Vibrant Health Solutions Radio: Gluten -- The Time Released Killer (Part 2)

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

Hello and welcome the Vibrant Health Solutions Radio Show. I'm your host, Dr. Ritamarie Loscalzo, where each week we bring you cutting-edge information on how you can be the healthiest possible in your life. And we bring you information about nutrition and movement and stress and all those things that are thwarting your…you in your attempts to be healthy and happy and whole.

So this week I have part two – I'm exciting to be able to bring back Dr. Tom O'Bryan to talk more about gluten. Dr. O'Bryan had just recently announced that he is having a gluten summit, where he has invited world experts on the area of gluten – researchers in the trenches as well as clinicians in their practices, and nutritionist to help with practical application of gluten-free diet.

And Dr. Tom's been studying this for many years and I first heard about him at a conference and I was blown away by the level of research there was about this. I kind of new, intellectually, that this was a good thing to do – to look at in patients – but I didn't know how prevalent and how much research there was behind it.

So we're back here for part two, where we want to look at how gluten affects you in other ways, other than the gut. Everybody knows about those places, and you'll learn more about it on his summit, but I want to really go into the brain and the autoimmunity, because those are places where you may not make the direct connection between eating gluten and having a symptom, whereas if you have the problems with the gut – you eat it, you feel bad, you have diarrhea or indigestion for weeks or days. But with the brain stuff, it's so subtle and the deterioration and damage and destruction that's happening in your brain is subtle and over time, and then you start noticing just some little things that, if they're not checked, can turn into really major things, like Parkinson's or Alzheimer's or some of those neurodegenerative disease of the brain.

Same thing on the immune system side – if you've got longstanding chronic bullets being shot at your immune function in various tissues - your thyroid, your heart – he shared with us last week a story about somebody who had heart antibodies – that you're having a subtle destruction; you may not know about it for long time.

So thank you so much for coming back and working more with this very, very important topic.

DT: Thank you, Dr. Ritamarie. It's a real pleasure to be with you on the show.

DRM: Fantastic. So let's jump into brain. That was the biggest eye-opener for me was I heard you speaking and you were talking about Parkinson's and Alzheimer's and how gluten can affect the progression of these diseases. And these are considered like 'oh well, they just happen to some people if they're genetically programmed and there's nothing we can do about it.'

So I'd love to address that – not just those major diseases, but the affects it has on kids with ADD, on things like memory. People are telling me their brain-fogged. Tell us a little bit about how gluten can connect with brain problems.

DT: Sure. Well, there's two separate divisions, maybe, that we could talk about. One is function and the other is long-term disease. So let's talk about function first.

And this is a…there are 16 different mechanisms that I'm aware of by which a sensitivity to gluten can affect brain function. Let's just talk about the most common one. They did a study where they looked at 15 recently diagnosed Celiac patients – that means a sensitivity to gluten that's affecting the gut, causing the gut to kind of erode away, the inside of the gut – and 15 patients that had been diagnosed a year earlier with the same thing and that had been on a gluten-free diet for a year, and 24 people that did not have a sensitivity to gluten.

So 15 recently diagnosed, meaning they're still eating gluten, 15 a year on a gluten-free diet, and 24 normal people.

They did spec studies on all of them. A spec study looks at how blood's flowing into your brain.

Now, I'm originally from the Midwest, and we know in the Midwest that, in the middle of the summer, you don't water your lawn for five minutes a day, because the blades of grass to not absorb water – that the water has to get down to the roots, and if you just water it for five minutes a day, the water evaporates, it sits on the surface, and it doesn't get down to the roots, and the grass dies.

You have to soak the lawn a couple times a week for an hour or more, and then the grass is lush and happy.

So a spec study looks at blood flow into the brain and how well soaked is the brain with blood. Is it getting all the blood that it should?

And they looked at all 12 areas of the brain, and what they found was that those that had been recently diagnosed with Celiac, meaning that they're still eating gluten, 73 percent of them – that's three out of four of them – had a lack of blood flow into their brain and the average was into a third of their brain. 73 percent of them!

Now, those on a gluten-free diet for a year, only one had a lack of blood flow into the brain. And for the healthy controls, none of them had a lack of blood flow into the brain.

So what's the significance of this? It's really easy. Cross your legs for two hours. Stand up and run. You can't! There's no blood in your leg. You've got to get the blood back in there. So give your child toast for breakfast. Send them to school to learn. If he's got a gluten sensitivity, three out of four of those people don't have enough blood flow going into the brain. They can't learn. They don't have fun access to their potential.

That's why –they did a study, they published it in 2006 in the *Journal of Attention Disorders*, and they looked at 132 children diagnosed with attention deficit that had gluten sensitivity. They put them all on a gluten-free diet and every child or their parents reported improvement in all 12 markers of diagnosing attention deficit – doesn't pay attention to detail, can't sit still, interrupts frequently, blurts out answers, restless.

Every marker improved in every child on a gluten-free diet. If that were a drug, it would be on the front page of every paper in the country. But this is a way of eating, and there's no profit, so it's not making headline news.

But that's an example of what happens of function - that the brain doesn't function well when it doesn't get enough blood flow. That's just one of the 16 mechanisms, but the most common one.

DRM: Wow, wow. So people who have like, for certainly kids with ADD, should be tested or should just be put on a gluten-free diet? Or what do you recommend there?

DT: Oh, no, no, no – the researchers were very clear. They said all children that exhibit any of the indicators of possible attention deficit hyperactivity disorder – all children should be checked for a gluten sensitivity. That's rational. That just makes sense, because it's such an easy way to help that child's brain work better if they have the problem.

I think it would be a little too fanatical to say, 'No one should eat gluten. Don't give gluten to any of the children.' I think that would create more disruption and you bounce up against a lot of resistance with that. But it makes perfect sense to say, 'You know, you just need to check. Just check.'

If your child's demonstrating or if you are demonstrating any of the symptoms of attention deficit, any of the symptoms of brain dysfunction, like foggy brain or headaches or can't remember things the way you used to – any symptoms that you may have, just check. Just find a practitioner that knows what they're doing, like Dr. Ritamarie, and knows how to check thoroughly, and just check.

Get it off the checklist, because it's very close to the top of the list as a likely contributor. It is so common that there are people saying, 'No one should eat gluten.' It is very common, and so some people will say that, but you bounce up against a lot of resistance.

But it's kind of hard to argue against 'you know, if you have some symptoms, you just want to check and make sure because it's so common.' It's tough to argue with that one.

DRM: It's very tough to argue with it. And what I find in dealing with my population is that the majority are like, 'Okay, I don't want to spend the money on the testing. I'm just going to do it.' And a lot of them are like, 'Well, I'm not going to do it unless they prove it to me.'

And then when they do, they find out and they say, 'Oh, okay, I guess I'm going to do this.'

DT: Yeah, the danger on that first group – I'm not going to spend the money, I'll just go gluten-free – great, alright, and they feel better, and they start feeling lots better. Two, three months down the road, they kind of slip up and they have a spinach kiesh at lunch one day with wheat crust on it and they feel fine. So they start developing the opinion that it's okay to have a little once in a while, as long as they don't eat it too much.

And here's the premise: You can't be a little pregnant. You can't have a little gluten. It takes such a minuscule amount – if someone accidently put croutons on your salad and you pick the croutons off, the crumbs that are left in the leaves that you can't see in the lettuce – the crumbs is all it takes to reactivate producing the antibodies if you have the sensitivity. And then for at least three months, you've got these antibodies circulating your bloodstream, causing damage. From just the crumbs in the salad that you can't even see! You can't a little if you have the sensitivity.

DRM: Do you have a sense of what percentage of the population has that sensitivity? I don't mean true Celiac disease, but I mean….

DT: Right for… the terminology is non-Celiac gluten sensitivity, and that's the categories that have been accepted in the last two years by our scientists and our experts in the field. And the papers have been coming out now for two years or a little bit more than that on this particular topic. Celiac disease, there's 19,000 papers. And on non-Celiac gluten sensitivity, because it was just recognized a couple of years ago, there's four or 500 papers – it's climbing, but not there yet.

And so far what the literature tells us is somewhere between 6 to 10 percent of everybody – 6 to 10 percent – and, if you look by different conditions, like irritable bowel syndrome, IBS, which is the most common complaint going into a gastroenterologist is IBS – in IBS it's 30 percent of IBS patients are gluten sensitive. You put them on a gluten-free diet, and the IBS symptoms all go away.

So the general population, 6 to 10 percent – that's a huge amount of people – and, by condition, it can be as high as 30 percent.

DRM: Okay, yeah, because I've seen a lot written about 30 percent, but some of that was through a gastroenterologist who was talking about 30 percent of his population.

DT: Right. That's – and there are some double-blind, placebo-controlled studies and those are the most accurate type of studies, that show about 30 percent – 26 to 30 percent.

DRM: Okay. So then talk a little bit more about how it affects the memory and the stuff like Alzheimer's and Parkinson's. Those are scary diseases. Nobody wants those diseases.

DT: Yes, they are. So the first section we talked about was function. Now, about the long-term diseases.

What happens when you have a gluten sensitivity, your body makes antibodies to these proteins of gluten that come from wheat, rye, and barely. Now, these proteins – proteins are made up of a lot of amino acids, sometimes hundreds of amino acids. They're the building blocks.

Think of a beaded necklace – the amino acids are the beads on the necklace. And certain sections of those beads, they're – let's say they're different colors: yellow, green, red, blue. And certain sections of those proteins have a group of amino acids and let's say red-red-yellow-green-blue, red-red-yellow-green-blue. Certain parts of your tissue – your brain tissue or your thyroid tissue – the proteins in your brain tissue are made of amino acids, like a necklace, and some portions of that will be red-red-yellow-green-blue.

So when you make antibodies to gluten and you've got these soldiers going through the bloodstream, looking for red-red-yellow-green-blue, the gluten peptides to destroy them, while they're going around, they look, 'Oh, look over there, red-red-yellow-green-blue!' And they fire their chemical bullet and it happens to go at your brain tissue or it happens to go at your thyroid tissue – wherever it should go- and it damages that cell.

When that cell is damaged, then there's a cleanup service in your body – there's part of your immune system that cleans up the damage that gets rid of the damaged cells. And so you make antibodies that tissue – your brain or wherever it should be – to get rid of the damaged cells.

So let me repeat that so that it's clear. We've got antibodies to the protein in wheat – red-red-yellow-green-blue – and there's just going after any of that that's in your bloodstream.

But then the tissue antibodies, let's say the myelin that wraps… that's the Saran wrap around your nerves - includes red-red-yellow-green-blue, and so your antibodies can attack the myelin that's wrapping your nerves and start destroying those nerves.

When that happens, it happens over time and you can't feel that when that's happening to you, so that it's only after there has been so much damage done that now you start…now it starts affecting the function of those nerves.

And in this example, the myelin – think of the wire that goes from the headlight of the car to the battery. If you were to scrape off some of the insulation on the wire, and then have that exposed wire part touch the frame of the car, the lights start flickering on an off and you say, 'What's wrong with the headlights?'

There's nothing wrong with the headlights – it's the wire. It's just not getting the juice there. That's what MS is – is that after you've destroyed enough of the myelin, now the nerve kind of starts short-circuiting. And your muscles don't work very well or wherever that nerve was going doesn't work very well – that's MS.

Now I did a test on myself a number of years ago and I found out I had elevated antibodies to myelin basic protein, that's what I just talked about, cerebellar peptides – that's the part of the brain that controls our balance and our movement and it's why so many old people don't have good balance is because they've had cerebellar peptides destroying their cerebellum for 30 years – and I also had ganglioside antibodies, which causes numbness and tingling in the body.

And I looked at these test results – I called the lab and I said, 'What's this? This is a mistake!'

'No, it's not.'

'Do it again!'

They said, 'We did. We know it's you. We did it again.'

And it was accurate – I had these three different antibodies in my brain that were elevated, attacking my brain. And I felt fine. I don't have any symptoms from that. But I started a program and I got rid of all of those. I checked three years later, they're all gone now.

But if I had not – you know, we think no one gets Alzheimer's in their 60s or 70s. You get Alzheimer's in your 20s and 30s. It just takes 30 or 40 years of killing off brain cells before there's so much damage that now you're getting the symptoms and then it gets progressively worse quicker.

But you don't get these diseases when you're old. It's just there's so much tissue damage, now you get really bad function and now you think you've got the disease. No, you got the disease years ago, killing off cells. And there are many studies on that. That's what the world of predictive autoimmunity is – is identifying this stuff earlier, before there's so much tissue damage.

That's why on the summit we have Professor Yehuda Shoenfeld, who is the godfather of predicative autoimmunity. I didn't even know this. In my introduction of him, Professor Shoenfeld has 23 of his students who now are the chairs of immunology in different medical schools around the world. This guy is the godfather of godfathers in the world of immunology.

And he took an hour to talk to us about how foods may be the trigger that sets up antibodies attacking your tissue somewhere in your body. It was a marvelous interview, and I'm so proud it's part of our summit.

DRM: Wow. I can't wait. And just to remind everybody, the summit is at…you can go to Dr Ritamarie dot com – that's D-R-R-I-T-A-M-A-R-I-E dot com – forward slash Go forward slash Gluten Summit. And it starts on…what did you say? The 11th of November?

DT: November 11th through the 17th.

DRM: And there's 20 interviews and it's going to be absolutely awesome and mind-blowing. And if you're on the fence about, 'Well, can gluten really be? Is it just a fad? And, oh, yeah, everybody's gluten-free. It's chic. Do I really need to do it? Do I have to do it 100 percent?' absolutely listen to this amazing research and make a decision for yourself that you'll make an informed decision that way.

You said something, though, when you said you went on a program. Now, when you had your antibodies tested, were you already gluten-free? Or was this before you went gluten-free?

DT: I was pretty much gluten-free.

DRM: I love it! You're the prime example.

DT: That's what got me convinced. I said, 'What?! What?!' This was –

DRM: Okay!

DT: Yeah, yeah, exactly. That's why I'm so intense about this now is because I know. I know firsthand. You can't be a little bit pregnant.

DRM: Fantastic. And then you went 100 percent gluten-free and cleaned up your gut and get all the immune system support things and you got rid of them.

DT: Exactly.

DRM: Yeah, and you know what's really encouraging, though – and it's from my experience is this as well, your experience, and we're going to let people know – autoimmune disease does not have to be a life sentence. It doesn't sentence you to a lifetime on Prednisone and deterioration – that we've seen it. We – I have, Dr. Tom has, plenty of the other people that he has interviewed have seen autoimmune disease reverse when the proper diet and implementation of protocols to support your immune system are put into place.

So if you're suffering from an autoimmune disease and thinking that that's your life course, it doesn't have to be. So listen in to this summit.

DT: Oh, my goodness, yes, folks – for those of you that are diagnosed with an autoimmune disease, it's really important that you stay with your doctor who's done the diagnosis and let him monitor you and do the protocols of recommending. However, this is no reason in the world why you can't be functioning better and, by addressing lifestyle – which means the foods we select and how we take care of ourselves. My rule of thumb is three weeks. And I have told that to patients for years. Three weeks – you should know you're in the right place, doing the right thing, within three weeks of implementing what we say.

Not that everything goes away. Of course not.

But you feel better – you notice that, hey, I'm sleeping a little better or my energy's up a little bit or my bowels are working a little better or my pain is reduced or my skin seems to be not as bad or whatever your pattern of presentation is – you should notice within three weeks that you're on the right track or we have to tweak what we're doing.

I don't care what the diagnosis is. As you address lifestyle, you should notice you start feeling better.

DRM: Absolutely, absolutely, and I really – I really want to emphasize that. And we have found that doctors – just in your personal experience with that, 'I was almost gluten free.' And I've had people…. But the thing is, when they go back to their practitioner who made the diagnosis or who was overseeing their case – I had someone whose Hashimoto's completely went away after being on thyroid medication for 50 plus years and she went back. She'd moved, so she was in with a new doctor and the doctor said, 'Well, you must've been misdiagnosed.'

She goes, 'For 50 years? By 20 different doctors? I don't think so. I think I reversed it.'

'But you can't reverse it because Hashimoto's isn't reversible.'

And she said, 'Well, doc, with all due respect, I'm going to keep doing what I'm doing because I know that I had Hashimoto's and now I don't.'

DT: Yes, yes. And that's the problem is that sometimes our docs – we all learn and want to be the best doctors we can. And the things we learned in medical school may not be current anymore. It may be that we need to upgrade a little bit and it's hard, because our doctors are so busy just trying to make a living themselves and doing the best they can and reading the journals on the area of their expertise. They don't have time to read journals on peripheral stuff that doesn't relate directly to what they do every day.

They just don't have the time, so there's no way for them to know everything. And that's why you need a team of healthcare specialists that work with you – not just one doc that's in charge of everything. You need a team – someone like Dr. Ritamarie, someone like we have certified gluten practitioners on our website. We have over 300 docs around the world that have been trained and passed the exams on this about how do you identify it, how do you treat it.

They're called CGPs, certified gluten practitioners, and the website it is The D-R dot com. You just need to have someone on your team that's well-trained in this.

DRM: Right. So we talked about the brain and to talk a little bit about one of the most common autoimmune – two of the most common autoimmunes that I see a lot and people talk about are thyroiditis, what we just mentioned – Hashimoto's – and also lupus, which is kind of widespread throughout the body – not just directly affecting one tissue.

DT: Yes, it is. Oh, this is a wonderful study on thyroid. And the blood marker that doctors use to determine if the therapies they're doing for an autoimmune thyroid condition are working, the blood marker that they check is called TSH, thyroid-stimulating hormone.

And so they took two groups of patients – they took a group of patients that had gluten sensitivity Celiac disease, and there's another group of patients – same age, same weight – that did not have Celiac disease, but all these patients had Hashimoto's thyroid disease.

And the goal was 'how much medication do we have to give these people by weight to get their TSH down to an acceptable level?' And they got the number with the people that did not have gluten sensitivity. What they noticed is that the people with gluten sensitivity had to have 49 percent more medication to get the same result of getting the TSH level down as those that did not have gluten sensitivity – same weight, same sex, same weight individuals.

And when they took those Celiac patients and they put them on a gluten-free diet, within six months, their medication requirements dropped down to the same level as those that were non-gluten sensitive.

So they were able to reduce their medication by 49 percent, just by stop eating wheat. That's tremendous – tremendous.

So if you need meds, you take them. Don't be silly about this. Of course you take the drugs if you need them, and you keep looking at 'Do I need to take this much? What can I do to help my body work a little better? So perhaps please monitor me doctor, but let's see if we can cut down the dosages or something.'

And here's an example where diet had a profound impact.

Your other disease that you mentioned was lupus, and this was the disease that really changed this world quite a bit – of predictive autoimmunity. Arbuckle published a paper in the journal *Lupus* in 2003, where she went back to the VA in 2002 and looked for people with lupus. She found 136 people with lupus.

Now, if they're in the VA system, they're veterans. If they're veterans, they were in the armed forces. If they were in the armed forces, they had their blood drawn many times over the years when they were in the Navy or the Air Force or the Army and they were healthy, they had their blood drawn for many reasons.

The government's been saving and freezing all of that blood since 1978. They've got millions of samples of blood now on all of our service people – millions, literally, millions of samples of blood.

So Arbuckle went back and asked for permission to look at some of the blood of these people currently diagnosed with lupus from when they were healthy in the Navy. Maybe there were some people that were sick on the boat and you thought you were sick – you got a blood test – and they said, 'No, you're not sick. Go back to work. You're fine.'

And they froze the blood.

Well, Arbuckle asked for permission to look at that blood to see were there any indicators of a sleeping lupus condition, meaning pre-symptomatic lupus. And what she found was that every lupus patient had elevated antibodies – there are seven different antibodies to lupus. Every patient had elevated antibodies, up to nine years before they ever had any symptoms. Nine years!

And every year, the antibodies went up more and more and more and more and more, until they hit a plateau. The symptoms came within six months of that plateau and they got the diagnosis within six months to two years later – 'You've got lupus.'

So the question is when did they get lupus? I contend it was nine years ago, when the immune system starting attacking their tissue aggressively. That's what I mean by Alzheimer's and Parkinson's. Your immune system attacks your tissue aggressively years before you ever have any symptoms.

And one of the most common triggers for this – there are many – but one of the most common triggers in the environment that contribute to the development of autoimmune diseases is gluten sensitivity and that whole similarity, as I talked about with the necklaces that can occur.

DRM: Pshew. So yeah and if they first started testing them nine years before, because that's when they were in the Army, Navy, whatever, who knows how much earlier than that they were developed when they were not in the forces and you could not go back and check the blood.

So it is – these are diseases that don't just start when you get the diagnosis. I talk a lot about diabetes and diabetes can be related to gluten intolerance as well and that people don't get diabetes the day that their blood sugar – fasting blood sugar - goes from 119 to 120, they suddenly have diabetes. It's been happening all along and it's been happening for a very long time, even before the fasting blood sugar starts to go into an abnormal range.

And same thing with the gluten. It's happening and it's a subtle level and the antibodies start developing in very low levels over time and they build up and build up and build up, so really feeling like you're asymptomatic does not put you over into the safe zone with gluten.

DT: Yeah, unfortunately, the danger is that we think how we feel determines if we're healthy or not. No, your body compensates every way it possibly can to keep feeling uncomfortable away from you. It compensates as much as possible. When it can't compensate anymore, then you start getting symptoms. That's pretty far down the path.

DRM: So that panel – that autoimmune panel sounds like really like something almost everybody should be looking at, just to make sure. And even if they're not symptomatic, that they should be looking at that to see - like you found all these antibodies that you didn't know about. You felt fine.

DT: It's a tremendous panel. It's a tremendous panel for those who are saying, 'You know, my family – there's been autoimmune disease in my family. I just want to make sure there's nothing cooking inside of me that's going to cross a threshold and have killed off so much tissues.'

Because this panel looks at six different antibodies to your brain, three to your heart, your lungs, your liver, your kidneys, your reproductive system, your muscles, your bones – it looks all across the spectrum of where might there be a weak link right now and your body's getting attacked.

So for those that are interested, it's a great panel. It's oh, my gosh.

And, oh, there's a wonderful article your listeners might want to read. It's in Scientific American. It was the cover story – it's March, I think 2007 – either 2006 or 2006 March – and it was the cover article called predictors of disease. It's by Notkins – N-O-T-K-I-N-S – at…he's at UCLA. And he talks about this whole world of antibodies and that they build up and they're attacking your tissue long before you have symptoms.

And in his article he said, 'Someday we'll be able to do a screen and identify these antibodies before there's been so much tissue damage.'

Well, that day has come. That day is here now, six years later, and the tests are available so that people can check if they want to and to see 'what's really attacking me right now?'

DRM: Fantastic. Fantastic. Well, this has been amazing again. And we are out of time again, unfortunately. So if you want more of this, you've got to go sign up for the gluten summit. Dr Ritamarie dot com forward slash Go forward slash Gluten Summit – you can visit Dr. Tom O'Bryan's website at The Dr dot com – the D-R dot com, T-H-E-D-R dot com – for more information.

And it's been awesome. And it's been eye-opening for I'm sure a lot of people and very empowering when you can take your health into your own hands and do things to prevent diseases from happening long before they manifest.

So thank you so much again, and I'm looking forward to the summit, which starts on November 11th. Right?