Introduction and Dr. Osborne's Background

Hello. It's Dr. Jen. Welcome back. I'm your host for the Heal Your Thyroid and Reversing Hashimoto's summit. Today we have Dr. Peter Osborne with us and he is referred to as the gluten free warrior.

He's a sought after alternative and nutrition expert in the world. He is such an authority on gluten free and what it means. I am so excited to talk to him today about gluten because it has such a big impact on the thyroid.

So, Dr. Osborne, welcome. Please tell us a little bit about yourself. Yeah, I, um, you know, I've been I've been in practice now for a couple of decades.

And what was the way I got into gluten was really in the in the V. A. hospital when I was in the V. A. doing an internship there in rheumatology. The the patients were all veterans.

And I'm a veteran. And the way they were being treated was pretty much, you know, diagnosed medicate, you know, medicate for decades. And then bring them back in for surgery after the medications failed to actually stop the disease progression.

So to me, that was like it was a horrific system. It didn't work well. It's not the way veterans should have been being treated. And when I tried to approach, you know, my attending with a different solution, you know, I was met with well, let's just say I was met with with a brick wall like it it was like not only a lack of understanding, but just a lack of desire to learn or to want to do anything any different from the status quo.

It is super frustrating. So when I left the VA at the VA, one of my very first patients in private practice was a young a young girl named Ginger, and she had terminal juvenile rheumatoid arthritis.

So from the age of two to the age of nine, this little girl had methotrexate being pumped into her and she had a permanent cord embedded in her arm because she was in and out of the hospital for pain management so frequently.

And at nine years old, they look at this little girl's mom and say, you need to go home and prepare because she's got maybe six months. And anyway, I was I was the first doctor that that she came to after getting that message.

And this little girl was was gluten sensitive. And so, you know, we tested her, we confirmed it and took her gluten free. And, you know, within six months, the port came out of her arm.

Within a year, she was in full remission. And today she's graduated college and she's doing fantastic. So that that was my first, you could say my first private practice application of what I learned going through graduate school in the realm of autoimmune disease and Hashimoto's is an autoimmune disease.

And really my opinion is this I don't care what your autoimmune disease is, whether it's Hashimoto's, whether it's rheumatoid, whether it's lupus, whether it's scleroderma, ankylosing spondylitis, psoriatic arthritis, psoriasis, it doesn't matter.

All autoimmune diseases have an underlying series or set of triggers, period. It's a doesn't matter what your diagnosis is because autoimmune disease has the same.

So Hashimoto's has the same for categorical triggers that rheumatoid arthritis has, that multiple sclerosis has. So if we understand that and we apply that clinically using testing, using technology and objectivity, then you can help a person navigate diet and lifestyle change to put autoimmune disease in remission.

And that includes Hashimoto's. Yes. Thank you so much for your service. First of all, that's amazing. Yeah, of course. Yeah. I love military veterans, just the ultimate sacrifice.

So thank you for that. And what a beautiful story. And I think that as you have seen out in the clinical world, nutrition is forgotten about. And that should be the first thing that we talk about when someone has a disease.

Okay. Well, what are you putting in your body? So what nutrient deficiencies are linked to poor thyroid function?

Nutrient Deficiencies and Thyroid Function

Well, a lot of them, there's about 17 specifically directly related to to poor thyroid function. I mean, to make DSH, which is the hormone your brain produces to communicate with your thyroid gland, you need magnesium and zinc and B12 to do that in order to make thyroid hormone, which is T4 and then subsequently T3, you need iodine is the four.

So when you look at T and for right, the iodine represents the four because it's four molecules by nine and thyroid hormone and then the T represents an amino acid called tyrosine, which is we get that from eating protein.

And so many people are going vegan plant based because they're trying to save the planet with their diet, which is ridiculous. We don't have to get into that, but.

Oh, we can. I think I'd be okay. And if you know, I'm just kidding. I don't want to offend anybody who's vegan or trying, you know, who has it, who has a conscientious objection to eating processed factory meat, because I think that is noble.

But I think that a person trying to save the planet by eating plant based foods is misled by people who are in positions that are driving this message in order to make money by selling you garbage food.

They're trying to sell you garbage, fake meat. They're trying to sell you garbage, processed vegan products. They don't care about your health and you need that protein.

Protein deficiency is one of the most common deficiencies associated with hypothyroidism. You need to again, going back to tyrosine, you need that it comes from protein and you need other proteins to regulate thyroid hormone as well.

So it's not just tyrosine. A number of the enzymes that regulate how we convert thyroid hormone are proteins. And so so many people are under eating or under consuming protein.

And so they're not getting enough to to generate or drive those in somatic reactions. And so their thyroid is not functioning properly. So you need iodine, you need tyrosine.

And then in the thyroid gland itself, you also need vitamin B two, you need vitamin B three in. Once you actually make T four, you have to convert T four into t three.

And that requires selenium and that requires iron is a lot of women that, you know, that have their monthly cycles. If they're heavier bleeders, they're going to have transient iron deficiency that can disrupt their T for T3 conversions.

So and then once you make T3, T3, he's got to talk to the cell. I mean, that's the end result is when T3 talks to the nucleus in the cell, it will upregulate the metabolic function by talking to your DNA.

And the receptors that allow that to happen are made out of vitamin A and vitamin D. And so if you're deficient in any one of those nutrients, you can disrupt your thyroid optimization.

In other words, you don't necessarily have to be full blown, low thyroid, but you may also not be optimized. And so we always start with nutrition. Somebody that has I start with nutrition with everyone.

To me, that's the most important place to start because vitamin and mineral deficiencies, you think about what what vitamins and minerals are there. They're the molecular workhorses.

They're the factory workers in the factory that help put the product together. And if you don't have factory workers, you have a bunch of ingredients that never make it into a package.

Right. And then this analogy, what is the ingredient? The ingredient is vitamins, minerals, amino acids, and the end product is thyroid hormone or thyroid hormone receptors.

And so, again, if you don't have those vitamins and minerals, you can't get to that in product. And so then you're dead in the water and then you rely on, you know, drugs like levothyroxine, which is a synthetic version of thyroid hormone.

It has cornstarch and GMO ingredients in it. And so if you're, you know, most people with with with thyroid dysfunction, especially Hashimoto's, are gluten sensitive.

As a matter of fact, 21 years of practice, I haven't seen a person with a diagnosis of Hashimoto's that was not also gluten sensitive, you know, and that's a lot of people because I've seen over 10,000 people in my in my career. So gluten plays a huge role and a lot of people don't realize their corn gluten is a form of gluten, even though by FDA law, wheat, barley and rye are the three grains that legally have to not be in something to call it gluten free corn has a type of gluten in it called Zain.

And the research is pretty clear on Zain. It causes damage to people with gluten sensitivity. When we test it, when we measure it, we see that it's causing damage, too.

So, you know, when somebody's got gluten induced hypothyroid or gluten induced Hashimoto's and then they get put on leave it the rocks in which has corn gluten in it, you know, they're never going to win.

They're never going to win that scenario because, one, they're not addressing the nutrition deficiencies that can lower their ability to make and regulate thyroid hormone into their taking in a substance that's supposed to help them, but simultaneously driving the disease process forward.

Yeah. And it's it's never going to get better if you're still getting a little bit of that poison every day. And the crazy thing is, is I try to switch patients off of levothyroxine or the generic levothyroxine and insurance companies do not want to pay and they don't even want to partially cover it.

And I'm like, look, like there's a gluten allergy or, you know, they're allergic to the food dyes. Like these are patients eating totally clean and we don't want this in their body.

You have to approve it. It's it's a fight. It's it's almost like they're they don't want us to get better. Right. So I agree with you. I feel like in America we are overfed and undernourished.

I mean, we have so much food around us and we're always eating and there's fast food joints on every corner, you know, ten sometimes. And they always have lines and, you know, and I'm but definitely undernourished with nutrients and vitamins and minerals.

So what actually causes the autoimmune thyroid reactions to start? You touched in a little bit about grains and gluten. I mean, there are a lot of different potential ways.

So, you know, one of the triggers is is gluten. Gluten triggers an autoimmune response where then the immune system will start to basically attack or dismantle aspects of how we produce and regulate thyroid hormone.

And so then our thyroid hormones not not capable of doing its work and we develop a hypothyroid scenario that that gluten is just one aspect of that. Grains contain more than gluten.

There are there are chemical compounds in grains like heavy metals, especially the grains that are labeled gluten free, like rice, for example, which is also not gluten free but is labeled gluten free.

The gluten in rice is called organic. And in that particular, gluten has also been shown to cause and drive inflammatory response in people gluten sensitivity. But rice is also very high in toxic heavy metals like cadmium, arsenic and lead and so and even mercury.

Some studies now coming out showing that it has a little bit more mercury than it should. And so now you've got heavy metal potentially driving problems.

Remember, metals like lead and cadmium interfere with magnesium. Magnesium is required for thyroid hormone production. So you get you get displacement of of of minerals, of healthy minerals by toxic metals aside from their toxic components, which, you know, the toxicities cause the lead and cadmium affect in a lot of people it wanted it can affect the brain in the mind.

And so it can create a lot of scenarios that look like hypothyroidism.

Gluten, Grains, and Autoimmune Triggers

So like lead can cause brain fog, too, and fatigue lead damages the kidneys, so does cadmium. And so they as they dismantle and cause dysfunction in the kidneys, the kidneys are one of our major detoxification organs.

So now, you know, our detox slows down in a sense, or it's not as effective or efficient. So that's heavy metal. That's, you know, again, rice has it.

Corn has heavy metals in it when we test it. Wheat has heavy metals in it when we test it. So metal is a problem. And then we have other chemicals, they're called plant centric proteins.

They're the proteins found that are non gluten are low gluten is one of them. These are other non glutinous proteins found in grains and their sole purpose in function is to prevent predators from eating the grains into extinction.

And I think people have to realize what a grain is. It's a seed. The seed of grass and the seeds don't want to be eaten. They want to be. Yeah. Okay. If they're going to be eaten, they want to be pooped out into the ground where they have poop as fertilizer and that can continue to growth of their species, but they don't really necessarily want to be our food.

And so they've developed biochemical mechanisms to protect themselves from our own digestion. And research shows that a lot of one of the types of chemicals is called an API and AMYLASE trypsin inhibitor, and that activates toll like receptors in the gut and causes leaky gut and inflammation which can drive Hashimoto's forward as well.

So that's, that's a mechanism then you have grains are rich in molds and mycotoxins and mycotoxins can, you know, punch microscopic holes in the gut lining.

And, and they also inhibit the replication of DNA and RNA. So you get, you get slower healing and you get symptoms very similar to thyroid when you when you're consuming or being exposed to high levels of mycotoxins, which you are, if you're eating a lot of grain, is a staple food, then you have the fact that grains are really rich in omega six and very, very low in omega three.

So they they really create a rift in our six three ratio, which in humans is supposed to be at least a four or less, right? So that's four meaning omega six to omega three ratio.

And so most people are at a 16. When we get when we first get a hold of them, they're at 16 or higher. Right. Which what does that mean? That what that does is it creates a perpetual inflammatory response in a person's body, i.e.

chronic inflammation as a result of those omega three deficiency. So grains support a huge imbalance or a huge shift and then omega six three ratio. So those are those are some of the main things that, you know, main mechanisms.

There are more. But, you know, if you'd like me to elaborate on anything else, I certainly be happy to. Yeah. And I'll say impatience. I'll at least have people, you know, go gluten free.

You know, this can be super overwhelming to people listening, right? They can be like, oh, my goodness, I have to give up corn and rice and everything.

And gluten is is the big the big gun. Right. And a lot of the times, all the patients, I'll be like, let's just start give up gluten going green free is going to be better if it's not going to stress you out too much because it can be it can be really stressful.

And I have this one patient and she was going between hyper and hypothyroidism with her Hashimoto's. She was slipping back and forth and she did not want to start any medication.

So she was she was ready for it. She went totally grain free. She did amazing. And she stabilized her hormones. So I think I agree with you. The grains are just they're very irritating to our immune system and our gut health.

So what can you explain the actual role that gluten plays and how it actually affects Hashimoto's and other autoimmune diseases? So it's it's a primary trigger.

Gluten does several things. So one, it causes the disruption of Zionsville and in the GI tract. Now INULIN is a protein in the gut that helps, you know, if you ever played with Legos, you know, when you when you snap them together, there's a there's an Indian analogy, right?

You snap those together and you get a little tight snap. Right. Well, your gut cells are like that. They snap together in a sense, as these little anchoring proteins in between them called tight junctions.

Well, gluten disrupts those. So what happens is in your gut starts to leak and it's a microscopic we don't don't think of a leak as like a broken pipe and just, you know, your poop is gushing into your bloodstream because that would kill you.

You'd have sepsis, then you die. We're talking about microscopic leaking. And so it then leaks into the bloodstream. Is gluten. Which one of the things that continues to leak into the bloodstream or especially leaks into the gall, the gastro associated lymphoid tissue, which is your immune system in your gut wall and it triggers an immune response.

This immune response is there's two kinds that we recognize is what's called ath1 response, and then there's what's called a t, h two response. The T stands for T helper cells.

So these are these are specialized types of immune cells. And one of the responses is that we that gluten comes in in it and it reacts with the immune system and then we create antibodies to the gluten.

So this is like IgG or IGA or IgG. This is why a lot of doctors will test for gluten sensitivity is by measuring antibodies to a specific type of gluten called gluten.

And the problem with with just measuring we add in is get it is only found in wheat, so it's only one kind of gluten. And so the like, like a lot of the tests that doctors do, they're only really so if a person doesn't have a leading reaction, it doesn't mean they're not gluten sensitive.

It just means that they're not having that particular reaction with that particular antibody to good. Because the other mechanism is not an antibody response.

The other mechanism that gluten has is it creates an inflammatory cytokines release from cells. And so you can get interferon, gamma or tumor necrosis factor production.

CNF Alpha production where you where you are driving the inflammatory response and then that inflammatory response over time as you eat gluten day in and day out, right?

What it's doing is it's over stimulating your immune system repetitively over and over and over again. It's I like to use the analogy of wartime. If I'm a soldier and I go over and I'm fighting in a war and I'm in a war zone for a year, and every day I look up and I'm having to shoot somebody who's pretending to not be an enemy or I'm having to defend something.

Right? Then what happens to my nerves? They, they, they, they really start to be heightened and I start shooting first and asking questions second. Right?

The job of the immune system is to analyze before shooting. I think of it like you get a fair trial, right. Gets a fair trial before we just shoot it and blow it out.

And but when the immune system has been overreacting and overreacting for so long, then this is autoimmune disease, right? It's a heightened immune system response.

It's not an input. Some people think autoimmune disease is the immune system gone rogue, but it's not. It's the immune system behaving appropriately to slow doses of poison that are coming into the body repetitively over time.

So then the immune system is just now it's just on full alert all the time because the individual, you know, behind that immune system is poisoning themselves even even though in many cases unknowingly.

So and it's not you know, it's not an acute poison. It's not like I eat gluten and I'm in the hospital. It's it's low doses of poison. Do you ever watch these murder shows on TV where the husband is poisoning the wife with low doses of arsenic? Right.

And they don't know what's wrong with him. And there's like a two year span where their hair's falling out and they're tired all like this is what gluten is like.

It's like a slow poison, slowly done over time that creates that immune system hyper reaction. And that's really that's part of what's triggering the auto immune response.

And we're all getting poisoned. And by food, I mean, whether it's contamination with Roundup, which is another gut destroy or, you know, we eat anything.

And that's the other thing that's bad about wheat that I try to tell people when they're like, Oh, your family's gluten free. And it's like, Yes, I had an autoimmune disease.

I just don't want my kids to be exposed to that. They don't need to be. And there's glyphosate on tons of gluten and oat products. You got to be careful, too.

So it's it's really hard to navigate all this. And that's why starting out just gluten free, a really good idea. And if you do have a diagnosis of Hashimoto's, there isn't a reason why you shouldn't be gluten free at this point with the the literature and the knowledge we have.

Yeah. I mean, the last time I looked at the National Library of Medicine database on gluten and Hashimoto's, I think there were 370 some odd studies, you know, that were positive outcome studies, you know, where, where people with Hashimoto's going on a gluten free diet had a positive outcome is lower antibody levels, you know, just better overall performance by going gluten free?

Yeah, absolutely. Now, Dr. Osborne, you did mention a little bit about medications. Let's dove into that a little bit

more. So how can thyroid medication cause failure to heal?

Well, the biggest reason well, one of the biggest reasons that it will cause failure to heal is the ingredients in it that, you know, a lot of the medicines contain dyes, synthetics, corn is one of the bigger ingredients that we see really trigger a perpetual lack of response or lack of full recovery.

This is very important. If you're on, again, like Levo or something like that, you want to really talk with your doctor about getting that compounded.

If you need to be on the medicine, get it compounded, and you know, if you need the medical justification for it, then you really should get tested for gluten if you haven't already been.

If that's not been medically confirmed, you should get medical confirmation so that your doctor in good confidence can write you a compounded prescription and that your insurance would cover that because you have a special or unique circumstance or need.

You know, outside of that, you know, the medicines don't fix the problem. You know, there's a reason why a person is, you know, is is low thyroid and it's never because they have a medication deficiency.

Thyroid Medication, Monitoring, and Compounding

So the medication in my in my opinion and this is true of many meds, but it's also true in thyroid that if you're taking that medication, you are masking your true problem and you're allowing the damage to continue and perpetuate.

So you're living a lie, you're living a false sense of security, and maybe you feel better. So this is this isn't like I don't want to be offend. I don't want to offend anybody who's, you know, who's really been helped by the medicine.

That's not I'm not trying to say you're wrong. I'm just trying to say it's not a long term solution. You know, the medicine is a short term solution, but diet and lifestyle change has to be the long game.

And if you're not approaching that, then you're lying to yourself. And what ultimately what I see a lot of happen with the medication is the doctors don't you know, this is this is a generalized statement.

So I don't want to damn all doctors by saying this. So because there are a lot of really great doctors out there, too, but in my experience, a lot of people are being medicated based on their symptoms and not based on their lab.

Right. And so, for example, I get a patient in and they're, you know, they're TSA is like.0005. Which which what that means is they're basically they're being overmedicated tremendously.

And there's there's a price for that. Right. You over medicate with thyroid hormone. You're going to shut your heart out. You're you're going to you're gonna end up with a heart disease.

You're going to end up with with congestive heart failure. You do it long enough. It's going to cause heart palpitations, anxiety, trouble sleeping, night sweats.

A lot of women that I see, I think they're going through menopause, but they're actually being overdosed by their thyroid medication because their doctors aren't really objectively monitoring or even if they are monitoring their results, they don't adjust their dose accordingly.

So like, they just, you know, sometimes doctors only look at DSH, right? Sometimes they look at DSH, T3 T4, which is important, and that should all be looked at every time you get monitored so that if you are on that medicine, you can appropriately dose it over time.

I think a lot of doctors to wait too long to measure it. Like they'll say, let's start you on the medicine. We'll remeasure it in six months. That's too long.

You know, you got to remeasure it, you know, ideally a month or two max to see what your response is. Because if you now if you're on that medicine, you're being overdosed for six months and your your hair's falling out and you're tired because too much thyroid is the same, the symptoms can be identical to not enough thyroid hormone.

It's so there's this, you know, there's this overlap where that if you're being overmedicated, you know, you're still having the same kinds of symptoms and don't realize that, you know, that that's the reason why.

So the medicine itself, if you're going to be on it, it should be tightly monitored and it should be compounded if necessary. You should make sure that the ingredients in it don't don't match something that you're allergic to.

I also see some of those meds have dyes and other things in them, and I test patients for dye reaction. So we, we initially when we start somebody, we test them for food, we test them for chemical responses to things that are commonly found in medications.

We actually do test for medications as well to see if they're even allergic to their medicines. And so now we know, okay, this is the wrong one for you.

You know, go back to your prescribing doctor and let's get the right one for you. That's that's kind of where we start again. It's with objective data so that we can make clear decisions and not try to generalize our way through an autoimmune disease.

I think I think where people get in trouble is they generalize their way through it and they and they, you know, make adjustments based on symptoms alone and not.

And that's there's nothing wrong with making adjustments based on symptoms, but there is something wrong with making adjustments solely based on symptoms without good guidance and without good objective data.

Yeah. You have to look at the whole package when it comes to the thyroid. And like you said, it's you need to look at the labs and the symptoms because I will see patients.

There's this one doctor and patients come to me and they're on high, high doses of thyroid, very high doses. And yeah, they get used to feeling a certain way and I'm like, you know, we really got to backtrack.

Work on your gut health, work on your adrenals. Your vitamin D is 33. You know, what are we doing here? Right. And I really have to kind of reteach them, you know, what integrative medicine is in functional medicine.

And it's not it's not just giving empty thyroid because I think empty thyroid people just oh, they're like, oh, that's natural. If I'm on my thyroid, that's a natural treatment of my thyroid.

And they're kind of missing the picture where know we have to figure out why and I'm sure you get this a lot, you'll have patients come to you. They're like, I have Hashimoto's, which it's like, okay, that's fine, you know, we'll conquer that.

But do you get a lot of patients that they just have hypothyroidism and they don't know why and they've had it for decades, their family members have.

And I'm like, Wait, why is there a heavy metal issue, a chemical exposure? Were they even tested for autoimmune thyroiditis? It's I've had that before.

I've had patients been told they were hyperthyroid because of their age, maybe put on some medications, never had an ultrasound, and then I'm like, okay, let's be thorough, get an ultrasound.

And they thought they had thyroid cancer. So doing the due diligence and this is why we have this summit, this is why you do what you do and I do what I do to educate because, you know, conventional doctors are super overwhelmed and there they are doing the best they can with the knowledge they have.

They're just not as experienced with the nuances like we are. Yeah. And I think the system is designed, the system is designed for failure. And a lot of people just don't realize that.

I mean, first of all, if you're running a traditional practice, you know, to make your ends meet, you know, you've got 20 employees, you probably have a million plus in student loan debt.

You got a family, you know, so you got you got to earn a living. Everybody has to earn a living. I don't I don't fault doctors for having to earn a living.

But, you know, when you're seeing 50 people a day, you do the math 8 hours a day, 50 people. What kind of quality conversation are you going to have with 50 people over an eight hour stretch and include a lunch break in there, too?

Right. Because, you know, you got to get a minute in there for yourself and then, you know, and then add on to what patients don't see, which is another 4 hours of charting and noting, you know, at the end of that.

So these doctors are thoroughly frustrated, thoroughly exhausted. You know, I don't I don't blame them. It's the system. The system to me, I we could talk about philosophy, philosophy about about how the system is corrupt.

It's it's embedded with undue pharmaceutical influence. The doctors don't stand a chance. They go into med school thinking, I'm going to save the world, I'm going to save people.

And then they come out into residencies and internships thinking this isn't saving people. I mean, unless they're acute care medicine, in which case they're saving the heck out of people.

But, you know, with chronic endocrinology, internal medicine, cardiology, you know, ob gyn, you're not saving lives, really. You're you're giving people 3 minutes at a time to passively listen to some of their symptoms.

And and you're taking a stab in the dark at which medicine you want to give to address their symptoms without actually ascertaining the underlying origin of why those symptoms exist.

That's not care. You know, to me, care, care. If you define care, look it up in the dictionary. It care means that that you actually give a damn, that you actually spend time, that you actually dwell on a conversation and on a thought process and that you dove deep because you care, but you're not giving care.

What you're doing is you're giving pharmaceutical suppression. And it's a very different thing. And look, the average doctor's frustrated. The average patient doesn't know all these things, like they don't their business isn't medicine, so they're not like going and working in a practice where they see this is a day to day kind of, you know, issue that the doctors face in their expectation is not being met because they don't understand these things.

And so there's an expectation mismatch, right. And so patients are frustrated, doctors are equally frustrated, and they're stuck in a model that requires a co-pay.

And instead of valuing health, people should value their health. This whole co-pay, $30 to value my health co-pay thing is nonsense. Your health is worth more than $30.

That doesn't mean you need to spend thousands and thousands and thousands of dollars every year on your health. But you should be you should be buying organic food.

You should be paying attention to your sleep and your air quality, your water quality. You should be going outside.

Systemic Problems in Conventional Medicine

You should be having a good time enveloped in good relationships. You should be living your life's purpose and not just, you know, running around wondering what life is all about.

Like there are there are components that people have to have where they're responsible for those things. And Doctor can't be responsible for all that.

They're barely keeping up on their own, in their own lives. But but they should be they should be aware enough about it, and they should have enough time in their schedule to teach it to everyone who walks through the door, because that's the failure.

If we really boil it down to failure of medicine, you know, is that a system has been put in place through corrupt mechanisms of financial influence. But doctors at the end of the day have the say so is whether or not they're going to participate in that system.

And patients have a say so as to whether or not they're going to participate in that system. So if you're still participating in that system and you're frustrated, then you need to look in the mirror and say, okay, it's time for me to make the decision and I'm no longer going to participate.

And if you're a doctor watching this and you're frustrated because that I just described, your day is time for you to get the courage to make a change.

You know, I used to be in an insurance model practice. You know, we'd run 50 plus people through a day. It was miserable. It was miserable. And nobody really got better and nobody got quality care.

And I walked away from it. And it cost me a lot of money to walk away from that. But you know what? God rewards people who do the right thing. God rewards people who bring greater value to the world.

And I felt like I could bring greater value to the world by walking away from a five minute appointment and engaging into a practice where I get to spend an hour, hour and a half with a person, you know, I really, truly get to care about them.

And that's really that's what health care is all about. Oh, I'm over here like my heart is going to burst. I agree with everything you say. And I. I walked away from a full time emergency medicine income to go back and do integrative medicine and open my own practice.

And, you know, I'm so thankful that my husband was supportive of this because, like you said, it's really hard to walk away. And I've had so many conventional doctors approach me, call my office and ask for my cell phone.

And, you know, I call them back and they want to take this jump. One of them was a pediatrician and, you know, gets bonuses from, you know, certain schedules and all this stuff.

He's still scared. I told him I'm like, if you open a cash based, integrative Pedes, you know, in my area, you would be busy. I'm like, and I would help you.

I would help you out of my own goodness of my heart, because we need this and I think it's a whole pain, our pain later, you know, and it's hard to tell people that.

But once people hit rock bottom, then they pay. And it's like, you don't have to hit rock bottom. You can you can be preventative. And all of patients come into my office and they're like, you know, I just I wanted to work with you.

They were like, I don't really have anything wrong with me. And we go through their eight page intake that I have patients fill out ahead of time and I'm like, You have a lot of stuff to work on.

Like, Let's prevent disease, let's wear continuous glucose monitor. You know, everyone is getting more insulin resistant as we age. Let's prevent diabetes. Let's prevent a heart attack.

You know, let's get you get the weight that you feel comfortable at. So this is not things that you're going to learn from the conventional medicine, insurance based insurance.

Think of it like car insurance. I always bring up this analogy. So your car, do you expect your car insurance to fill your car up with gas and for oil changes you don't?

That would be crazy, right? Your car insurance covers catastrophes, you know, in emergency visits and all of that. So, you know, my husband and I, we we pay a lot to carry medical insurance for my kids because I have four children and for us and we, you know, we do the yearly appointments convention just in case something would happen that we would need a prescription called in or something like that.

But at the most part, we just we pay out of pocket for things like, you know, fun, biohacking tools or an infrared sauna or our supplements, our homeopathic stuff.

So I, you know, or chiropractic visits, I'm a doctor, so I do that stuff at home for my children, but I have to get it done. So I have to go see a chiropractor from time to time.

So like you said, you know, we really have to just break through this. And I love how you spoke with the physicians and the doctors that are listening to like do brave things as Dr.

Osborne's said, you know, God will reward you. And I've I've found that. Yeah. I think the more jump ship from the system, we create a new system that works.

We have a healthier world. I mean, you talk about solving world problems. Is so many is such a dichotomy in the world today politically, you know, you know, not just politically, but, you know, people seeing seeing red, you know, first instead of seeing blue. And, you know, a lot of that could be resolved because the mind and our thought processes are so nutritional oriented.

You know, if you're if you've got hypothyroidism, you're cranky, you're irritable. Right. And you tend to snap, you tend to judge, you tend to just jump to decisions based out of emotion because you're in emotional distress.

Right. That's what disease and illness cause is. Emotional distress. And when we make bad decisions, it's when we make them out of emotion instead of just being trying to be logical and level headed.

So the more healthy people you have, I think the more we all get along, the more we all can have a conversation instead of an argument, and the better the world is going to be a better place.

Yes. And one thing I did want to mention is when you see when you see a doctor that is unconventional functional medicine or integrative medicine, they're going to teach you that doctor is, you know, doctor as teacher as they say.

So they're going to teach you how to change your health. It's you're not going to be a long term customer. I For me, it's a bad business model, I've been told.

But my goal is to have patients get better, teach them how to troubleshoot if you know, they hit a bump in the road. So they're not reliant on me, you know, I'm going to give them the tools.

And I know you do that a lot with your courses and with your clients also. Correct. You give them the tools. Oh, yeah. I mean, the average average new patient coming through just just working through the initial steps of testing and everything else.

They're going to get about 6 hours of education and that's just in the office. And then beyond that, we have we have courses that we give them, you know, that are 10 hours long, 14 hours long.

I mean, these are these are very extensive courses because our job is to fire them. I look at my business model is there's so many sick people in the world.

If I count my practice out because I had, you know, 2000, 2500 people is what a practice needs to maintain a, you know, a decent income and living. If I capped out at 2500 people than I would I would cap out how many people I'm

helping because, you know, I wouldn't have taught them how to take care of themselves.

Right. So so step one is identify the problem. But but, you know, part of that step is helping them understand and empowering them to make sure that they understand what they need to do as they move forward so that they're less less dependent on care.

You know, and if something comes up and they need advice, then they can come. But but at the end of the day, you really want to fire them from chronic management, right?

Because the reality is that's tough. That's a tough ask. Like, you know, think about like this.

Resources, Courses, and Closing Remarks

When you're struggling in your life, usually a person when they're struggling, either go to their spouse or they go to a good friend and then they don't, you know, whatever that struggle is.

And then their friend gives them really great feedback or advice for their spouse, you know, and there's this trusting, loving relationship. And that to me is the way I like to look at a doctor patient relationship.

It should be it should be similar, but health oriented in that way. But it's not something you should have to you should have to manage all the time. Like your life shouldn't be such in shambles that you have to go back to your doctor once a week so that they can micromanage your life for you.

It's not the job of the doctor to micromanage you. It's the job of the doctor. Dozier in Latin is to teach the doctor. Right. So teacher to teach you.

And that way they can fire you. Not maybe not as a fire. That's a strong word. But they can. They can kind of push you back over here into this kind of maintenance zone where really true prevention, the way I see it, is nutrition.

And so the prevention I do in my practice is, you know, we check vitamin and mineral levels every six months and that's prevention. And, you know, person gets those things checked when they're healthy so that they can stay healthy and they get modifications either to their diet.

So like if they're deficient in zinc and they're deficient in B12, we're going to say, you've got to eat more of this. You got to eat more of that. We may supplement a little bit with with some of it, depending on how low their levels are.

But beyond that, it's a much easier thing to do that than it is to be sick and on the bottom and frustrated and and feeling like nobody cares about not helping you.

Truly helping you. Right. It's so much easier to get better and then maintain it with good solid nutrition long term. Yes, I love it. I like to think, you know, you're letting them fly.

You know, you're releasing them and they can they can do it on their own. And I think that's the big thing. Like Hashimoto patients, thyroid patients, you are able to take control of your health.

It it takes a little bit of effort, you know, but especially with nutrition, we know that's hard. But with the right resources, you can definitely heal.

So Dr. Osborne, I would love for you to share where your practice is. Tell us about you have some exciting a relaunch coming up of some courses. Tell us about all the things so everyone find you.

Yeah, I mean, some simple things. Number one, I encourage any of you who are trying to understand grain in a gluten free diet accurately. Just read my book. No grain, no pain.

You can check it out in a library. If $9 on Amazon is too expensive, go check it out. It's free. It's it's in most major

libraries across the country.

The other thing you can do, go out, come visit me, a gluten free society board. That's our that's our foundation. And you sign up for our newsletter there and I'll send you more stuff than than you probably want.

But it will basically it will educate the pants off of you so that you can have an understanding about nutrition in the gluten free diet. And you know what you need to know to do it right so that you can restore your health.

You can also take my free masterclass. It's 14 hours long. It's glutenallergy.net/registration, so it's free. You just go sign up. All I ask is your email so I can send you the emails and the videos and you can go through that that master course and have a really great knowledge of how to go gluten free.

In my practice. You can go to drpeterosborne.com and you know, if you want to if you're interested at all, you can just set up a discovery call there and you can read more about my practice there.

But we are largely a nutrition, lifestyle based practice. I don't do medicine, I don't do prescriptions and don't do surgery. We don't do you know, we do lifestyle change, we do diet.

So if that's your bag and that's what you're looking for, you know, come visit me there and you can learn more about it. Awesome that. Thank you so much for sharing your expertize with us today.

You're welcome. Thanks for having me.