Introduction to Food Sensitivities and Gluten

Hi. Welcome back to the conversation. Today I have Dr. Peter Osborne. Welcome. Thanks for having me. It's great to be here. It's so nice to have you back. You.

You're an expert in so many things. And, you know, there's so many topics that I could have you speak on today, but I really, really want to dove in today about food sensitivities and gluten.

And for our audience, who doesn't know you yet? Let me take a moment to introduce you. You're an expert in functional nutrition and you're board certified with the American Clinical Board of Nutrition.

And you're one of the most sought after alternative and nutritional experts in the world. And we're so fortunate to have you here today. You're referred to often as the "The Gluten Free Warrior", and it's because you are what I would call arguably one of the world's leading authorities on gluten sensitivity.

You founded the Gluten Free Society. You created the Gluten Free Health Solution and the The Glutenology Health Matrix And additionally, you're the author of the international bestselling book No Grain, No Pain.

It's printed in five languages, and you turned it into a PBS special that aired nationwide. You're featured on a number of documentaries, including Betrayal, Autoimmune Secrets Revealed and the Netflix series Afflicted.

So if there's anyone who could speak on this subject with complete authority, it's you. So thank you. Well, thanks for that. Nice introduction. You're welcome.

So let's talk about it. Let's dove right into food sensitivity, because I know so many of my clients have food sensitivities and we're going to get into the deep topic of gluten as well.

But I also wanted to do an overarching talk on food sensitivity and help us understand why this is happening to people. Why are we seeing this? What's the underlying cause?

Shouldn't we be able to eat everything and be okay? I think that's always been a misnomer. You know, we grow. We grow up. And if we look at history, you know, we've gone through feast and famine and society.

This is the first time in the history of man that we know of that you've had, you know, food availability 24 seven and not just food availability, but pick your cuisine, pick your filler, pick what you want.

And, you know, historically, you know, food availability was local. Right. What you could catch, what you could grow. And so there was a limitation to what you could get.

So part of what we're seeing is just the reality that one man's food is another man's poison. Is it true statement? So there's, you know, you can be allergic or sensitive to food and it doesn't have to be an anaphylactic reaction, like a peanut reaction where your lips swell and your throat closes down.

But you can have a chronic low grade inflammatory response to food that leads to chronic inflammation, which leads to a host of problems, including autoimmune disease, among other things, which is why it's kind of a Silent Killers, right?

Because it's, you know, the acute poisons, the things that you eat that make you flare really bad. Those are easy, you know? You know, okay, I'm not going to eat that anymore.

But it's the silent ones. It's the ones that create the low levels of damage over time that are more insidious. And so

they've always been here now that we've we've seen an acceleration of them.

And there are several reasons why we're seeing the acceleration. Certainly, one of the interesting component is farming, right? It's scale production farming. When you grow at scale, you use different techniques for that, some of which genetic manipulation and some of it's genetic hybridization.

Some of it is using chemical, nitrogen, fertilizer, some of it is pesticides and herbicides that are being sprayed. And so humans have been introduced to vast amounts of chemicals in the last, well, 50 years, really.

And so a lot of those chemicals are known to damage the gut microbiome, meaning the bacteria and the other microorganisms that live in the gut, that help us digest our food and that help keep the gut sealed.

And when you're doing things like that and you're exposing yourself to thousands of these unknowns, it's, you know, maybe your body could handle a few.

But when every meal is saturated with chemicals and on top of that, you have ultra processing, among other things, you end up with damage to your gut that predisposes you to having overreaction to food because your body starts.

Well, it's I don't want to use the word inappropriate. Your body is not inappropriately attacking the food.

Why Food Sensitivities Are Increasing

Your body is appropriately seeing all the garbage that's being put in the food as an enemy. And so it's trying to protect you from it. But because doctors don't train in nutrition, they simply say nutrition is not important.

Don't worry about those things. And people are just chronically getting sicker and sicker and sicker with with no end in sight. I mean, look at last year, we spent $3.2 trillion on health care and we don't have anything to show for it.

We don't have less autoimmune disease. We don't have less cancer, less heart disease, less obesity. We have more of these things despite throwing trillions of dollars at it because everyone refuses to look at the £10,000 elephant in the room, which is food.

And what we put in the food and how we process the food, etc.. And it's not getting any better. I mean, food processing is just getting worse and worse.

It's like we're not learning from our mistakes. I I'd love for you to elaborate on a concept that you mentioned right when you first started talking, which was we know what our acute food sensitivities are because they're the ones when we eat something, we feel like crap and kind of a, you know, a common one would be a true allergy, like a true histamine response to something.

When you eat shellfish, you, you know, your respiratory system shuts down or whatever if you have a food allergy. But can you talk a little bit more about those other food sensitivities that you may not know are happening because they're delayed, like you have a delayed reaction.

Maybe it's 48 to 72 hours later. And I think those are the big dangerous ones because you don't realize that it's a problem. And so you keep eating it because you can't connect the symptom to that food because it happens 2 to 3 days later.

Could you talk about why that is? Cause like this is really confusing to people because there's a difference between an allergy and a sensitivity. Or so an allergy, a true allergy to histamine released by, you know, by your immune cells.

And you're going to get the classic watery, teary, itchy, you know, anaphylaxis at the worst case. Right. But delayed hypersensitivity has a three week window, so saying 3 hours to three weeks.

And it's because there are different mechanisms in your immune system that are designed to protect you. Any time we have something that's important, the body usually builds out redundancy like multiple ways to to give you protection.

And so the immune system is in one of those areas, the delayed aspect of the immune system, because you can have what are called antibody responses, which are like your classic antibody IGG or IGA or IGM responses.

These are types of antibodies that your immune system can produce to try to neutralize things that it doesn't like. Then you can have what's called immune complex reactions, which are which are subtly different, don't include antibodies, and you can have what's called a T cell response, like a direct cell response.

So your immune cells can directly respond to react to something they're being exposed to. So, you know, most of the time when doctors are measuring for food allergy, they only measure the IGE.

They don't measure those other three arms. And those other three arms are where a lot of the damage occurs. And there are technologies that allow us to look at those things.

So I think it's important that people understand there are different ways by which the body can react. There are different timeframes within those different ways by which the body's going to react.

But ultimately, all roads lead to chronic inflammation, chronic inflammation over time, early stage, kind of the second, third decade of damage is autoimmunity is what we classically look at as autoimmune disease.

But end stage autoimmune disease can turn into cancer when the immune system has been so overworked for so many years and it can no longer keep up with the demand of the environmental toxic onslaught, then it loses its capacity to help you and that's when cancers can start to grow out of control.

Because we all have cancer, it's just a matter of how our bodies control it. But when our immune system is so busy taking on, you know, micro poisons on every aspect or every level of what we put in our mouth, and ultimately it loses its capacity to continue to protect us.

And that was my my big question. You just lead right into it, which is food sensitivities lead to inflammation, which lead to chronic disease. Can you explain why that is?

Why could I have a food sensitivity and end up with cancer? It's I'm going to I'm going to use an analogy that most people are familiar with. If you're exposed to a virus, you know, generally that that virus, it lodges into you and then your immune system recognizes it.

And then it begins the process of mounting a response. And some of the response can be acute initially, like you can mount some big responses initially and then, but over time you're mounting this different mechanism of response to protect you.

Long term, this is what we call memory cells, right? We're reproduce these specialized types of white blood cells that have memory. They can create an antibody to that same virus so that if we're ever exposed to it again in the future were protected.

Okay. But that's for viruses. Let's let's take this for food. If everyday you're eating food that you're reactive to your immune system is being exposed not to just one virus.

Okay. It's being exposed to. Well, by today's standards, I think the last I read was 60,000 new chemicals since 1980s. That's a lot of new chemicals. So imagine each chemical like a virus.

Every you're getting one in, you're getting one in, you're getting one in. Every time your immune system is seeing these different things and it's trying to mount these similar types of responses and these responses when your immune system reacts to try to neutralize a foreign agent, there's something called collateral damage, because

what part of the response is inflammatory in its nature, right?

You're creating an antibody or you're creating a cytokine which is an immune chemical, basically, to try to neutralize whatever it is that you just ate, whatever's in what you just a.

And so as you're doing that, that creates a side effect of inflammation and that inflammation causes collateral damage to your tissue. So if that person's eating something and it gets, you know, that that food particulate or that or that chemical particulate makes it into the bloodstream and the immune system is chasing it, let's say, catches up to it somewhere around the heart.

And it's and it's creating these immune responses.

Delayed Reactions and Chronic Inflammation

And now we get collateral damage, which could cause inflammatory process within the heart itself or an inflammatory process within the liver or an inflammatory process within the skin.

That's why we see so many diverse manifestations of chronic inflammation in all different organs and tissues is it's these little immune system battles.

Your immune system is chasing this stuff around your whole body. And so we end up with this. You know, with this vast network of inflammatory warfare going on in different tissues.

And your body is really good at healing this like. So it's not the fact that inflammation is happening. It's the fact that inflammation is happening aggressively every day without reprieve, without break.

Remember why we eat food? We eat food to nourish us. We need the vitamins, the minerals and the nutritional energy to help heal, restore and maintain our bodies.

Well, if the food contains enemies, if the food is an enemy, if the food contains chemicals. So instead of being nourished by the food, we're going to war against the food, right?

How many years is your body going to be able to handle warfare before it starts to buckle? Right. We all have a limitation. Some people describe this as your bucket, right?

Your toxicity bucket. It can get full once it gets full as it spills over. Those are the symptoms that people start to manifest. You can describe it in that way, but I look at it more as you're losing your ability to heal and repair it.

Well, let's say let's frame a little differently. Your rate of of your ability to heal and repair is being outpaced by the inflammatory damage. Right.

So if you want to call it a repair deficit, repair deficits can only go on so long before person breaks down. And if the repair deficits in your joints, you get arthritis, if the repair deficits in your liver, you get hepatitis, if it's in your heart, you get cardiomyopathy or you get other types of manifestations depending on the organ or the tissue that's being the most affected.

Most people have a weak area where they're being affected. And so that's that's the general gist. Again, it's chronic inflammation over time that breaks the body down faster than it has the capacity to continue to repair, because the very thing that helps it repair is the food, but the food that the person's eating is a poison.

So there is no you know, there is no future in that. You have to backtrack and reverse engineer which foods or which chemicals found in the food. Right.

Or which additives or which processing methods or which herbicides or other things that are in the in the food that are creating the damage for the unique individual.

Yeah. And I think, you know, our audience is pretty savvy. They know by now that the chemicals that are found in food, the herbicides, the pesticides, the hormones, the all the things that shouldn't be there, the additives, the colorings.

Well, let's shift gears and talk about perceived healthy foods that are actually becoming a problem, because I know this is one of your areas of expertize.

So what is the government telling us to eat in a food pyramid that is perceived as a healthy food that actually could be harming many of us? Well, I would just say this about the government.

The government's regulatory ability has been captured by Big Pharma and by medicine, and they have none of your best interests in mind. You know, we can look at the historical data on this.

Most people are aware, hopefully at this point that Harvard scientists were paid off to tell us that, you know, cholesterol was bad and animal fat was bad and saturated fat was bad to hide the fact that sugar was responsible for creating a lot of misery and health problems, and that's an example of regulatory capture when when the government agencies that are supposed to be out in our watchdogs allow industry to pay them off for profit in order to to to keep people going in a direction that has benefits to the government or has benefits to people who are in the government.

And so, you know, you look at the history of food subsidies, for example, in the U. S., you know, a big part of the food subsidy history goes back to the deals that the U. S.

was making with Russia to deliver grain. And so we didn't want to target grain. And a lot of the processed junk that was being found in grain and a lot of the chemicals that were being used to grow grain because it would impair our ability to sell abroad.

Some of the products that we were growing here right through taxpayer subsidies. So there's so much special interest involved in this that it's really hard to get a clear answer from the government.

All that being said, you know, you have to trust your own instinct as a person. You know, your doctor, I had this happened. This was a few I think a few months ago, somebody came into me and they read my book, No Grain, No Pain, and they were feeling fantastic, like their skin was clearing out, their joint pain was going away and they were just moving in a great direction. Right.

And then they went to their family doctor to get a checkup and he scared them into eating wheat. He said, you need to eat fiber. You need to go ahead and eat your whole grain because it's super important for your health.

So instead of instead of listening to their body and the outcome of of being on a diet, it was more accurate for them. They they went away from the grain, no pain diet and started eating, you know, wheat again. And what happened?

They started hurting. And four months they went on doing this until they finally said, you know what, I can't keep doing this. And that's when I that's when I met them. Right. So your doctor may give you advice that's wrong.

And you need to recognize that that's a possibility. You should be first and foremost your own doctor in the sense that you should listen to your body.

Your body's going to communicate to you if you don't suppress the warning systems. A lot of people take pain medicines or other prescription drugs to to ease their symptoms.

But what you're really doing in that scenario is you're is you're shutting off your body's alarm and you're shutting off your body's ability to give you feedback about your behavior.

I mean, your body's really intelligent. And if you're doing something wrong, it wants to send you a message. And sometimes that message is pain physically.

Sometimes that message is organ dysfunction. So you have to be acutely aware that you need to pay attention to those types of things and learn to recognize it because the government doesn't you know, they're not living your life for you.

They're not coming into your house and taking care of you. Should you you should your health deteriorate. I mean, we've all seen how that plays out, the polypharmacy that goes on.

And in the US specifically, you know, an average 45 year old is on five or more medications with you know, with tons of interactions and crossovers. And it's just it's a nightmare.

And, you know, when you start mixing those chemicals with chemicals in the food and everything else you're being exposed to, there's no hope for health if you don't start taking your health in your own hands.

I don't know if I answered your question, but yeah. Well, I read a few minutes left on this first part of the of our interview, but I'm hoping you can shed some light on foods that are seemingly healthy, that are actually contributing to the problem.

And I think you already touched on one, which is grains. And are there any in particular grains like is it even healthy to eat a grain? What's your take on that?

I think to keep it as simplified as possible, because it's nuanced, whole, real organic food that's locally grown, locally harvested, not sprayed with preservatives or additives is the best choice you can make.

Beyond that, it's nuanced. And if it comes in a package or a wrapper, if it's super convenient and in a box, it's ultra processed, you should put it down that that really is like the cornerstone of the problem is because you can even take a healthy food, you can ultra processed it and it's no longer healthy.

So marketing of healthy processed foods, right?

Processed Foods and Hidden Health Risks

Everybody wants to grab something convenient. People's lives are busy. They don't have time to cook. They want to get something that's advertised to be healthy.

But if it comes in a package, it's an ultra processed food. Yeah, I would I would summarize it by saying, if you're trading convenience in your diet, you're trading convenience for your health.

Right? You're gifting you're giving away your life force in exchange for the convenience of the moment of that ease of obtaining some ultra processed food.

And that's 100% true. You know, there's an old adage, you can't rob Peter to pay Paul. There's a consequence to that kind of action. And I'm not judging anybody for having it.

You can you can do processed food if it's convenient and easy for you, but you will pay a price. And that is truth and fact. And that in that context is how much you choose to do that.

The more you do it, the bigger the price. Right. And the more chronically you do that, the bigger the price. This has been so enlightening so far. Dr. Osborne, thank you so much for joining us today for this talk on gluten and food sensitivities and to our audience.

I hope you found this first part of our conversation insightful and helpful. If you're somewhat purchased or stay right here, because we're about to dove even deeper into this discussion with Dr.

Osborne. I want him to unpack more about gluten and more about how we can solve this problem. If you're not a summit purchaser, click on the button on this page to get access to a continuation of this conversation and many

others, and get the tools you need to reclaim your health.

If you are watching this continuation of my talk with Dr. Osborne, thank you for being a valuable member of our community, and we're going to dove right back in there. Dr.

Osborne, you you know, you wrote a bestselling book, No Grain, No Pain. Can you talk about what motivated you to write this book? What was it that had you realized that, wow, grains were making people sick?

You know, I really learned about it in the V. A. hospital when I worked in the V. A. hospital, in the rheumatology department. Nobody ever got better. You know, the meds they would throw at them were heavy, heavy hitters like methotrexate, steroids.

And what would ultimately happen is these patients would be medicated for years and ultimately joints would still be destroyed. And then they want to replace their joints after destroying their health with medicine because, you know, these drugs damage the guy cause leaky gut caused malnutrition.

So now imagine you got to you've got to go in for a surgery to replace a joint. And you've been malnourished for 20 years, 25 years, and had your gut destroyed by the medicine they were treating your disease with.

And so the outcomes were terrible. The surgical outcomes were not good. These people and these were veterans, which, you know, I'm a veteran and I look at these folks as they need extra special care.

They they've made big sacrifices and we should they deserve better or humans really deserve better. But but anyway, I, I was frustrated in the hospital about the lack of good care.

And I kept asking, you know, celiac disease is an autoimmune disease and we know what causes it. Gluten causes celiac disease. Isn't it at least feasible that we could use celiac as a model to say, let's take ten or 20 or 30 of these folks on a gluten free diet and just see what the kind of a response that we get.

And I and I was met with so much resistance, it's like, no, we're not di it's not important. We're not going to do diet change with these folks. And so I started this is when I started really diving into the medical literature on autoimmunity.

And what I found were several things. Number one, that people with rheumatoid arthritis oftentimes also had celiac disease.

Why Dr. Osborne Wrote No Grain, No Pain

And there were numerous case reports and numerous research studies that showed that people with rheumatoid arthritis, if they went gluten free, would have profound reduction in their pain.

And this was all published by, you know, the medical my medical peers. But the peers the people I were working with didn't want to read it. And I would bring them this research and they didn't want to have anything to do with it. They didn't want to read it.

And then so I went deeper in the research and I pulled information about fasting. And now within 48 hours, you could fast the rheumatoid patient and their pain would go away or dramatically reduce.

And I'm like, it's in the food. Whatever it is, it's in the food. It's not rocket science. If they can fast enough, the pain goes away like, okay, that's okay, come on, work with me here, people.

And no, they just, they just kept denying me the ability to do anything nutritional. And so then I went back to the library a third time doing some research on other pain medicine alternatives.

And so one of the things I found was that using high doses of Omega three, you could actually more effectively

control pain or as effectively control pain as if you were using prescription pain medicines. And I was like, Well, let's try this again.

This is we can prescribe fish oil. That's what's the big deal. Let's do it now. Met with resistance. So I got frustrated there and I and I ended up leaving. And so in private practice, one of my first patients was a little girl.

She was nine and she had been at the age of two. She was diagnosed with juvenile rheumatoid arthritis. And so she had been being treated by her rheumatologist for seven years.

And she was in so much pain that they embedded a permanent port in her arm. Nine You're out of. The hospital for Madison so frequently. I'm I'm stunned. A nine year old. Yeah.

Chronic, chronic pain. Now, here's the real stunner. Seven years of medicine, they now look at this little girl's mother and say, you need to go home and get your affairs in order.

She's got maybe six months left. There's nothing more we can do. And they dismissed her from care. Now, imagine being a parent and being and being told that no.

And this mom, they I mean, she brought her in and she was you know, she was I don't want to say delirious, but she was obviously she was upset. She didn't know what to do. She was scared.

And what I did with her name was Ginger. What I did with Ginger is is I took her through everything that they wouldn't let me do at the V. A. hospital.

So, you know, we tested her for gluten sensitivity. She was gluten sensitivity to change her diet. Within six months, the port came out. She wasn't dead.

She was now without a port within 12 months, she was in full remission. And a few years ago, she graduated from college. So, you know, she's still alive and kicking and doing great today.

And we saved her life. We saved her life, a diet change. And that was my first real clinical experience in actually being able to apply, you know, what, what the medical literature was saying because the because the hospital environment wouldn't let me apply it.

So from there, I that's why I found a gluten free society. It was not very long after that found founded beside it was it was a tool in an effort to try to save lives because, you know, one in seven Americans has autoimmune disease.

You know, if you think about statistically, it's the number, it's well, some would argue this, but it's in the top ten causes of death for women. Okay. Especially women under the age of 65.

It's like the top one, two, three, depending on which research you read, it's stored in the top three cause of death for women under the age of 65. It's a killer. It it can kill you.

It is not a small thing. It will not kill you acutely. It won't kill you like a car accident can kill you. But it can slowly poison you and can kill you.

And in the process of slowly poisoning you and killing you, it will destroy your quality of life. It will destroy your bank account in an effort you trying to seek out doctors who understand how to deal with it and how to how to treat it without, you know, without also destroying your health in the process of medicating you.

And today, the medicines are even worse because they cause cancer. You know. So if you get an early autoimmune diagnosis and you get put on a biologic, you know, you're going to now you're going to now increase your risk dramatically for lymphoma and other major, major types of infections.

So there's really not a lot of hope if you go mainstream and at least not in my opinion. But that's that's how I got into

it. It was Ginger who really got me moving in that direction.

And it was shortly after that that I started putting together no grain, no pain and gluten free society. I love that you're still connected with this family and you know what she's doing in her life, where Ginger's at as a lovely story and full of inspiration and hope and which which as you've been telling it, I've been thinking about my own clients, and I believe it.

In a previous interview that I've had with you over the years, you have talked about if you have an autoimmune condition, you should be eliminating all grains, not just gluten.

I mean, your book, no grain, no pain. It's about grains, not just gluten. So I'd love for you to talk about that. And then if you can, I find that some people are very resistant, like ask me to do anything except give up my bread, ask me to do anything except give up grain.

I cannot do it. I mean, I've heard this so many times. So how do you support people that are in this really emotional place with their grain addiction?

I guess I would say so if you can. That's kind of a two part question, but go for it. I'll start with the second part. I don't support people who want to lie to themselves because I believe that progress starts with truth.

And if that truth is brutal and it's hard to hear, I'm going to tell you the truth because you're not paying me. You're not coming to my practice and you're not going to let me whitewash over.

Yeah, try this a little. And, you know, maybe you'll get better. Know you're here to get better. If you're here to get better, we're going to do the right things.

And I don't do that with a gas. We test people. So if they test gluten sensitive, it's a non-negotiable. There are really there are things that in health, in order to restore health that are not negotiable and some people are on different paths.

You know, there's there's a psychology here as well, a person's level of pain and illness has to be greater than their fear of change. Right. And if that's not a true statement, then they're probably just not a good fit for a practice like mine.

I'm I'm sure they they could see someone else and maybe baby step their way, but I don't believe in baby steps when it comes to life threatening diseases.

So that's just my attitude. That's just my mentality. Right. But let's back up to the grain question, though, because, you know, the reason the book is not called No Gluten, No Pain, it's called no grain.

No pain is because grain has more in it than just gluten. So many people are gluten sensitive and some aren't. Many are. And gluten is very deadly. It's a cause of autoimmune disease. It's a cause of leaky gut.

But there are other things in grain that are dangerous. One of them being mold and subsequently also mold, toxins or mycotoxins. It's a it's a high mold food.

Historically speaking, if something called bread madness. Right.

Why Grains Can Be Harmful Beyond Gluten

Which bread would grow grain would commonly grow fungus, ergo, which is a fungal alkaloid would cause schizophrenic like symptoms in some people, hence the term bread madness.

And it can kill you, right? If you get a big enough of a dose. But today people aren't getting organism from grain because there's there's tighter restrictions on how things are farmed, but they're definitely mycotoxins in them.

And these mycotoxins are immune suppressant agents. They can inhibit your replication of DNA and RNA. Many mycotoxins mimic estrogen. So so some of them have estrogen mimicking effects that can contribute to estrogen related disorders dysfunction.

Many of the mycotoxins are known carcinogens. Many of them cause nerve damage. They can damage the brain, the central nervous system in the eyes. There's now compelling, compelling evidence that that shows that that mycotoxins can contribute to A. D. D., ADHD, as well as autistic behavioral disorders because of the geological damage that comes from them.

So so you got mold and mycotoxins and then you have also in grains, grains are high in oxalate with the highest oxalate foods. Now going back to mold, a lot of people who are in mold environmentally, meaning that their house is contaminated with mold.

Mold in your home causes immunosuppression to your to your body when your body has an immune suppression mold that's growing outside of you can now start growing inside of you.

Right. So you can be colonized by mold. There's a there's a condition called aspergillosis. Right. Which is when the mold gets in your lungs and starts growing, you can get more than your sinus cavities.

Most upper respiratory infections are mold oriented. When you have mold growing in you, there's a there's a biochemical pathway whereby which mold can make oxalate.

So now you have mold inside of you producing oxalate. You have a heavy grain based diet, right, which grains contain a lot of oxalate. And then you also have this carbohydrate from grain that feeds the ball that's growing inside of you.

Right. So because the mold, mold molds, carbs, that's what it does. How we make wine, we take Mulder yeast and we give it some sugar. And it turns that sugar in and eat it and it pees out alcohol.

Right? I mean, if you basically want to think about it graphically, that's what alcohol is. Is it is it is it's yeast. P Okay, so you have heavy grain diet which feeds mold and you the mold now is growing in you and it's producing alcohol and oxalate.

The oxalate is like a tiny glass shard and when you get enough of them in you, it can traverse through your bloodstream and it can form things like kidney stones.

That's what that's what kidney stones are made out of. So if you're watching this and you have a history of kidney stones and, you know, you don't know why, you know, most kidney stones are what are called calcium oxalate stones.

You can also have oxalate lodge into your tissues where where they're lodging into your joint tissue. And we can get crystal deposition, oxalate crystal deposition into somebody's joints causing joint pain.

You can get oxalate deposition into nerve tissue causing neuropathy. So grains are heavy oxalate foods, they're heavy mold foods. Grains also contain excessive carbohydrate if you're consuming them the way their food guy pyramid wants you to, which is, you know, massive servings a day.

Most Americans, 70% plus of their total calories in a day is grain. I think I think it was the last I read, 70% of the average American diet is wheat.

And so now you're eating this food. It's heavy, heavy carbohydrate. And there's a problem with too much carbohydrate beyond gluten, right? That too much carbohydrate is diabetic.

And so it can contribute to diabetes and obesity, among other things. You also have the fact that grain is very high in omega six fatty acids. So if it's your primary staple in your diet, omega six is a type of essential fatty acid that

drives the inflammatory process.

And so if you're eating all grain but you're not getting if you're getting too much omega six and not getting enough omega three, your body shifts into kind of a hyper inflammatory mode.

So these are all just some of the different components of grain. There's there are other things are lectins and amylase trypsin inhibitors, which are chemicals that are designed to protect the grain from predators eating it into extinction.

Right. Because if you think about what grain is, it's a seed of grass and it doesn't have legs, it can't run away. So how does it defend itself from predators?

Well, it's developed biological mechanisms by which it can make predators feel not so great. Right. And some of these things damage the GI tract. And so one of the examples is there's a compound called API amylase trypsin inhibitor.

And we've we've learned over the years that this substance will bind to a specialized immune receptor in the gut lining called a TLR four, a toll like receptor.

And it induces an inflammatory response. And this is why a lot of people don't test positive for celiac disease, but feel good not eating grain because they're not inciting this other mechanism of inflammation.

They're calming down these toll like receptors in their guts. And so they're they're they're feeling better, their GI tract still better. They have less IBS or inflammatory bowel type symptoms because they can't grain out again, not because the gluten but because of the API.

So we've got to include rice. Also rice and. Rice, to my knowledge, doesn't contain an API, but it does contain other types of gluten. And there is a gluten in rice called Auxin in.

There's research on rice as well. Aside from the fact that it's highly contaminated with cadmium and arsenic and lead, which are heavy metals, you wouldn't you really wouldn't want to eat as a staple food.

And these metals tend to be higher when you ultra processed the rice. Right. So now, you know, you think about baby food and baby cereal and what we introduced to babies at first aspect of their life, especially if they're dairy allergic.

We introduced the heavy rice cereals and other rice products. But but there is a gluten in rice when we talk about what gluten is. Gluten is the name of the family of proteins found in the seeds of grass.

And these proteins are soluble in alcohol. So they're there's two major types of gluten. There's there's problems and there's what are called gluten lends.

And this is not my discovery, although the doctor that that first classified these plant proteins his name was Osborn too. That's I always found that kind of strange.

His name was T. J. Osborn. But my world now, well, he discovered he's called the father of plant proteins because he's the one who first molecularly distilled and identified gluten as a family of proteins.

The superfamily of proteins found in grains, but classically in the food labeling laws only look at wheat, barley and rye, and the gluten is found in wheat, barley and rye as problematic.

Although clinically, in my experience, I've found that corn is a problem rice, oats, even pseudo grains technically that don't have gluten like quinoa and amaranth and buckwheat, which a lot of people gravitate toward on their gluten free diet and still suffer, still have, and they suffer because there's a crossover of cross-reactivity.

The proteins are so similar and the immune systems are so activated that they look at those proteins and decide they look so much like gluten they're going to react to them as well.

So so this is why no grain, no pain. If we're if we're kind of summarizing back to the main point, there are so many within grain that being gluten that can trigger insight, inflammation or health problems.

And so we really want to try to deal with all of those things simultaneously. You know, in the time we have left, Dr. Osborn, I'd love it if you could.

Well, number one, I want our audience to know where to get a hold of you, how to find you, where they can work with you. And if you could spend the last few minutes we have talking about testing, because I think this I heard you say, you know, you test people for gluten sensitivity.

And then, of course, we started this conversation talking about food sensitivities and there's lots of DIY tests out there that are probably not very accurate or specific.

So what do you recommend in terms of testing and how can we find you? Yeah, so in terms of testing for gluten, it's my opinion that you need genetic testing.

And if you have that, there are certain gene patterns that if you have, will predispose you to react to gluten, to predispose your immune system. to react to gluten.

We think about this from an epigenetic standpoint. People always say, you know, your genes are not the cause of the problem, right? It's what you do with your genes right at your it's your behavior toward the genes.

And so if you have gluten sensitive predisposition genes and you see gluten, your genes are going to rebel, right? They're going to they're not going to really rebel.

They're going to naturally, the byproduct of that is they're going to make inflammation in response to you consuming it, because that's your genetic predisposition, right?

There are a lot of tests for celiac disease and for antibodies, and I find those tests up to 60% of the time give you a false negative.

Testing for Gluten Sensitivity and Finding Help

And so if you've had those done already with a doctor and you feel better going gluten free, you know that if you had your genetics tested, you probably get a much more accurate result.

If people want to do genetic testing, you can ask your doctor to do what's called HLA-DQ testing, but they really need to distill it down because a lot of doctors don't understand this well.

And so when they do HLA testing, they measure for what's called HLA-DQ2 and HLA-DQ8, those are two gene predispositions for celiac disease, but there are what are called non-celiac gene predispositions as well.

And if your doctor doesn't know what those are, then in the lab that he's using doesn't actually measure or differentiate them. Then you could also get a false negative.

You could be negative for the celiac predisposition, but positive for the non-celiac gluten sensitivity predisposition. So you can ask your doctor about HLA-DQ testing.

If they if they're knowledgeable, they can run it. If they won't run it or they don't or they won't give you a good answer, then you can always go to gluten free society.

We offer genetic testing direct to people their own low cost. So that's an option as well. And what of just general

food intolerance testing? Yeah. So the most popular ones on the market, the do it yourself ones, stay away from them.

They're a waste of money. Most of those are IGG tests. IGG, unless you're differentiating IGG, most IGG can be protective of or it can be harmful, kind of like combat antibodies.

You know, when people had COVID and then later got an antibody test and they had positive antibodies, but they were not they didn't have COVID anymore, but they had antibodies. Right.

Those are protective antibodies. You have them there and they're there protecting you. A lot of assumption is made with IGG testing in foods where you could test positive for an antibody and IGG antibody to a particular food.

And the assumption would be, oh, you have antibodies that food, therefore that food is not good for you when in fact that those antibodies could be protecting you perfectly fine from that food and there's no real risk or real danger that's why those types of tests usually have a massive amount of positives on them.

We call this false positives. Unless your lab is differentiating the type of IGG protective versus non protective are harmful, then it's a waste, total waste of money.

The other thing is IGG is this is short sighted. That's I said earlier there's multiple arms of the delayed response. Right, there's IGA, AGM, IGG, there's immune complex and there's T-cell response.

So there's all of these different kinds of responses that should be measured if you're really trying to get accurate. And the only to my knowledge, the only way to commercially test that is through gluten free society.

We offer that direct to consumer through Gluten Free Society. All of the other do it yourself online lab test kits are either IGG or IGE or a mixture of IGG and IGA.

And so they're just not super comprehensive or in my opinion, not super helpful for both. Okay. And how can our audience get a hold of you and find you obviously at The Gluten Society.

Yeah glutenfreesociety.org is one place you can also go to Drpeterosborne.com if you if you are interested in looking up and possibly consulting with me nutritionally consulting with me you could you can learn more about over at Drpeterosborne.com simple.

Thank you so much every time I talk to you it's so enlightening you're you're literally like a walking encyclopedia and science book and a good dose of kind of whoop-ass at the same time it's good.

I like your philosophy and the way that you approach this is like no nonsense is what comes to mind. I mean, you're just very straightforward this you want to get better.

This is what we got to do. And I think people really appreciate that as well. And you have a track record of an incredible success. So thank you so much for being here, for sharing your wisdom, for caring so much and for not being afraid to say it the way it is.

You're very welcome and thanks for doing this summit and helping so many people. This is such an important message. It is. It is. Well, thank you. Until next time, everyone take good care.

Bye now.