Unveil Neuroimmune Disease Triggers Transcript

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Introduction and Speaker Bio

Thank you, Dr. Tom O'Bryan. I am so glad you were part of the MS and Neuroimmune Summit. You've been my friend and one of my mentors for, well over a decade.

let me, read your bio. okay. When it comes to getting healthy, Dr. Tom O'Bryan goal for you is to make it easy to do the right thing. He's internationally renowned, recognized, admired.

And he's a wonderful speaker focusing on food sensitivities, environmental toxins, and the development of autoimmune disease. Dr. Tom's audiences discover that through clear understanding of how you got to where you are, that you and Dr. Tom can figure out what it will take to get you well.

Dr. O'Bryan's, Sherlock Holmes for chronic disease and teaches that the recognizing that and addressing the underlying mechanisms that activate an immune response is the map to the highway towards better health.

He's a faculty with the Institute for Functional Medicine and the National University of Health Sciences. He's trained and certified tens of thousands of practitioners around the world.

Welcome, Tom. Now, did I miss anything in that bio? only that it's been an honor to be your friend for so many years. Oh. Thank you. Thank you. and I feel likewise. Thank you. Terry. So, I, I left, this first question.

What is the prime directive when dealing with the CNS? imbalance? Yes. and I use that, phrase because, you know, there's no arguing with the Prime directive.

If you ever watch Star Trek, you knew that it was the base of how you operate in the world. And the Prime directive, with any type of brain dysfunction, body dysfunction, actually, is that the center for Disease Control tells us that 14 of the 15 top causes of death in the world are chronic inflammatory diseases.

It's always inflammation. Aside from unintentional injuries, like accidents, everything else is inflammation. So when we accept that piece of science, you know, you know, my goal is to make it easy to do the right thing.

Well, how do you make it easy? Well, when you look at the science and this is just baseline, it's inflammation. So the question is why do we have that inflammation.

Why is my immune system producing this inflammation. And the answer to that is well MS.

The Prime Directive: Inflammation and Immune Triggers

Patient your immune system is just the armed forces in your body there to protect you. There's an army and navy and Air Force and Marines, the Coast Guard.

We call them IGA, IG, GE, GM, cytokines. They're just different branches there to protect you. So when you get an activation of the immune system, the question is what is it trying to protect you from?

That's the million dollar question that we have to answer. What is it trying to protect you from? Dr. Wahls, are we still on? Yes, we still are. Okay.

Something happened to my computer, and I lost your your visual, but. So I'll just keep going and see if it comes back. You know, you keep going, and I'm going to make sure that my Ethernet is plugged in.

So keep talking to the, camera stays on you. Great. Great. So, you know, the question is, what is it we're trying is

the immune system's trying to protect you from.

And when you look from that perspective, it's easy to address this primary mechanism in the development of disease. You just have to find out where is it coming from?

Is it gasoline or kerosene? Is it food sensitivities or is it mold in the house? Is it too much stress and stress hormones, or is it an abnormal microbiome?

I mean, where are the triggers of inflammation coming from? So the prime directive is anytime you're dealing with some type of health issue, you always include okay.

So this is an inflammation process. My immune system is activated right now. And the symptoms I'm having are dot dot dot. Doesn't matter what the symptoms are for this line of thinking.

The symptoms are dot dot dot. So where is the inflammation coming from. What is my immune system trying to protect me from? Why is it activated. That's the prime directive that always has to be included in your evaluation and protocol determination is reducing the triggers, activating your immune system.

You know, Tom, I get so much criticism. I'm sure you get a lot of criticism to buy. I've been so focused on wheat and dairy as inflammatory foods. so, let's talk a little bit about that.

So why, from your perspective, should we care? So much about sensitivity to the proteins in wheat and, and then, follow up with the proteins in dairy.

So you people have been eating wheat for thousands of years. Dairy for thousands of years. we're told that whole grains are good for us, that, you know, not to be an essential part of our diets.

shouldn't they be? Well, that kind of messaging comes from the dairy industry. and they've done a really good job of educating us that milk is a natural.

Build strong bones and strong bodies. 12 ways. You know, all those things that we grew up with, those slogans. So they're so deeply ingrained in us. We just believe them.

But the truth is, any food could be a problem for an individual, and the immune system gets activated to fight you from it. But wheat is in a category by itself.

When you read the science, there is nothing that compares to the act evolution of your immune system. Like wheat. And why is that? So I'm I'm going to get a little geeky, but try my best not to get too geeky on this one.

We have centuries standing guard throughout our body to protect us from any invaders, any bugs, any parasites. You know, we've got centuries in the eyes, in the nose, in the mouth, in the gut.

And they're called toll like receptors. And they're very dormant. They're quiet. They don't do much at all. I think of them like the soldiers at Buckingham Palace.

Those guys with the big hats that they're just dormant. They're just standing still. They're not doing anything. But do not mess with those guys. You do not want to mess with them.

That's toll like receptors. They're there to protect us. And they're watching everything that comes into the body, whether it's the nose or the ears or the gut.

Primarily, they're in the gut because most insults that our ancestors would be exposed to were in the food that they were eating. So before agriculture, we were all nomads.

Why Wheat Activates the Immune System

Our ancestors followed the herds. They moved around. There were no communities. cities and villages. They moved around. And what they they followed the herds for food, and they'd be foraging for food.

That was our primary concern, is food. They find something. What do they do? Two things. First, they sniff it, see if it smells bad, then they nibble at it, then they eat it.

And if there were bad bugs on that food that they couldn't identify by smelling or tasting, if the hydrochloric acid in our stomach didn't kill it, and it went from the stomach into the first part of the small intestine, that's where the centuries are standing guard.

And they're watching everything that comes out of the stomach. Are there any bugs here? Are there? Is there anything that's a threat here? And when they saw something that was a bacteria or a bug and not a friendly bacteria, they do two things immediately within five minutes.

And when you see the videos of this, it's really cool for someone like you or I to watch the videos. So within five minutes they do two things. They increase the production of a protein called zonulin which opens up the space between the cells and we call that leaky gut.

So they the toll like receptors activate leaky gut. Why would they do that? Because when the cells split apart a little bit, water comes from the area inside the body into the gut, and the water comes in through the leaking gut to wash out the bug with the poop.

So it's a defensive mechanism to get that out of here. That's the first thing that toll like receptor does the sentry standing guard. The second thing they do is they activate the major amplifier of inflammation.

In this example in the gut called NF kappa B, and that's that NF kappa B is the desk sergeant at the police station. Okay. You guys, you patrol over there today.

You guys, you go over there, you guys, you go over there. NF Kappa B is the amplifier of influence throughout the body. And in this example, in the gut.

So any time a bug comes out from the stomach with the the glob of food that our ancestors was eating, if there was a bad bug in there and the sentry standing guard see it, they activate zonulin and here comes a flush of water to wash out the bug, and they activate NF kappa B inflammation to kill this thing all at the same time.

Within five minutes, those ancestors that did not have really good functioning, toe like receptors or good functioning inulin production, or good functioning NF Kappab production, they died, they died, and they did not reproduce.

Those that had good toe like receptor function and sending the message and then signing Lingus release to wash out the threat. And NF Kappa B gets activated to kill the threat.

Those ancestors reproduced. They survived and reproduced. That's our ancestors. We carry those genes. Every human today has those genes of response. If a bad bug comes in with the food, that's why we're here.

That's why that's one of the reasons that we survived now. So that's the first concept is that our bodies have this defensive mechanism in case we're exposed to bad bugs.

Now, once again, I'm trying to make it easy to do the right thing. But you have to understand these basic principles to embrace what the right thing is.

That's step number one. Step number two. When we see this bad bug coming in, how does the toll like receptor recognize the bad bug. It recognizes the bad bug coming with the big glob of food out of the stomach, because it's looking at the protein structure of that bug.

It's looking at what are called the amino acids, the building blocks of protein. And if it sees the combination of

amino acids, that's the protein on the surface of a bug and it gets activated right away.

I call them orange vests. So toll like receptor looks for orange vests coming out with the glob of food. And it's the bacteria the the protein structure of bad bacteria I orange vests and so it's what it sees orange vests.

It wakes up right away. And it does its activation of the leaky gut and activation of inflammation to kill this threat. Okay. So we've got our defense sentries standing guard looking for orange vests.

You know, here comes a purple vest. Here comes yellow vests. Okay, that whatever that is, you know, they're dormant. They don't do anything. But if they see an orange vest, they get activated right away.

And they determine the orange vest by looking at the amino acid structure of the protein that's coming out. That's what activates your immune system. Trying to protect you is that they're looking at the proteins of whatever the possible threat is.

All of that background. Here's the kicker, unfortunately, and this comes from our friend Alessio Fasano at Harvard and all of the research they've done in the last 20 plus years.

The protein structure of gluten looks like orange vests, that the amino acid structure of wheat looks like orange vests, which means every human, when they eat wheat, they activate the century standing guard because we can't digest that wheat down to each little amino acid.

we can partially digest it, but we can't break it down completely. So I'm going to stop you for a moment. because I think this is such an important message.

so celiac disease, or people who are sensitive to wheat and have terrible diarrhea. but I think you just told us that everyone has this abnormal response to wheat that leads to a leaky gut and leads to over activation of our, inflammation processes.

Every human, every every human. Maureen Leonard from Harvard, famous gastroenterologist. She did a literature review. She read a whole bunch of research papers on this topic.

And her conclusion published in the Journal of the American Medical Association, that gluten activates this defensive mechanism in all humans who consume it.

So if anyone watching this show is a human now, sometimes your wife may not think you're human, you know? But if you're a human, this happens to you. Now, I just want to make one little tweak on what you said in your question about celiac disease causes diarrhea and all of that.

That's a misconception that the science tells us when people have celiac disease, one out of eight of them have gut symptoms diarrhea, abdominal pain, seven out of eight have no gut symptoms.

They've got brain symptoms or joint symptoms or skin symptoms, but they don't have gut symptoms. And I, I make that slight tweak on what you said. Yes, it's a common misconception.

And people think, well, if my gut doesn't hurt when I wheat, I'm I'm good with it. It's okay. Tastes good, I feel fine. Well, that's because you're one of the seven out of eight that don't get gut symptoms.

You get brain symptoms. Tom, are you saying that, in those seven out of eight, if they went in and had a small bowel biopsy, that they would have those changes for?

No, no. See like this? No, no. If they're celiac, they would have the small small bowel changes. What the symptoms there would warrant them going to the doctor and getting the test and getting the small bowel the symptoms only one out of eight times.

Do they have gut symptoms. Got it. Okay. They've got psoriasis. And that's the only just Google psoriasis and celiac. Here come the studies where they didn't have gut symptoms.

So I just want to make sure everyone's clear. It doesn't matter how you feel when you eat wheat doesn't matter. And most people feel great when they eat it.

There's no way to tell that it's activating all of this inflammation in your gut. If you're expecting gut symptoms, that's a really important thing to understand.

And then, Tom, can you comment on the cross reactions between, gluten and casein, the protein in dairy? Yeah, yeah.

Cross-Reactivity Between Gluten and Dairy

That concept of a cross reaction means when you let's use the example of celiac, because that's where so much of the research was done originally. And, you don't have to be a celiac for this, but when your immune system is fighting orange vests, it's looking.

Let's think a little. Let me elaborate on the orange vest a little bit more for so people really understand that. And this comes from Professor Fasano proteins are like a pearl necklace.

And hydrochloric acid in your stomach undoes the clasp of a pearl necklace. Now you have a string of pearls, and our digestive enzymes act as scissors to cut that pearl necklace into smaller and smaller pieces.

That's called digestion. Snip snip snip snip snip. And when you get down to each pearl of the pearl necklace, that's called an amino acid. And then our bodies can absorb those amino acids, go right through the gut into the bloodstream.

That's normal absorption. These tiny little pearls of the pearl necklace can go right through. The problem with wheat is that we don't have the enzymes to break it down into each pearl of the pearl necklace.

We can break it into clumps of the pearl necklace called peptides. But it's a clump of the pearl necklace. And the clump of the pearl necklace looks like the orange vest on the surface of a bug.

That's why our immune system fights wheat every time you eat it, whether you feel it or not. So that's a really important concept to understand. So now to the molecular or the cross reaction that you're asking about.

So when the immune system is fighting wheat and you have toast for breakfast, sandwich for lunch, pasta for dinner, croutons on your salad, a cookie, multiple times a day, every day we're eating this food.

Then what happens is that it becomes ongoing. It be it has a life of its own. You're always making these antibodies, looking for orange vests. When you eat certain foods that kind of look like an orange vest, you know, they've got they're they're they're a tinge.

the in my example, the color might be, I don't, I don't know if Mars is an orange ish color, you know, but it's a little bit off, but it looks kind of close to orange vest.

So the proteins in dairy in 50% of celiac, you're a celiac. You stop eating wheat, your immune system calms down, you feel better. All the symptoms which people have heard about when going gluten free, they work.

You stop to eat wheat, but now you. But you're eating dairy and the the rest of the proteins of dairy is in my example, more of colored too close to orange.

So the toll like receptors you're standing guard look over there. Orange kind of like orange. And you fight the dairy molecule which activates the gluten molecules to make antibodies.

Once again. So you're completely gluten free. But you do the test and it comes back. You're fighting gluten. And the person says, But I'm completely gluten free, and you quiz the patient, you know, to see.

And yeah, as far as you can tell, she's really working hard at being gluten free. That means there's another trigger that's being misinterpreted as an orange vest. Yes.

And in 50% of celiac, it's dairy for half of them. You know, this is, I think a really important message I want to reinforce for all of you if you're taking gluten out.

Tom, once you take dairy out, I wanted you to take dairy out. and so, key message. And again, thank you so much for joining us today. I hope you found our conversation insightful, engaging.

And if you're a summit purchaser, stay right here, because Tom and I are going to continue this conversation and dive even deeper. and if you're not, click on the button below or to the side to get access to a world of information and get ready to reclaim your health.

Now, if you're watching this, thank you for being a valuable member of our community. let's continue this conversation and dive right in. So, Tom, how long do people have to stay off the gluten in the dairy?

Is this, like, you know, just a couple of weeks or, what are you telling your people? That's a really good question. And it doesn't matter what I say.

It's the science when you want making it easy to do the right thing. And when you understand the science, it's obvious. So, Mrs. Patient, when you get a vaccine for measles, they give you a shot of the bug.

Measles. It activates your immune system to start fighting measles. And the way that happens is your brain says, whoa, what's that in the blood stream from the shot?

What's that? You, general? And in your immune system, we have Army Air Force, Marine Corps generals sitting around with nothing to do. You, general, you know, or general measles, take care of this.

General. Measles builds an assembly line. That assembly line starts producing soldiers. They're called antibodies. And those soldiers are special forces, highly trained.

They only go after measles. Now your bloodstream is just a highway, you know, lots of traffic, but it's just a highway. Everything's going the same direction, but it's bumper cars and they're, you know, I just came back from India lecturing in India.

And the one city in the world I will not drive in. And I'm from Detroit. I grew up with muscle cars. You know, I've good driver. I will not drive in New Delhi because in New Delhi it's like your bloodstream.

Three lanes of traffic have 5 or 6 lanes of cars beeping, horns inching in between each other. There's no rhyme or reason to how they drive in Delhi. That's your bloodstream.

Everything's bouncing around in there, you know, it's all going in the same direction, but it's like, so how does special forces, these antibodies going through the bloodstream looking for measles?

How do they find it? They look for the protein structure of these amino acids of the measles bug. They're highly trained to look for purple vests. And they're going through the bloodstream looking for purple vests.

And they fire their high powered rifles that are very it's not a shotgun. It's a high powered, laser focused rifle that goes after measles and nothing else.

When all the measles bugs have been destroyed from the vaccination, general measles says, okay, turn off the assembly line. We don't need any more soldiers in the bloodstream right now.

You should not have any measles antibodies in your bloodstream right now unless you've been exposed. And then you should. But general, measles is now vigilant.

The rest of his life. If you know you, you and I both, we fly a lot to different conferences.

How Long to Eliminate Trigger Foods

And if the guy sitting behind me just came from Mozambique and he's coughing and he coughs into the air, measles and I inhale measles, it gets in my bloodstream.

General measles is there. And any time he sees a measles bug, he doesn't have to build the assembly line, which takes 2 to 4 months to build. After you know the vaccination, it takes a couple of months to build the system, get the antibodies out there in the bloodstream, kill off the measles bug that you were, exposed to in the vaccination.

And then general measles turns off the assembly line. You don't have measles antibodies anymore. The ones that are produced at the end of that sequence, giving you immunity.

Those antibodies, they've got a shelf life of 4 to 6 weeks, something like that. So you've got two months of building the assembly line and then a couple of months of the life of the antibodies.

So you've got four months, five months of antibodies. Eventually being produced from the vaccination. That's how vaccinations work. That's why if you go to Africa, you need vaccinations for yellow fever and chichi bunga and and, these strange diseases.

But if you go back 15 years later, you just need a booster shot two weeks before you go. You just have to wake up general yellow fever. And then the antibodies are in your bloodstream because he just has to flip the switch and turn it on.

So this guy that coughs on the airplane, you inhale measles, it's in your bloodstream. General measles sees that he just flips the switch and the antibodies in the bloodstream the next day.

So the the measles you inherited or you inhaled never have a chance to grow and develop. That's how vaccinations work. General. Measles is called a memory B cell okay.

He's there usually for the rest of your life in case you ever need, him again. The only food that I can find any science on that activates memory B cells is wheat.

I can't find any evidence, Terry, of memory B cells to dairy. Memory B cells to soy. I've googled I can't find any but wheat. You just memory B cells.

Wheat. Here come the studies. So it's a problem lifelong. It's a lifelong problem. So. Well, doc, you know, I my symptoms are gone. My blood tests are normal.

Now, I ain't wheat. No, no. Okay. You've you've got memory B cells too. This this is permanent. It's the only food that's permanent. Once you cross the line of tolerance, there are a few people that will do the right blood tests, comprehensive blood tests that come back negative, and their immune system is functioning well.

It's not a fatigued immune system. They have adequate levels of total immunoglobulin. So we know the immune system's functioning and they come back negative.

And the only thing I can say is, okay, well you should check this about every year or two just because you're likely to cross the line of tolerance all humans are likely to.

Most humans have crossed the line of tolerance, and you have elevated antibodies now. But you seem to be fine with wheat. Okay, enjoy while you can, you know, cut it down just to be on the safe side so you don't tax your

system so hard.

But just make sure you check it every year or two. But back to dairy. So, you take dairy out for five months or dairy out forever. No, no, wheat is the only food that's permanent that has science behind it, that it's permanent dairy, soy, egg.

You may have elevated antibodies, and you have to eliminate it completely. So general dairy calms down, turns off the assembly line. But any other food you may be able to.

Eat maybe get it back to again. Yeah, but not wheat. We only won the only one. Well, I'll tell you, in my case, we know that dairy and eggs are still a problem.

so, you know, pay close attention. If there's a food that has, you've got it sensitized to how, in your practice, how long you have people wait, before they try to reintroduce that food item again to see if they would tolerate it.

Usually, I'd say six months. Six months. If someone is meticulous and they really are in a hurry to eat their eggs again for some. Well, you know, it's certainly possible.

After four months, you can recheck. And if the antibodies are negative, it means you're in the clear right now. And in that case, I would do an exposure once a week maybe, you know, don't overwhelm your system so quickly.

but the only one that you cannot is wheat. And people say to me, well, doc, if I go to Europe, I can eat the wheat, and I feel just fine. It's okay. And I say, no, it's not, no it's not.

You still activate the immune response. But but no, I don't feel bad. That's because gut symptoms are usually from the FODMAPs in wheat, the fermentable carbohydrates, the symptoms throughout the entire body, outside of the gut are from the immune reaction to the proteins.

So the when you. So let me say that again. So people understand that there are different components in wheat. And not everything in wheat is bad for you.

It's just that the bad outweighs the good. The proteins of wheat look like the surface of a bug, and it activates the sentry standing guard and everyone, every time you're exposed to it.

But other things in wheat are not bad for you necessarily. You have to replace those other things. So what happens is we'll talk. I can go to Europe. Well, no, you can't eat the wheat, but I feel fine.

Well, that's because only one out of eight have gut symptoms from the immune reaction to the proteins to the gluten and the other proteins. In wheat, most people have brain reactions or skin reactions.

And you may not feel those right away. They they may take a few weeks to come on. But if you want to do the pizza in Italy because you're looking forward to it, here's what you do.

We just did the blood test and it shows you you're completely normal. Your immune system's not fighting wheat. Congratulations. We've done a great job.

We've put it in remission right now. So go to Europe and have fun. You know, go do what you want to do. But when you come back, let's recheck the blood tests.

And I've never had a patient who was normal before. They go to Europe, come back normal after they've gone to Europe and done their thing and their dairy antibodies come back there, all of a sudden their migraines have come back three weeks after they're back from, Europe.

or their skin problems have come back and we do the tests and their antibodies are sky high. But they felt fine when they ate it in Europe. You know, I said, well, I hope it was worth it. Yes it will.

Usually they will. Yeah. It was it was really great. Now I'm suffering for a while but okay. Can we put it in remission and actually yeah, probably we can.

But but not always. Not always not right. You got to. Question my patients. That right. Right. As do I. Yeah. So when, people are consuming. Wait, no gut symptoms.

Brain Symptoms, Molecular Mimicry, and Food Sensitivities

What kind of, brain issues might develop in. Oh my goodness, that happen. the the world of molecular mimicry, is one that is really important to understand.

Not the geeky stuff, but just in general. Molecular mimicry means when general gluten is making antibodies to orange vests, to the amino acid structure of the proteins of wheat, and those antibodies are in the bloodstream, and they're looking for the amino acid structure of wheat, our central nervous system.

Well, actually, both nervous systems, the one inside the brain, in the spinal cord and the nervous system outside of the peripheral nervous system, they both have components that look like the surface of the bug.

They've got orange vests. So myelin has a purple vest, which is what the antibodies to dairy are. Right. And sometimes that purple vest will have an orange tint to it.

And the antibodies to gluten will attack myelin, or it'll tak your cerebellum or it'll tak your pituitary. It will attack any tissue in your brain, because the amino acid structure is similar to the amino acid structure of gluten, that's called molecular mimicry.

At the molecule levels, one tissue mimics what the other one does. One looks like the other. So the antibodies that are going everywhere in the bloodstream looking for orange vests look, oh, look over there.

And they fire their chemical bullets at your cerebellum, or your myelin or any. There are so many different tissues in the brain and so many different diseases.

Let me give you an example. One of my mentors and a friend of yours is a world famous neurologist. Mario, how did you vaselin? And he runs the Tertiary Neurology Center in Sheffield, England.

What does that mean? Well, you go to your doctor, you've got some kind of brain or nervous system problem and he recommends something to you. It doesn't work.

You go back a few months later, so he sends you to a neurologist. The neurologist recommends something to you. It doesn't work. A few months later, you get back in.

It takes six weeks to get in to see them, but then you go back and you know that medication didn't work. I'm still having those symptoms. He gives you something stronger that doesn't work.

You go back a few months later, hopefully, and now you say, you know what, that those two different things are just not working. If these are really smart, doc, he refers you to a tertiary neurology center.

This is where the geeks of geeks are the ones that love to explore what's going on here. Right. They're they're just the best at investigation. That's a tertiary neurology center.

Mario's had previously runs the Tertiary Neurology Center in Sheffield, England. They published a paper way back in 2003. So it's over 20 years ago, we knew this.

When the cause of a patient's symptoms can be identified, they can identify the mechanism and put a name to it. What that person has going on. But percentage of those people with antibodies to gluten is 5%.

When the cause of a patient's symptoms cannot be identified, they can't put a name to it, a diagnosis to it. At the tertiary Neurology Center. The geeks of geeks, they can't figure out what it is.

The percentage of patients with elevated antibodies to gluten is 57%. And and they put them on a gluten free diet. They get better. And they published their paper back in 2003 saying, you know, we don't really understand how that is, but here's the result.

And now, 20 years later, we know so much more of the mechanisms that I've explained about molecular mimicry or cross reactivity that can occur with this sensitivity to wheat and affecting your brain and your nervous system.

You know, I think, if I can sort of recapture this, I think the big message here is you got funny symptoms. Your docs can't figure out what it is. A very basic response that Dr.

Tom is suggesting, and I suggest to my patients, is, let's look for food sensitivity issues and take the problems out. At the very least, I want my people to take out gluten and dairy, for starters.

And, you know, in the video we couldn't do additional testing. So we said, okay, we'll just start with that, see what happens. And to the startling degree, people start feeling better.

and, not everyone. And then, of course, I would be wishing I could get food sensitivity testing. It'd be much more precise. Yes. For anyone who's listening, this is such a big message.

If you cannot get resolution, from your symptoms to your neurology and specialty medicine, take out gluten and dairy and look for food sensitivity testing, you know, because that's a very simple intervention that you can do.

Yes. We we expand on that just a little bit.

Practical Starting Point and Where to Learn More

you know, for us, when I'm talking to people and I only see like one person every couple of weeks now, you know, by zoom, but I just the worst of the worst.

Those are just can't get the answers. We always start with gluten free, dairy free, and added sugar free. Oh, yeah. That those three is just start there until the tests come back.

You know, here's a test we need to do. But it'll take a few weeks to get the tests back. In the meantime, just start gluten free, dairy free, sugar free.

And so many times when they come back to here, the results of the tests that we've done, they're already said, I doubt I can't believe I slept the first night, all night, in three years, you know, and, only happened twice.

But in three weeks, at the first time in three years I've slept through the night. Well, that means the inflammation is starting to come down. Remember, the prime directive is where is the fuel on the fire activating your immune system.

That's why we're talking about this. And gluten and dairy and added sugar are so common, such as the fuel on the fire. My phrase that I've said for years is the most common source of inflammation is what's on the end of your fork.

And so you start there and you get really good results. Most of the time. Well, Tom, this has been wonderful. I always love our conversations. can you tell our audience where they, can find you, so they can be following you for additional wisdom?

along the way? Well, thank you so much. Yes. Our website is thedr.com the D R dot com. Just don't spell the word doctor on thedr.com We've got lots of videos, lots of handouts.

just explore the site and you'll find, a lot of information. Hopefully that will help you and your family on your journey. Thank you so much. Now, much love to you and your family.

Thank you so much, Terry. And to you.