Uncover Your Gut's Reaction To Gluten Sensitivity, Nutrient Deficiencies And Medications Transcript

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Introduction and Dr. Osborneu2019s Background

Welcome back to another interview on reversing chronic conditions. I'm your host Sinclair Kennally, and today I am joined by the wonderful Dr. Peter Osborne.

Now, Peter was really important to me to get on this summit for you guys, to hear his wisdom and his expertize, because he's been such an important force in this space for cracking open some of these mysteries.

Why are chronic conditions persisting? Right? What has gone wrong in our culture and our diet that we would not be able to heal ourselves? Right. Since the gut itself, since our digestive system is one of the most resilient really in the whole body and can heal so quickly.

It's really astonishing how long these conditions can persist. So I'm going to be picking Peter's brain for you on your behalf today. Why is this happening?

How can we unpack this? What is available to us outside of supplementation? And of course, Dr. Peter is the author of the long time bestseller No Grain, No Pain.

If you haven't read that yet, you must pick it up. I was just telling Peter about my ten copies over the years and I keep giving mine away to somebody. So it's it's really fantastic.

And he's also the host of the Glutenology Masterclass seriesand has a fantastic YouTube channel. So we're really thrilled to have Dr. Peter on with us today.

Welcome, Peter. Thanks for having me. It's a it's great to be here. So well, let's just dive right in because you were one of the first ones to really sound this alarm in a way that, you know, the whole population could hear.

Right. So help me understand or how, but let's let's start by unpacking for the audience and maybe from a timeline perspective, when you saw gluten becoming a serious issue and what your personal journey was in, it's discovering that and sharing it with the world.

Yeah, I, I go back to when I was in graduate school going through a residence program in the rheumatology department at the VA hospital. And I'm a veteran of the Air Force, and so I have a fondness for other veterans.

You know, in my heart, you know, they should be taking good care of at the very least, they should be taking great care of. And so in this in this rotation that I was involved with, I would watch these these these soldiers coming in through the VA, you know, in the Houston.

They come from Louisiana, they come from all over. Right. So they're coming from all over. The rheumatology department is largely treating autoimmune disease.

So imagine rheumatoid arthritis, lupus, scleroderma, enclosing spondylitis psoriatic arthritis, etc.. And, you know, they made a huge deal. My my attending docs made a huge deal about differential diagnosis, meaning it was super important to get it right.

You had to memorize the criteria that, you know, for the diagnosis of rheumatoid arthritis or seven criteria and patients have to have four out of the seven like that kind of thing.

Right. Which to me, because the criteria for diagnosis in large part most of the criteria were subjective, not

objective. I didn't understand why it was a big deal because, you know, my historical perspective on on immunological disease was most people would go to five different rheumatologists and get five different diagnoses anyway.

So why you know, why the hubbub anyway, they handed me this big, thick text called The Primer on Rheumatologic Diseases. You know, it's a big, thick book and said, don't come back until you read it.

And that was Friday, right? So, you know, here I've got to go home now and spend a weekend away from the people I love most, which is one of the sacrifices that we make.

We're going through school writers. We spend a lot of time in study. But so I went home and I read the book and I made a ton of dog ear notes and highlights and everything else.

And so when I came back on Monday to the internship, it was it was just I was quiet. I wanted to just kind of observe because this was my real first day clinically working there, right?

So what what I did is about two weeks of observation and just kept my mouth shut and kind of stayed at the back of the room with the other with the other, you know, with the other newbies, with the other green, green, green ears.

Early Clinical Observations on Autoimmune Disease

Right. And so anyway, after two weeks, I started to ask questions and one of the first questions I asked was, why aren't we doing any objective testing to any great degree?

Because, you know, you asked me to read this book. And this book really, although not really super organized, does, if you read it, spell out all the potential possible known triggers, for autoimmune disease.

You know, so, so as an example, certain types of pesticides are known to be triggers. Right? And so there's there was indepth there were chapters on kind of going through some of that information with certain types of autoimmunity.

I'm like, why aren't we testing these people for pesticide exposure? Because that's a trigger. I mean, my frustration was that in two weeks of observation, every patient, no matter what the diagnosis, got the same set of drugs and the basic same treatments. Right.

Which is at the time was methotrexate, which is a cancer medication. But it because it inhibits DNA and RNA synthesis, it can stop pain. And unfortunately, it also rips holes in the gut lining and damages and destroys the GI tract, which would perpetuate an autoimmune disease pretty much indefinitely.

Right. And so that was my frustration is if if we know that there are triggers from immune disease, but we're not objectively testing our patients for those triggers and we're giving everybody the same medication.

And why does it matter whether or not we have a nuanced diagnosis? To me, that was more that was more the doctors having big egos because they could say big words, but not really having big outcomes or big results for the people that they should care about the most.

And I didn't like that. So anyway, I was told that that that's just the way it was and we were going to do that. And then so I kept quizzing, I kept quizzing the attending and I wasn't doing is wasn't like out of disrespect.

I wasn't like trying to be that snarky student in the back of the room that was trying to catch the teacher in a in a bind. It was just really out of pure curiosity and pure care, you know, for the people that were under our care, you know.

But what what evolved in that, in that rotation was ultimately one of the days I can't remember is Tuesday or Wednesday, but it was called surgical console day.

And it was very real revealing because on surgical console days, you'd have patients that would come in again from from Texas, but also from attached states because they all kind of filtered into the Houston VA hospital.

And these were people that had been on the drugs for 20 years, 15 years, you know, they'd been on the methotrexate that long, and ultimately their disease was still progressing.

Their pain was not being controlled, their joints were still destroyed. And so surgical console day was all about popping an X-ray and then saying, Yeah, you're a good candidate for surgery.

Let's schedule it. Like there was no orthopedic exam. The authors would come to the floor and they would just basically put an x ray of the patient up and say, Yeah, they look like they're a good candidate.

And there was no like detailed history taking or no taking or, you know, no common conversations with the actual patient. Just, yeah, you look like a good candidate for surgery.

And I'm like, are you freaking kidding me? This guy's been on methotrexate for 20 years. His guts destroyed. He's malnourished. There's no way he's coming out of that surgery, feeling because surgery is a trauma, right?

We had what I call surgery scheduled trauma. And sometimes surgeries are necessary. But at the end of the day, if somebody is malnourished, the level of potential for complications post surgically is astronomically high.

And you're asking somebody that's been medicated with steroids and methotrexate, two drugs that destroy the gut, destroy absorption and digestion of nutrition from food that we eat, but also induce nutritional deficiencies biochemically nutritional deficiencies like vitamin C and vitamin D and calcium and magnesium.

These are the nutrients that you need to knit and heal and repair cartilage and in college and you know what? You're about to cut into this person and rip all those things out.

They're going to need those nutrients to heal. And you're not even measuring to see what their status is pre surgically to give them a better outcome.

And it made me mad. And and so it was that anger that fueled me and emboldened me to just continue to question. Now, it wasn't just, okay, what about pesticides?

What would the book taught me? So I can't I can't I can't take full credit. But but, you know, for these for this fundamental knowledge, I mean, I read this and I just applied it right.

And that is if four common primary triggers for autoimmune disease, no matter what it is, no matter you know, whether it's rheumatoid or criminological or whether it's thyroid like Hashimoto's or graves, you know, whether it's liver like autoimmune hepatitis or skin diseases like psoriasis or eczema for triggers.

So if your audience wants to write those down, this is what I would demand of any doctor if I were a patient or being a patient advocate. Number 1, first triggers food, and we knew that we had the largest body of research conducted on a cause of autoimmune disease in in celiac disease.

I mean, this is not rocket science. We've known about celiac disease since the 1950s and we've known about food being the trigger for it. So it's not rocket science or even a huge leap to say, okay, well, if one autoimmune disease is caused by food, wouldn't it be fair to say that other autoimmune diseases could also have a food trigger?

MM And so the amount of research now on people with celiac disease who also develop rheumatologic disease is vast. Yeah, there's a high percentage of people that have celiac that go on to develop aura or they're a high percentage of people with our age that also have celiac.

Right. So, so when I, when I started diving into that literature and really reading it, I would bring stacks of studies to my attending and he would throw it in the garbage and say, we're not doing this.

And then I'd go back to the library, because in Houston, I had the access to the largest, one of the largest medical libraries in the world. And at that time there were no computers.

It wasn't like you pop on PubMed and you can access 10 million research studies right now. It was you go to the library, you pull the dusty volumes of of journals that are bound or you pull the microfiche and you scroll through microfiche, and then you go to the copy machine and you make copies and then you take it all home and you have your trusty highlighter and you highlight this stuff.

And then I had a special computer program that I created where I would scan the documents in and I would start. I had a big huge database before PubMed that existed where we were categorizing, you know, the nutrient, the vitamin, the disease associations with the vitamin, the disease triggers, all that kind of stuff.

So I had this big database that I had started to collect. But anyway, part of that when I was at the hospital was bringing that, that research to my attending.

And so some of it was the research on gluten. And then he threw that away. And so I brought him the research on fasting and I said, look, fasting can alleviate pain in 48 hours.

There's no drug alive that can do that. None no drug is known that we can't even compare even close to the efficacy of just not eating it. If it if that doesn't tell you that food plays a role in a person's autoimmune disease, I don't know how to get through to you.

Well, I threw that out and then I brought him research on fish oil because I thought, okay, fish oil is something. There's a prescription fish oil. Maybe we could get him to write prescription fish oil for these patients.

Fish oil is more effective that at any inflammatory than is nonsteroidal anti-inflammatory drugs like ibuprofen. Right. So when you when you take it in high enough doses, like 4 to 8 grams a day, it actually is more impactful and more effective for inflammation.

Nope. He threw that in the garbage too. So I, you know, I was three strikes and I was out. They did it. They hated me there. They did not like me as a as a as a as a student.

They wanted me out of there as quick as they could get out of there. And I was happy to leave, frankly, because it was very depressing and demoralizing to know that they were just completely ignoring research and pumping the same old line and didn't again.

But they made all this damn nuance about, Oh, well, you've got to have the criteria, right, because you've got to get the diagnosis right. I'm like, Why?

Why do you have to get the diagnosis right? This person has lupus and you prescribed the methotrexate. This person had enclosing spondylitis and you prescribed a methotrexate.

This person had rheumatoid arthritis and you prescribed a methotrexate. What the hell does the nuance matter other than you sounding smarter than everyone else in the room, which has no applicable outcome of improvement for your patients?

The people that are coming to you, who are depending on you, entrusting you for their care. And it was yeah, like I said, it was, it just pissed me off.

So when I left the V. A. hospital, one of the one of the first things I did is I opened my old practice and I had a little girl come to see me. And she her name was Ginger. She was nine.

And she had a diagnosis of juvenile rheumatoid arthritis. And she had been being pumped full of methotrexate since she was two. She she got her diagnosis at the age of two.

And here we are seven years later. And her mom rings around to see me. And what had happened was seven years of being treated by the rheumatologist. The rheumatologist looked at her mom and said, There's nothing more we can do for your daughter.

She might have six months. You need to go home and get your affairs in order because this little girl was very sick. She her knees would swell up, you know, when she was an infant, she couldn't crawl.

They would get so swollen when she was a young child, she couldn't go on the playground with everyone else because they would get so swollen. And she had pain management so frequently.

She had a port embedded in her arm, a permanent one, because she was in and out of the hospital so frequently for pain management and treatment. And when so when I got her, you know, it was like God was just dropping her in my lap and saying, here you go, prove it.

And and so the first thing I did was I tested her for gluten sensitivity and she was positive. So we took her gluten free and within six months, the port came out of her arm and she wasn't dead.

And within a year she was completely in remission and off of all medication. And today she's graduated college. So this is this was where I really was able to take my experience.

That was good and bad. It was good in some ways and bad in other ways and apply it in a real world application with my own patient and find that not only could we help somebody, but we could literally save their life.

And if you look at autoimmune disease as a whole, there are about 140 different types of autoimmune disease. And for females, it's some would argue it's it's definitely in the top five causes of death in females under the age of 65.

But some would argue, and I'm one of them, that argue that it's the top cause of death in females under the age of 65 because of some of the autoimmune diseases technically should be classified as autoimmune, but they're not yet then.

But the mechanisms have been researched and they are autoimmune mechanisms so that being the case, you know, we saved her life and then that was it for me.

From there on I knew I now it was it was less academic and now it was more real world experience. And so from there, you know, my mission has been ever since then to save as many lives as I could of people who, you know, were run through that crappy system of lack of empathy and lack of science and really the cloak of expertize.

Right. I you know, the wolf in sheep's clothing because they, you know, they drape themselves in these white folks and and talk in very big language and people can't understand it.

And they're misguiding and misleading people. And I'm not saying all doctors are bad or all doctors are mis, you know, or are intentionally doing it. Some of them just don't know any better.

But but the time for not knowing any better is over. Like I could see. Maybe not knowing any better. 25 years ago prior the internet. But today, you know, if I want to learn about something, I can learn about it and I can master the topic or knowledge in two days.

You know, if I if I really want to learn academically, not not experience wise, but academically, I could pull all of that information available in the world.

And I could and I could convene to learn that in a very short period of time. So these doctors don't have any excuse they can no longer hide behind. There's no research because even in the time of microfiche, I was showing them the research and they were ignoring the research and they were ignoring their own research.

It wasn't like this was out of a men's health journal.

Gingeru2019s Case and the Power of Gluten Removal

Hey, they say you could fast, you know, like, no, this was like other rheumatologists that had M. D., Ph. D. degrees that were doing studies where fasting was showing massive improvement in patients.

And you're just ignoring that in lieu of the pharmaceutical funded research, that's obviously going to be biased toward medications and obviously going to be biased toward prescription, you know, all because it takes longer to have a diet conversation with a patient.

Like if I'm going to teach somebody about gluten in my practice, you know, one on one, it's an hour conversation minimum, you know, and then we have, you know, I've created a 14 hour blast that we give to our patients, you know, so they can go home and dove into it.

But that requires time and effort and caring and empathy and understanding. And it requires, you know, a knowledge of how to implement technology, you know, in a learning platform scenario so that you can help the people that are paying you to help them and are anyway.

And so that whole model was was just so broken. So my practice basically was, was launched by seeing Ginger and then just knowing the real world application of how diet change can literally save someone's life.

Despite the medications and despite the ignorance of the medical intervention. You know, I'm so glad to hear you share this story in this way, because I know there's so many people in the audience who feel deeply seen right now because this is the experience.

Right. And and we normalize it. And and then it just becomes a rite of passage. Hey, I am in alive in this day and age. And therefore, I'm participating in this food culture and, you know, getting exposed to these toxicants.

And now I'm going to go get gaslit by the medical system until I finally am unwell enough to get a diagnosis. It doesn't matter what the diagnosis is because the treatment doesn't even reflect the data that's available today.

That's the truth of it. Yeah. And in that, you know, drugs people don't until they get into this world, they don't realize that, you know, prescription medications that they're leading cause of death.

Let that sink in. You know, there was a this was over 20 years ago. There was a doctor strike in California and the death rates went down like, I'm not looking I'm not anti doctor, I'm not anti hospital, I'm not anti, you know, go get help if you need help.

But our system sucks. If you've got a chronic degenerative autoimmune problem, our system is the worst health care in the world. Now, if you've got a broken bone or, you know, need to get a bullet removed, you know, or a knife stab sewn up or, you know, an accident fixed, you know, those guys are phenomenally good or emergency room doctors can sell you, patch you, they can save your life if you have a heart attack, you know, like but I think at the end of the day and look, it's not all doctors either.

It's it's patients have to advocate for themselves. You can't you can't just dispense your responsibility for the precious gift of life to a stranger in trust or interest that they're going to have your best interest.

They're not thinking about you when they go home. I promise you that. They saw 50 people today. I've been there. I've been in high volume practice where you were seeing 50, 60 day.

You don't have the bandwidth to think about people. That's why I left that environment. I left that environment because I needed the bandwidth to be able to think about the people who were entrusting me with their care.

And and if you can't do that, you're in. If you're not doing that, in my opinion, get the hell out of doctoring like you

don't belong there. Like what you're doing is you're is you're just basically you're running a scalable business model that doesn't serve your customer in your enriching yourself, doing it while hurting others.

And that there's no place for that. There's no excuse for that anymore. There's the knowledge is out there. This isn't like fringe stuff anymore. Like gluten may used to have been gluten free was a was a fringe word 20 years ago, you know, but me and a few of my colleagues made sure that today everybody in the world has heard of the gluten free diet.

Why have they heard of it? Because the work we've done and the outcomes outcomes don't lie. Now, if a gluten free diet sucked and didn't help anyone, no one would ever still hear about it.

Right. But because it works so remarkably well and people have had life changing, life saving transformations using diet change, you know, that whispers become a roar and even still in the face of that roar with a medical profession that continues to ignore it, it's like the house is on fire and they're telling, you know, the house is not burning down, it's in your head.

And you know this. Then all the while we're all inhaling smoke and we're burning up with it. You can't hide it forever. And that's why I think we're in for a medical revolution.

I think that's starting to happen. I think with with with the term functional medicine, you know, there've been other words and I don't really like the term functional medicine.

I, I like the term and I like the term self-responsibility. You know, you owe yourself the knowledge. I mean, how much time do people spend researching which phone they're going to buy or researching which car they're going to drive or researching, you know, what vacation they're going to take and how many people spend equal amounts of time researching how well they should be exercising or focusing time and attention on quality, sleep or sunshine or good, healthy food.

And I think the age of self and personal responsibility has to it has to to be the next age. Because if it's not, I mean, what's going to happen? We spent $4 trillion last year on medicine or I mean, 4 trillion, 4.2 trillion.

That that is enough to bankrupt us. Right. And it's on care. That doesn't work. Like, by the way, like so $4 trillion on drugs and surgeries that didn't fix the origin or educate the patient.

Right. I mean, all of our efforts should be in educating the patient on how to empower themselves and basically handing them back responsibility. You know, that ultimately, because if we do that, then they're going to drive the consumer need for organic food and that's going to lower the price of organic food.

It's going to make organic food more available. It's going to drive the consumer need for healthy houses, for building houses properly that don't wear they don't become mold traps.

It's going to drive the need for so many things in our society that are more health oriented and less reactive because medicine is just a reactive profession. Right?

Oh, you're you're in your worst state. You just had a stroke or heart attack. Yeah, we're reacting to the way you've abused your body over the last 20 years, and part of it is your fault.

But the other part is our fault because we've been appeasing you for 20 years saying, yeah, don't worry about that diet and exercise stuff. Here's a here's a diabetic drug.

Here's metformin, you know, here's you know, here's a statin, here's here's Zocor or Lipitor. Let's keep your cholesterol low without without being any more detail oriented or or actual outcomes oriented.

Right. I completely agree, Michael. That's my partner in practice. Michael. I know he's always says the doctor of the future is you. And one of the biggest things that we still have to educate on today, even for people who are super

proactive, like everybody watching this now, is obviously taking their health into their own hands and.

Good on you. And and we still have to unpack this cascade of beliefs that, you know, are interconnected. Like if you're in the U. S. or if you're in a developed country, somehow there's this this presupposition that we don't have to think for ourselves because it's it's on the shelf.

Some regulatory body did that for us, and nothing could be further from the truth. Right in the US, the burden of proof is on the consumer to say, hey, this chemical or this fake food or this medicine is harming me, and you have to go through the legal system to actually prove that at great cost to yourself.

And so it's a very laborious process that is usually left undone. And then, you know, the chemical companies go, oh, that's too bad, don't worry, we have another one right behind it.

That's basically, you know, a duplicate because we can't afford an interruption in business.

Medical System Failures and Patient Advocacy

Right now in our regulatory agencies are captured. I mean, they're basically they're not you know, even if we were to say, okay, well, yeah, we want to send experts up to Washington, to the police, you know, to police certain things.

You know, that's great. I think in concept it's fine. But when they're all being bought off, when they're when there's a revolving door of people who are supposed to be regulating the industry, and then they end up going and working for the industry, and then they go back and they become regulators like that.

That's not serving us. They're all getting rich and we're all getting sick. And people have this this naive trust that governments have our best intention.

And I think governments maybe, maybe theoretically have our best intention. But the outcome is that that it's not so great. Right. Just look at the last three years.

Look at what happened. You know, I you know, I don't know what your audience feels about COVID, and we don't have to have that conversation because that's a big thing to unpack.

But I think at this point, it's quite obvious that, you know, when you're trying to coerce people into getting something by giving them lottery tickets and giving them donuts and like your message is very skewed.

Your message is very wrong when you're saying you have to take this chemical shot that we don't have any data on, not really. No long term data especially.

And don't worry about Zeke, and let's take every doctor who's talking about vitamin D and Zinc and QUERCETIN and let's send the FTC and their their office and give them a Roto-Rooter and try to shut them down.

And they try to shut down natural immunity as even a thing. Like, there's no such like they're basically saying that you have to rely on us because your body's so weakened, pathetic that it has no capacity to protect you.

That's what our government's message is. And if you think anything differently, then you're a naive fool. That's not the way that you're going to get censored.

You could have your medical license pulled. If you refuse to let the government decide what is right for your body, you could lose your job, your livelihood, your family could be in peril.

That's is that really, you know, a government that you want to trust like that? Yeah. Is that the tyranny you want to live under? I'm not me. I fought in war.

I know what war is like. I've been to countries where tyranny is there. I've seen beheadings and stonings. I know what that's like. No, thank you. I don't want that coming to our shores. Yeah.

So all that is to say that we are in charge of our own bodies. And the more we outsource that to somebody, the more we prolong and increase our pain, right?

Yeah, absolutely. You have to get to the point in your own mind that you can respect your doctor, you can have a conversation with them. But if they're not being in acquisitive, if they're not being, I use a term that everybody now Sherlock Holmes, if they're not acting, you know, in a Sherlock Holmes type way where they're trying to help you investigate, you know, why you have your illness, then they're not doctoring you.

They're they're putting you know, they're putting a toxic Band-Aid on your symptom. And that won't serve you in the long haul. You know, I would like you to unpack very briefly is this concept of natural immunity and gut health.

And how should we be thinking about that in today's day and age? So you I mean, the gut is is ultimately, if we just define it as what it is, it's a tube from your mouth to your anus, you know, its fundamental primary job is it's a quarantine zone.

What is it quarantining it's taking? Because when you eat, there's dangerous things in food, even healthy organic food. There's dangerous things there. Right. We have different plant chemicals.

We have different types of bugs, viruses, bacteria, fungus, etc., even with the best intentions. Right. But the gut is so awesome that it has this amazing, wonderful immune system and this amazing, wonderful system of checks and balances that it can quarantine that food and it can take what's good from that food, carbohydrates, fats, proteins, amino out and break them down into amino acids and and fatty acids and smaller substrates and vitamins and minerals.

And it can it can recognize what's good and let those things end into the bloodstream. And it can recognize what's not good and it can push that and form stool with it.

And then it comes out the other end and now it's it's good there because now it's fertilizing something else, right? So like the system that we have where we can take what we need, quarantine the bad out and then sustain great health as a result.

So that's your gut, right? And so you have to look at that as you'd never first of all, you never want to do something to that gut has the potential to damage it, especially something consistently long term.

So, you know, some of the things that damage the got the most you know are toxic compounds, food additives, dyes, preservatives. You know when you go to the fast food joint, you're exposing yourself to heavy metals and pesticides.

You know, you're exposing yourself to high calorie, low nutritional density foods that will now nourish you. And you're damaging your gut by eating them.

And, you know, the more you damage your gut, your gut, your body's still amazing. It can heal it. So it's like you go eat one meal and your guts totally destroyed.

It's your your body will react and it will heal and it will it will help you. For decades before you can get sick. Right. Because there's a lot of the stuff that I mean, the reason why fast food is banned as poison is because it doesn't kill you quickly.

You know, I mean, and so it's like you think of it like the slowest poisons or the most dangerous poisons, right? Fast poisons. Easy. Okay. I took some arsenic and it killed me. Okay.

That no more arsenic. We got to get that stuff out. But okay, low doses are okay. I mean, just, you know, anyway,

my my point being that slow poison is insidious because it has a nefarious will to act in such a way that it creates low levels of chronic inflammation over long periods of time to such a great extent that your body ultimately will break down but won't break down today.

And when you recognize that, just like with anything else, if you look at you know, if we if we look at body builders who say, did they work out once and get muscles now that that was years.

Right. Look at a gymnast. Did they did they train once and now they can do you know, they can do cartwheels for miles in their abs or like, you know, out to here now, they were training 15 years for that to happen.

Right. It's it's the little things. It's the things that you do day in and day out that have the long term ramifications and consequences. Just like in life, you don't become wealthy by making a whole bunch of money in one day and putting it in the bank.

You put a little away all the time and you have the magic of compound interest over time like that. It's but it's the it's the behavior repetitively that allows you to have the outcome, good or bad, right?

And so when you have a repetitive behavior of of slowly damaging yourself with things that are societally acceptable, but not necessarily healthy, then you're going to end up in a place where your body is now compromised and your GI tract becomes compromised.

And, you know, so and then and then the first thing that people do when they when they have this set of symptoms is they visit a doctor. Like that's typically, you know, when it gets bad enough, you go to the doctor.

And the first thing that most of the doctors are going to do is they're going to pull out the prescription pad. And if your problem is pain related or pain oriented, that prescription pad might be something like a steroid for pain or a non steroidal anti-inflammatory or even an opiate type pain relieving medication.

And all these drugs damage your gut if if you're if you're slow poisoned over your life, raised your blood pressure, they're going to give you a blood pressure medication.

And some of those blood pressure medications damage a guy like angiotensin receptor blockers. One of the most commonly prescribed blood pressure medications actually causes villous atrophy.

There's 100 and I think 28 or 38 studies now that show that that class of medication can cause this atrophy. You know, if you get heartburn, you're going to take an antacid and those drugs damage your stomach acid, which is part of your immune system.

Right. Your immune system. Your acid is what is part of your gut immune mechanism. It's what kills off invaders like virus bacteria, etc., from colonizing your lower your lower GI tract.

And now you're going to suppress that acid and then you need that acid to absorb calcium and magnesium and zinc and selenium and chromium and copper and protein, etc..

Now you're going to become malnourished, and once you become malnourished, your immune system doesn't have the tools in the resources it needs to keep functioning.

Right? So now it's a it's a vicious feedforward cycle. Once you hit the point where you've eaten enough poison or done enough damage to yourself, the gut fundamentally is now breaking down.

You're trying to medicate it, but the medicines you're taking are breaking it down faster. And now you become malnourished. And so now you become devoid of the nutrients that are necessary to maintain it.

And then you hit an accelerant. Like now it's like the fire, you know, you poured gasoline on it, diesel on it. You know, you put a bunch of wood shavings in it, and then you win it and it just blew up like a bomb.

And that's where a lot of people end up. It just takes some 20 or 30 years to get there. But there are clues all along the way. You know, the clues are things like brain fog and fatigue.

And I'm getting older. My vision slipping or my knee hurts a little bit more than what it used to hurt. Or I'm gaining a little weight and I don't know why, or I'm a little stiff and achy all the time.

You know, like these are clues. These are not normal things. You know, doctors will try to gaslight you into believing that your body fundamentally breaking down or as a result of being 30 or 40 or even 50 is a normal thing.

I'm 50 and I feel great. I'm 50 and I'm in probably better shape than I was when I was 20. And that's you know, if you had one of my heroes is Jack Lane.

He was a chiropractor who, you know, if you remember him, he was his older generation. But he he made juicing popular. Right. The LaLanne victory. Anyway, he celebrated his 80th birthday swimming the English Channel with eight people in a boat strapped to his back.

The man was a beast, and he never let age be his excuse. He never let that. I mean, I'm not saying people don't age because, you know, we have the oxygen paradox, which is the thing we need to survive, which is oxygen is also the thing that slowly rusts us.

There's a big difference between graceful aging and aggressively aging. I mean, the perfect way to understand that. Look at a cigaret smokers face. They look ten or 15 years older than a non cigaret smoker. Why?

Because they're putting on a on a free radical all day long. They're accelerating their aging process and damaging their DNA. So you have choices that you make every day.

You choose what you eat, you choose what you put in your mouth. That's probably one of the biggest choices that you can make. And so that choice consistently over time is either going to equate to a healthy GI tract and healthy functioning in healthy digestion and absorption in healthy nutritional status.

Or it's going to equate to something other than that. That's the road and the path to disease.

Gut Health, Natural Immunity, and Medication Damage

Yeah, I think you've touched on so many important points here and I really want to unpack this nutrient deficiency with you further. And before I do, you you had so many good references about medications that actually contribute to a nutrient deficiencies and gut damage over time.

Did we leave any any out medications, estimators of the gut that you want to make sure you're. On a lot of them every medicine comes with a price every one, every single one.

Your ladies with breast cancer, if you took Tamoxifen, Tamoxifen is now been shown to actually drive lupus. It actually can contribute to the creation of autoimmune disease.

You know, if you're if you're taking excessive hormones and I say excessive, a lot of people get put on hormone therapies. Some people need them. But a lot of times people get put on them and their doctors don't monitor their levels very effectively.

Well, there's a cost to that because, you know, estrogen can cause magnesium and vitamin B6 and vitamin C and vitamin B2 deficiencies and zinc deficiency.

Testosterone can cause that. So so, you know, if you're if you're just thinking, you'll go to your doctor and get some hormones to feel young again, you're going to pay in nutritional price there.

If you're if you're taking combinations of things like when you when you take a steroid, for example, for pain and

you mix it with like a nonsteroidal anti-inflammatory, it's like a 7 to 10 fold increased risk for ripping holes in your gut microscopically, you know.

So sometimes when you combine certain medications and we have I think I don't quote me on this, but it's like the average 50 plus person is on for more medication medications.

And none of these drugs were ever studied in combination. They were only ever studying one disease, one drug as far as safety and efficacy. But the interactions that they have were never really, truly studied and approved as safe.

So, you know, you get all time I get all kinds of poly pharmacy folks. They come in and they're, you know, 15 medications deep and there are masses. And a lot of the reason they're masses isn't because of their choices.

It's it's because the medicines are synergistically destroying them and they don't even really realize it. They're slow poison sometimes, too, but. But they're very common medicines that can cause nutritional deficit, drugs for diabetes, metformin particularly causes B12 deficiency, folate deficiency, coq10 deficiency.

Which is ironic because metformin is supposed to reduce your risk of heart disease by controlling your blood sugar. And when you have co Q10 deficiency, you can develop high blood pressure and congestive heart failure, right?

So you see the irony in it. It's medicine. Their textbooks written on this. Probably the best author on the topic, Daphne Ro wrote, You can buy her books.

They're very expensive because they're older and there aren't very many in circulation. They were kind of taken out of circulation. I have all of her books, but she did a great job of helping us understand the biochemistry behind how medications can either cause nutritional deficiency by damaging the guide causing malabsorption, or they can cause nutritional deficiency by creating a biochemical need for more of that nutrient in order to process that drug right.

Or causing a nutritional deficiency because they somehow have some type of conflicting damage to an organ or a tissue. And so we'll burn up more nutrients in an effort to try to heal or repair that tissue.

And so there are a lot of different potential mechanisms. But again, I think it's important that everybody understands there's no free rides. You know, every every medicine you pay a price for.

That's why in pharmacy there's a name for it. It's called risk benefit. You know what is the risk of the side effects of this drug versus the benefit that it might, you know, that it might give me?

And and I think it's important. It's what informed consent is all about. It's important if you're going to choose to take a medicine, your doctor should have a conversation about drug induced nutritional deficit as it relates to that medicine and give you all the facts.

And that way you can make an informed consent decision instead of your doctor just gaslighting you saying, oh, side effects are rare. It's not okay, it's not good enough.

Side effects aren't rare. Not when you take that drug and mix it with for others. Now, we don't even we don't even know. And, you know, most doctors say the side effects are rare because they ignore the fact that their patients are having side effects and they call the new side effect a new disease.

And then they medicate the new disease with another drug like it. If that's your attitude, if your attitude is to bandage everything, every little symptom with another pharmaceutical chemical, then yeah, you'll never see the forest through the trees.

But if you're, if your audience wants to know more and specific, I've got several articles on different drugs that affect the GI tract and how they affect the GI tract, as well as a chart on drug induced nutritional deficiencies that I'd be happy to share.

You had to be fantastic. This is so important because we haven't even gotten to actual like side effects, you know, and in the context of chronic conditions, I don't know about you, but so many of the people who come to our practice, you know, they're coming because of mold or parasites.

And, you know, those are wonderful topics we're super passionate about, but they're on, you know, things to help them, you know, sleep and poop. And, you know, they have an autoimmune disease or more than one, you know, I certainly did.

So I understand the path of how they got here, but they're on these drugs that at the side effects are digestive conditions. They're the side effects are digestive symptoms.

And they're like, oh, well, can you work around this or can you help me get off of this? And, you know, as natural health practitioners, as a tradition that I legally cannot comment on that, I got to turn you back around.

You got to go back to your prescribing doctor. You got to work on a plan to get off of this because I can't help you get off of them and you're coming to me for the side effects.

And it's so frustrating, you know, it's a really weird landscape that we're in. It is. And I think that's where people just get themselves empowered. Then they can start making some of their own decisions.

Remember that your doctor prescribing you something is not an order. It's not a mandate, right? It's. It's a recommendation. It's why they call it an opinion.

You know, you always hear that go get a second opinion. You know it a third opinion, their opinions, their subjective opinions. And think about it, you know, if you're on multi pharmacy, how much time did your doctor spend with you conversing with you about your history and about the nuance and the ins and outs of your life and your behaviors before making that recommendation of a very high, powerful drug that they want you to stay on for the rest of your life.

How much time did they devote to you before they just made that decision for you? And again, it goes back to you. You have to be smarter that you have to make that decision weighing the risk and the benefit.

And it's not that if the doctor's not doing their job, it's either your job to fire them or it's your job to go and do that work in that research so that you are an informed consumer because that's what changes the world.

You know what's not going to change your health if you just listen and and you just take whatever it is they throw at you, you have to make sure it's the right fit and it's not always the right fit.

If it were the right fit, it wouldn't be the third leading cause of death in the U. S. and not if that doesn't wake you up and alarm you to the nature of the problem.

Nothing will. This is so important because I remember vividly I came from mental health first and was chronically ill, you know, crashed. I was mystery patient X, you know, I unhooked myself and worked at a hospital because they just stopped caring.

They were like really interested and excited to run tests on me first and then they're like, Oh, well, this is no longer fun because I can't easily categorize you.

And everybody went to a different diagnosis and the pressure to medicate is super intense. And then you go to the next one. They have a completely different diagnosis and it's like the metformin dispensary that you work. Steps, you know.

Just this is not working. Okay, so let's I really want to highlight a couple of things before we run out of time in your zone of genius. I mean, obviously, this is all your zone of genius, but you said something really crucial that I want to unpack a little bit.

And I was getting interviewed the other day and somebody said, well, we're over nourished in this country. And it like, no, we're not. We're overfed and malnourished.

And I really want you to help people understand, you know, these gluten induced nutritional deficiencies, these lifestyle induced nutritional deficiencies that really affect gut health for the long term.

You know, I would just love for you to speak to that. 60% of your nutrients that your gut receives comes from the food you eat directly, like what you put in your mouth.

Actually, 100% does. But directly so like as your guts being nourished, it's actually being nourished by the food as it comes through you versus like, say, your heart, which is being nourished through the bloodstream or your liver that's being nourished in the bloodstream.

So the gut itself has to get nutrition from the food that you eat. This goes back to high calorie diets with low vitamin and mineral content. Give your body work to do.

Understand that digestion doesn't come free like it's a very, very energy laden process where we're breaking food down through multiple different biochemical processes that require energy.

You know, it requires chemical conversions, right? Which that energy is provided through vitamins and minerals. Right. Vitamins and minerals are what we oftentimes refer to as cofactors.

And they play a role in in regulating the little tiny motors inside of ourselves. These little motors are what either generate energy or generate function.

And these motors think of them as the car keys to these motors are like zinc and magnesium and calcium and B vitamins, etc.. So if you're eating a low nutrient density diet, which generally speaking is what America's diet is, it's, you know, roughly 60 plus 70 plus percent carbohydrate diet and those are processed carbs.

So you have to understand the history of processed carbs. America in 1943 banned the sale of processed grain because they were responsible for killing people to the tune of 8000 or so deaths a year through beriberi and pellagra.

So these were diseases. These were plagues that were B vitamin deficiency diseases that were actually being caused by processed grain consumption. And the solution, instead of saying these foods that are processed aren't good for us, the solution was we need to fortify now with synthetic vitamins.

And that's where that that's food fortification came from. It actually came from the need to not kill people with the food they were eating and the brilliant stroke of marketing genius, which was my opinion, rather evil, was from Kellogg.

Kellogg That you've heard of Kellogg Cereal, right? Kellogg was a was a doctor and his brother was a marketer. And they created they created Corn Flakes together.

And the company. KELLOGG Well, well, instead of saying, hey, don't eat cereal because it's going to kill you, they said instead, hey, eat more of it because it's now fortified with vitamins and minerals.

So it's an even bigger, healthier part of your day. Right. And we all grew up with that kind of cereal commercial message, part of a balanced breakfast, part of a balanced breakfast.

Part of a balanced breakfast notice. They never said it is a balanced breakfast. It is about they had to say part of a balanced breakfast because they knew what they were selling.

It was an incomplete, nutrient lacking toxic swill that cost them pennies, but they could charge you $8 a box for right like so it was a huge markup and it was huge profitability coming from cheap labor and cheap food where they

could throw some synthetic vitamins in it.

And tricky with marketing to make you think your kids needed it right. Cereal was an invention in 1895. Prior 1895, cereal didn't really exist. Post created the first cereal Kellogg followed, and this was all early 1800 or late 1800.

So most people don't realize that because they grew up thinking, oh, gosh, cereal, cereal. You know, we grew up with it, right? So we think we kind of reinforce this false belief that somehow that's been a staple food for humans for generations.

And it has not. Right. And it's not like, oh, you're not going to let me have my cereal. Is that you think, well, you're not missing out on this, like right to exist.

You're missing out on a on a marketing phenomenon. That's all. Well, today's today's luxuries are tomorrow's necessities. And so, you know, originally, you know, what what would where you would say cereal wise was it it was luxury food and it became more and more commonplace and more and more of a necessity in people's eyes and in a lot of trends work that way.

Luxuries become necessities, and it weakens us. It makes us weaker and weaker with each passing generation. But back to the nutrition. If you eat a high calorie, low, nutritionally dense food, your body has to create the energy to break that food down.

If that food's not providing the vitamins and minerals, then you don't have the capacity to break that food down. So in your body instead will convert that food into other things.

One of the things it will convert it into is a triglyceride, especially carbohydrate. If your diet is rich carbohydrate, you'll make more carbohydrates.

I'm sure you'll make more triglycerides from carbohydrates. And when you're triglyceride levels go up, they they pack around your liver and they cause your liver to become fatty.

Right? And then now your cholesterol goes out and they want to put you on a statin. This is the chain. And this is why Kita, diets are so popular. Carnivore diets are becoming more popular.

And I don't look, I'm not saying that I'm not a fan of of of them for certain reasons. But I think ultimately what is true about keto and what is also true about carnivore diets, that they are grain free diets.

And so they're really just another level of a grain free diet with even further restriction. And I think a lot of the people that feel better when they initially go keto or carnivores because they're actually going grain free, which we could talk about the ins and outs of gluten as a poison, as a toxin gluten certainly.

Is it is the most well studied trigger of autoimmune disease, right. Most well-studied autoimmune disease happens in your gut as celiac disease, but gluten aside from gluten grains contain, you know, other proteins that ripples in the gut lining and activate little receptors in the gut called amylase trypsin inhibitors, which cause inflammation in the GI tract indirectly.

So this is not even a gluten reaction, right? It's different reaction altogether. We also know that grains or oftentimes contaminated with mold and mycotoxins and those molds and mycotoxins can damage your liver and can create inhibition of DNA and RNA production, which makes it harder for you to heal and helps you to age faster.

Oh, we know that grains are super high and super rich in omega six fats, which are highly inflammatory when when they're over balanced. So if you're not getting enough omega three, which you don't get any omega three really from grain, but you're eating grain is a staple food in the U. S., 60% of all calories come from wheat.

And so we know it's a staple food. Right. And so you're getting this really high omega six inflammatory fat ratio.

Nutrient Deficiencies, Processed Foods, and Grain-Free Diets

You're getting mold, you're getting mycotoxins, you're getting pesticides, predominant glyphosate, because most grains today are sprayed twice with glyphosate, once before that planted and once during harvest to dry them up before the combined.

So you're getting all those. Organic if it's sprayed as a desiccant at the end. So that's what people don't understand. Like, Oh what, it's organic. So it's, you know, glyphosate.

If we know that's not what organic means. Organic does not make life slippery. It means lower in glyphosate potentially. Yeah. And in the end of the thing, the story behind glyphosate too, is the FDA didn't even have a way to measure it until a few years ago, yet they had created an upper level limit that nobody could measure.

The whole thing is nonsense. The whole thing is like they were. It's like a bunch of lawyers, you know, we're just trying to see why. For the government and for the industry anyway, back to back to the point I know we've we've we've diverged a lot, but at the end of the day, if you eat bad food with with lots of calories and low nutrients, you're going to cause vitamin and mineral deficiencies the way I want you to think of vitamins and minerals, if you own a car factory and you're putting together a car, you know, you need you need steering wheels and brake pedals and doors and tires.

You know, all of the things that cars are made from, right? Think of think of those ingredients as like carbs, fats and proteins. Right. Those are building blocks to to everything our bodies made out of.

You know, you have carbs. It's really even deeper than that. You have carbon, hydrogen, oxygen, nitrogen and phosphorus are are the main elements that go into creating who you are as a human right.

And so those building blocks, if we're again, go back to the car analogy, those are the steering wheels and the doors and the frames in the tires. Right.

But those things just don't self-assemble. You have to have factory workers putting those things together. And that's what vitamins and minerals are. They're the factory workers that pick up the tire and put it on the car.

That bit screw the steering wheel and to make sure the airbag is running right, make sure you have a radio with a button. Right. And so if you don't have adequate vitamins and minerals, what you have is a bunch of parts chaotically those parts can oxidize those parts can now form.

And when that happens, that's where disease comes from to a large extent. So that's why it's so important. It's why it's the number one thing that you have the ability to control is think about and do better with.

And that's why, at least in my experience, you will never heal, you will never repair, you will never overcome chronic autoimmune gut condition or any other form of autoimmune disease.

Without changing your diet, I don't care how many supplements you take, it doesn't matter. Supplements do not fix a diet that is inflammatory. You can't keep eating poison and think supplements are going to cure your your body from eating the poison.

Imagine a fish tank and now the fish are swimming around in the waters. Got poison in it and you're putting organic food in the water. They're still going to die right?

Those fish are still going to be sick. The environment has to be, you know, your environment internally and externally. I mean, we can talk about environmental, you know, chemicals and other things, but at the end of the day, the food is the control point because its job is to nourish you.

It's job is not to create a war for you. And most people don't realize that the very fluid they're eating, their body has to battle it. And so they're using most of the nutrients the food is providing to battle the very food that they're eating.

And so they end up like a bank account that's devoid of cash. They end up writing hot checks, and then the constable comes to the door and throws him in jail.

And that's what disease really is. It's really well said. So I have two quick questions for you as we wrap up here. One is for the folks who hang on summer junkies.

I've got you covered. That's your lab. You're the last question. But for the folks who are in-between, they kind of waffle. They do what they can and they're like, well, I know gluten is bad, isolated sometimes.

Right? Right. And I'm doing my best. And that's the frame of mind they have. You know, what would you say to those folks? And, you know, how to consider their their responsibility and what they need to do next.

No greatness was ever achieved with a mediocre attitude. You want to be great, ask yourself. And, you know, look, not everybody wants to be great. I'm not here to judge.

You know, if you want to choose mediocre food, if you want to justify cheating, there will be a price that you have to be willing to pay. And if you're willing to pay it, then it's yours to pay it.

And it's not mine to judge your choice to pay. You just have to ask yourself what you want, you know, and then you have to go get it. And if you want health, you have to go get it.

You can't justify bad choices if that's what you want. Yeah. Again, no judgment for me. I just, you know, I don't even work with people who aren't serious at this point in my career.

To me, every hour lost and trying to convince somebody they need to do something is a total hour lost in time this way too valuable and precious because there's way too many sick people who are at a point where they're willing to make the changes.

They're just starving for somebody to give them guidance. And and because medicine is not a great a great field for that. Right. Yeah. That's why I call it the medical industry.

Not usually don't refer to the medical field for all the reasons we talked about today. So the last thing I would love for you to comment on is the folks that are listening.

And I, you know, I can feel their their thought process right now. And they're saying, Dr. Peter, I've been off gluten for ten years and I'm still on just a few foods and I'm supplementing, you know, I've tried all the diets, I've tried all the things.

How should I be thinking about this? You know, what should I try next? You've been piecemeal. Piecemeal thing is when you when you take a good concept and apply it in part without putting the other important parts in as well, there's six non-negotiable fundamentals of being healthy.

The first is what you eat. The second is how you sleep. The third is how you move your exercise. The fourth is clean air. The fifth is clean water, and the sixth is stress control and stress management.

These are not negotiable things you can try to negotiate with them. You will always lose. You know, I do. Every time I try to negotiate with them, I see it.

I've seen it in thousands of people. You know, if you don't get a good night's sleep, you're not going to perform as well tomorrow. If you don't eat a good meal, you're not going to think as clearly like these.

That's why they're non-negotiable. And I realize no one's perfect and we're not asking for perfection from anyone. Everybody has weak moments. Everybody has flaws, including myself in that, and that's okay.

But it's what you do day in and day out consistently. Right. And so if you're if you've if you think you've done all

those things, like if you if you said if if you're stuck and you're doing those things, then where you're at is you're at a place where where you've been piecemeal because you you don't understand your unique biochemical need.

So there's, there's different things that need to be measured in anyone who's struck or or stuck or struggling. And these were the things I discovered to bring this story back around the very beginning of it.

When I was in the V. A. hospital, I discovered four primary trigger factors for autoimmune disease. So number one was food. Then that needs to be measured.

If you've already done an elimination diet and you're stuck and you don't know what else you could avoid or what else you need to avoid, you need to have it measured.

And there are six different ways your immune system can react to food and all six need to be measured. But most people measure one way igi. Some doctors will measure IgG and that's that's okay.

But it doesn't measure all you need. IgG, A-game. You need immune complex, you need T-cell response and you need hygiene. If you don't measure all of them, you could be missing something.

That's that's what I mean by piece mealing. You have parts of data, but you're missing the complete picture. So that's food, right? So that's one trigger.

The second triggers chemical exposure. Chemical exposure that what could that look like? That could look like heavy metal. You know, you think about mercury, arsenic, cadmium, you know, it's one of the problems with grains grains are having contaminated with mercury, cadmium, arsenic.

The other thing you think about in the Chemical Family is, is what chemicals you use in your house to clean your house, what, you know, the Everglade Brush or if you have one of those air plug ins, you know that just pumping out toxic neurological chemicals in your household that you wear perfumes and colognes, what's what's the fragrance that you're applying and your hair when wash your hair, what you know, what are all those things that you're applying and rubbing on your body, assuming that they're safe and assuming that they're somehow healthy, those those can be measured.

First of all, you should do your best to be as natural as you possibly can be. But, you know, there are even even beyond that, people can be reactive to natural things.

I mean, I get people allergic to Rosemary all the time. Rosemary is a major ingredient in a lot of soaps and shampoos. So so chemicals need to really be looked at and measured.

And another example of a chemical that's really overlooked and very quite common is mycotoxins mycotoxins are the metabolic byproducts produced by mold, environmental molds and they can really make you sick and they are big time drivers, I estimate, and I one in three households has a mold problem.

They just don't know it. That's my estimation. It's a big problem. We're going to hear more about mold the next 20 years. You know that mold and mycotoxins, you're going to hear those words 20 years from now, the way you think about gluten today.

Then we'll be at the forefront today. Everybody's kind of whispering about mold a little bit here, a little bit there, but it's going to become a roar, just like gluten did.

And but that chemical, so so back to the fore, it's food, chemicals, those can be measured as well. And they should be measured. If you're if you're struggling, you should have the measured.

The third is your microbes in your gut. So your gut itself. Right. Your microbiome is very critical to your health. You're actually outnumbered genetically by bacteria and fungal microorganisms that live inside of you.

Their importance is is tremendous. They help you make vitamins. They help you digest your food. They help produce mucin, which coats and lines, the GI tract, preventing it from leaking. They talk to your immune system.

Actually, they have a telephone line to your immune system, kind of like the president and the Pentagon, and they're like, Hey, what's coming down the mouth?

Oh, it looks like some bad McDonald's is coming down the mouth. Maybe you ought to mount up some IGA and some other canons of immune power. So that we can neutralize this food this person just ate, right?

Like that's what your bacteria help you do is they is they talk to your immune system and prepare it so that can respond and react appropriately. So. So you can measure that and you should, because many people don't have adequate quantities of healthy bacteria.

Many people have inadequate quantities of the wrong kind of bacteria. There are several species of gram negative bacteria that are primary drivers, broader immune disease.

We don't know. You have them. I mean, they're not like infections, like the acute infection where you have 102 fever and you're in bed and you're, you know, you're feeling that way.

These are these are slow burners. These are long poisons. Like I said before, you could have a yeast overgrowth or fungal overgrowth in your GI tract and that can all be measured.

So looking at your microbiome fundamentally and understanding the milieu to the best of your ability is an important thing to measure. And then the fourth is your nutritional status.

Okay, I earlier vitamins and minerals are the workhorses in the factory.

Testing the Four Root Causes and Getting Unstuck

They're the ones that put the parts together. Right. So, so if you don't have zinc, for example, if you're lacking zinc, you need zinc to make digestive enzymes.

So think about how just the zinc deficiency can cause a digestive enzymes deficiency that could cause food malabsorption that could cause future vacation in your gut.

It could cause constipation, that could cause malnutrition. Right. We're just talking about one little simple mineral. Yeah, there are 40 essential nutrients.

And you should have the measured. And the best way to measure them is intracellular early, not in the serum. A lot of a lot of doctors are looking at them in the serum.

And that's an inaccurate way to assess nutrition status. You're saying that. Yeah, you need to have those measured and then you also need to have your capacity to digest your food measured because that's part of your nutrition.

So there are three primary systems involved in helping you digest your food. The first is obvious that's your GI tract, right? So, you know, you can measure parts or aspects of your GI tract around absorption.

So you can measure for fat and protein and carb malabsorption, you can measure for digestive enzyme production, you can measure age. These are all different things that can be measured out.

You understand how well your GI tract is going to functionally work to help you break your food down, to extrapolate the nutrients from it. The other two organs that are what we call accessory organs to the GI tract one is your liver.

You know, your liver produces bile and bile is a is an acid that it basically it emulsify as fat so that you can absorb it. So, you know, when you when you think about fat being an important component, we've gone through this no fat diet craze of the eighties and nineties.

Fat, super important. Omega 3 is fat. Vitamin A is fat. Vitamin D is fat. Right? So you have ADE omega fatty acids are essential nutrients and if you have a dysfunctional liver or a fatty liver or if your gallbladder has been removed, you know, these are problems potentially for you that need to be addressed, you know, with the help of your doc and or your practitioner so that you understand what you need to do.

And then the other organ is your pancreas, and your pancreas has two functions or more than two, but it's got to be basic major functions. It's got to execute and function and endocrine function.

Endocrine function is the insulin production. So it helps you regulate your blood sugar, which is important for appetite and how hungry you are and whether you have carb cravings.

Right. But the other function of your pancreas, the exocrine function, is that it releases digestive enzymes into your small intestine to help you break down your food.

It also releases bicarbonate to see a three, which is a it's a buffer that neutralizes stomach acid. So your stomach acid doesn't burn a hole in your small intestine.

And so that that your pancreas can be assessed right there. There are different laboratory analyzes that where you can measure pancreatic function, you can measure liver capacity, liver function, doctors can also run ultrasounds on these organs and make sure there's nothing visibly and anatomically, grossly wrong.

But you can have the biochemical milieu of these organs assessed and you can have your nutrition status assessed by measuring vitamins and minerals. And if you have the keys to those four points right of information, again, food, chemicals, microbiome and then digestion, absorption, vitamins and minerals, those all put together equate to the what we call the primary non-negotiable biochemical factors that can be measured that can give you a blueprint to follow in your diet or lifestyle plan so that you're no longer guessing at what you should be doing.

Because a lot of people do the best they can with the tools they have and then they hit a plateau. And that plateau is generally because there's something that they're working from a premise of lack of knowledge.

And so there's something they're not doing that they should be. And oftentimes it's not something. It's some things, right? Because it's never you know, when I look at testing across the board with my experience, I never find a smoking gun.

The closest thing I ever find a smoking gun is gluten. Second closest, maybe mycotoxins. But at the end of the day, usually people have anywhere from 15 to 20 different unique sets of issues from those four categories and sometimes more.

And that's what can make it overwhelming. And that's why a lot of people continue to struggle. A lot of people get better because they've hit all the right notes.

But a lot of people continue to struggle because they don't know what notes they're missing and their doctors don't even know to begin how to begin, you know, making that assessment, because they're not I won't say they're not privy to that knowledge, but they've never given it time and attention and they've never applied it in the way that it needed to be applied clinically.

And so that's why I said earlier, they just do their patients a huge disservice by really pretending, right? Pretending that if we sweep your symptoms under the rug with a toxic, toxic cocktail of chemicals, that somehow will improve your quality of life.

And then I can go to sleep at night thinking that your quality of life is better, knowing that I've just made you a slave

to multi hundreds of dollars a month the pharmaceutical bills for the rest of your life while not solving your problem.

But the reality is, you know, you can empower a whole lot of people by knowing those four categories of biochemistry and helping them create a blueprint to apply that knowledge in their own life.

And that to me is if you're stuck, that's you have to start there with trying to use your health as if you're stuck. It's no longer a do it yourself at home project.

You've got to get an expert. You've got to get somebody who understands this stuff on your team, understands biochemistry analysis and understands lab.

Because if you don't, the other problem I see, Sinclair, is that you people who maybe will will measure one aspect of those four things, you know what I mean?

And then and then so like, for example, they'll get a vitamin D test from their doctor and their vitamin D was low. And so they'll take vitamin D. But what about zinc and B12?

And yeah, I mean. Green pharmacy, you're low in these 37. Here's 37 different supplements. Yeah shopping bag and a big to do list and it doesn't actually help you here.

So so my my credo is test on gas. If you're stuck now if you're not stuck and you've never applied, the basic fundamentals apply to us. First, don't go visit the doctor.

Apply the fundamentals first, because you may be surprised at how much better you feel. You know, you may feel better. You may you may take you three months to get to see your doctor anyway.

So apply those in that three month interim so that when you do go, you'll have a at least a basis for understanding how much your health can improve with just some simple change in your life.

But, you know, the whole point of seeing a doctor is that you're beyond your expertize. And, you know, if if the patient if the doctor the future is the patient, the patient has to it has to embrace the six fundamentals on a consistent enough of a basis to give their body the opportunity to heal, repair and maintain itself again with the plateau.

That's when you seek the expertize. That's when you quit the Do It at home project and you make it, you know, you when you embrace an expert. So that that's the best advice I could give.

You know, in terms of helping those those folks who are just trying to figure it out, because I know how frustrating that can be when you're sick because you're not thinking one, you're not thinking clearly when you're sick, right?

Your brain doesn't work as quick. It's not as fast. You're trying it. It's like trying to swim when you can't keep your head above water and you're not getting enough oxygen.

And it's just really hard. It's really hard to do everything that needs to be done when you're not able to think clearly. So, you know, enroll a partner in your care and that's the best thing you can do sometimes, right, is seek out an expert to seek out somebody who understands those basics.

Don't go to somebody who's going to just continue your perpetual piecemeal thing. Right. The doctor, if you're going to a doctor, let me give you an example.

If you go into a doctor and they say, well, let's just check your thyroid first and we'll do that for a while, that's piecemeal. And your thyroid is not your body you like.

The thyroid is one organ of many organs. And so it's not it's not wrong in measure your thyroid and checking your thyroid or your adrenals, there's nothing wrong with checking your gut.

But if you don't do it in a comprehensive way, you're just going to you're going to come away from that table with, you know, 10% of the puzzle pieces.

And, you know, you ever try to put together a puzzle where 90% of the pieces weren't even in the box, you know, and you didn't have what the puzzle was supposed to look like, like you didn't have a picture of what it was supposed to look like, other than maybe a memory of what you remember, good health, maybe feeling like like.

So you're working on a memory with brain fog and you don't have all the pieces. And like anyway. I spent years that way. I vividly remember. It's really awful.

Yeah. Yeah, it's awful. Thank you so much for all of your insights today and for sharing the different frameworks, how you look at things with your patients and for spearheading this conversation in such a fantastic way.

This is so important that we reclaim our integrity in the medical field, unhook from the medical industry. Right. And you know, I just love the work that you're doing.

Thank you for being an advocate for people with chronic health issues, especially, you know, the folks listening today, they need more of this, not less.

So, you know, I just blessed you on your path and I really appreciate your time. Well, thank you. Thank you for putting on an event like this. I know it's a lot of work and.

Ridiculous amount of work, but it's my job to do it. Every one of these interviews is a love letter to, you know, where I was ten, 15, 20 years ago. I remember what was like.

And, you know, guys, all you need listening in is just that next nugget, their reason to keep going, that reason to take back that much more responsibility.

Like you got this, you got this. Amen.