Introduction and Speaker Background

Thank you, Dr. Steve Gundry, for being part of the M. S. and Neuroimmune Summit. and again, let me introduce you. Steve and I have known each other for many, many years.

he is the founder and the director of the International Heart and Lung Institute in Palm Springs and the center for Restorative Medicine in Beverly Hills in Santa Barbara.

After a distinguished surgical career as a professor of cardiothoracic surgery at Loma Linda University, Dr. Gundry changed his focus to reversing modern diseases via dietary changes.

He's the author of four New York Times bestsellers like Plant Paradox, revealing his lectin free diet plan. More than 300 articles published in peer reviewed journals.

He's the host of the Dr. Gundry podcast, and I'm pleased to say I've been, interviewed by, Steve and he's the founder of the wellness brand, GundryMD Steve, thank you so much for being part of the summit.

Did I leave anything out, on your bio? No, no, there's so much more. But that's good. We got better things to talk about. Okay. So, you know, one of the first things I'm doing now is asking people to give a short vignette of a recovery story because, so many people are afraid, worried about their future.

And I want them to have hope that there's a lot that they can do. this is actually a very recent one and, quite poignant. You know, you and I do this, because we get to see what would appear to be miracles, happen, every day.

You experience that personally? so, about a year ago, I saw a young woman, young. She was, 62 when I met her, in fairly advanced stages of Parkinson's disease.

She, was pretty much immobile, had the mask of Parkinson's. used to be a big time runner. And her husband was with her, and she was on sentiment and had a rather impressive tremor.

Both arms and, we looked at her, her work up in my clinic. We look at leaky gut markers, and we actually look at leaky brain markers and, autoimmune attacks to the brain.

And she was very leaky gut and, leaky brain. Let me go into that in a minute, if you want. So we put her on my program, which is incredibly similar to yours.

And I think that's why we're friends. and, set her off, and my, my pa talk to her on the phone about six months later, and I, I had my one year follow schedule with her just a few weeks ago in my office in Palm Springs. And, I had seen her labs, and I'm going to tell you those in a second, but I walked in and I actually did not recognize her.

yes. She was sitting in a chair. but she had an expression on her face, a big beaming smile, and she was not shaking. She had no tremor, and her husband literally didn't have any natural.

Yeah. Her husband jumps up and puts a giant bear hug around me. And he said, you know, I holds me in front of me. So thank you for giving me back my wife.

This is the woman I'm married and I. So what you tell me about it? He says, oh my gosh, you know, she's she's back running. She beats me in running and you know, and look at her face, you know, look, she's you know, she's happy.

And I look at her hands, you know, she has no tremor. We're weaning offer cinnamon. And I said well this is great news. What is your neurologist say. And he says, oh, he just shrugged.

Recovery Stories and Clinical Hope

Oh, yes, we hear that too. Yes. and so so I pulled out her most recent, blood tests of her leaky gut and leaky brain. A woman has no longer any markers of leaky gut.

He has no markers of antibodies to wheat, rye, barley. The things we talk about. And she has no longer any markers, blood brain barrier dysfunction. And she has a very interesting antique cerebellar antibodies, which is very common in my practice in Parkinson's patients.

And they were called so long story short, took a year. but this person, you know, maybe if you and I had seen this 20 odd years ago, we might have said, well, that was a miraculous recovery.

but there's nothing, in my humble opinion, miraculous about it. It is, what most of us, you and me, come to hope for, expect, to some degree, in our patients that we see.

And I think that's why you and I continue to see these folks. So. you know, and, we've had, I'm thinking about a woman, who, a veteran who had, a, rheumatology diagnosis and psychiatric problems and lots of pain has put on 100 pounds and profoundly disabled.

We got her into our clinics, at the VA. It was all a very, very, very basic primary care kind of labs. Put them on a program looks very similar to what you do, of course.

And, in the next six months, she lost 80 pounds. And when her, she went to fly out to see her kids, her kids didn't recognize her in the airport because, you know, she was looking healthy again.

So yes, that's certainly can happen. No. You know, I told everyone in the beginning that you were a cardiothoracic surgeon. Yeah. That was how you go from being a cardiothoracic surgeon to doing what you do.

A, a really stupid, mid career choice. that was prompted by my meeting a gentleman who I called big and in all my books who was a 48 year old, very large man from Miami, Florida, who, had inoperable coronary artery disease that basically means all blood vessels in his heart were so clogged up that you couldn't put stents in them.

You couldn't really do bypasses because there wasn't any place to jump a bypass to a clear spot. And people like big and would go around the country to centers, to find idiot surgeons.

And I was one of those who would take on, hopeless cases. And he had gone for about six months to various centers, and everybody turned him down, talk people.

And he wound up in my office after about six months of doing this. And I looked at his angiogram, the movie of his heart, and I said, you know, I got to agree with everybody else.

I just I'm not going to be able to help you. And then he says, yeah, everybody says, but let me tell you what I've been up to. He said, I've been on a diet for six months and I've lost 45 pounds.

Now, this guy was 265 pounds when I met him, so he was a big hit. And he said, I went to a health food store and I bought a bunch of supplements, and he literally brings in this giant shopping bag full of supplements.

He said, you know me and I've been taken and maybe I did something in here. And of course I'm scratching my professor. We're going, well, you know, good for you for losing weight.

That's not going to do anything. And I know what you did with all those supplements. You made expensive urine, but just. But I was fond of saying back that and he said, well, I come all the way from Miami.

What would it hurt to get another angiogram? Cardiac catheterization. So I rolled my eyes and, you know, don't get your hopes up. So we do in this guy in six months time, it's cleaned out 50% of the blockages in his coronary artery.

Okay, let's stop here for a moment. The traditional, understanding of clogged arteries are that once clogged the. Nothing you can do, you have to bypass or you can do some balloon stenting. Yep.

and so you and I were taught, and we believed there was nothing you could do. Now, now, back to you. Yeah. And and we believed that the very best we could possibly do with, you know, all of our medical therapy, all of our dietary therapy was maybe slow the process down, certainly not reverse it.

And yet, here's a guy that I've got two angiograms of the same human being six months apart, and literally 50% of the blockages are now gone. And I made a terrible mistake that day.

I actually decided to operate because there were places now what, like, bypass right there by vessel bypass. Or if I knew what I knew today, I'd go, hey, great work, you know, see it.

And but I was curious. So I started after the operation. I said, you know, tell me about this diet of yours. And and he started rattling off what he was eating.

And, you know, I said, timeout. I had, back in the dark ages, I went to Yale as an undergraduate. And in those days when we could design our own major and we could have a thesis that we could defend like a master's thesis.

And so I my major was, you can take a great ape, manipulate its food supply, manipulate its environment, prove you derive it a human being. Those were heady days back then, and I defended my thesis.

I got an honors, and I gave it to my parents and went off to become a famous archer. So as he's telling me this, I'm going, Holy cow. that's my thesis. Of what?

Ancient man? A and then I go, well, let me look at those supplements. Now, I was famous for inventing ways to protect the heart during heart surgery and for heart transplant by putting various chemicals down the veins and arteries of the heart and putting an ice bucket for 48 hours.

And lo and behold, this guy was swallowed. A lot of the things I was using to keep the heart protect never occurred to me to swallow them. So a lot of us start with an origin story.

I, even though I was a famous heart surgeon, was running 30 miles a week, going to the gym one hour a day, but I was 70 pounds overweight. I had pre-diabetes, hypertension, and high cholesterol.

I had such, I did baby heart transplants when migraine headaches. Oh, which I thought was not a good idea. And, I had such bad arthritis. I wore braces on my knees, turned, and I was told it was genetic because my father was very much the same way.

So anyhow, I put myself on my Yale thesis, and I started swallowing a bunch of supplements. And, lo and behold, I lost 50 pounds my first year and blah blah blah and all my conditions were race, including my migraine headaches.

And so I put my patients who I operated on at Loma Linda on my program after I operated on them. Because you're right, normally we would see these people in 5 to 7 years and they clog up the stuff we put in or we put stents in them.

From Heart Surgery to Functional Medicine

And I said, look, you know, you got brand, brand new plumbing. Let's, let's see if we can keep it that way. So when we did this at Loma Linda, interesting things happen.

People's pre-diabetes, diabetes would reverse people with high blood pressure early on, we'd get these calls. A nurse, we could just call and say, you know.

Right. Well, I'm really woozy. I think my blood pressure is low. Know what supplement are you giving me that's making my blood pressure low? And, you know, my nurse and I would look at each other, you. No, that's going to do it, you know, get in here to the clinic for blood pressure is low and we go, wow, let's try one of your blood pressure medicines away.

Okay, great. And then someone would call and say, well, you know, I feel really lightheaded and, woozy, in, in here. And, of course, their fasting blood sugar is down in the 40s and we go, oh my gosh, you know, let's cut back on your diabetic vacations.

So this kept going on for about a year. And then one morning I looked in the mirror and I said, you know, I've got this all wrong. I shouldn't operate on people and teach them how to eat, so they'll stay away from me in the future.

I should teach them how to eat so I'll never have to operate on. And what a stupid idea. As art surgeon. So yeah, but I so I, I talk to my wife and I said, you know, I've got to do this, will you back me and this is the height of my career as chairman of the department.

Yeah, this is really stupid. And but, you know, so I resigned my position, and and so. That's a big deal. That's a big deal. And set up a clinic in Palm Springs, which is just down the road from blah, blah. No.

And I basically, because I'm a researcher, talk to people and say, look, I want to tell you certain foods to eat and I want to tell you certain foods not to eat.

And it was actually based on these. And I want you to go to a health food store or Costco or Trader Joe's. There wasn't an Amazon mango. And I want you to buy some supplements.

And every three months we're going to do blood work on you. Insurance will pay for quote. And let's see what happens. And that's actually how I got started.

And it is it was a really dumb career move. So took a while to recover from that. Yes. As my wife likes to remind me. Yeah. So so we we started with a Parkinson story, and then we sort of leaped, leaped into a heart story.

And for all the listeners, I want you to know that the things that that Steve and I just talked about high, high cholesterol, high blood pressure, Prediabetes, diabetes.

arthritis. These are parts of the problem for developing a neurologic disorder. And if you have them and you develop the neurologic disorder, you'll have much more aggressive disease.

So it's really important if you're listening to this, that we teach you how to better manage these, conditions. but I'm gonna come back, to you, Steve.

I'm assuming that addition to the Parkinson's folks, you probably saw some people with. Ms.. You probably saw some people with other autoimmune diseases that have neurologic, symptoms. Yes.

yeah. The interesting thing is, I wrote my first book, back in 2007, Doctor Gandhi's dying evolution. And in it, yeah, I described a couple patients with autoimmune disease.

One was, fibromyalgia, and I think the other one was Ms.. And they resolved and, after that book was published, a lot of people with autoimmune diseases, came into the office and basically.

So what do you know about autoimmune disease? I said, I don't know anything about autoimmune disease, but I'm a transplant immunologist. So all my research at Loma Linda was in the immune system and suppressing the immune system, fooling the immune system, I said, so I know how the immune system works.

And if you want to play, I'm ready. And, you know, truth in advertising. so now 80% of my patients are autoimmune disease patients. And what I think is the least important to me is that all these things are really centered, one way or another, on the health of our gut and the health of our gut wall and the activation of our immune system.

And the good news is, and the reason I keep doing this is because these are reversible, fixable problems you and I talk a lot about this. Is is is it difficult, to do this? Yes.

particularly with our culture and you're you're in a much harder situation than I am here. You know, you're in the in the corn belt. yeah. Yeah. And having grown up in Omaha, I appreciate, how difficult it is for you, but.

So you can talk about that. I mean, you know, give up the foods they love. let's talk about lectins. Yeah. you I think you and I were the few people that talk a lot about lectins.

So can you explain for our audience what electron is and how it influences our health? Sure. so plants in general, except for fruit, do not want to be eaten and do not want their seeds eaten.

Their babies, and they can't run, can't hide, can't fight. But they are chemists of incredible ability. And so they use chemical and biological warfare to convince their animal predators that they might not be a good idea to be eaten.

And part of the array of plant to cells proteins are lectins, and lectins are proteins that are sugar seeking molecules, specific sugars seeking molecules, and lectins have been known about for a very long time.

you and I learned about them one way or another. When we did blood typing and blood typing was discovered using lectins in 1880s. So it's we've known about lectins for a long time.

And so, I think the real maybe breakthrough in this research was done by Alessio Fasano, who was a pediatric gastroenterologist who used to be at the University of Maryland. He's now at Harvard.

And he, discovered the mechanism where gluten, which happens to be electron, is able to break through the blood, the barrier, the gut wall barrier, and cause intestinal permeability and leaky gut.

And he was able to quantify it. And there are now blood tests that can quantify that happening. And so it's not pseudoscience. And one of the things that I wrote about in the new book, Gut Check, is when I look at my patients with autoimmune diseases, and neurologic diseases like Parkinson's, like a mouse, like dementia, Alzheimer's.

Every single one of them has not only markers for intestinal permeability, leaky gut, but every single one of has antibodies to gluten and no gluten. We proteins like wheat germ and gluten and other non gluten proteins, every one of them 100%.

Even if they've been eating gluten free. And I might add that about 70% of them have antibodies to corn. yeah. Where you live. And so when we started seeing this and started taking these very modern foods away from, from our diet, we have to realize that, for instance, grains and beans only entered our diet in the last 12,000 years.

I mean, it's a it's a and corn has only entered our diet in the last 500 years, which is remarkable. You know, and I want to, point out, to people that so, lectins are and we, seeds, beans, etc..

I believe milk also has lectins in that.

Autoimmunity, Gut Health, and Lectins

so and I think that's part of the reason why, at least in my patients, many, many of my patients also also have difficulty with dairy. And so I take dairy out not because of the lactose, the sugar in milk, but because of the lectins, you know?

Yeah. You're right. so a lot of my patients who actually think they're lactose intolerant are actually intolerant to

casein, a one which is a lectin like molecule that's present in Holstein cow milk.

And unfortunate Valley Holsteins make more milk than, in their hardier than Guernsey cows. which make case in 82. And so Holstein have become the dominant breed in the United States.

fun fact most ice cream manufacturers, particularly in the Midwest, get Guernsey cow milk, to make their ice cream. because that's. A fun. Fact. Yeah, it is fun fact. It actually has more milk.

more. Fat, much more fat content. Yeah, yeah, yeah. And but the good news about it is it's casein a but in fact. Okay. No, don't eat ice cream every day.

So, now that has me really curious. are you telling your patients that if they avoid the Holsteins, that's the key. in having Guernsey or brown Swiss milk, they might do.

Okay. Yeah. And we can actually test them for that. And some of them, quite frankly, do crossbreed with clay, too, but, and I like you. I, I ask them most of my autoimmune patients.

I say, look, you're not going to like this, but let's get dairy out of here. and let's get eggs out of your gut, and you're not going to like this. but.

And it's not going to last forever. Usually once, once we get their gut seal and we can retest. and a lot of these intolerances are now corn, because.

Yeah. I think you you're wonderful example. But when our immune system is on high alert, our immune system will react to just about any little silly thing that would normally not even get a rise out of a normally functioning immune system.

But when it's constantly on high alert and, you know, go after all the various proteins that leak through our gut. You know, and it will depend on the individual.

Some individuals can get back, to some A2 milks, and some cat, sheep, goat, cheeses now will probably be the best tolerated yogurts. Then maybe the milk.

in my case, I am so sensitive about, I tried a couple times and it turned on my trigeminal neuralgia. Like, you know what? I don't need a test anymore.

That's just that. Not worth the level of pain. Yeah, no, you're right. But, there are there are data that, fermentation will break the casein molecule into friendlier molecules.

But you're right. I have some patients who, just, like you, just can't do it. and, now, one of the things that I've done for my patients when they're traveling, because when you're traveling, you don't have quite as much control over your food that I have.

Them take digestive enzymes, while they're traveling. So if they get small exposures to these foods that they normally avoid, that they tolerate it better.

what is your experience been, with that approach? Yeah, I think that's a very reasonable approach. There are there are also, several products, one of which I make, but another one that I don't make that I have found very useful.

It was it's called, Golden X, and it's gleaning as a part of gluten, and it's been shown uses actually a fungus that has been shown to break, gluten into non antigenic, less antigenic molecules.

And it disappeared during Covid. I think it was a supply chain problem. But I I'll have my patients if they know they're going to cheat or they're going to a friend's house or they're going to a restaurant, the to take that with them.

And again, I, I have no relationship with them. but I found it very useful. it certainly has been helpful for me because when I travel, because I have such a severe reaction, I would choose to not eat for 2 or 3 days rather than risk, having an exposure away from home and having my face paint turned on, because.

That's so, so. Catastrophic. Yeah. So, so unpleasant. So let me ask on the same subject. do you notice a difference when you're traveling in Europe? Well, you know, I did go to Europe, when my daughter was, doing a, summer and fall program in Florence. and, I did not have any flair.

no, I was very careful to stay, gluten free. I did have, some gluten free bread, and, you know, sort of a big decision, like, okay, I bet there's egg in here.

Do you want to risk this or not? So, I did, I was okay, they had some gluten free pasta, I had that I didn't let them put any cheese on it. and so I didn't get into trouble.

I had just, a couple of meals that I had that were questionable. And I took my digestive enzymes. So I tried to be as safe as I could. Yeah, I know, I guess if I would have been completely safe, I would not have had that gluten free bread or that gluten free pasta.

But I think, certainly a number of my patients with autoimmune diseases, let's just choose psoriasis for a minute, who, you know, resolve all their psoriasis and, their plaques go away, and then they go over to Europe and, you know, it's hard to resist.

They'll have a pizza or they'll have a croissant or something like that, you know, spaghetti, and they don't react. And they, they go, oh, you know, Doctor Gundy's cured me.

I can have all this now. And no, they come back to the United States and they eat our bread and our pizza and they flare and, you know, they they call and say, what the heck?

I thought you cured me, Gary. There's very little glyphosate over there. I just we just have to realize how inundated we are with glyphosate in this country.

Yeah. And for the listeners, the glyphosate adds to the increased leakiness of the gut. Yes. in that, leads to more of these problem molecules getting into the bloodstream and activating, the immune system.

So for our listeners, what is, in the most important, actions that they could take? So, the good news is that you can heal leaky gut. it takes a while.

It, is not an instantaneous factor. and there are lots of protocols. DL leaky gut. Here's it. Works well, mine works well, then there's others. I think one of the reasons that both you and I kind of stayed talking about the effects of lectins is that at least I think in both of our practice, you can see a leaky gut.

But if you keep swallowing razor blades, then you're just going to tear right back up. And we used to have a phenomenal, you know, defensive system against plant defense molecules.

We had this rich microbiome that could basically eat anything that we threw at. And there are bugs that like to eat gluten. They're bugs that like to eat oxalate.

But unfortunately we've decimated, our microbiome and that protection system. And I think that to me explains why these molecules are mischievous.

Travel, Diet Triggers, and Practical Strategies

So for for so many of us, because we used to have a pretty good system that and I think if you look at ancient cultures, they either detoxify these plant compounds with fermentation for the most part or, you know, and even been soaking beans ferment while they're soaking.

That's actually how they how soaking work. So and we've lost all of those ancient techniques. So it's one thing I think is new, a good example, you could feel it, when it's a new strain.

And for instance, I'll tell you a personal story of when we first, first started looking at auto immune markers years ago. my assistant comes running here and she says, doc, you've got lupus.

I was positive for anti-nuclear antibody. I said, I don't have lupus. She's. Oh, yeah. Yeah. Look at here, very positive I go, My father's side of the family had really impressive psoriasis.

My my father was on methotrexate for 51 years. Wow. which is an immunosuppressive drug. Folks, we're listening. And so I said, well, I, you know, I've got a family history of autoimmune disease.

I, I'm going to turn this off. So I'm always experimenting with food. That's part of my job. so I'm going to I'm going to be perfect and I'm going to do this for a month, and we're going to retest.

And sure enough, in a month, my antinuclear antibody, my DNA was negative. And, you know, that's pretty cool. So, a few years ago, I was finishing editing The Longevity Paradox, in New York with my editors, and we were supposed to finish on a Friday.

we didn't. I said, what the heck? I'll say over the weekend, and we'll finish on Monday. So I said, well, I got some time to kill. I think I'll try to kill myself.

And so I ate every lectin containing food I could find. I had bread, I had pasta, I had tomatoes peeled and deseeded. you name it, I did it. I come back to Palm Springs and redraw my blood and lo and behold, my and I nuclear antibody is up.

It's actually impressive. I went, oh, that's pretty cool. Now I did not feel okay. I wonder how long it will take to turn it off. So I waited just one week. Wait perfectly.

One way. One week later it was negative. So what does that teach me? That teaches me that I can make leaky gut, you know, at will. But I hope that I've got a pretty doggone good gut wall.

And I hope that I've got a pretty good defense system that I can repair the job fairly quickly. Yeah, that let me have an excuse to cheat. No, but, people will say, well, what do you know about autoimmunity?

Well, folks, you know what? I can make one in myself. I can turn it off so. However I want. I don't want people to think that we will always be able to turn it off, because.

No, you have a baseline of great health. you can turn it on. Turn it off. in my patients, I warn them that if you keep cheating, first, you can turn it off.

You can turn it off. But eventually what happens? Steve? Yeah. Eventually. I think, you know, a poverty said all disease begins in the gut. Another way to describe that, which is a little more chilling, which I think is actually quite accurate, is that death begins in the gut.

And, what happens to a lot of patients is you're right. This starts to become a, a cumulative, ongoing problem. And there are a lot of people who we get to a point where even our best efforts, don't work.

We can't get it turned off again. Correct. I just actually, I have a recent patient who it's literally taken us for patient with severe fibromyalgia. Young man, the signals for a year to finally seal his gut.

not because he didn't want to try, but the temptations, particularly for a young person, are are so much harder. Yeah. And he's finally, finally sealed his got taken us four years of a really hard work, hard against part.

Yeah. Well, Dr. Gundry, this has been wonderful. I want to thank you so much for taking the time to have this great

conversation. can you tell our audience where to find you?

So, well, the Dr. Gundry podcast, which I've had the pleasure of having you on, my YouTube channels, wherever you get your YouTubes. drgundry.com without a dot between the Dr. Gundry and my, food and supplement company GundryMD.com and sometimes I'll with you when you're screening through the internet.

Okay. this is wonderful. Thank you so very much. Thank you. Dr. Wahls