Heal Gut & Autoimmune: Uncover Trauma's Impact, Find Your Way Out Transcript

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Introduction to Trauma and Autoimmunity

Welcome to this interview on the Biology of Trauma Summit 3.0. I'm your host, Dr. Aimie and we are talking about the trauma disease connection here. And this interview is so important when it comes to the trauma disease connection because we're specifically talking about a condition, a diagnosis even that is strongly connected with the trauma response.

Now, many people think, mistakenly, that autoimmunity is related to stress and they would be wrong. That's actually not true. So autoimmunity is one of those conditions that is strongly correlated associated with the trauma response.

We started to learn this from the adverse childhood Experiences study done by Dr. Vincent Poletti of Toronto, where they looked at what was this connection between childhood stress and adult onset disease, something that can happen decades ago and yet somehow doesn't show up and manifest until adulthood.

What is going on? And it's this the mechanism is this key to understanding the trauma response in the body. And when the body goes into this trauma response, it can become a chronic pattern.

It can become a pattern that the body goes into almost every day. We call that a functional freeze response, a chronic functional freeze response. Functional meaning you're still functioning.

You're still going through your day, going through your life. But the biology of trauma is playing out underneath the surface. And it is just a matter of time before you notice it.

You start to have symptoms from it. Hopefully you pay attention to that because then you can start to get your body off of that track before you're diagnosed with something.

So this interview, we're going to explore this idea of predictive autoimmunity. How can we notice the signs of autoimmunity? How can we know that someone is actually on that path towards autoimmunity before they get diagnosed so that we can get them off?

And this is crucial to understanding the biology of trauma and being able to do something about it. In regards to autoimmunity specifically and this topic around the trauma, immune trauma autoimmune connection is something that I go into depth with my biology of trauma professionals because they need to know how to be able to predict.

And so I teach them the trauma autoimmune equation. How could you actually see what are those people? What are their nervous systems? What is it about them?

What are those required elements of their life and their biology that when it comes together that makes them at high risk of autoimmunity? Now autoimmunity again, I said, is strongly associated with the trauma response, not the stress response.

Let's take a look at that. What is the difference between the trauma response and the stress response? This is a graph that I share in order to teach that we're at the top level is the stress response.

This is the high energy level. This is where you feel most alive. You are taking action. And then when we have certain triggers, we go into that low place, we go into the collapse, we go into the energy drain, we go into the overwhelm, and that is the trauma response.

And down at the bottom then is where this trauma response lies, and so does the autoimmune process. So what does the body need? Well, the body needs a felt sense of safety to come out of the chronic trauma response.

So that's where we start and that's where I teach the 21 day journey. The whole first week is on exercises, somatic exercises to create a false sense of safety.

Predictive Autoimmunity and Early Markers

But then we actually need to reverse engineer this because as we come out of the trauma response, you can see that we're going to go back up into the stress response.

And for the stress response, the body needs a felt sense of support. So those are the seven exercises I teach in the second week of the 21 day journey, and then we finally land back in parasympathetic where now we can work on building our capacity, building our window of tolerance so that we can actually hold more, hold more strength, hold more joy, and not get overwhelmed.

And that is what we do with the expansion build in our expansion while keeping it safe and manageable. So what are the effects on a person's biology when they go through these steps?

This is what people experience 26% decrease in daily physical pain that is one of the symptoms that a person can have when they have an autoimmune process happening.

But they can also have GI symptoms because they do need to have that leaky gut. And the 21 day journey gives them a 27%, actually a 28% decrease in GI symptoms.

Now, there is also the element of fatigue. And so fatigue is one of those most common symptoms of those with an autoimmune process. And in the 21 day journey, they experience a 28% increase in their energy.

This is why this is how we actually improve our biology, improve our physiology when we are working with our chronic trauma response and helping our body move out of that, it's it's giving you the tools, the keys, the education, the knowledge to do that and become the expert in your own nervous system.

That's why I get so excited about people taking the 21 day journey and seeing the changes that they experience now, with this conversation on predictive autoimmunity, I invited my good friend Dr. Tom O’Bryan.

Now, he hardly, I think, needs an introduction, but he is a chiropractor by training and he is one that has been leading the world in functional medicine for years now.

He is considered the Sherlock Holmes for chronic disease and teaches that recognizing and addressing the underlying mechanisms that activate an immune response is the map to the highway towards better health.

He holds teaching faculty positions with the Institute of Functional Medicine and the National University of Health Sciences. With that, I welcome Dr. Tom O'Bryan Dr. O'Bryan There are so many people who are on this, what you call autoimmune spectrum, and they need to know this and so you talk about RNA being a great marker for people to know just where their immune system is at.

Talk to us about that and the value of knowing there and a marker level bet. Sure. When someone first understands that the development of an autoimmune disease is the same mechanism, irrespective of which autoimmune disease you get that Hashimoto's thyroid or rheumatoid arthritis or multiple sclerosis, the basic imbalances are very similar for all of them, and that is that the immune system trying to protect you is attacking your own tissue for some reason.

And what's that reason? And the most common reason now today with our technology we've identified is the amount of environmental toxins that are inside our body already, whether it's heavy metals like lead or petrochemical residues or organophosphates from soaps and the shampoos that we're using and the cosmetics we're putting in our skin or the pesticides and insecticides and fungicides and rodenticides in the food that we're eating.

If it's not organic, that this has never happened before in the history of humanity, that we are accumulating very high levels of all of these chemicals, and you don't feel it when you're accumulating lead or mercury or cadmium or again, or phosphates or PCBs or phthalates.

You don't feel it when it's going on, but it's altering the underlying physiology in your body, your immune system, trying to protect you. Your immune system is just the armed forces in your body Army, Navy, Air Force, Marines, Coast Guard, it's there to protect you.

Is attacking this stuff. Well, the problem is this stuff. What whatever it is that I'm not going to get really technical. So I'll just call it stuff that in our bodies it often goes into the nuclear of the cell.

That means deep into the cell. It was Dr. Buiter many years ago, really fabulous, fabulous clinician who unfortunately passed just recently. But he was talking on stage one time that and he specialized.

He was an emergency room surgeon and he his two year old son was vaccinated against his will. This was maybe 15, 20 years ago and developed autism within a week.

And normal boy until all of a sudden completely got in, he dedicated his life to fixing his son and figuring out what happened here. And he did. His son is a grown man now in the armed forces and apparently excelling at what he does.

But when he was talking about these autistic kids on stage, he said, sometimes you do a heavy metal test and it comes back negative, but you know that this stuff has got to be there.

And so you start the detox protocols anyway. And and children, they're very gentle to start with. And you do another test a month later and sometimes it's the fourth test or the fifth test.

All of a sudden stuff starts flowing out and the levels are extremely high. I'm not exaggerating, but the first few tests are negative. Why? Because these heavy metals go deep into the nucleus of the cell.

They're not in the blood of their son, but they don't. They don't deposit in the blood or in the surface tissue. They go deep into the cells. And the deepest that I know of that something could go into your cells, into the nucleus of the cell.

Environmental Toxins, Gut Health, and Inflammation

So it goes into the nucleus of your cell. So now your immune system starts attacking this foreign obstacle. This is not a normal cell. This is not a normal nucleus in a cell.

I better fight this thing because it's a neo epitope. A neo epitope means it's a new substance that formed inside the body, a new structure. And the immune system says that's not kidney tissue or that's not muscle tissue or that's not bone tissue.

What is that inside those bone cells or muscles? That's a neo epitope. That's a new substance. That's a threat. I better fight that. You make an antibodies.

Anti nuclear antibodies. Well, what tissue are the antinuclear antibodies to? Any tissue. Every tissue. They're antinuclear. They're not anti cardio nuclear or anti brain nuclear.

They're antinuclear. And so you get these elevated levels of antibodies. Now, when people are diagnosed with non-celiac gluten sensitivity, 87% of them have elevated antibodies to RNA antinuclear antibodies.

That's how common this is, 87%. But they feel fine. They don't have any complaints or any diagnosis, but within three years and this was this was I'm sorry, I said that wrong.

I'm sad. I said that wrong is 46% of people with a diagnosis of non-celiac gluten sensitivity, 46% of them, they have no health complaints, no diagnosis.

But within three years, 87% of those people have been diagnosed with an autoimmune disease. Within three years. So when you find a and a antibodies, antinuclear antibodies, it means that your immune system is on fire.

It's attacking the nucleus of yourselves. Well, which cells? Any cell. Every cell. And so where is that going to manifest? Wherever the weak link is in your chain, you pull it a chain, it breaks it.

The weakest link always. It's at one end, the middle, the other end. It's your heart, your brain, your liver, your kidneys, wherever your genetic link is.

Well, it's genetics. Plus, here's a geek word antecedents, which means how you've lived your life. You eat tuna fish three times a week. It's very likely you got mercury toxicity and that's the antecedent.

So your genetics and your antecedents determine where the weak link is of where the excess inflammation day after day after day after day is going to manifest.

And yet when I went into my doctorate and we found that the DNA was high and I hear that many other people have the same experience, I got the message.

So that's not a problem, right? There's there's nothing you can do about it. It's just an RNA marker. It doesn't mean that you have an autoimmune disease.

And so there's nothing you should do about it until you develop symptoms and then come back. We'll give you the diagnosis along with the medications. And so what you're saying is that no like this is a problem to have antibodies that are attacking your own cells and the nucleus of every cell is a problem.

Yes. You you have to understand that our traditionally trained doctors are trained to deal with diagnoses. And if you don't have a diagnosis, they don't know what to do.

They're not trained in preventive care and preventive autoimmunity. They're just not trained. They just don't know. And the shame is, you know, like shame on you.

The shame is most of them have been exposed to something about this concept of predictive autoimmunity and they poo poo it. They just don't take the time to study it.

And what they tell their patients, oh, it doesn't mean anything. Don't worry about it. So you don't take your test for rheumatoid. It's negative. Your test for M. S. is negative.

Your test for whatever autoimmune disease are checking Hashimoto's negative. Don't worry about it. You're fine. You know, if you develop some symptoms and come back.

So because I'm trained to deal with a disease diagnosis and if you have a disease diagnosis, I then will give you some medication to minimize your symptoms, but you'll have it for the rest of your life if that's the kind of doctor you want to go to.

Go ahead. I don't have time any more for people who just won't investigate. I mean, there's so much science now. You read my books. There are so many books out there that talk about it's not make believe, it's not theory.

This is where disease comes from. That 14 of the 15 top causes of death in the world today, according to the CDC, are chronic inflammatory diseases, which means the inflammation is going on for a long time before you ever have a symptom, and the inflammation is pulling on the chain.

And where is the chain going to break? Wherever the weak link is determined by genetics and antecedents. But the

inflammation is the mechanism causing the tissue damage that eventually will take you down.

And if you want to wait until you get a diagnosis and then take some medication to try to reduce the symptoms and live with this for the rest of your life.

All right. You can do that, but I don't think so. Or else you would be watching this that you want something different. Yeah. And this is such an important topic because actually autoimmunity is one of those conditions that we have seen is strongly associated with the trauma response.

And this is developing years. And I think that this is what I would like for you to answer as well, is we even when autoimmunity is associated with the adverse childhood experiences and we know that those studies show that children who experience adversity and stress and trauma, they many of them can have these autoimmune conditions as an adult.

And so it tells me that there's this process. It's happening for a long, long time. Right. Before the diagnosis happens. And so for someone, if they go in and they're catching the RNA marker before they get diagnosed, how long have things been building? Dr.

O'Brien Before it actually turned into a an and a marker that we can measure. I haven't seen any studies that have identified how long the name markers themselves before a disease.

We know about the antibodies to different tissue, like to thyroid or to your adrenals or to your brain, you know, how long have those auto immune mechanisms been going on?

It's called the spectrum of autoimmunity and the the flagship article that really turned us around and understanding all of this was Melissa Arbuckle and New England Journal of Medicine in 2003.

And so we've known about this. There were studies before that, but our Buckles article really cemented it. She went to the VA and looked for people with lupus, and she found that I'm not sure now.

I think it was over 300 people with lupus in this one VA center. I don't remember the exact number, but if they're in the VA center being treated, they're veterans.

If they're veterans, they were in the armed forces. If they were in the armed forces, they had their blood drawn many times when they were healthy in the Marines or the Navy or the Army or the Coast Guard or the Air Force.

And what most people don't know is that the government's been saving all of that blood since 1978. They've got tens of millions of samples of our service, people's blood.

People don't know that our buckle knew that. And she asked for permission to look at the blood of the currently diagnosed lupus patients when they were healthy in the Marines or in the Navy to see if there were any indicators that something was cooking.

And she got permission and she found that every single one of the currently diagnosed lupus patients had all seven antibodies or seven antibodies to lupus.

All seven of them were elevated years before they ever had a symptom. The average was nine years, some of them 14 years before they ever had a symptom.

And every year those levels went up a little bit, up a little bit from elevation, elevate more, elevate more, elevate or elevate more every year until they hit a plateau.

And then after that plateau, they started getting symptoms. And six months to a year later, they got a diagnosis of lupus. And so she identified this.

And this was a landmark paradigm shifting article because we finally understood and we had evidence, this is how autoimmunity begins. These antibodies are elevated for years before they ever have a symptom, which only makes sense because when you have elevated antibodies, by definition you're killing off more cells and you're making that's the definition of elevated, meaning too high.

So there's a normal level of antibodies to your tissue. Why would you have antibodies to your thyroid? Because this is patient. You have an entire new body every few years, every cell regenerates.

How does that happen? You have to get rid of the old and damaged cells to make room for the new cells. That's elevated antibodies. No, no, no. That's having antibodies to your thyroid or to your muscles or to your bone.

But there's a normal reference range. And if you're in the normal reference range of antibodies to your thyroid or your brain or whatever tissue, that means, you're making as many new cells as you're losing.

So it's a neutral. That's why there's a normal reference range. But when you have elevated antibodies, you're killing off more cells in your making. And that goes on for years.

Killing off brain cells, killing off brain cells, killing our brain cells until eventually you start joking with your friends. I don't remember the way I used to.

I'm getting. I must be getting older. Well, how old are you? I'm 34. No, no, that's not supposed to happen. It is happening, but it's not supposed to.

You've got a lot of inflammation in your brain. You've got to find out why. So these elevated antibodies, this was our Buckles article showed us, is that they're there for years beforehand.

And we know with some autoimmune diseases it's 25 years. The antibodies are elevated before a diagnosis. For most, it's somewhere between seven and ten years for Askar anti Saccharomyces cerevisiae antibodies, that's a common one to check.

When you have gut problems. It's three years. If you have elevated asker, you're pretty sure it's 9090 7% accuracy. You're going to have Crohn's within three years.

Well, I feel fine now. Well, just wait. You'll come back, you know? I mean, people think if they don't have immobilizing symptoms, there's no problem in this world we live in today with so many toxic chemicals that we're exposed to on a daily.

But just think of the chem trails and all that crud that we're breathing that's in the air, you know, or the plastic in the water bottle. I'm drinking bottled water.

It's healthier for me. Well, not in plastic bottles, unfortunately. You know, you're getting the microplastics now. And so we're all being exposed to so much of this.

It's overwhelming. But first, you have to understand this is the mechanism that's going on. And once you understand the mechanism, then you understand what it takes to turn it around.

Now, one of the things that you teach really well on is there are internal environments that actually influence how our inflammation genes operate and what are those environmental factors that are internal to us that are going to be influencing all of this behind the scenes.

36% of all the small molecules in your healthy bloodstream are the exhaust of the bacteria in your gut. I call it the exhaust, but it's the metabolites.

Practical Prevention and Lifestyle Changes

If you exercise really hard to work your bicep muscle the next day, your bicep muscle is sore. You know, it's lactic acid that's just accumulated. You didn't flush it out.

You're going to be sore for a day or two. Okay. Big no big deal. That's just the exhaust of the muscle cell working. Your bacteria have exhaust. They're called metabolites 36% of everything of the small molecules in your blood are the exhaust of the microbiome.

One third. So what? What, one third? What? I mean, it's hard to fathom that one, if you think about it, why these guys are the messengers turning your genes.

Genes don't turn on and off so much. They operate on dimmer switches. So ramping up your genes of inflammation or ramping up your genes of anti inflammation, burning down your genes of inflammation or turning down your genes of anti inflammation, the metabolites of the microbiome have their hands on the steering wheel of where your body's going.

That's why over one third of all the small molecules in the blood are the exhausts of the microbiome we've known since 1999, when Michael Gerson from Princeton wrote the book for the Lay People, The Second Brain.

We know we've known that for every one message from the brain going down, telling the gut what to do, there are nine messages from the gut going up, telling the brain what to do, who's the boss?

The boss is your gut. And when you've got an imbalance in your gut, the technical term is Dysbiosis means too many bad guys, not enough good guys, or the bad guys, the messages they're sending into your bloodstream.

Our message is to grab a hold of the dimmer switch and ramp it up of inflammation so you get more inflammation throughout your body and wherever your genetic weak link is, the antecedents and genetics come together.

That's where that inflammation is going to cause the most problem. That's the mechanism in the development of most autoimmune diseases. Yeah, I mean, it's Ph. D.

level study, but this is the basic concept. They're teaching this at Harvard Medical School. Now, at last. Yeah, at last they are. Because this is just basic and every physician needs to understand this.

And this idea that the gut is actually controlling our genes and has a greater influence than what we've maybe even put on our brain is changes everything because then we talk about, well, what are we feeding our gut?

Like what's going on in my gut? And it goes back to all of the the toxins, the pesticides, the food, and it makes the food choices that much more important.

At least give you one one example, if I may, Journal of the American Medical Association, arguably the most prestigious journal, the English language to publish research in heavily screened junk doesn't get in there.

The paper was published in 2019, and the editors of the Journal said, This is an elegant study using sophisticated biomarkers to show their point. Now, the editors of the Journal, the American Medical Association, don't say that very often.

That's like the Good Housekeeping stamp of approval. Right. And they don't say that very often. So I saw that and I said, oh, I need to read this study.

Okay. And they looked at couples at assisted fertility centers. And as you know, they're spending tens of thousands of dollars and lots of stress trying to get pregnant and have a healthy pregnancy.

And they ruled out every conceivable contributing factor to success or failure. That's why they said this is an elegant study using sophisticated biomarkers.

They ruled out smoking and obesity and exercise are no exercise. They race and income levels, socioeconomic class. They ruled all of that stuff out and they narrowed it down to the number of servings of fruits and vegetables per day.

And are they organic or conventional? And when they did that and they divided those groups into force, the lowest the next, the third and the highest, those in the highest category of eating conventional fruits and vegetables compared to those in the lowest category of conventional fruits and vegetables.

Those in the highest category had an 18% less likelihood of getting pregnant and a 26% less likelihood of delivering a baby. If they got pregnant, they lost the baby.

The more fruits and vegetables you eat conventional, the worse the outcome. Now as what another paradigm shifting article is that what? Because we all know fruits and vegetables are the way you're supposed to go, the Mediterranean diet and all that.

And then those in the organic category were the exact opposite. The more fruits and vegetables you were eating organic, the greater the success rate and the healthy pregnancy and healthy delivery.

And they did find this is huge. They find they defined organic as three times a week, not every day, just three meals a week, not three times. Not meals.

They said three times. I don't know if that meant three days or three meals, but in the article they wrote three times per week. Now that's a no brainer to do for everyone, but a 26% loss of a baby.

If you're eating more conventional fruits and vegetables, that's like what that's the effect of the toxins we're being exposed to on a daily basis. And people don't get this.

They don't understand this. We have to wake up. You're killing your bodies quicker than you want. Eat more fruits and vegetables. You get sicker unless they're organic because there are so many pesticides, insecticide, formaldehyde, antibiotics.

They spray lots of fruits and not enough fruits, lots of vegetables with antibiotics before they harvest them. So you're getting residue of antibiotic when you eat your eggplant or you eat your peppers, you're getting residue of antibiotics that kills your microbiome.

And now you get more dysbiosis, which sends messages in the bloodstream of inflammation, inflammation, inflammation. I mean, when when you really look at this, it's paradigm shifting.

It changes the way you think. And I'm little aggressive about it tonight because, you know, I just got news today that one of my patients from years and years ago just died and so they never really embraced the concept of organic and or gluten free.

And they're really nice. People use 52 and so I'm like, wake up, world, wake up. You know, this is not rocket science. You just don't like it. You don't like that it's a nuisance to have to do this.

I want it convenient. Well, we'll put that on your tombstone. He wanted it convenient. Just like his buddy who went down at 52. He went down at 58 of a heart attack.

You know, whatever it's going to be, we have to wake up now. Our pause now. I mean, no, this is exactly it. Right? Because we can feel well. And some of the changes that can happen are so subtle that we laugh them off until it turns into a full blown condition or diagnosis.

And then we're we're faced with this big, massive thing. And so being able to to show that no like this stuff is happening underneath the surface, this is our physiology and this can be building for years.

Which also means for me, Doctor Tom, that we have we can turn this around like wherever we are, that we can turn this around and we can say, all right, if I start eating organic, if I start minding these things that are driving my my biology, my physiology, my my genes, I can actually set myself on a different path.

I'm not not stuck here. I'm not. So this doom and gloom picture that I think is the modern picture of health. Exactly right. Exactly right. And organic was three times a week and got dramatic results, you know, so ideal would be every day.

So you just reduce your exposure to all these toxins. I mean, there's there's so much to learn. There really is. But once you understand this bigger picture, then the concept is, all right, I'm on a journey here and I'm going to learn quite a bit in the next six months to a year, and it's going to take a while.

And that's why, you know, I always sign books the same way. It's always the same. I ask the person their name, and I write down their name. And then I write base hits, win the ball game.

I'm O'Brien. That's the message. That's the only way to be successful at this is to do the little things, developing the lifestyle, habits. You know, when you learn that storing your leftover food in plastic containers in the refrigerator, you get phthalates in the food the next day that are toxic plastic chemical plasticizers.

And you go to my book and there's three URLs for glass storage containers and use and you say, Oh, okay. And you go online to Miles Kimball or Amazon or the third.

I remember the third one, whatever it was. And you saw I like those in your two, three round ones and two square ones and one for the pi. Hey, the credit card, you're done.

It took an hour, but you're done and never. Are you going to poison your family again? With my new amounts of poison from plasticizers in the leftover food.

That's why the my book is called You Can Fix Your Brain. I argued with Rodale Press for two weeks and the title they wanted some different. No, no, no.

This is the message in the book. You can fix your brain and they love it. But the subtitle was just one hour a week for the best memory, productivity and sleep you've ever had.

And that's the key to success. You know, we'll wrap it up here with that one. Probably that's the key to success, is you allocate one hour a week to learn one new thing, like you get glass storage containers or you find organic nail polish, or you look for a farm in your area that has organic produce or just one hour a week.

And in six months you've changed the lifestyle. You've changed your home, everything about how you live your life. You've got a handle on it now because you can't do it all at once.

It's just one hour a week. They only overwhelm one hour a week. Yes. Dr. Tom, thank you. And where can people find you? Go thedr.com. thedr.com. Just don't spell the word doctor out.

thedr.com. Lots of videos are books, handouts. They're all there. So I hope that we can assist you and guiding you on your journey to learn more how to raise a healthy family and have a healthy, vibrant, high quality of life.

What a powerful interview. This is why I love bringing tools to address the biology of trauma, because there is so much that we can do. We are not stuck with our health.

We are not stuck with our moods. We are not stuck with our chronic trauma responses. We have tools. Thank you for joining me for this interview. I'm your host, Dr. Aimie, for this Biology of Trauma Summit 3.0.

Don't forget that you can purchase all the recordings that you have all of this information at your fingertips that you can access at any time. And with that I'm your host and I will see you on the next interview.