# Uncover Your Gut's Reaction to Gluten Sensitivity, Nutrient Deficiencies, and Medications Transcript

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## Introduction to Gut Damage and the Interview

Some of the things that damage the gut the most are toxic compounds, food additives, dyes, preservatives. When you go to the fast food joint, you're exposing yourself to heavy metals and pesticides.

You're exposing yourself too high calorie, low nutritional density foods that will malnourish you. and you're damaging your gut by eating them. The more you damage your body's so amazing, it can heal.

It's not like you go eat one meal and your guts totally destroyed. Your body will react and it will heal and will help you for decades before you can get sick.

This is Doctor Talks. Welcome back to another interview on reversing chronic gut conditions. I'm your host Sinclair Canale and today I am joined by the wonderful Dr.

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

Why are our 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 longtime bestseller, No Grain, no Pain. If you haven't read that yet, you must pick it up. I was just telling Peter, I've bought like 10 copies over the years and I keep giving mine away to somebody.

So it's really fantastic. And he's also the host of The Glutenology Masterclass series and has a fantastic YouTube channel. We're really thrilled to have Dr.

Peter on with us today. Welcome, Peter. Thanks for having me. It's great to be here. 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 help it. Let's start by unpacking for the audience, 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 go back to when I was 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, they should be taken good care of, at the very least they shouldn't be taking great care.

So in this rotation that I was involved with, I would watch these. These soldiers coming in through the VA, you know, in the Houston, they come from Louisiana.

## Peter Osborne's Early Clinical Observations

They come all over, right? So they're coming from all-over. The rheumatology department is largely treating autoimmune disease. So imagine rheumiatoid arthritis, lupus, scleroderma, ankylosing, spondylitis, psoriatic arthritis et cetera.

You know, they made a huge deal. My attending docs made huge a 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, there's seven criteria and patients have to have four out of the seven, like that kind of thing, right?

Which to me, because the criterion for diagnosis in large part, most of criteria were subjective, not objective. I didn't understand why it's a big deal because My historical perspective on rheumatological disease was most people would go to five different rheumeatologists and get five diagnoses anyway, so why the hubbub?

Anyway, they handed me this big, thick text called The Primer on Rheumatolygical Disease. 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 when we're going through school, as we spend lot of time in study.

So I went home and I read the book and made a ton of doggy ear notes and highlights and everything else. When I came back on Monday. to the internship, I was quiet.

I wanted to just observe because this was my real first day clinically working there. What I did is about two weeks of observation and just kept my mouth shut and stayed at the back of the room with the other newbies, with other green ears.

Anyway, after two week I started to ask questions. One of first questions I asked was why aren't we doing any objective testing to any great degree? Because you asked me to read this book and this really, although not really super organized, does, if you read it, spell out all the potential possible known triggers for autoimmune disease.

So as an example, certain types of pesticides are known to be triggers. And so there was in depth, there were chapters on kind of going through some of that information with certain pipes of auto-immune diseases.

I'm like, why are we testing these people for pesticide exposure? because that's a trigger. 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, which at the time was methotrexate, a cancer medication, but because it inhibits DNA and RNA synthesis, 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 we know that there are triggers for auto 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 the doctors having big egos because they could say big words, but not really having 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's just the way it was and we weren't going to do that. And then, so I kept quizzing. I keep quizzed the attending and I wasn't doing it.

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

But what evolved in that rotation was ultimately one of the days, I can't remember if it's Tuesday or Wednesday, but it called Surgical Consult Day. And it, was very real revealing because on surgical consult 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 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 Consult Day was all about popping an x-ray and then say, yeah, you're a good candidate for surgery, let's schedule it.

There was no orthopedic exam, the orthos 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 good candidates.

And there was like no detailed history taking or no taking, no common conversations with the actual patient, just yeah you look a like a candidate of surgery.

freaking kidding me. This guy's been on methotrexate for 20 years. His gut's destroyed. He's malnourished. There's no way he's coming out of that surgery healing, because surgery is a trauma, right?

I call surgery scheduled trauma and sometimes surgeries are necessary, but at the end of the day, if somebody's The level of potential for complications post-surgically is astronomically high and you're asking somebody that's been medicated with steroids and methotrexate to 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 collagen, which you're about to cut into this person and rip all those things out.

They're going to need those nutrients to heal. You're not even measuring to see what their status is presurgically to give them a better outcome. It made me mad.

So it was that anger that fueled me and emboldened me to just continue to question. Because now it wasn't just, okay, what about pesticides? What the book taught me?

I can't take full credit for this fundamental knowledge. I read this and I just applied it. There are four common primary triggers. for autoimmune disease, no matter what it is, whether it's rheumatoid or rheuma illogical, or whether its thyroid like Hashimoto's or Graves, you know, weather its liver like auto-immune hepatitis or skin diseases like psoriasis or eczema, four 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 one, first triggers food.

And we knew that, we had the largest body of research conducted on a cause of autoimmune disease in celiac disease. I mean, this is not rocket science.

We've known about celia disease since the 1950s, and we've know 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 go to, say that other auto immune diseases could also have a food trigger?

And so the amount of research though on people with celiac disease who also develop rheumatological disease, is vast. There's a high percentage of people that have celiac that go on to develop RA or a higher percentage with RA that also have celiac.

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 one of the largest medical libraries in the world. And at the time, there were no computers.

It wasn't like you pop on PubMed and you can access 10 million research studies right now. You go to library, you pull the dusty volumes of journals that are bound, or you pulled 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 have your trusty highlighter and highlight the stuff.

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

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

And so some of it was the research on gluten. Then he threw that away, so I brought him the researching 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. We can't even compare, even close to the efficacy of just not eating. And 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, he threw that out. Then I brought him research on fish oil, because I thought, okay, fish is something, there's a prescription fish or maybe we could get them to write prescription visual oil for these patients.

Bish oil is more effective at anti-inflammatory than is non-steroidal anti inflammatory drugs like ibuprofen, right? So when you take it in high enough doses, like four to eight grams a day, it actually is impactful and more affective for inflammation.

Nope, he threw that in the garbage too. So, I, you know, it was three strikes and I was out. They hated me there. they did not like me as a student. And they wanted me out of there as quickly as they could get out there, and that was happy to leave, frankly, because it very depressing and demoralizing to know that they were just completely ignoring research, pumping the same old line and didn't, again, but they made all this damn nuance about, oh, well, the criteria right, because you got to get the diagnosis right.

I'm like, why? Why do you have to the get diagnosis, right? This person has lupus and you prescribed a methotrexate. This had ankylosing spondylitis and prescribed the metho trexates.

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 and trusting you for their care.

And like I said, it just pissed me off. So when I left the VA hospital, one of the first things I did is I opened my own practice and I had a little girl come to see me and her name was Ginger.

She was nine.

## Autoimmune Triggers and the Gluten Connection

She had a diagnosis of juvenile rheumatoid arthritis and she had been being pumped full of methotrexate since she was two. She got her diagnosis at the age of two and here we are seven years later and her mom brings her in to see me.

What had happened was seven-years of being treated by the rheumeatologist. 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. Her knees would swell up. When she was an infant, she couldn't crawl.

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

So frequently she has a port embedded in her arm, a permanent one, because she in and out of the hospital so frequently for pain, management and treatment.

And so when I got her, it was like God was just dropping her in my lap and saying, here you go, prove it. And 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 pork came out of her arm and wasn't dead. Within a year, she completely in remission and off of all medication.

And today she's graduated college. So this was where I really was able to take my experience that was good and bad, it was in some ways and 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 auto immune disease. And for females, it's somewhat argued, 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 is the Top Cause of Death.

and females under the age of 65, because some of the autoimmune diseases technically should be classified as auto immune, but they're not yet. But mechanisms have been researched and they are auto-immune mechanisms.

So that being the case, we saved her life and then that was it for me. From there on, I knew. Now it was less academic and now it's more real-world experience.

And so from there, My mission has been ever since then to save as many lives as I could of people who were run through that crappy system of lack of empathy and lack science and really the cloak of expertise.

The wolf in sheep's clothing because they drape themselves in these white cloaks 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 doctor are intentionally doing it. Some of them just don't know any better. But the time for not knowing any there is over.

I could see maybe not know anything better 25 years ago prior to the internet. If I want to learn about something, I can learn it and I master a topic or a knowledge in two days.

If I really want to learn academically, not experience-wise, but academically. I could pull all that information available in the world and I can convene to learning that in a very short period of time.

These doctors don't have any excuse. They can no longer hide behind there's no research because even in that time of microfiche, I was showing them the research and they were ignoring the results.

And they weren't ignoring their own research. It wasn't like. This was out of a men's health journal. Hey, they say you could fast. No, this was like other rheumatologists that had MD, PhD 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 gonna be bias toward prescription.

All because it takes longer to have a diet conversation with a patient. If I'm gonna teach somebody about gluten in my practice, You know, one on one, it's an hour conversation minimum, you know.

And then we have, created a 14 hour blast that we give to our patients, so they can go home and dive into it. But that requires time and effort and caring.

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

Anyway, that whole model was just so broken. My practice basically was launched by seeing ginger and then just knowing the real-world application of diet change could literally save someone's life despite the medications and despite ignorance of the medical interventions.

You know, I'm so glad to hear you share the story in this way because I know there's so many people in the audience that feel deeply seen right now because this is the experience, right?

And we normalize it and then it just becomes a rite of passage. Hey, am alive in these day and age and therefore I am participating in food culture and getting exposed to these toxicants and now I want to go get gas lit by the medical system until I finally am unwell enough to get a diagnosis and doesn't matter what the diagnosis is because the treatment, it doesn' even reflect the data that's available today.

That's the truth of it. Until they get into this world, they don't realize that prescription medication is the third leading cause of death. Let that sink in.

This was over 20 years ago. There was a doctor strike in California and the death rates went down. Again, I'm not anti-doctor. I am not antihospital. Go get help if you need help, but our system sucks.

If you've got a chronic degenerative autoimmune problem, our systems is worst health care in the world. Now, if have got broken bone or need to get a bullet removed or a knife stab sewn up or an accident fixed.

Those guys are phenomenally good. Our emergency room doctors can sew you, patch you. They can save your life if you have a heart attack. But I think at the end of the day, and look, it's not all doctors either.

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

They're not thinking about you when they go home. I promise you that. And they saw 50 people today. You don't have the bandwidth to think about people.

That's why I left that environment. I've left the environment because I needed the band width to be able to thing about the people who were entrusting me with their care.

If you can't do that, and if you're not doing that in my opinion, get the hell out of doctoring. You're running a scalable business model that doesn't serve your customer.

and you're enriching yourself doing it while hurting others. There's no place for that. And there's not excuse for it anymore. The knowledge is out there.

This isn't like fringe stuff anymore, like gluten may used to have been gluten-free was a fringe word 20 years ago. But a few of my colleagues made sure that today everybody in the world has heard of the gluten free diet.

Why have they heard 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, we have a medical profession that continues to ignore it. It's like the house is on fire and they're telling you, no, the houses not burning down.

That's in your head. All the while we're all inhaling smoke and we are burning up with it You can't hide it forever. And that's why I think we're in for a medical revolution.

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

the knowledge, I mean, how much time do people spend researching which phone they're going to buy or researching, which car they are going drive, researching what vacation they going take and how many people spent 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 that the age of self and personal responsibility has to be the next stage. Because if it's not, I mean, what's going to happen? We spent $4 trillion last year on medicine, 4 trillion, $ 4.2 trillion.

That is enough to bankrupt us, right? And it is on care that doesn't work, by the way. So $ four trillion on drugs and surgeries that didn't fix the origin or educate the patient, all of our efforts should be in educating the patients on how to empower themselves and basically handing them back responsibility.

Because if we do that, then they're going to drive the consumer need for organic food, and that's going lower the price of organic foods. It's gonna make organic more available.

Its gonna drive consumer needs for healthy houses, for building houses properly, where they don't become mold traps. 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 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.

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 diabetic drug, here's metformin, you know, Here is a statin. here is okor or lipitor. Let's keep your cholesterol low without being any more detail oriented or actual outcomes oriented.

Right. I completely agree. Michael, that's my partner in practice, Michael Spandell, he always says, the doctor of the future is you. And one of 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 we have still to unpack this cascade of beliefs that are interconnected, if you're in the US or if your in a developed country, Somehow there's this presupposition that we don't have to think for ourselves because if it's on the shelf, some regulatory body did that for us.

And nothing could be further from the truth, right? In the U. S., the burden of proof is on a consumer to say, hey, this chemical or this fake food or medicine is harming me, and you have go through the legal system to actually prove that at great cost to yourself.

So it is a very laborious process that is usually left undone. The chemical companies go, oh, that's too bad. Don't worry. We have another one right behind it.

That's basically a duplicate because we can't afford an interruption in business, right? Yeah. And our regulatory agencies are captured. I mean, they're basically, even if we were to say, okay, well, yeah, we want to send experts up to Washington to police certain things.

You know, I think in concept, it's fine. But when they are all being bought off, 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's not serving us. They're all getting rich and we're getting sick. And people have this naive trust that governments have our best intention.

I think governments maybe theoretically have best intentions, but the outcome is that it's just not so great. Just look at the last three years. Look at what happened.

I don't know what your audience feels about COVID, and we don' have to have that conversation because that's a big thing to unpack. But I think at this point, it's quite obvious that when you're trying to coerce people into getting something by giving them lottery tickets and giving the donuts, your message is very skewed, you message very wrong.

When you are saying you have take this chemical shot that we do not have any data on, not really.

## Gut Health, Natural Immunity, and Slow Damage

no long-term data, especially. And don't worry about zinc. Let's take every doctor who's talking about vitamin D and zinc and quercetin and let's send the FTC into their office and give them a roto-router and try to shut them down.

They try and shut down natural immunity as even a thing. Like they're basically saying that you have to rely on us because your body is so weak and pathetic that it has no capacity to protect you.

That's what our government's message is. If you think anything differently, then you're a naive fool. 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. Is that really a government that you want to trust?

Yeah, is that the tyranny you wanna live under? Not me. I fought in war, I know what war is like. Like I've been to countries where tyrannies is there.

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 longer 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 inquisitive, if, I'll use a term that everybody knows, Sherlock Holmes.

If they are not acting in a Sherlock holmes type way where they try to help you investigate why you have your illness, then they aren't doctoring you.

They are 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? I mean, the gut 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 a quarantining? It's taking, cause when you eat, there's dangerous things in food, even healthy organic food.

There's danger things there, right? We have different plant chemicals. We different types of bugs, viruses, bacteria, fungus, et cetera, Even with the best intentions, but the gut is so awesome that it has this amazing, wonderful

immune system and this 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 and break them down into amino acids and fatty acids in smaller substrates and vitamins and minerals.

And, it, can recognize what is good and let those things in. into the bloodstream and it can recognize what's not good and then it comes out the other end.

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

So that's your gut. First of all, you never want to do something to that gut that has the potential to damage it, especially something consistently long-term.

Some of the things that damage the gut the most are toxic compounds, food additives, dyes, preservatives. When you go to the fast food joint, You're exposing yourself to heavy metals and pesticides.

You are exposing to high calorie, low nutritional density foods that will malnourish you. And you're damaging your gut by eating them. The more you damage your body, it's so amazing it can heal.

It's not like you go eat one meal and your guts totally destroyed. Your body will react and it will help you for decades. before you can get sick. The reason why fast food isn't banned as poison is because it doesn't kill you quickly.

You think of it like the slowest poisons are the most dangerous poisions. Fast poison's easy. Okay, I took some arsenic and it killed me. No more arsenate.

We got to get that stuff out. But okay, low doses are okay. Anyway, 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 great extent that your body ultimately will break down but won't break today.

When you recognize that, just like with anything else, if we look at bodybuilders who say, did they work out once and get muscles? No. That was years.

Look at a gymnast. Did they train once, and now they can do… You know, they can do cartwheels for miles and their abs are like, you know out to here.

No, we're training 15 years for that to happen, right? It's the little things, it's 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 magic of compounded interest over time.

It is the behavior repetitively. that allows you to have the outcome, good or bad. And so when you have a repetitive behavior 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 then the first thing that people do when they have the set of symptoms is they visit a doctor. That's typically when it gets bad enough, you go to the doctor and the most thing most of the doctors are going to do is 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 you're slow poison over your life raised your blood pressure, they're going to give you a blood-pressure medication and some of those blood pressur medications damage you gut like

angiotensin receptor blockers, one of the most commonly prescribed well-pressure medications actually causes villis atrophy.

There's 128 or 38 studies now that show that class of medication can cause villus atropy. 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.

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

And now you are going suppress that acid and then you need that 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 now nourished, your immune system doesn't have the tools and the resources it needs to keep functioning.

Right? So now it's a vicious feed forward 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've become devoid of the nutrients that are necessary to maintain it and then you hit an accelerant.

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 lit it. And it just blew up like a bomb.

That's where a lot of people wound up. It just takes them 20 or 30 years to get there. But there are clues all along the way. The clues are things like brain fog and fatigue, and I'm getting older, my vision's slipping, or my knee hurts a little bit more than what it used to hurt, Or I am gaining a weight and don't know why.

Or, I was a bit stiff and achy all the time. These are the clues. These are not normal things. Doctors will try to gaslight you into believing that your body fundamentally breaking down as a result of being 30 or 40 or even 50 is a normal thing.

I'm 50 and I feel great. And I am in probably better shape than I was when I 20. One of my heroes is Jack Lillane. He was a chiropractor. If you remember him, he's older generation, but he made juicing popular.

Anyway, celebrated his 88th 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.

I'm not saying people don't age because we have the oxygen paradox, which is the thing we need to survive, oxygen is also the things that slowly rusts us.

There's a big difference between graceful aging and aggressively aging. The perfect way to understand that, look at a cigarette smoker's face. They look 10, 15 years older than a non-cigarette smoker.

Why? Because they're puffing 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 where you put in your mouth. That's probably one of the biggest choices you can make. And so that choice consistently over time is either going to equate to a healthy GI tract and healthy functioning.

and healthy digestion and absorption and health nutritional status, or it's going to equate to something other than that. That's the road and the path to disease.

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

Did we leave any out? Medications as damages of the gut that you want A lot of them. Every medicine comes with a price. Everyone, every single one. Ladies with breast cancer, if you took tamoxifen, tamoxifen has now been shown to actually drive lupus.

It actually can contribute to the creation of autoimmune disease. If you're taking excessive hormones, and I say excessive, a lot people get put on hormone therapies.

Some people need them, but a lots of times people put them on and their doctors don't monitor their levels very effectively. Well, there's a cost to that because estrogen can cause magnesium in vitamin B6 and vitamin C and Vitamin B2 deficiencies and zinc deficiency.

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

If you're taking combinations of things, like when you take a steroid, for example, and you mix it with a non-steroidal anti-inflammatory, it's like a seven to tenfold increased risk for ripping holes in your gut microscopically.

You know, so sometimes when you combine certain medications and we have, I think that's, don't quote me on this, but it's like the average 50 plus person is on four or more medications.

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

So, you know, I get all kinds of polypharmacy folks that come in and they're, 15 medications deep and their messes. And a lot of the reason their message isn't because of their choices, it's because the medicines are synergistically destroying them and don't even really realize it.

They're slow poison sometimes too. But other very common medicines that can cause nutritional deficit Drugs for diabetes, metformin, particularly causes B12 deficiency, folate deficiency and CoQ10 deficiency.

Which is ironic because met formin is supposed to reduce your risk of heart disease by controlling your blood sugar. And when you have Co Q10 deficiencies, you can develop high blood pressure and congestive heart failure.

So you see the irony in it. It's medicine, there are textbooks written on this, probably the best author on the topic, Daphne Rowe. You can buy her books, they're very expensive because they are older and there aren't very many in circulation.

They were kind of taken out of circulation, I have all of her book. but she did a great job of helping us understand the biochemistry behind how medications can either cause nutritional deficiency by damaging the gut, causing malabsorption, or they can cause a nutritional deficiencies by creating a biochemical need for more of that nutrient in order to process that drug.

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

There are a lot of different potential mechanisms, but again, I think it's important that everybody understands there's no free rides. Every medicine you pay a price for.

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

And I think it's important. That is what informed consent is all about. 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 doctors just gaslighting you saying side-effects are rare. It's not okay. It is not good enough.

Side effects aren't rare. Not when you take that drug and mix it with four others. Now we don't even 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 disease with another drug.

If that's your attitude, if your attitudes is to bandage everything, every little symptom with an other pharmaceutical chemical, then yeah, you'll never see the force through the trees.

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

Yeah, that'd be fantastic. This is so important because we haven't even gotten to actual side effects in the context of chronic gut conditions. I don't know about you, but so many of the people who come to our practice, they're coming because of mold or parasites, and those are wonderful topics we're super passionate about.

But they are on things to help them sleep and poop, 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 the side effects are digestive conditions. The side-effects are the digestive symptoms. And they are like, oh, well, can you work around this or can help me get off of these?

And I'm like no. As natural health practitioners, as a traditional naturopath, i legally cannot comment on that.

## Medication Side Effects and Nutrient Deficiencies

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

And it's so frustrating, ya 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 a recommendation. That's why they call it an opinion.

You know, you always hear that, go get a second opinion, a third opinion? Yeah, those are opinions. They're subjective opinions and think about it. If you're on multi-pharmacy, how much time did your doctor spend with you conversing with 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 life?

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

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

What's going to change your health if you just listen? and you just take whatever it is they throw at you, you have to make sure it's the right fit. It's not always the fit, if it were the, it wouldn't be the third leading cause of death in the US.

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 walked out of hospital because they just stopped caring. They were like really interested and excited to run tests on me at first.

And then they're like, oh. Well, this is no longer fun because I can't easily categorize you and everybody you went to had a different diagnosis and the pressure to medicate is super intense.

And then you go to the next one, they have a completely different diagnoses and it's like the metformin dispensary that you worked at. 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 years on a genius, but you said something really crucial that I want unpack a little bit.

And I was getting interviewed the other day and somebody said, well, we're overnourished in this country. No, we're not. We're overfed and malnourished.

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

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

A hundred percent does, but directly. So like as your guts being nourished, it's actually being nursed by the foods as it comes through you versus like say your heart, which is being nurtured through the bloodstream or your liver that's being nurse through blood stream.

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

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

It requires chemical conversions, which that energy is provided through vitamins and minerals. Vitamins and materials are what we oftentimes refer to as cofactors, and they play a role in regulating the little tiny motors inside of our cells.

These little motors either generate energy or generate function. Think of them as the car keys to these motors are like zinc and magnesium and calcium and B vitamins, et cetera.

So if you're eating a low nutrient density diet, which generally speaking is what America's diet is, it's roughly 60 plus, 70 plus percent carbohydrate diet and those are processed carbs.

So you have to understand the history of processed carb. America in 1943 banned the sale of process grain because they were responsible for killing people to the tune of 8,000 or so deaths a year.

through beriberi and pellagra. So these were diseases, these are plagues that were B vitamin deficiency diseases that we're actually being caused by processed grain consumption.

And the solution, instead of saying these foods that are processed aren't good for us, the solutions was we need to fortify with synthetic vitamins. That's where food fortification came from.

It actually came form the need not to kill people with the food they were eating. And the brilliant stroke of marketing genius, which was, in my opinion, rather evil, was from Kellogg.

Kellog, if you've heard of Kellogue cereal, right? Kellogy was a doctor and his brother was marketer, and they created cornflakes together and the company Kellogo.

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 is now fortified with vitamins and minerals, so it an even bigger, healthier part of your day.

And we all grew up with that kind of serial commercial message, part of a balanced breakfast, notice they never said, it is a balance breakfast. They had to say part-of-a-balanced breakfast because they knew what they were selling you was an incomplete, nutrient-lacking, toxic swill that cost them pennies, but they could charge you $8 a box for.

It was a huge markup and it was huge profitability coming from cheap labor and cheap food where they can throw some synthetic vitamins in it and trick you with marketing to make you think your kids needed it.

Cereal was an invention in 1895. Prior to 1894, cereal didn't really exist. Post created the first cereal. Kellogg followed and this was all early 1800 or late 1800s.

So most people don't realize that because they grew up thinking, oh gosh, cereal, you know, we grew 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 like, oh, you're not going to let me have my cereal because I have this issue that well, You're, not missing out on this, like right to exist.

You are missing on a marketing phenomenon. That's all. Well, today's luxuries are tomorrow's necessities. Originally, what you would say cereal wise was that it was a luxury food and then it became more and more commonplace and a necessity in people's eyes.

A lot of trends work that way. Luxuries become necessaries and it weakens us. It makes us weaker and weaker with each passing generation. 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 foods not providing the vitamins and minerals, then you don't have the capacity to that break food downs. So then your body instead will convert that into other things.

One of the things that will converted into is a triglyceride, especially carbohydrate. if your diet is rich carbohydrate, you'll make more carbohydrates, or I'm sorry, more trigliserides from carbohydrates.

And when your triglyceride levels go up, they pack around your liver and they cause your livers to become fatty. And then now your cholesterol goes up and then they want to put you on a statin.

This is the chain and this is why keto diets are so popular. Carnivore diets, are becoming more popular and I'm not saying that I am not a fan of them for certain reasons, but I think ultimately what is true about keto and what's also true with carnivores diets is 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 carnivore is because they are actually going grain free, which we could talk about the ins and outs of gluten as a poison, as toxin, gluten.

certainly is the most well-studied trigger of autoimmune disease, right? Most well studied auto immune disease happens in your gut as celiac disease. But gluten, aside from gluten grains contain, you know, other proteins that rip holes in the gut lining and activate little receptors in a gut called MLH trypsin inhibitors, which cause inflammation in GI tract directly.

So this is not even a gluten reaction, it's a different reaction altogether. We also know that grains are 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 age faster.

We know that grains are super high and super rich in omega-6 fats which are highly inflammatory when they're overbalanced. So if you're not getting enough omega 3, which you don't get any omega three really from grain, but you're eating grain as a staple food.

In the US, 60% of all calories come from wheat, and so we know it's a stable food, right? And so you are getting this really high omega-6 inflammatory fat ratio.

You're getting mold, you getting mycotoxins, your getting pesticides, predominantly glyphosate, because most grains today are sprayed twice with glyphasate.

Once before the plant and once during harvest to dry them up before they combine. So you're getting all those things. It's all organic if it's sprayed as a desiccant at the end.

So that's what people don't understand. Like, oh, but it is organic. No, that is not what organic means. Organic does not mean glyphosate free. Yeah, and 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. It's like a bunch of lawyers were just trying CYA for the government and for industry anyway. Back to the point, I know we've diverged a lot, but at the end of the day, if you eat bad food with lots of calories and low nutrients, you're going to cause vitamin and mineral deficiencies.

## Overfed but Malnourished: Diet and Grain Problems

The way I want you to think of vitamins and minerals, if you own a car factory and you're putting together a card, you need steering wheels and brake pedals and doors and tires, all the things that cars are made from.

Think of those ingredients as like carbs, fats and proteins. Those are building blocks to everything our body's made out of. It's really even deeper than that.

You have carbon, hydrogen, oxygen, nitrogen, and phosphorus are the main elements that go into creating who you are as a human. Those building blocks, if we're again, go back to the car analogy, those are steering wheels and the doors and frames and tires.

But those things just don't self-assemble. You have to have factory workers putting those thing together, and that's what vitamins and minerals are. They're the factory worker that pick up the tire and put it on the car, that screw the steering wheel in, to make sure the airbag is running right.

Make sure you have a radio with a button, right? And so if you don' have adequate vitamins or minerals, what you'll have is a bunch of parts. Chaotically, those parts, can oxidize, those parts can malform.

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

At least in my experience, you will never heal. You will not repair. you'll never overcome chronic autoimmune gut condition or any other form of auto immune 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 body from eating the poison.

Imagine a fish tank and all the fish are swimming around and the water's got poison in it and you're putting organic food in the Those fish are still going to be sick.

The environment has to, your environment internally and externally, I mean, we could talk about environmental chemicals and other things, but at the end of the day, the food is the control point because its job is to nourish you.

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

And 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 them in jail. That's what disease really is.

Really well said. So I have two quick questions for you as we wrap up here. One is for the folks who, and hang on Summit Junkies, I've got you covered.

That's your last, you're the last question. But for folks that are in between, they kind of waffle, do what they can. And they're like, well I know gluten's bad, but I only eat it sometimes.

Right? Right. You know, doing my best. and that's the frame of mind they have. What would you say to those folks and how to consider their responsibility and what do 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 great, I'm not here to judge.

If you want choose mediocre food, if you wanna justify cheating, there will be a price that you have to willing to pay. And if your willing pay it, then it's yours to paid and it is not mine to judged.

It's your's to paying. you just have ask yourself what you wants. and then you 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 wanted.

Again, no judgment for me. I don't even work with people who aren't serious at this point in my career. To me, every hour lost on trying to convince somebody they need to do something is a total hour loss.

And time is way too valuable and precious because there's way to 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 because medicine is not a great field for that.

Yeah, that's why I call it the medical industry. I usually don't refer to the Medical field for all the reasons we talked about today. So the last thing I'd love for you to comment on is the folks that are listening and I can feel their thought process right now and they're saying, Dr.

Peter, I've been off gluten for 10 years and still on just a few foods. And I'm supplementing, you know, we've tried all of the diets, tried to all things.

How should I be thinking about this? What should try next? You've been piecemealed. Piecemealing is when you take a good concept and apply it in part without putting the other important non-negotiable parts in as well.

There's six non negotiable fundamentals of being healthy. The first is what you eat. Second is how you sleep. Third is, how do 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. I do every time I try to negotiate with them. If you don't get a good night's sleep, you're not

going to perform as well tomorrow.

That's why they're non-negotiable. Yeah, I realize no one's perfect and we're asking for perfection from anyone. Everybody has weak moments, everybody has flaws, including myself and that's okay.

But it's what you do day in and day out consistently, right? And so if you think you've done all those things, like if your stock and you're doing those, then where you are at is you at a place where, you have been piecemealed because 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 stuck or struggling. And these were the things I discovered to bring this story back around to the very beginning of it.

When I was in the VA hospital, I just covered 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 don't know what else you could avoid or what you need to avoid, you have to have it measured and there are six different ways your immune system can react to food and all six need measure.

Most people measure one way, IGE. Some doctors will measure IgG and that's okay, but it doesn't measure all of you. You need IgA, IgB, you need immune complex, T cell response, and you Need IgE.

And if you don't measuring all them, You could be missing something. That's what I mean by piecemealing. you have parts of data, But you're missing the complete picture.

So that is food, right? So, that one trigger. The second trigger is chemical exposure. Chemical exposure, what could that look like? That could look heavy metal.

You know, you think about mercury, arsenic, cadmium. It's one of the problems with grains. Grains are heavily contaminated with mercury and cadamium arsenate.

The other thing you'd think of in the chemical family is what chemicals you use in your house to clean your home. Do you have a glade freshener? Do have one those air plug-ins, just pumping out toxic.

neurological chemicals in your house all day? Do you wear perfumes and colognes? What's the fragrance that you're applying in you hair when you wash your hair?

You know, what are all those things that your applying and rubbing on your body assuming that they're safe and assuming they are somehow healthy? Those can be measured.

First of all, you should do your best to be as natural as you possibly can. But even beyond that, people can react to natural things. I get people allergic to rosemary all the time.

Rosemary is a major ingredient in a lot of soaps and shampoos. 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.

Mycotocins are the metabolic byproducts produced by mold, environmental molds, and they can really make you sick. They are big time drivers. I estimate one in three households has a mold problem.

That's my estimation. It's a big problem. We're gonna hear more about mold in the next 20 years. You're going to know that mold and mycotoxins, you're to hear those words 20 from now the way you think about gluten today.

They will be at the forefront. Today, everybody's just kind of whispering about a little bit here, a bit there, but it's gonna become a roar just like gluten did.

But chemicals, so back to the food, chemicals. Those can be measured as well, and they should be, if you are struggling, have them measured. The third is your microbes in your gut.

So 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 tremendous. They help you make vitamins. They help you digest your food. They helped produce mucin, which coats and lines the GI tract, preventing it from leaking.

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

It looks like some bad McDonald's is coming the down mouth. mount up some IGA and some other cannons 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 talk to your immune system and prepare it. so that it can respond and react appropriately. So you can measure that, and you should, because many people don't have adequate quantities of healthy bacteria.

Many people have inadequate quantities as the wrong kind of bacteria, there are several species of gram-negative bacteria that are primary drivers for autoimmune disease.

If you don't know you have them, and they're not like infections, like the acute infection where you had 102 fever and you're in bed and your feeling that way.

These are slow burners, these are long poisons like I said before. You could have a yeast overgrowth or a fungal over growth 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 said earlier, vitamins and minerals are the workhorses in the factory.

## Testing, Root Causes, and the Six Health Fundamentals

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

So think about how just the zinc deficiency could cause a digestive enzyme deficiency that could cost food malabsorption, that can cause putrefaction in your gut.

It could caused constipation that cause malnutrition. Right? We're just talking about one little simple mineral. There are 40 essential nutrients and you should have them measured.

And the best way to measure them is intracellularly, not in the serum. A lot of doctors are looking at them in serum and that's an inaccurate way of assessing nutrition status.

You need to have those measured, and then you also need your capacity to digest your food measured because that's part of your nutrition. There are three primary systems involved in helping you digest food.

The first is obvious, that is your GI tract. parts or aspects of your GI tract around absorption. So you can measure for fat and protein and carb malabsorption, you could measure it for digestive enzyme production, and you measure pH.

These are all different things that can be measured to help you understand how well your gi tract is going to

functionally work to 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. Your liver produces bile and bile is an acid that basically it emulsifies fat so that you can absorb it.

When you think about fat being an important component, we've gone through this no fat diet craze of the 80s and 90s. Fat's super important. Omega-3 is fat.

Vitamin A is Fat. vitamin D is FAT. You have ADEK and Omega. fatty acids are essential nutrients and if you have a dysfunctional liver, a fatty liver or if your gallbladder has been removed, these are problems potentially for you that need to be addressed with the help of your doc or your practitioner so that you understand what you need do.

And then the other organ is your pancreas. And your pancreas has two functions, or more than two, but it's got two basic major functions. It's just got an exocrine function and an endocrin function.

The 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 The exocrine function is that it releases digestive enzymes into your small intestine to help you break down your food.

It also releases bicarbonate, H2CO3, which is a buffer that neutralizes stomach acid so your stomach doesn't burn a hole in your intestine. And so that your pancreas can be assessed, right?

There are different laboratory analyses that where you can measure pancreatic function, you could measure liver capacity, liver function. Doctors can also run ultrasounds on these organs and make sure there's nothing visibly anatomically grossly wrong.

But you have the biochemical milieu of these organ assessed. and you can have your nutrition status assessed by measuring vitamins and minerals. If you have the keys to those four points of information, again, food, chemicals, microbiome, and then digestion, absorption, vitamins, minerals, those all put together equate to what we call the primary non-negotiable biochemical factors that can be measured, that 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, so there is something they are not doing that should they be.

Oftentimes it's not something, it is some things. Because it's never, when I look at testing across the board with my experience, I never find a smoking gun.

The closest thing I ever find to a smoke gun is gluten. Second closest may be mycotoxins. But at the end of the day, usually people have it 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 people get better because they've hit all the right notes, but a lots of continue struggle because.

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

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

And then I can go to sleep at night thinking that your equality of is better knowing that I've just made you a slave to multi hundreds of dollars a month of 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. Quit trying to use your health as if your stuck. It's no longer a do it yourself at home project.

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

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

And then, so like for example, they'll get the vitamin D test from their doctor and their vitamin was low. And so they will take vitamin B. But what about zinc and B12 and yeah, I mean- The green pharmacy, you're low in these 37 markers, here's 37 different supplements.

Yeah. A shopping bag and a baked to-do list and it doesn't actually help you heal. So my credo is test, don't guess. If you are stuck, now if you aren't stuck and you've never applied the basic fundamentals, apply those first.

Don't go visit the doctor. Apply the fundamentals first because you may be surprised at how much better you feel 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 at least a basis for understanding how much your health can improve with just some simple change in your life.

The whole point of seeing a doctor is that you're beyond your expertise. And if the doctor of the future is the patient, the patients has to embrace the six fundamentals on a consistent enough of a basis to give their body the opportunity to heal and repair and maintain itself.

And again, with the plateau, that's when you seek the expertise. That's where you quit the do it at home project and you embrace an expert. So that that the best advice I could give.

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

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

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

Don't go to somebody, who's going to just continue your perpetual piecemealing. If you go into a doctor, let me give you an example, if you're going into the doctor and they say, well, lets just check your thyroid first.

And we'll do that for a while. That's piecemealing. Your thyroid is not your body. Like your thyroid has one organ of many organs. And so there's nothing wrong with measuring your thyroid and checking your tyroids or checking in your adrenals.

There's no nothing with checking you gut. But if you don't do it in a comprehensive way, you're going to come away from that table with 10% of the puzzle pieces.

Have you ever tried to put together a puzzle where 90% percent of pieces weren't even in the box? And you didn't

have what the puzzle was supposed to look like, like you did not have a picture of what it was suppose to looks like other than maybe a memory of you remember good health maybe feeling like.

So you're working on a memories with brain fog and you don't all the pieces. I spent years that way. Vividly remember it. It's really awful. Yeah, it's awful.

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

This is so important that we reclaim our integrity in the medical field and unhook from the And I just love the work that you're doing. Thank you for being an advocate for people with chronic health issues, especially the folks listening today.

They need more of this, not less. So we're blessing you on your path, and I really appreciate your time. Well, thank you. And thank for putting on an event like this.

I know it's a lot of work. It's a ridiculous amount of work, but it's my joy to do it. Every one of these interviews is a love letter to, you know, where I was 10, 15, 20 years ago.

I remember what it was like. You know guys, all you need listening in is just that next nugget. That reason to keep going, that reason, to take back that much more responsibility.

Like you got this. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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