote No Grain, No Pain, but it's gluten is as a component of grain.

And we've known about it being the cause of autoimmune disease since the early 1950s, actually, probably before that. Doctor William Dickey, a, pediatrician.

During World War Two, observed that during grain rations, all the kids with celiac disease in his hospital got better spontaneous, recovery. And, so he was the first to actually write about the connection between grain causing celiac disease.

And I got to remember at the time, celiac disease, we didn't know what caused it. So it was a disease where you would vomit and diarrhea until you dehydrated and died from malnutrition.

So it's not a it's not something anybody wanted to have. You know, again, one of the primary staples, in the American diet is wheat. 50% of our caloric intake or more is from wheat.

So when you think about gluten sensitivity, now, understand that gluten is in wheat. It's the primary form of protein. And wheat. And, and 50% of the diet is from that.

Right. So, so we have this, this dramatic increase in gluten sensitivity because we have this dramatic increase in wheat production and in wheat consumption.

Look at the date, you know, the daily diet of most people. Cereal.

Autoimmune Disease and Gluten as a Major Trigger

The cereal industry has done a great job of making you think you have to eat it to be healthy, right? You've got, you know, pizza. Most people have pizza night at home.

Most people have pasta night at home, right? So there's always, you know, sandwiches, right? There's always something. It's coming in. It's it's a gluten bomb.

And, and now today, we even add gluten to bread mixes because. Because it makes things chewier. Right. So when you look at, like, the chewy crust on the pizza or that, like the subway sandwiches, you know, with the big soft, chewy dough, like, that's chewy because of added gluten.

So we we have gluten, then we add gluten to the grain to get the chewy feel, the mouth texture. And now we've created this massive caloric ingestion of something that's a known autoimmune inducing peptide.

So autoimmunity hands down we now gluten is linked to celiac disease. It's linked to rheumatoid arthritis. It's linked to Hashimoto's hypothyroid. It's linked to Addison's disease.

It's linked to ankylosing spondylitis and psoriasis and psoriatic arthritis and scleroderma and dramatic myositis. There are 100 forms of autoimmunity, and they're they're generally broken out into and called different things.

But what I want your audience to understand is autoimmune disease is not 100 different diseases. Autoimmune disease is a process. And how it affects you is how it affects you.

Right? So the the underlying process of how autoimmune disease develops, one of the triggers is gluten. But for you it might affect your thyroid for example.

And you end up with a Hashimoto's diagnosis. But for somebody else it might affect their joints creating joint dysfunction and swelling. And so they may get a diagnosis of rheumatoid arthritis.

It's still the same underlying mechanisms of illness and it's still the same underlying triggers. We just choose to call it different diseases, which is interesting because if you look at cancer, you know, when you look at cancer statistics, cancer's arguably it's the number one.

Number two, cause of death, right? Depending on what year. Sometimes, you know, it's that and heart disease cancer and heart disease kind of do this. But they lump all the cancers together, right?

I mean so so you don't just say you don't say, oh no osteosarcoma, you know, versus, you know, skin cancer versus, you know, thyroid cancer. You clumped them all into one category, call it all cancer.

And you say cancer kills, you know, anywhere from half 1 million to 1 million people a year, and you call it the number one, number two, cause of death with autoimmune disease.

When I'll do that, we don't want putting anything together. It's all separated out. If you lump autoimmune disease

together, it would outshine cancer by orders of magnitude.

Same thing with heart disease or autoimmune disease. Number one killer and women under the age of 65. And that's when you separate the different kinds out okay.

Well I, I want to repeat that. So if if you clumped all the other immune diseases together as one and call it just autoimmune disease, you're saying that that would be the number one killer in women under the age of 60.

So you know, it already is. Even if you don't clump it. It's the number one killer in in women under the age of 65. Now if you clump all of autoimmune disease together, it would shadow cancer and heart disease as the number one cause of death.

Wow. That's that's crazy. And it's not something that I think our medical industry understands very well. Because they're treating all of these different forms of autoimmune disease as separate things and prescribing different things that are masking symptoms and aren't actually really helping people reverse, many of these autoimmune diseases.

Right? Absolutely. I mean, if you look at medical specialization, in my opinion, is the bane of good health care because, you know, you've got a cardiologist, for example, maybe he's seeing a patient with, with, you know, with pericarditis, which is a swelling of the sac around the heart.

It's autoimmune, by the way. And gluten can trigger it. And, and then that same patient maybe also has Hashimoto's, right? Which is an autoimmune, inflammatory inflammation of the thyroid gland.

And so they're seeing an endocrinologist and they're seeing a cardiologist. Neither one are putting the two together. They're getting separate medications from both doctors.

They're getting both being told, oh, nutrition has nothing to do with this. Right. And that's the model because autoimmunity as a class is not really taught.

You don't go to when you go to medical school. When you go to graduate school. There's not like autoimmune disease 101. Here's all the forms of immunity.

And this is a class that majors in auto immunity that doesn't exist. You take classes like pathology. And pathology is lumping all forms of pathology into one class, maybe over a year, over two years, depending on how your school breaks it out.

But autoimmune disease is not given like this, this aggressive attention. So most doctors that the training it they're training only in one specialization.

So like if I'm an endocrinologist, I know about Hashimoto's, but I don't know much about shogren or rheumatoid arthritis if I'm a rheumatologist. I know about rheumatoid arthritis and psoriatic arthritis and ankylosing spondylitis, but I don't know much about pericarditis or, or Hashimoto's or Addison's disease.

You see what I'm saying? So, like, the specializations have kind of separate. It's almost like if we're if we're trying to be experts and get all the right people in the room to talk together, they're not ever talking together.

Right? So we never come to some kind of conclusion that says, look, this whole pattern of disease that we're seeing evolve and starting to outshine cancer and heart disease is not 90 or 100 separate conditions.

It's one condition underlying that's the trigger. And gluten is probably, well, it's the most well researched trigger for autoimmune disease of anything we could talk about.

Now there are other triggers. Certainly. Cancer is and these are similar for cancer. So like if okay, if we look at gluten this is probably the biggest one.

But what about chemicals. Right. We've got like 30,000 new chemicals in the last 30 years that have been added into the to to our, our life right through food 3000 and food approved as generally recognized safe.

We've got pesticides, we've got herbicides, we've got fungicides that are being sprayed on crops. Right. So we've got that as an element. We've got the genetic manipulation of food and and what that does to the human microbiome.

We've got vaccine schedule going from, you know, a dozen shots to upwards of 80 some odd doses now in, you know, up to the year up to the age of 18. So you've got all the adjuvants in these vaccines that are known triggers, for autoimmunity.

I mean, there's actually a condition. It's it's these are not my words. This is Doctor Yehuda Schoenfeld. He's one of the world's leading researchers and experts on, vaccines causing autoimmunity.

And he actually name this term, it's called Asia ACR. It stands for, autoimmune syndrome or autoimmune inflammatory syndrome induced by adjuvants. And so the adjuvants in the vaccines the propylene glycol, the mercury, the aluminum, the other chemical compounds that we know can create an inside inflammation that triggers the onset of an autoimmune process.

Then you've got plastics and you've got, their BPA is one of the ones that you're seeing now BPA free everywhere. But that doesn't mean much because there are other biphenyls, there's BPB and there's BPC, and they're also problematic.

So it's it's really window dressing. These BPA free bottles, you know. But but plastics plasticizers are known triggers. We've we've also got certain medications that are triggers.

A lot of the medications actually some of the medications for women to treat breast cancer after the fact, actually are have been shown to induce autoimmunity.

There are about 46 prescription medications that we know can cause lupus, which is a form of autoimmune disease. And they're now and it's very well established and very well research.

Actually, I just did a lecture on this last year at the, Torrance Memorial Hospital in California. And, you know, it was all about it was all about triggers for autoimmune disease.

So we know this we know these triggers are there. And actually that my experience was when I, when I was coming up through graduate school, I was in the VA hospital working in rheumatology.

And, I was I was frankly, I was very upset because these are here these veterans were coming in to get treatment, and they were just being pumped full of steroids and methotrexate, you know, and and I'm like, well, they're not the problem is not being solved.

What kind of sense does this make? So I approached my attending physician. I said, look, let's let's look at gluten. Because gluten is, as we all can agree, gluten causes autoimmunity.

And there's tons of research on it. And that was you know, this was 20 years ago. And I was told I was told, no, we're not going to do that. Quit asking.

Like I kept going back to my attending with more information. What about fasting? What about omega three fatty acids. Like there's all these great ways that we can that we can lower inflammation and we can actually treat the root cause and not not not just masquerade around with with suppressing their immune systems, with drugs.

But I was promptly pushed out. I mean, I was basically told, quit being inquisitive, quit asking questions. You're not here to learn. You're here for us to indoctrinate you.

And that's not what they said, but that's what they meant. Like, yeah, if I was there to learn, we would have had an engaging learning conversation and we could have had, you know, you know, a back and forth.

Autoimmunity, Cancer Risk, and Chronic Inflammation

But I was just completely down. And the research I was bringing to my attending, I mean, you're not we're not talking about men's health. We're talking about Journal of Rheumatology, we're talking about general American Medical Association, Lancet, British medical journal, like major research being published in major journals.

That was that was saying gluten free can help rheumatoid arthritis, gluten free can help psoriatic arthritis. But they were just they were just not willing to open their minds to it.

And so you have to understand, a lot of the drugs used to treat autoimmunity suppress the immune system and increase the risk for cancer. And this is one of the reasons why autoimmunity is actually pre-cancer.

Okay. Because if you go in and you go through the main, main care of treatment, right, the main type of treatment you're going to get if you have a Roman, a logical autoimmune disease, which is like a joint pain type of disease, your first option is going to get a drug called methotrexate, okay.

And sometimes they'll combine methotrexate with a steroid, which when you do that it causes leaky gut. It ripped holes in microscopic holes in your gut lining over time.

Which sets you up for autoimmune disease. So, like, you're treating autoimmune disease in one way, and then you're inducing autoimmune disease and another through the drugs that you're taking to treat the autoimmune disease, which is another reason why it never made sense to me.

But but the drugs themselves, if those failed, then the next level up is something called biologics. And this is a class of medications that suppress the immune system.

And they have the highest level of warning on their labels that you can give a drug which is called a black box warning because they cause cancer. Right.

So you take somebody who's 35, they've been diagnosed with rheumatoid arthritis. They're now on a biologic. And this drug like, over time over ten years suppresses their immune system.

So well now they have lymphoma. Now they develop cancer okay. So now they get thrown over to MD Anderson or whatever other cancer treatment facility. And now they're being pumped full of chemicals, chemotherapy or radiation, right.

To deal with the fact that they've been suppressing their immune system for 20 years. Right. And that's not a solution either. And so when I say autoimmunity is pre-cancer, that's one of the reasons why is that the drugs used to treat autoimmunity suppress the immune system and increase the risk for the development of cancer.

But one of the other reasons why is that cancer has a lot of the same triggers as autoimmune disease. There are certain cancers that gluten can trigger pancreatic cancer, stomach cancer, intestinal cancer.

We know people with celiac disease are at much higher risk for developing those types of cancers, and that's as a result of the underlying autoimmune process that leads to such aggressive inflammation over time, the immune system is so overwhelmed, Nathan, by trying to fight the food that it can't fight it and do its normal maintenance, which is part of maintaining the body, which is killing cancer cells, which are very normal occurrences.

Yet, as you know, we all have cancer cells. It's just that we also all have an immune system that can deal with these cells by, you know, certain mechanisms that create apoptosis or cell programed cell death of these cancer cells.

And so again, gluten can can disrupt that. But the malnutrition associated with the intestinal damage. So for example, those with celiac disease and gluten sensitivity have a greater tendency to be deficient in vitamin D okay.

Vitamin DS associated with 19 terminal cancers. Right? I mean causation not not like loose association but like vitamin D deficiency causes 19 types of cancer.

Vitamin deficiency causes cancer, selenium deficiency causes cancer, and people with gluten damage are more apt to have those deficiencies. So now that deficiency over time is leading to or contributing to the potential development of underlying tumors or other types of cancers.

And so and so if we don't know that and we don't know it like the tests that like to measure that and help these individuals know when to supplement, know how to change their diet accordingly, then that malnutrition just multiplied over ten years, over 20, over 30 years.

Because most cancers I mean, unless they're rare pediatric cancers, most cancers are adult diseases, right? I mean, we're not you know, we're you know, I had a son that had a very, very rare tumor called osteosarcoma, which is a rare pediatric tumor, super rare.

Not much is known about it. But most cancers that we know things about, those cancers are our lifestyle, right? They're lifestyle diseases. They're they're lack of exercise, lack of sunshine, poor diet.

Too much stress, right? Not enough sleep. And and it's it's the compilation and the accumulation of those things over decades because nobody wakes up tomorrow and, oh, all of a sudden they have cancer.

It's a slow, steady progression of poor health until the body breaks down and can't fundamentally, function, you know, I mean, right there, you just shared a whole book worth of, you know, life changing information.

And I want to kind of unpack a couple things there that you said. One of them was, you know, at least right now how autoimmune disease is, they're often treated as all these different diseases, rather than looking at the similar causation is one of them being gluten and others being, you know, chemicals and toxins and stress and so forth.

Doctor Thomas Lodi, who I've interviewed as part of this series, I encourage people to go listen to. He's a medical doctor and a holistic physician who's been treating cancer patients for many, many years.

You know, he also, agrees with you about cancer. Is is what you're talking about autoimmunity. He says, look, we treat all these different cancers like they're all these different things.

But the reality is they're all the same. Whether it's the most rare cancer there is or it's, you know, the most common cancer is whether it's pancreatic or is breast cancer, it's a tumor or it's, you know, in your blood, whatever it is, it's, they have similar causation and they have similar, solutions.

And so when he's working with cancer patients, he says, look, you know, we treat, people with cancer basically the same. You might have some, you know, you might do some low dose Kino, some IPT or something to help shrink a tumor, which might be different than for somebody else.

But in general, they're looking at causation as well as solutions from that larger lens. And it's obviously working because he gets a lot of results with his patients.

And I think, you know, just understanding that is that if we start looking at all the similarities and the underlying causes between various chronic diseases from autoimmune disease to cancer, you know, we're so much more, educated and equipped to actually treated better, just like we need to treat the whole body, the whole human, the mind, the emotions, the physicality, you know, from that holistic viewpoint.

Right. The other thing I want to share briefly, which, I didn't think of before until you just until you just said it is autoimmune being a precursor to cancer.

You know, we know, through the literature, it's very well documented, very well understood that chronic inflammation directly causes cancer. It can cause cancer if you have chronic inflammation.

And we know autoimmune diseases, one of the symptoms or one of the results, maybe even one of the triggers, right, is chronic inflammation. So it's another way that autoimmunity can directly cause cancer, right, is through that state of chronic inflammation.

Yeah, absolutely. I mean the the autoimmunity is triggered by a host of factors that all generally lead to a chronic inflammatory response of a person's immune system against their own tissue.

Right. So whether that's producing cytokines or other chemicals that damage our own tissue, whether that's intentional or whether that's what's known in the body as collateral damage.

So when your body sees like a food and it says that builds an enemy attack it, you know, it attacks that food. And in the process of attacking that food, it damages the gut or the lining of the gut around that food as well.

So that's in warfare, we call it you miss. If you shoot a missile and you miss and you hit the hospital, the hospital blowing up is called collateral damage.

Well, the same thing happens in our body. Our our immune system are the soldiers. And when they shoot their bombs and missiles and weapons and sometimes they they hit the right target.

But the bomb is stronger than what it needed to be. That's what chronic inflammation is, that that overlap of inflammation starts to affect and impact other tissues that, you know, remember what cancer is.

The the formal pre-cancer is called dysplasia, meaning it's a change in the nature of the cell because the cell is so damaged when it makes its daughter its next cell line, it's not quite the same.

That's called dysplasia. It's different. Right. And then that turns into matter, and then that turns into cancer.

Leaky Gut, Molecular Mimicry, and Immune Overreaction

If we're if we're looking at it from a, you know, from a biology perspective, and it's that chronic inflammation that sets the stage for that cell and the next cell line and the cell line after that, to struggle in producing a predictable, healthy working, functioning cell.

Yeah. And that's, you know, to to that point, some people think, oh, my body's, not doing what it's supposed to do. My immune system's attacking itself.

It's, you know, not functioning properly. And that's not exactly true, right? Your body's doing exactly what it's supposed to do. The problem, at least from what I understand.

I love for you to talk a little bit more about is, you know, when autoimmunity happens is because of that leaky gut. It's because of those proteins from those things like gluten and so forth that get, you know, delivered into the blood.

And then the body starts identifying, those cells, those proteins trying to attack them. But it's also attacking, you know, your own body because the those proteins have leaked out of the gut and into the rest of your body.

Is that a good understanding? Yeah. So one of the primary triggers of autoimmunity is leaky gut. So you have your gut understand what your gut is. Your gut is like this super pipe from your mouth to your anus that is like this mega quarantine zone.

Okay. Nothing. You know, the old saying, what happens in Vegas stays in Vegas? What happens in your gut? Supposed to stay in your gut unless your gut allows it to come in, right.

So think of your gut is like the it's like the big bouncer, the Italian Tony guy at the bar, right? He's like, yeah, this guy's with me. Come on in. Right.

That's what your gut supposed to do. Everything else is supposed to go out in your poop. Well, when you're doing things that damage Tony the bouncer, and he can no longer be doing his job, that's the leaky gut.

Now things are leaking in directly into into your bloodstream. Now, understand that the bloodstream right behind the gut is called the portal circulation.

It goes right to the liver. And then it gets access to everything. So it's like gets access to the mainframe. Now also remember that 75 to 80% of your immune system is concentrated around your gut, right?

You have a massive set of tonsils that are wrapped around your small intestine. It's called the gastro associated lymphoid tissue or the gall and and so when something leaks through that doesn't belong those immune cells are there and they're like, hey, that doesn't Tony didn't say that guy was okay.

Right. So let's let's create an antibody or let's create an inflammatory chemical and let's neutralize that thing before it creates more problems, okay?

And it does not it does a good job of that. And sometimes in that process, if that's happening regularly enough, that inflammation creates collateral damage and damages and starts to break down the gut further.

So then the problem just gets worse. But sometimes some of the things that leak in, okay, the proteins, the toxins that leak in, sometimes they are similar.

They share homology, which means they share sameness with proteins in your body. So imagine that maybe there's a bacteria that lives in your gut normally, but it's but it produces a poop or a byproduct.

And that byproduct that it makes looks something like your thyroid, okay. The proteins in your thyroid. And so as that's leaking through your immune system is doing the right thing.

It's saying, hey, that doesn't belong here, let's get it. But what happens over time is this process called molecular mimicry, where the molecules that are leaking through mimic your own tissue.

And so then your immune system is looking at the thyroid saying, hey, that looks like a bacterial toxin that we've been trying to neutralize. Go get it.

And so then the immune system charges on the thyroid, and now we have a Hashimoto's situation. And the only way to stop it is to stop the leak. Right.

And you have to stop that. Like, the immune system has a six month lifespan, meaning that all of your circulating immune cells will be dead in six months and replaced by daughter cells.

And so with autoimmunity, this is why it can take three. It takes about three generations of cells to calm the immune system down from attacking. What what was created from a molecular mimicry scenario 3 to 3 generations of cells within the gut or within the within the circulation.

So, no, the gut cells turn over every two days. Right. But the immune cells, okay, which are 70 to 80% of them are focused in the gut. They turn over every six months.

So let's say you change your diet today, right? You quit eating gluten. Gluten was part of the problem. Those are immune cells. For the next five months, you're still going to be hyper vigilant.

Hyper, almost like a soldier who's been at war for so long that he shoots before he asks questions or thinks because he's he's just like on edge. And so the immune cells are hyper vigilant.

And we got to let the next generation come in and be calmer. Right. And the way we calm them down is we quit exposing them. The things that make them want to have warfare.

Okay. And the way we do that is we seal the gut and the way we seal that God is. We take away the things that cause it to leak. Does that make sense? So that's gluten.

That's why gluten is so notorious, right? Because we know for sure gluten causes leaky gut. But there are literally tears. Little rips in the in the cell lining within the gut.

Right. Well, what it does, it's the several different things that it does mechanistically. One of them is there's a protein. If you've ever played with a Lego block, you know the real thin ones and you snap them together.

They're kind of hard to to, to take apart because they're so thin, right? Yeah. My my son, you know, he, he brings in me when he can't get it. Otherwise he's trying to take him apart with his teeth.

Yeah. Exactly. Well that's that's what your cells in your gut do. They like Lego blocks. They snap together and they're really. That's called a tight junction. There's.

That's the formal name for that. And so it's like a little prong that sticks out that snaps into the next cell. Well those little protein prongs are called.

And what gluten has been shown to do is disrupt that. Zainudin. So now imagine you take your Lego block and shave off the prong and they don't stick together. Right.

And that and so then the cells start to drift apart and then you get the gap in between. And so now gluten peptides and bacterial peptides and fungal peptides and chemicals from the food additives or whatever else you're being exposed to, all that's just leaking through that, that gap directly into your immune system and your immune systems like these things don't belong here.

So if the gut is integrity, if its integrity is intact, excuse me, then you then you don't have to worry about even some of the toxins being in your gut.

Remember, you got to quarantine, right? So it's not the toxins per se. It's when the toxins are our allowed access behind the curtain. And that's when the whole problem begins.

So that those cells, we have to first seal the gut and let those cells have time to calm down, okay. And that's why autoimmunity, you know, that's why person can go gluten free.

And they may not feel better like tomorrow or the next day or even next month. They may it may just be kind of a slow, steady improvement in the right direction.

It's because those immune cells are still over attacking. So we got to get them to calm down. Kind of like the post-traumatic stress soldier. We got to council and we got to bring them down and reintroduce and back into society and say, look, that person's not an enemy.

That person's your friend. Don't punch him in the face. This it's the same kind of thing in the gut. So when those next cells, that next cell line is a little bit calmer, the next cell line after that is a little bit calmer if we do the right things now, if we if we cheat and we, you know, we, we basically we don't make it anywhere.

So this is why when you go gluten free, there's an adage it's called the 20 parts per million rule. If you get a breadcrumb of gluten, which is what 20 parts per million is equivalent to, that can cause inflammation for two months.

So yeah, so imagine I'm kind of going gluten free or I'm reducing my diet or I'm eating less gluten. I'm sorry. If you're truly gluten sensitive, it's not enough.

It's better. It is less poison. Don't don't get me wrong, life is still better. But if we're talking about shutting down leaky gut, shutting down autoimmunity, and regulating the immune system so that it's not overreactive, you've got to get it out.

Otherwise the fire is just going to keep burning again. That long term fire, that long term inflammation. Yeah. Aside from causing dysfunction and damage, it's what sends most people to the doctor's office.

The number one treatment for chronic inflammation is a combination of nonsteroidal anti-inflammatory, like ibuprofen, Celebrex, those types of drugs and steroids.

Okay. But also, opiate pain, prescription medicines. Now, if we combine those classes of medicines all together, they kill all close to 40,000 people a year when used appropriately.

We're not talking about addiction. We're not talking about the opioid crisis. We're just talking about proper use. The CDC director, Thomas Frieden, was quoted once saying, we know of no other class of medications so readily prescribed that kills the people that are trying to help. Right.

This is why we're having, you know, a pain crisis, is because the drugs that they use don't fix the problem, right? The way you fix the problem is you change the diet, you change the lifestyle, and then the medicines become a necessary.

Testing for Gluten Sensitivity and Why Elimination Matters

So what about people who, obviously, you know, people who have any sensitivity, gluten at all, people who know their celiac or people who are having symptoms of, or have autoimmune disease or have cancer or trying to prevent cancer, like just get rid of gluten, right?

Like that's an easy first step for anybody. Just get it completely. Or I should say simple. I don't know if it's necessarily easy for everybody, but simple first step for everyone.

Completely get it out of your diet, right. Just just be precautionary about it. But what about people who say, oh, I don't have sensitivity to gluten.

I don't have, you know, it's like I don't have to worry about it. I can eat it. I don't have any symptoms. What would you say to people who have that mindset and who have cancer, or who are trying to prevent cancer?

I'd say get tested, you know? I mean, if you're not sure, you don't really know. It's not it's not gluten sensitivity. It's one of the slowest forms of poison known to man.

It's not the acute poison. It's not like, oh, I just drank some Clorox, and now I feel horrible and I'm about to die. It's. I've been eating a slow poison, and my body is resilient enough and healthy enough to deal with the slow poison.

But part of the process of dealing with that poison has created the chronic inflammation that now I'm calling cancer, or I'm calling fill in the blank, right.

Whatever inflammatory condition that is. So if you've got chronic inflammation, look, I'm not saying that gluten is the sole cause for all chronic inflammation.

I don't think anyone could make that claim. And I certainly don't want to be the guy that's beating that drum that hard. But here's what we know statistically, 1 in 6 okay to 1 in 7 has autoimmunity anywhere 46 to 50 million people okay.

Estimated. And that's a that's probably an underestimation to be honest with you because we're what we're learning is that many of the diseases that we didn't think were autoimmune are actually autoimmune type two diabetes, autoimmune process, Alzheimer's, autoimmune process, bone loss.

I still process autoimmune process, not a calcium deficiency. So you know, as we as we learn more about this whole autoimmune complex puzzle, we're finding that it's it's it's so much more common.

And again what's the number one cause of autoimmune disease. It's gluten. Now some researchers believe that that approximately 1% of the population has celiac disease.

Okay. So 1 in 100 has celiac disease. Now. Of that one and 100, some researchers believe that 6 in 100 have non celiac gluten sensitivity, meaning if celiac disease affects 1% of the population then non celiac gluten sensitivity, which is a type of gluten reaction that's not manifested as the classical diarrhea and stomach pain and wasting.

Okay. Then 6% of the population has non celiac gluten sensitivity. And some researchers believe that it's as high as 33 to 40%. Okay. So I don't know that anyone knows the exact true answer.

I fall on the 30 or 40% with some of my other colleagues just simply because of my biased experience. I mean I'm day in and day out, I'm seeing, you know, seeing autoimmunity and gluten relationships.

So, so I tend to fall on the side of higher bias because of my experience. But I mean, I by no means have we tested everyone in the world that we could make that claim.

You know, for everyone, but as high as 33 to 40% on a low on a low conservative level, 6%. Right. That's a lot of people. That's a lot of people. So how many of that can extrapolate over to those with cancer?

That's that's quite a few. And I would say if you're if you're a naysayer or doubting Thomas, there's two things that I would recommend that you do. Number one is we have a quiz that people can take.

It's free. It's an online quiz. It's about 32 questions. You just check the box and it kind of gives you an idea as to whether or not there's a suspicion that you could be insensitive.

So that's an option. And can people can find that a gluten free society.org, which is one foundation that again, gluten free society talk. Yes. And then the other is to do genetic testing, the genetic the way to know whether or not you're going to react to gluten.

There's a there's a gene, actually a couple of genes there called HLA, d q genes, same genes associated with celiac disease. But there are patterns on these genes that if you have them, you're predisposed to react to.

And so knowing your genetic predisposition, we understand that going sensitivity is not a disease. Right. Gluten sensitivity if ignored causes disease.

But gluten sensitivity is not a disease. The state of genetics you either have the genetic predisposition or you don't. You have the genetic predisposition and you ignore it.

You know you're going to end up slowly poisoning yourself over a lifetime until you develop a disease that you know, most likely, if you're female is going to kill you before you're 65, or or dramatically alter your life, you know, and your quality of life, whether it kills you, it's going to dramatically alter your your quality of life.

Now, we know that the undiagnosed celiac disease you have four times greater risk of mortality rate, meaning, you know, you have four times more likely to die if you if you have a gluten issue and you don't even know it.

So and then that's just it. There's a whole Nathan, there's a, there's a, a term in medicine. You heard me use the term non celiac gluten sensitivity, which should be kind of self-explanatory.

Right. But but there's another term called silent celiac disease, which to me is a bogus term. Like I know a lot of doctors use it, but what does that mean?

That means you have the damage from gluten, but you don't have celiac disease. Okay. So they can. That's why

they call it silent celiac disease. Well, that's the same thing.

Basically as non celiac gluten sensitivity. Because the only way to diagnose celiac disease is to diagnose the damage that gluten can cause to the intestine.

And that can take 30 years or more. And I think the average time to diagnosis is like three and a half decades. So by the time you get it, you get gluten identified as a problem.

You're three and a half decades into damaging and poisoning yourself slowly. And now you've got all that work and that big pit of illness to climb out of it.

To me, it makes a lot more sense to genetically test people at birth and say, look, you're predisposed to react to gluten. Yeah. Good idea. If you didn't eat it.

And if we did that, we would probably have a good chunk of our autoimmune health crisis in this country solved. You know, in the next generation, it's just it won't happen though.

Well, and it's it's easy enough now because there's so much information and definitely a lot of credit to you for the great work you've done around, you know, spreading this education that getting gluten free, almost anything from the grocery store now is really easy.

I mean, you can gluten free pancakes, gluten free cereals, gluten free flours, gluten free, everything you know. And if you get it certified, you know that it's, you know, not doesn't have the the 20 million parts per million, 20,000,003 parts, three parts per million, parts per million.

And and so it's actually easy. We've, gone completely gluten free here in my house. Because I suspected some, you know, issues from it. I tested negative for celiac disease, but I had a lot of common symptoms, coming up, and so far, knock on wood, since I, you know, completely we went completely gluten free, haven't had any of those symptoms.

So, that's one of the things that, is actually really easy to do is to go gluten free. Be proactive. You know, just take that step. You also talked about, vaccines and the advances in vaccines to potentially, you know, be a trigger for autoimmunity.

Lifestyle Factors: Sleep, Sunlight, Exercise, and Real Food

I want to, you know, we don't need to get into a ton of information about vaccines specifically, but I want to share something, and I'm not encouraging, you know, saying all vaccines are bad.

Never take a vaccine or whatever. My family and I, we don't do vaccines. That's our choice, right? Everyone's entitled to their own choice and their own reasons.

But at least you should have the education. I want to read a quote from doctor J. Anthony Morris, who was a former chief vaccine control officer at the FDA.

It's not me saying it. This is a former chief vaccine control officer from the FDA. Former. Right. And of course, because this is what he said, he said there's no evidence that any influenza vaccine, any flu vaccine thus far developed, is effective in preventing or mitigating any attack of influenza.

The producers of these vaccines know that they are worthless, but they go on selling them anyway. They know they're worthless, but they go on selling them anyway.

I can just about guarantee that's why he's the former, control officer for the FDA. And, you know, I want to share that because, you talked about different, triggers for autoimmunity now, basically, which also lead to chronic inflammation.

Chronic inflammation leads to cancer. It's all tied. You had mentioned toxins, pollutants. You've mentioned, you know, the agencies and vaccines and gluten.

What are some other things that people, if they just start eliminating from their life, from their diet, you know, can really increase their chances of reversing or preventing autoimmunity and in turn, reversing or preventing cancer.

I think if we if we look at it from a kind of a broad, sweeping, commonsense perspective, it's not so achieved. What you need to eliminate is what you can add also.

Right? Yeah. So actually, and lots of it, you know, eight hours a day, people talk about eight hours, and some people brag I can get by with 5 or 6. You're not really getting by.

What you're doing is you're is you're paying a price. You just don't know it yet. You haven't paid the price yet. But you will. It catches up to you. So sleep.

When we sleep, how we sleep matters. But, our bodies reregulate our inflammatory mediators. The chemicals that help regulate inflammation, chemicals like cortisol, the time frame to get the most quality out of your sleep is 10 p.m.

to 2 a.m.. And that's been really well researched that if you're going to bed at midnight, you missed 50% of that window. You're not going to make it up by sleeping later.

You've really you want. And some people say, well, I'm a night person. No you're not. You've evolved with technology and with electricity to become a night person.

But unless you have infra vision or unless you can see in the dark, you're not really technically a night person. You've just evolved your lifestyle around staying up at night.

I know that I used to be a night shift worker, and when I was in the Air Force, you know, I did. I did midnight to eight, for years, and it took a huge toll on my overall health.

But but sleep, adding sleep at the right time is super critical. Exercise. And if work. I used to be a night shift partier, so. And it really hurt me growing up.

You know, I didn't go to bed till the sun came up, and then I slept all day and then did it all again. And you're right. I mean, in a short amount of time and really destroys your mental faculties as well. It's takes a toll on the body.

Yeah. And so and so the other thing you can add is exercise and you can add sunshine, to your day, especially if you live north of 27 degrees latitude.

Right. Because you're going to, you're going to make more vitamin D, and that arguably, you know, doctor, doctor, Michael Holick, one of the world leading researchers in vitamin D, estimates that you could eradicate a good percent of all cancer by correcting the vitamin D deficiency of the country.

And the best way to get vitamin D is not supplements. It's it's, sunshine, right? I mean, you can eat liver, you can eat, mushrooms to get some vitamin D, you can eat eggs to get some vitamin D, but but sunshine hands down, is number one.

And so many people are so busy lathering up with chemical, carcinogenic toxin toxin cocktails because they're scared of the sun, because the field of dermatology has done a huge human disservice, in my opinion.

They've told everybody that sunshine causes skin cancer. That's like saying water causes drowning. So don't drink it anymore, right? I mean, sunshine doesn't cause skin cancer, ultraviolet radiation, overexposed over many years does.

Right? And we have to differentiate that. We can't just blame the sun. We have to. You know, your tolerance to sun is based on your exposure time. It's based on your genetic skin tone. Right.

Some people are darker, some people are lighter. You have to take that into account. This is personalized choices and if you're a you know, if you're an Irish girl with freckles and and super pale and you'll burn in six minutes in the sun and then go out for four.

Yeah, right. Don't ever go out long after burn, but go out, get some sun. If you're, you know, if you're darker than that and you and you, never burn, you know, that also means it's harder for your skin to make vitamin D, so you, you know, you theoretically are going to need more sunshine than people who are more fair, fair skinned. So.

So get outside, get in the sun. It beyond the sun will connect you to nature. It'll connect you to the Earth's electromagnetic field and connect you to dirt.

And understand that one of the other theories behind autoimmune disease is something called the hygiene hypothesis. That we won't we won't get into too terribly deep. But, but being too clean is actually a trigger for cancer, not immunity.

So so those are all things that you can add to your life. If you want to do other things, you you should be adding passion to your life, right? What drives you?

What is your what what fulfills you as a person? Maybe that what fulfills you is your job. You're passionate about what you do. I certainly am passionate about what I do, and I think that's why I have a huge advantage in this world is because God blessed me to find my passion, and I would encourage all of you to do the same.

You're all passionate and good and great or great about something. Find what that is and and learn how to incorporate it into your life. Don't go to work every day to a job you hate and let your soul be solely drained from you.

If that is, that makes you miserable because it will take years of your life away from you. So find what you're passionate about and try to do it as much as you possibly can, and surround yourself with positive and loving reinforcement of people who are not negative influences in your life.

Like, those are things that you should be thinking about doing from a non diet perspective. And then outside of that, it's like for if we could just simplify it to the nth degree, it's eat real food, right.

And if let's take it one step up, know where your food comes from okay. When you go to the grocery store and you buy, you know, a product, where did it come from? Who was the farmer?

Right. Was it was it mass produced? And does it have what we call in the, in the business, in of nutrition we call it window labeling or window dressing where it looks healthy, but actually it's not right.

And so, you know, where your food comes from, know your source. Because like, if you take some of the chains, like, some of the big corporations that what any company tries to do is they get bigger is they try to scale the production of their food so that they can generate more profit.

And so one of the concepts in business to scaling production is called vertical integration. And what that means is I'm going to use McDonald's, instead of getting their potatoes or their beef from farmer Jack over here.

They buy all their own land, bringing their own cows chemically manipulate the feed so that their beef tastes the same. Whether you're eating, make, make whatever it is a mix sandwich.

Right. Whether you're eating one in Hong Kong or whether you're eating one in New York, their motto is one taste worldwide. Well, real food is not one taste worldwide.

Real. You know, a beef cow in Texas, on Texas, grass is going to taste different than one in Ohio, on Ohio grass. Right. And so food should taste uniquely different.

And if you if you buy from these mass companies, what you're buying is you're buying vertical integrated food so that they can sell to you at a higher profit margin.

And you have to understand that that's their goal. Their goal is higher profit margin and profit to their shareholders. They don't care about your health, I promise.

They don't care about your health no matter what they say. McDonald's doesn't care about your health is if they did, they would have closed down years ago, right?

Food Choices, Local Sourcing, and Closing Remarks

None of these big chain places really care about you. The only person that can care about you is you, right? And hopefully the people around you that love you.

And so you're eating real food and sourcing your food as much as you can from, you know, I mean, some of you may be thinking, gosh, that's impossible.

How do I get, you know, local, locally grown food and know where it comes from? It's called a co-op. It's called a farmer's market. They support them. Right?

Because the only way we're going to change the paradigm of disease, and that includes cancer and autoimmune disease in this country. The only way that paradigm is going to change is when we recognize that where we source our food and who we give our money to is the loudest voice that will create the paradigm change that needs to happen, so that doctors and hospitals and everyone that owns a business understands that you're going to speak as a consumer with your wallet, you're going to speak with your money.

And if you're speaking with your money loud enough to demand that you get local, fresh, organic, proper care of animals, you know that is what is going to basically, that's what's going to propel new thoughts and new ideas around how to provide more of this type of food to more people so that the world can be a healthier place to be in.

And if you think about where the world is today, a lot of people are mentally ill. A lot of people are irrational in their thoughts and you have to understand that food plays a role in that, too.

If you've ever seen a kid eat sugar for the first time and they climb up the walls, you know that food can affect and choice and behavior. And so a lot of people make bad choices around their food because they're eating bad food that doesn't allow them to make intelligent choices because their brain doesn't work properly.

Their brain chemistry is dysfunctional. So start by eating real food. And the way that I would recommend that you do is support your farmers markets, support your local co-ops as much as you possibly can, and and even take it one step further if you if you have the ability to do so.

And that's, you know, plant a plant, a raised garden bed, you know, plant a fruit tree, get some real food that where you absolutely know where where it's sourced from because it's sourced from you.

Right. And that'll help you connect to the earth and, and help you understand life in a whole new dynamic way. Life is precious. And, you know, there's an old saying, you know, when we dump poison on the eagle, we're dumping poison on ourselves, right?

When we dump poison in the tributary and poison the frogs, we're poisoning ourselves. Right? And if you want to stop poisoning the world, stop poisoning yourself first.

Because if you demand the best for you, then you will change the way business is done globally. And if that

happens, we're all better off for it, I love that, I mean, that's a perfect place to, I think to to end this, because the question often is, well, what can I do to make a difference?

I'm just one person, but the reality is what you're indicating. There is every single one of us voting with our dollar. Where we choose to spend our money determines what the market delivers to us.

Meaning the more you each person I individual go out and spend more money on organic food, on local food at the as you said, the farmers market, your co-op, you're supporting local farmers.

Well guess what? More and more farmers will start to grow local organic, seasonal food. More large corporations will start to produce, you know, more, healthy food, because that's what individually we demand by how we vote with our dollar and one person becomes two people, becomes a million people becomes the world.

Right? So right. The first signs are all powerful with that, with that ability. So, yeah, I just want to say, you know, Doctor Osborn, thank you so much.

Thank you for the great work you do. I know you have a lot of resources. I want people to go and take a look at your website. Doctor Peter osborn.com.

You can pick up a copy of his book there. He has, lots of great articles. You can go in-depth. Definitely join his newsletter where you're going to get, some of the latest up to date information going deeper into, you know, preventing and healing autoimmunity, and all these great resources on helping us live longer and healthier.

So I just want to say, you know, thank you so much for being such a pioneer and a spokesperson in this field. And, you know, this is incredibly valuable today.

We are welcome. Nathan, thanks for having me. And thanks for putting on this wonderful event. And I want to thank everyone for tuning in to the Conquering Cancer Summit.

Please share this with friends and family. Together, we truly can make a difference for the future of humanity in ending the cancer pandemic. Thank you and I wish you ultimate health and happiness.

Be well.