



Vibrant Health Solutions Radio: Gluten -- The Time Released Killer (Part 1)

Interview with Dr. Ritamarie Loscalzo and Dr. Thomas O'Bryan

Hello and welcome to Vibrant Health Solutions Radio Show. I'm your host, Dr. Ritamarie Loscalzo, and each week we bring you cutting-edge information to help you alter what's going on inside your body through your lifestyle choices and diet and all sorts of great stuff so that you can live the most vibrant life you can.

We all are here with a purpose and your purpose is being thwarted, perhaps, by your body not functioning up to capacity.

This week, I am thrilled to have as a special guest Dr. Tom O'Bryan, and Dr. O'Bryan is...he's just an amazing resource in the world of gluten. And you guys know, from listening to my shows and for all the resources that I put out that I am a big fan of gluten-free diets for just about everybody, not for three percent of the population that may be told that they have Celiac disease.

So I won't go into all the details, because I want Dr. Tom to do that for us, but I first got acquainted with Dr. Thomas O'Bryan when I couldn't attend a particular conference, a nutrition conference that I wanted to attend, and I bought the videotape – the audio tapes. And I was listening to him as I was running and the stuff that he was presenting about gluten was phenomenal.

And I'd already known about gluten and the problems it could cause, but the kinds.... He just blew my mind with opening up the way it affects the brain and the way it affects the gut and the way it affects the immune system. And I was floored, so I started doing my own personal research into it and at that point, 100 percent gave up gluten myself, and got my family off gluten and started testing all my patients and getting my patients off gluten and so began my journey and my enthusiasm and excitement about gluten-free and what it can do for your health.

So the thing I am excited about – before I like Dr. Tom speak – is that he is doing a summit about gluten. He's doing a gluten summit, and when I heard this, I just...I emailed them and said, 'I want you on my radio show. I want you to – we really need to promote this summit because people need to understand the importance of this in health. It is something that is so profound and so important that everybody needs to know about it.'

So he's got a summit, and I'm going to give you, right up front, I want to give you the email – the address of that so you can go and sign up for that while you're listening. And it's at Dr Ritamarie dot com, D-R-R-I-T-A-M-A-R-I-E dot com forward slash Go forward slash Gluten Summit. And go ahead and sign up.

There are some amazing doctors and researchers on that summit that are going to blow your mind – 20 different speakers about gluten. So, without further ado, I want to introduce you to Dr. Tom O'Bryan.

Hi, Tom, thank you so much for being here.

Dr. Tom: Oh, thank you, Dr. Rita. It's a pleasure to be with you today.

DRM: Mm, where to begin? Well, you know, I didn't mention my excitement about some of the things that you've done, but I know that you're on the staff of the Institute of Functional Medicine, where your focus is on intestinal permeability – you guys have heard me talk about that a lot, too, and the GI system in general. But tell us a little bit more about you and what got you so interested in talking about gluten and then doing a gluten summit.

DT: Well, okay, thank you, and I never thought of it until just now, as I was listening to your kind introduction of me. And this is really true – and, for those who have heard me speak before or seen my presentations, you know that I just quote the science. I quote paper after paper after paper what the researchers are saying.

So I try my best not to give my own personal opinions without stating 'this is my opinion,' so that our doctors, who are in these seminars – they can see the validity of the concepts which they may not have heard of before - that they actually come from peer-reviewed medical literature.

And I was sitting here, thinking about this now, and all of your listeners know that it's possible to have a reaction to peanuts that'll kill you. And it's not common, but it's possible. And what...and that's called an IGE reaction, that's an anaphylactic reaction to IGE. And your immune system's like the armed forces – there's an army, air force, Marines, coast guard, navy – they're all there to protect you, protect you in an IGA, IGE, IGM – they're all different branches of the armed forces and the IGE reaction, that allergy reaction people have heard of that it's possible – you don't mess with this. And those people carry an EpiPen with them all the time.

So most of us know about that.

Well, what I'm about to say here – please just accept, if you will for the moment – and you can research it and you'll see all the studies – that the same type of life-threatening reactions occur with gluten sensitivity, but instead of it occurring within an hour, it occurs over 20 years. But it's the same type of immune system overreacting, trying to protect you, but overreacting, and it goes after your brain or it goes after your thyroid or it goes after your heart or it goes after your muscles or it goes after your bones.

And it just takes 10 years, 15 years, 20 years, before it's caused so much damage. It doesn't make you sick in a day the way a peanut allergy does, but it makes you sick over 20 years. And you don't know that it was a gluten sensitivity that took you down. You just don't know.

And the autopsy report or the death certificate says 'liver cancer,' like my godmother. And it should've said 'liver cancer, secondary to Celiac disease.' Or the autopsy report says 'acute myocardial infarction,' which is a heart attack, like it did for my father, but it should've said 'acute MI, secondary to Celiac disease.'

So this is the state of gluten sensitivity, with or without Celiac disease, that many, many times it's causing damage that's accumulative in your body and you can't feel like when it's going on because it takes years before there's so much damage now you start getting symptoms and you say, 'Oh, my brain's not working. I must be getting older now. I can't remember the way I used to.'

And you say, 'Well, how old are you?'

'Well, I'm 46. I'm getting old.'

And you know, it's like, 'No! No, it's not supposed to be that way.'

DRM: No!

DT: Rather, there are antibodies that could be – not always – but could be secondary to the sensitivity to gluten that's causing the reaction in your brain, if that's the weak link in your chain. So I just thought of that right now – the analogy with peanut allergies – because it really is that way, but instead of taking an hour as a peanut sensitivity or five minutes that a peanut sensitivity may, it takes 20 years. But the end result is very similar.

DRM: Slow death versus death by a quick shot in the head.

DT: That's right. That's right.

DRM: And you know, when you said that about an allergy to peanuts, it reminded me of something, because I was sitting on an airplane once and they made an announcement that they wouldn't be serving peanuts because there was somebody on the plane that had a peanut allergy.

And as the person came around and handed me some sort of cracker – you know, a gluten-containing cracker – and cheese or whatever, I looked at her and I said, 'You know, you're not serving gluten to people...' I mean, 'not serving peanuts to people because there's somebody on the plane with a peanut allergy – what about all of us who have gluten allergies or dairy allergies? There's way more of us than have peanut allergies, by the way, and you're serving this other stuff.'

And she was like, 'Oh, oh, oh!' Didn't know what to say – she didn't know what to say. But that's what they're doing. People are making this big deal because the person could die there, but if somebody's eating next to me and a cracker falls on top of my hand and I touch my mouth with that, I could get a gluten reaction from that.

And I know it only take a tiny bit, because I know that I had a tiny, tiny exposure once a few years ago that put me down for a few weeks. Accidental, of course. I would never do it on purpose.

So that leads me into the very first question, and I'll let you get back to why you started this summit, because I really want people to hear this right up front, why even a tiny morsel – very occasionally – can create a problem. Because I'll say to people, 'I think you have a gluten problem.'

And, 'Oh, no, no – I rarely eat gluten. I don't think my problem is related to gluten.'

And I say, 'You don't understand. If you ever eat gluten, it could be related.'

'Well, how could it be related? I only eat gluten maybe twice a month or once every three weeks or whatever. Yet – and I only eat a little bit when I do, but I try not to eat it.'

And I want you to share – you said you could share the science behind that, like why even just an occasional morsel.... I remember when I first heard you speak and you spoke about how even a one crouton that falls on your salad but you take it off and then eat the salad can create a reaction.

DT: That is correct – good. And your question was why is it that even a small exposure can cause a problem. That's actually not quite correct. It's that a small exposure will cause a problem – not can.

DRM: Will, not can – thank you.

DT: Oh, no problem. And here's the mechanism: When you get a vaccination for measles, they give you a shot of the bug measles and your brains sees that there's the measles bugs going around in the bloodstream and it says, 'Well, what's this? This is not good for me. I'd better fight this.'

And your brain says, 'You – General' and your immune system, army, air force, Marine Corp generals – 'you!' There are generals sitting around with nothing to do and the brain says, 'You now are General Measles. Take care of this.'

General Measles builds an assembly line. The assembly line starts producing soldiers that are trained just to go after measles. That's their complete job.

So these soldiers are going around in the bloodstream – and all the blood's going the same way, but there's no lanes of traffic, so it's bumping into everything as it's going forward. And these soldiers are firing chemical bullets called cytokines when they see measles, going after and destroying the measles.

General Measles is watching all of this. When all the measles bugs from the vaccination are gone, General Measles turns off the assembly line. You shouldn't have measles antibodies in your bloodstream right now. Unless you've been exposed, you really shouldn't have any.

But General Measles is vigilant now – the rest of his life. If you're ever exposed to measles, General Measles just has to flip the switch. He doesn't have to build the assembly line.

Now, why's that important? If you go to Africa, you need vaccinations months and months ahead of time for yellow fever, dengue fever – all these strange diseases. Months ahead of time! But if you go back to visit 10 years later, you just need a booster shot two weeks before you go. You just have to wake up the General Measles, and he turns on the assembly line again. He just has to flip the switch.

So General Measles is called a memory B cell. When you make elevated levels of antibodies to foods, you produce memory B cells. They don't go away. So the tiniest exposure activates General Gluten or General Dairy and you start producing the antibodies immediately. And you can't feel when you've got these antibodies going through your bloodstream, but what people are going to learn in the summit is how when – and these are from the world leaders, this is Professor Yehuda Shoenfeld from Tel-Aviv University, the godfather of predictive autoimmunity. He's going to tell us how, when you have antibodies to some of these foods, they can cross-react and you produce antibodies to your own tissue – wherever your weak link is. It could be your brain, your heart, your liver, your kidney.

So when you produce these antibodies to gluten, you may produce antibodies to your brain. So now you're exposed to this tiny little bit of gluten that you've had once a month or something like that, but you've turned on General Gluten, so the gluten antibodies now will be being produced for at least three months.

From one tiny exposure, at least three months of those antibodies and, depending on your genetic weakness, your genetic vulnerability, you make gluten antibodies, you start making brain antibodies – myelin basic protein, which causes MS or skin antibodies, which causes psoriasis, or myocardium antibodies, which causes congestive heart failure.

It just depends on what your genetic weakness is, and you can't feel it when you're making those antibodies that are attacking your brain or your heart or your liver or your kidney. You don't feel it when you've had one sandwich a month from gluten.

Now, what do the scientists tell us about how much it takes to turn General Gluten back on again? And you'll hear this from Dr. Aristo Vogdani, the premier immunologist in the world on this topic, in the summit. And what he'll tell you is that it takes one one-thousandth, the initial size of the measles vaccination. So you just a couple measles bugs, you breathe them in the air, because someone's on the plane coughing, and you breathe in measles bugs, one one-thousandth of that initial vaccination is all it takes to activate General Measles to start producing the antibodies again.

So that's one one-thousandth of what you can see, like a piece of bread or a cracker or something – one one-thousandth – that amount is all it takes and you turn on those antibodies. You've got the gluten antibodies for at least three months – sometimes as long as six – from one exposure. And then whatever your genetic vulnerability is in terms of where, what autoimmune tissue is going to be affected – that's where you get the tissue destruction.

DRM: Wow. That's pretty intense. That's pretty intense, and –

DT: Yeah, wow! So you hear me when I say this is like an IGE allergy to peanuts, but it doesn't take 10 minutes. It takes 20 years of this, slowly killing off your brain cells. I'll give you one example.

We had a doctor who called me and he wanted to do a test. He'd heard about the test to look at what autoimmune systems might be out of balance in my body. Where's the link in my genetic chain, so to say. He was 44 years old. His father had died at 44 of a heart attack. His two older brothers had died in their early 40s of heart attacks. This was the last male in the family.

This doctor went to a cardiologist when he was 20 who put him on statin drugs right away and so his cholesterol was supposedly perfect at just about 160, 155 to 160. He had a 12 percent body fat, so he was exercising regularly – nice and healthy. His diet was immaculate in terms of eating very clean. He didn't eat Ding Dongs and Ho-Hos. He didn't eat any of that kind of stuff.

And he came to me and he said, 'I heard about this test for autoimmunity. I just want to check and make sure everything's okay.'

Well, what we found was that he had three – all three antibodies to his heart sky-high. His immune system was attacking his heart big time and he was very positive on gluten sensitivity. He had many peptides of gluten that he was reacting to. So the guy had a gluten sensitivity, had no symptoms whatsoever, because of the rest of his life was so healthy and he was eating well overall – lots of vegetables and things - and exercising regularly, muscles were good and all that. But this immune system was attacking his heart.

We put him on a gluten-free diet and all the antibodies went away.

So this guy – and I feel pretty confident in saying – this guy was going to die. And he never knew it, just like his father and his brothers. That's why he came to us. And he was so grateful afterwards that we found this and it was because of gluten and the weak link in his genetic chain was his heart. That's where it was going to take him down, and who knows when, because he's living healthier than his brothers were. But that was the mechanism going on in his body.

For someone else, it's their thyroid. For someone else, it's their brain. For someone else, it's their joints. It just depends on where your genetic weak link is as to where it's going to manifest. But gluten is the trigger – gluten is - for many people, it's the gasoline on the fire that causes this.

DRM: Well, people ask me, though, 'Why gluten versus another food? Why is it gluten antibodies that are attacking all these things, versus broccoli antibodies or lettuce antibodies or chicken antibodies?'

DT: Right, that's a really good question. And there's two reasons for that. The first one: it's the most commonly consumed food on the planet.

People consume wheat and gluten more than anything else – toast for breakfast, sandwich for lunch, pasta for dinner, cookies, cakes – you know, all that kind of thing. There's nothing we eat more often than wheat.

The second thing is that is we've only been eating wheat for 10,000 years. And, on the history of mankind, that's a blip on the screen. That's less than one-half of 1 percent of the time that man's been on the planet, mankind has been on the planet.

So we don't have the genes to digest this. And you'll hear on the summit Dr. Alessio Fasano, who is the chair of pediatric gastroenterology at Mass General Hospital at Harvard. He's going to tell us that no human can digest gluten. No one can break it down. You can't digest it. The human digestive system cannot break it down.

Whether or not it causes obvious symptoms for you is determined by...it's called 'loss of oral tolerance.' And at some point, you cross a threshold and it's the straw that broke the camel's back. That's why they check people.

So if a person's a Celiac and the rest of the family want to get checked and – 'No, you're fine, you're not a Celiac.' Five years later, 10 years later, 15 years later, that person who was checked originally that was negative now is positive. Why is that?

And the age most commonly where people are diagnosed is in middle ages. And why is that? Because you cross an imaginary threshold, keep pushing at it a little bit, pushing at it a little bit, pushing it at a little bit, until one day your immune system – your body says, 'I just can't take this anymore. I need to fight this.'

And it's called 'loss of oral tolerance.' We lose the tolerance to this food that is an irritant in our system.

DRM: Wow. Pshew. There's so much here. As you were saying that, the question for me came up.... I guess now you answered that question. I wrote down a question before I...before you said what you just said, and...wow. Tell me more about why you did this summit. I have so many other questions. I want to formulate my questions properly.

DT: This is what it's like when...this is what's it like when you'll hear these experts. It's like, 'What?! Wow! What?! What?!' So I'm so happy. We've been working on this for nine months to put this together.

And, because I'm in this field – I travel and teach the world on gluten sensitivity and Celiac disease what it might look like. And I've been doing this for over 10 years – I know these people, some of these researchers, or we've corresponded before.

So I reached out to them, and I said, 'Would you be willing to be available for a one-hour interview to talk about the impact of gluten sensitivity and Celiac disease for those who are sensitive to it, whether they know they are or not?'

And everyone of them said, 'Yes! Absolutely. Thank you so much for this opportunity. This is so long overdue.'

And so I've got the – excuse me – the egg-head scientists. You know - the guys who don't normally talk to the public because they're busy in their research labs and they're writing their papers and they're not as outgoing people. So I've got those people who are the world's experts, and I asked the point-blank questions that I know to ask that the general public needs to hear and that our doctors need to hear.

And so I've interviewed 29 of the world's experts. Both the researchers and the scientists and the clinicians that are seeing thousands of patients and applying some of these principals, and the nutritionists, who give us the pearls about 'how do you send your child to school for lunch?' or 'how do you order in a restaurant?'

So I've put together all of this information and we're airing it for free. It's all free! There's nothing being sold. There's no product, there's no vitamins, there's no tests being sold. I really just want to get this information out, and this is the reason why.

We know that, when new research is published that changes the way doctors think, it's called translational research. When translational research is published, the average is it takes 17 years before the average doctor down the street is using that information in clinical practice. 17 years is the average. I mean, you think, when scientists discover something, they publish it in their papers, their research papers, that the whole world embraces it right away. No! No! It's 17 years. That's the average.

And on this world of gluten sensitivity and Celiac disease – I read that paper last January and I said, 'This cannot happen with gluten sensitivity. People really need to know that not everyone is sensitive to this where it's causing problems, but those that are, they don't know that it's causing problems, because they don't feel bad.'

I think it's great when people have migraines - I think it's just great – and they go on a gluten-free diet and their migraines go away. And then they have gluten again and the migraine comes back. No one's going to argue with that person.

DRM: Yeah, can't argue. Right.

DT: You can't argue with that. But here's an example for you: children diagnosed with seizures, drug-resistant epilepsy – so children who are having seizures and the drugs don't work. So if you imagine you're a parent and your child had seizures, you took him to the pediatrician, he couldn't help, sent you to a neurologist, he couldn't help, sent you to a pediatric neurologist, he couldn't help, sent you to a research center, they can't help. So the different drugs that you've tried for your child and they're still having seizures – that's called drug-resistant epilepsy.

In the Journal of Gastroenterology, in 2006, they published a paper that showed children with drug-resistant epilepsy – 50 percent of them go into complete remission on a gluten-free diet. All the seizures go away on a gluten-free diet. Well, how come our neurologists don't know about that? And our seizure specialists? Because this paper was written in the Journal of Gastroenterology. It wasn't written in the neurology journals.

So our doctors don't have the comprehensive overview of how this may manifest, depending on someone's genetic weakness. That's why we're doing this summit is so that people can get kind of the big picture view, hearing it from the experts as to how this might manifest, how do you find out if you've got this, and then what do you do about it.

DRM: Well, what you just said brought something up. You said that not everybody is sensitive to it, but I find that just about anybody that I see in practice is, because we're seeing people who have complaints, right? So they all are. But the other thing that caught me – what you said before – was that these people were tested at one point, and they weren't showing up sensitivity. And then, 10 or 20 years later, they were.

So it feels...it says to me that, number one, if you know that there's anybody in your family that has it, you really should be off of it, because likely you had it as well and it's just not manifesting right now. But, too, that it just – it's not always going to show until later on, and then what do you feel about everybody being on a gluten-free diet, regardless, just as a preventative measure?

DT: Well, that's interesting. There's a couple of points to consider in answering that. The first is, if we listen to Dr. Fasano's research – and it's very well published – no human can digest gluten. You can't digest it! So, from that perspective, why would we eat something that we can't really digest very well?

But the other side of that argument is there's no question wheat has saved millions and millions of lives. There's no question. I mean, anyone that argues with that is just silly and blind, because we've sent cargo ships of grains to Third World countries where they're starving and people don't die. They eat this and they don't die.

So there has been a place for it. We can't not know that. We have to recognize it as possible to get some value out of eating gluten-containing grains, but the long-term consequences are not good.

The third point is, well, I don't feel bad when I eat gluten. Well, this isn't about how you feel right now. For those people that don't feel good when they eat gluten, great. And if you feel lousy and you still eat it, well, that's your judgment call. Do what you want, but –

DRM: Your loss.

DT: Right, your loss. But it's really for those that don't know that the reason they don't feel like a million bucks is because they have this sensitivity. It's really those people – so my goal is that everyone just ask the question: 'Could I be sensitive to gluten?' Just ask the question. And ask it from a perspective of, 'Alright, I need to find a practitioner like Dr. Ritamarie who knows what to do about this, who knows how to check for it thoroughly, who knows what to do when it comes back positive.

That's my goal is that everyone just asks the question, 'Could it be?' Because it is so common, so frequent, that it drops the jaws of our clinicians, when they start doing the right type of testing, how frequently they find it in their practice.

DRM: Right. Absolutely. And just to play devil's advocate, cargo ships of grain – gluten – over to Third World countries, we could've sent quinoa or rice or something else that may not have had the negative implications and that would be a better choice. So yes, just the fact that they got food – whatever the food was – kept them alive in the short-term.

DT: Right, right.

DRM: But the long-term was not the right choice necessarily.

DT: Exactly, exactly.

DRM: Yeah. Well, here's the deal. We are running out of time and I would like to – I have a lot more stuff brewing and I knew you have a lot more to share. We haven't touched on autoimmune disease and those sorts of things, so I would like to have you back and do part two and then kind of –

DT: It would be a pleasure.

DRM: - kind of close here. So I want to remind people to sign up for the summit - absolutely, we've got some amazing speakers lined up – and really get the story and make some informed choices for you and your family. It's really critical that you do that.

So it's at Dr Ritamarie dot com forward slash Go forward slash Gluten Summit. We also have the link right on the radio page where you're listening. Just click on the link, get signed up, come and join. Hopefully there'll be recordings of it so that if you can't make every single one live, those will be available.

DT: Yes, there will be.

DRM: Okay, good – good, good. So I really appreciate you being here and we've got about 30 seconds for you to give me like a parting couple of words to get people excited about coming back and learning more.

DT: Oh, thank you. You bet. So we'll talk more about autoimmunity, if you like, and the bottom line is the reason for all of this is that when you aren't feeling like a million bucks – as hard as you're trying to be healthy – so very, very often this is an underlying mechanism. It's like an emergency brake and you're driving your car with the emergency brake on.

DRM: Well, thank you so very much for being here and we will talk to you again really, really soon.