



Vibrant Health Solutions Radio: Gluten-Free -- Is it Just a Fad? (Part 1)

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

Dr. Ritamarie: Hello, and welcome – this is Dr. Ritamarie Loscalzo and we are here for the *Creating a Vibrant Life* radio show. I am really, really excited about my special guest today, and I'll share with you in just a moment who that is, and give you some background, and you're in for a really big treat today.

Just to give you an idea, this show is broadcast every Thursday at 10am Central Time, and bright and early at 8am in the Pacific, and we are dedicated to providing you in best, best, best of information to help you to live a vibrant life, to help you to overcome some of those standard American, standard Western world issues that plague people and don't need to plague people.

The call today is all about gluten, and this is the first in a series of four calls – four radio shows that we will be doing on this topic. We broadcast live from Austin, Texas usually. Next week we will be broadcasting a recorded call because I will be traveling.

Today's call is part one of our gluten series. Gluten, as you may have heard, has been in the press all the time – you can't go into a supermarket anymore without seeing, 'Oh, here's the gluten free aisle,' and 'we have gluten free this and gluten free that.' A lot of people think, 'Well what is this gluten free stuff? Is this just the latest fad in nutrition? Or is there really something to it?'

I have with me today someone who is a foremost expert on the topic of gluten. His name is Dr. Thomas O'Bryan, and he is an internationally recognized speaker and a workshop leader. His specialty is gluten sensitivity and Celiac disease. His website, thedr.com, is dedicated to being a resource to help people to find out how gluten affects them and overcome that.

He also holds faculty positions with the Institute of Functional Medicine, the National University of Science, and also on the IAACN, the International American Association of Clinical Nutritionists.

I heard first heard Dr. Tom speak many years ago – probably eight or ten years ago, I'm thinking – at one of the IAACN, which is the International American Association of Clinical Nutritionists conferences that I had missed, but I had purchased the recordings. I was listening, and his talk about gluten was stunning. The research that he had dug up was amazing, and it just really inspired me to look more closely at the role of gluten in my own practice in working with people, and has really turned me around into that gluten is a really big piece of how I help people to get well.

So without further ado, I would love to introduce you to Dr. Thomas O'Brien.

Dr. Tom: Good morning.

Dr. Ritamarie: Good morning, and thank you so much for taking time out of your busy day to be here. We have a lot of people calling in today – more people than ever, so I will tell you that we've got a hot topic here.

Dr. Tom: Yes.

Dr. Ritamarie: So, first of all, I really want to get into gluten sensitivity - your definition of what it is and how it differs from Celiac disease. But before it, just a little brief intro on how did you get interested in gluten? It just seems like, wow, all the sudden this guy's is in clinical practice and he decides he's just going to focus on this one area called gluten. So I'd love to hear a little bit about that, and then maybe flow into what the heck is this Celiac disease and gluten sensitivity.

Dr Tom: Okay, well, in 2001 I heard a presentation by a neurologist, a friend named David Perlmutter from Naples, Florida. And Dr. Perlmutter was talking about a new article that had just come out in the journal Neurology, and this study was on 10 patients that had unrelenting migraines – that meant that they didn't go away.

The average was, with these 10 patients, they had been suffering for eight years with unrelenting migraines, meaning almost every day they've got a migraine. They couldn't work, they were all on workman's compensation - and so you know, they weren't malingerers, these people were really suffering.

As he talked about this, I started thinking about what's it like to be a child living in a house...I don't know why, but I did.

It was like, 'Ssshh, Dad's got a headache! Be quiet!' And what kind of suppression had to be occurring for these children, and how did it feel for a man or a woman – usually a man – who wasn't able to work. He couldn't provide for his family, they were living off their lifesavings and their retirement accounts, and they were living off workman's comp. I mean, I made this all up in my head, a vision of what it was like to be in that family.

I ordered that out, and Dr. Perlmutter said all 10 of them were sent to a neurologist who identified gluten sensitivity – not Celiac disease, gluten sensitivity. The doctor put them on a gluten free diet. Seven out of 10 never had a headache again. Two out of 10 got partial relief, and the tenth one refused the diet.

That just dropped my jaw. He showed the MRIs – all these people had lesions in the brain. That's like scar tissue in the brain, from eating wheat. So ordered that paper, I read that paper, and in the back of the research paper are all the references of other articles and I ordered a number of those articles and I was off in running, and that was in 2001. Finally by 2003, I was seeing this in my practice every day – every single day.

And I said, 'I've got to get this word out.' I just felt the desire to do that. So I made a declaration: 'I'm going to start teaching healthcare practitioners about what these studies say,' because so many of my friends didn't know about this.

I made a declaration I was going to do that, and the first presentation I ever gave to a professional healthcare group was the one that you were listening to. The IAACN in 2004 - that was my first presentation on this topic. Since then I've been...I sold my practice and I teach this fulltime. I travel the world, just came back from London three days ago where the reception was marvelous.

Everyone wants to hear about this when they hear the science behind it – when they see that this is not a fad, and that there's over 18,000 research articles on the medical literature on the problems with gluten for some people.

Now, what is gluten sensitivity? You asked me to flow into that. That's a really good question, because there's been so much confusion over the years as to what do you call this thing – what is it, what's the differences?

The International Celiac Symposium occurred...it occurs every two years. Recently it was in June, just last year in Oslo, and a consensus group from that conference came out with a paper just three weeks ago on the nomenclature for Celiac disease and gluten sensitivity. They requested, and all the experts to agree, this is the way to look at this problem.

Here's how you're going to look at it from now on, so that we all are talking the same language – we're all talking about apples and different types of apples when we talk about gluten sensitivity. The umbrella term that covers all of it – the umbrella term is gluten-related disorders. That's just a general catchall. If it affects your intestines, and you've got the genetics, and it affects your intestines and your intestines get damaged and you get what's called villous atrophy – and perhaps we'll talk about that – that's called Celiac disease.

But, on the other side, if it does not affect your intestines, it's called non-Celiac gluten sensitivity. In non-Celiac gluten sensitivity, it may affect your intestines, it may affect your brain, it may affect your gall bladder, it may affect your muscles, it may affect your bones, it may affect your eyes, it may affect the nerves in your brain – you get MS – or it may affect your joints and you get arthritis. There are many, many different manifestations under the umbrella of non-Celiac gluten sensitivity.

That's the way to look at it. It's either Celiac or non-Celiac gluten sensitivity, and the numbers are startling: that's it's well-accepted that for every one case of Celiac, you're going to find at least six cases of non-Celiac gluten-sensitivity – at least. Some papers say more, but there's an agreement that at least a six-to-one ratio is going to manifest more often, not as Celiac but as non-Celiac gluten sensitivity.

Dr. Ritamarie: Wow. So it just about affects just about every organ system in the body, huge –

Dr. Tom: That's exactly right.

Dr. Ritamarie: What percentage of the population would you estimate – and from your studies, of course, but also from your actual practical experience – how many people...how many people are affected by this?

Dr. Tom: You know, I just looked up the numbers yesterday. I've been accumulating data for a few years, and it looks like somewhere around 30 to 40 percent of the people that come into the office with some kind of physical complaint – whatever it is – about three or four out of 10 will have antibodies to one of the peptides of gluten.

So it's about 30 to 40 percent in my clinical experience that I see, and depending on the group that you look at – is it elderly? Is it family members of someone with Celiac? Depending on the group, the numbers are anywhere from one in 100 to one out of every five. It just depends on what group you're looking at. But clinically, it's about 30 to 40 percent – about three or four out of every 10 people.

Dr. Ritamarie: Yeah, because there's so many people who are running around – most of the people that have said, 'Hey, I've got this problem and I need to have some help' and have shown up in your office – there are so many people that are showing up in doctor's offices all over the world with all kinds of vague complaints, and they're either told, 'It's all in your head' and given Prozac, or they're told 'We don't know what it is, take some anti-inflammatories' or they're given some kind of knockoff diagnosis or non-diagnosis, so I think that that the prevalence is huge. And in my clinical practice, I would say it's even more than 30 to 40 percent because of the kinds of cases that I generally see.

Dr. Tom: Yes. That's an unbelievable number of people that are coming through – and it doesn't matter if you're a rheumatologist, a dermatologist, a neurologist, a cardiovascular specialist, a general practitioner, a pediatrician, a gerontologist – it doesn't matter your specialty, that when you start looking for this, you're going to see it so frequently as a contributing component to whatever the symptoms are that a person is coming in with. It's kind of like it's the trigger – it's the trigger that's going to manifest wherever your genetic weak link is.

Dr. Ritamarie: Yep, that's a good way of looking at it – wherever your genetic weak link is, because we all have slightly different genetics. And when I was fascinated and inspired after listening to your talk, the research, and I read a research paper for one of my certification things and got published, was on the role of gluten in neurodevelopmental disorders – meaning like autism and ADD and those sorts of things, and I was just floored by the research, but I kept seeing as I'm doing my research, you know how that goes – you're looking it over...it goes, 'Oh, there's one on schizophrenia, oh, there's one on dermatitis, oh there's one on....'

And there just these huge compendium of papers out there on different systemic manifestations of gluten intolerance, but the question that people ask all the time is, 'Okay, this is a food, right? This food has been...hasn't wheat and gluten been around for centuries? Why is it that this one food in our food chain is so problematic?'

Dr. Tom: Well, that's a really good question. Some people phrase it and say, 'It's in the Bible! It's in the Bible! It's good for us.' And my response is, 'With all due respect, no one on the planet is eating the bread that Jesus Christ ate. Show me that bread, and we've got a different discussion.'

But what's happened is that the wheat has been hybridized – they've changed it so much that actually the genetic structure of it has changed. It used to be a tall plant and the top of the plant...the seeds would develop and they'd get heavy, and the plant would fall over, break, and it wouldn't come to full maturity. Where they've hybridized over the last fifty years and it's saved millions of lives – millions and millions of lives – because they can harvest more wheat per acre on the shorter dwarf wheat that has been developed. It grows much better. It doesn't fall over and break and then you lose any harvesting, because the plant died, and it's saved millions and millions of lives. But the problem is, our bodies can't digest this hybridized form.

It's called the 50/50 rule. In the last 50 years, the gluten content of wheat has gone up by 50 percent.

Dr. Ritamarie: Wow!

Dr. Tom: Now, 'gluten' means glue. And what they do with this is product –and this is true, word for word is true - I know in Poland...some of my patients who came from Poland say they take wheat flour, they mix it with water, and they used it as the paste for wallpaper, and it holds wallpaper on the wall for years. And we think that we can eat this, throw it into our guts, and our body's somehow going to take it and use it as healthy two-by-fours and bricks and mortar to make strong bodies, strong muscles, strong bones.

But it's very, very difficult for the human digestive system to take this food and accept it as something that's good for us. If it doesn't make us sick when we eat it, we think it's okay.

Well, the same thing can be said about McDonald's – oh, excuse me, we're on the air – about fast foods. The same thing could be said about fast foods. Say, 'Well, you know, it doesn't make me sick when I eat it – it must be good for me.'

But if you ever watch the movie *Supersize Me*, there was a young man who decided to eat nothing but fast food for 30 days, and nothing – breakfast, lunch and dinner, fast food, and if they'd offer him a supersize, he'd always say yes, and he'd eat it.

He went to the doctor every week during this month, and the doctor's blood test showed that this kid was getting sicker and sicker and sicker – he went into a depression. By three weeks, the doctor said, 'You have to stop this or you're going to die. Your liver enzymes are going up -'

This is a movie – it's a great movie to watch because –

Dr. Ritamarie: Right, it's a great movie, yeah.

Dr. Tom: - because it's an OMG. But, it doesn't make you sick when you eat fast food, so if you think that therefore it's okay for you, you're missing the boat and it's going to cause problems for you. That's exactly the way it is with gluten, that the vast majority of people, our bodies can't digest it, it can't break it down, and it causes subtle problems – it causes a bonfire in your body, and that's called inflammation. Wherever that inflammation shows itself is where your genetic weak link is.

Dr. Ritamarie: That's awesome. The cool part about it is when you make that correlation with the *Supersize Me* - it makes sense. It's like it's the bioaccumulation, if you will, of it. The first time you ate it, when you were a kid and nothing happened, but it's this accumulation and this constant exposure that causes all these problems to get worse and worse and worse until they show up. Then, when you remove it and put it back in, then that's when you feel pretty darn sick right away.

Dr. Tom: That's exactly right. That's exactly right, yes.

Dr. Ritamarie: So one of the questions that come up all the time is... people say, 'Since it's hybridized, what about if we go those ancient forms like kamut or spelt or one of those things?' Can you address that a little bit.

Dr. Tom: Yes, that's a really valid question. And if the first time a child is ever exposed to any gluten, it's to one of the very early mono-hybrid types, then it's – and even if the child has a genetic vulnerability, the possibility is that the immune system would not get activated and think that this is a problem. It's possible – it's theoretical, no one's shown this to be true, but once you've been exposed to it and your immune system says, 'This is a problem – this is not good for me,' we...our bodies make something, the immune system makes something called memory B cells.

Memory B cells are your vigilant guards that are there to protect you the rest of your life. That's what vaccinations are. You get a vaccination for measles, your body starts making antibodies to the bug measles, to kill it off. And when all those bugs from the initial shot are gone, your body stops making antibodies. You shouldn't have antibodies to measles in your bloodstream right now, unless you've been exposed. But you've got a cell, called the memory B cell, for measles, that's going to be vigilant the rest of your life.

If you're ever exposed to measles, the bug, then that memory B cell just turns on the assembly line to start making more soldiers. You don't have to rebuild the assembly line again. That's why if you go to Africa you need vaccinations months and months ahead of time before you go – for yellow fever and dengue fever, you know, all these unusual things that we're not used to, because your body has to make antibodies.

But if you go back to visit five years later again, you just need a booster shot two weeks before you go. You just have to wake up the system, because it's already there.

So if you were exposed to the types of wheats we're eating today initially, and if your immune system starting making antibodies to it, you've got memory B cells to it, and the memory B cells can't tell the difference between the hybridized type of wheat we eat today and the earlier forms of wheat. The amino acid structures are too similar, and so your memory B cells turn on the assembly line, your immune system starts making the antibodies, and then here come the problems in your liver, or in your kidney, or in your brain, or in your muscles – wherever your genetic weak link is.

Dr. Ritamarie: Got, it – got it. Okay, that makes so much sense. That makes a lot of sense. So that would be true of things like the other...other components like rye or whatever else contains it.

So, let's go really quickly for people. What foods contain gluten?

Dr. Tom: Oh, my goodness – it's shocking. It's really shocking. The most common one that one may be exposed to that we wouldn't think about is soy sauce, that there's wheat in soy sauce – and it doesn't have to be there, it's just a filler.

You have to get wheat-free soy sauce, and then you're fine. Restaurants that have wheat-free menus or gluten-free menus, if they have oriental-type foods, they will use gluten-free soy sauce to make your oriental dish, and you can eat everything else that everyone else eats – you just have to be sure of getting the right type of soy sauce.

Dr. Ritamarie: That's a big one, Tom, because I noticed that people will go gluten free and they think they're gluten free and then they just suddenly have, 'I've been off of this for a while and suddenly I'm getting these symptoms again.'

And when I dig, it's 'Oh, I went to this restaurant.'

'Did you ask about the soy sauce?'

'No.'

It'll turn out that it was just a little exposure to soy sauce that – pew! - promotes the whole cascade again.

Dr. Tom: Yeah, and it takes less than one-ninetieth of a slice of bread – less than one-ninetieth, that's nine zero, of a slice of bread, to reactivate the memory B cells. So just the subtlest little bit can cause that whole inflammatory cascade to begin again, and then you've got antibodies for six to eight weeks from one exposure.

Dr. Ritamarie: I heard it – I think you were the first person that I heard say it – was that it could last for six months or more. And I heard you say that on a talk once, that it could even be more than six months.

Dr. Tom: Yes, some of the antibodies can last longer. If someone's hypervigilant, they can be sick for a long, long time – for six to eight months. Some studies show even as long as a year from a single exposure.

Dr. Ritamarie: People that come in to me and say, 'No, no, no – I've been gluten free.' 'Well, really gluten free, 100 percent?' 'Well, you know, not 100 percent, but you know I have it maybe once a month or a couple of times a month.' They're never getting into that state where everything's calmed down, right? That's what it seems like.

Dr. Tom: You know, one of the danger– probably the biggest danger if you have a gluten sensitivity is not what gluten does, it's what your immune system does as a result of being exposed to gluten. There's something called a cross-reactivity, and your body starts making antibodies to wherever your genetic weak link is. Once again, it might be your brain or it might be your bones and you get osteoporosis, or it might be your muscles and your muscles start getting weaker and weaker and weaker, it might be your skin and you get psoriasis, and when you stop gluten exposure, the psoriasis goes away.

So the danger is not so much about a tummy ache when you're exposed to gluten. The danger is those memory B cells get turned on, they in turn on the antibodies to your brain, and so you keep getting more brain damage as a result of this.

And you feel fine – you can't tell when your brain cells are being killed off.

Until there's a substantial amount of them that have occurred, and now all the sudden you're getting symptoms of depression or now all the sudden you're getting a diagnosis of attention deficit disorder or now all of the sudden you're getting seizures, epilepsy, or now all of the sudden you get a diagnosis of Parkinson's, or now all of the sudden you're getting migraines. And it just goes on and on and on – study after study after study that shows the possible symptoms.

The symptoms are determined by your genetic vulnerability and your lifestyle accumulations – you know, the trauma that's occurred, the heavy metals that you've got in your body and all of that.

Dr. Ritamarie: It's mind-boggling. You're the first person I heard to speak about the connection with Parkinson's and even Alzheimer's. When you take someone off of gluten, and they're presenting with a neurologic problem, how long does it generally take before you'll see changes? Before you say, 'Wow, I feel a lot better'?

Dr. Tom: Three weeks. Three weeks. Three weeks. It only takes three weeks for most people to see a change and notice that they're feeling better – that's not that you're fine and everything's okay in three weeks, but just that you should notice a change – something's moving in the right direction, if you're doing it comprehensively.

And that's a problem is that people go off gluten, but they keep eating other foods that they have sensitivities too – and perhaps in one of the other shows we'll talk about cross-reactivity.

Dr. Ritamarie: Right, I want to do that on the next one, yeah.

Dr. Tom: Yes, but in general, you should notice something different within three weeks. Shouldn't take too long at all.

Dr. Ritamarie: Okay, three weeks – good, good. Then...there was another question that comes up to me all the time. So...when...oh yeah, I wanted to talk quickly about...you mentioned some of the neurologic stuff. Are all the neurologists, in your opinion, are neurologists...are they more aware of this these days? Are more and more people saying, 'Oh, hey, this might be a gluten sensitivity,' or do you think it's still the Dark Ages when it comes to that?

Dr. Tom: You know, that's a really good question, and as a category every discipline is finding more and more of their members are writing papers and publishing papers about the impact of gluten on their particular specialty – whether it's neurology or cardiovascular disease or liver specialists, herpetologists, or psychiatrists and the muscles and bones – every discipline is finding more of their members who are reading and trying this out and saying, 'Oh my god, this really is happening to a substantial percent of my people.' Then they publish case studies about MS and gluten sensitivity or neuromyelitis optica, which is a problem in the eyes that kind of mimics MS that's gluten sensitivity, or in a journal of attention disorders, they look at 132 children diagnosed with attention deficit, they all had gluten sensitivity.

They put them on a gluten-free diet and every child, within six months reported – either the child or their parents – reported improvement in all 12 markers, the DSM-IV markers, of attention deficit. Every marker – fails to pay attention, can't sit still, interrupts frequently, blurts out answers – all 12 markers in every child on a gluten-free diet, 132 kids.

Dr. Ritamarie: Every child! Holy cow.

Dr. Tom: Every child, every marker. What if that was a drug? It'd be on the front page of every paper in the country, and there'd be many, many school districts demanding that disruptive children take this drug. But this is not a drug – it's just a way of eating, and there's no profit to be made in it, so no one is marketing this.

So our specialists in attention deficit don't know about this, because they talk to the salespeople that bring them in studies to read and the studies...they cherry-pick the studies to get the doctors thinking about the areas they want them to think about.

We really need salespeople going out to doctor's offices bringing them the studies on what the impact is of a gluten-free diet, like reversing Alzheimer's. In the American Journal of [Gastroenterology,25:50] in 2008, they showed two patients that were checked out of an Alzheimer's facility because they came back to function again – two patients! From Alzheimer's!

Dr. Ritamarie: Yeah, that's considered a death sentence. You're there, you're done, you're gone.

Dr. Tom: That's right, that's right. Now, I'm not saying that every Alzheimer's patient has gluten sensitivity, but it's such a simple test to check and see. When would you not want to check? What child with attention deficit would you not want to check, given the Journal of Attention Disorders says every child improves? If they have this problem, and you put them on a gluten-free diet, every child improves in every marker. What child would you not check?

This is how I talk to the doctors in my seminars. I just show them the studies. I put the studies up on the screen, and I say, 'What person are you not going to check for this problem?'

For example, the Annals of Internal Medicine, in 2006, said, 'We have no hesitancy saying that every patient with osteoporosis should be checked for Celiac disease, as Celiac disease could be the cause of their osteoporosis.'

So I show them that study with the exact quote, and I say, 'So, docs – what person with osteoporosis are you not going to check, given that the Annals of Internal Medicine says that everyone should be checked?'

They just sit there – they just sit there, their jaws kinda drop, and say, 'I never knew this. I'm going to think about this now.'

Dr. Ritamarie: This is good. Well, we have about three minutes left on this show. We have part two – just to let you guys know, there's part two coming up. That will be next week, on the 22nd, and we're going to go through how do you test, because Dr. O'Brien was just saying, 'Who would you not test?'

So, what's the test? Often time the biggest test, the easiest test, is just take them off the gluten and see how they do. But you find that a lot of parents are going to fight that tooth and nail. 'I'm not taking my kid off gluten unless I have to. Prove it to me.'

So we'll talk about the various test, which ones are accurate, which ones it's actually dangerous to check because there's too many false negatives, and we'll get into that.

But we only have a few minutes left, so I want to have you mention a couple of things. I know that you're going to be speaking in Austin and San Antonio, so I'd like you to share with people a little bit about that and how they can get in touch with you if they want more information. And do you have a book?

Dr. Tom: Do I have a book? I do not have a book – I'm so bad at writing books. I've started it so many times, and it's not my forte, but I'm working on it. But I've got DVDs that talk about this in great detail.

Dr. Ritamarie: Yes, and I have your DVDs. Great, can you tell them how they can get a hold of you, how they can get more information, how they can get a hold of your DVDs or also attend your lectures?

Dr. Tom: My website is thedr.com – the doctor dot com, and if you go there, you'll look under the tab 'where in the world is Dr. O'Brien?' and you'll find that I'm in San Antonio on Wednesday night, the 21st, at the Methodist Stone Oak Hospital. This is for the general public – from seven to nine. That's Wednesday the 21st.

On the 22nd, I'm in Austin, and that's at the Holiday Inn Northwest Arboretum, from five to nine. We're doing four hours – from five to seven is for the general public, seven to nine is for practitioners. And both can come to both and you'll meet doctors who know about this, and so we'll be talking in much more detail about these topics.

That's San Antonio on the 21st, Austin on the 22nd. They're listed on the website thedr.com – the D-R dot com.

Dr. Ritamarie: Well, thank you everybody for being here today. Tune in again next week, Thursday, the same time, same station, and we'll have part two of this fascinating call. And it sounds like, from all that we're learning, we'll probably need to have parts three and four as well. But go visit thedr.com, attend a lecture if you can, and really take this seriously. This topic is a major health issue.

This is Dr. Ritamarie Losclazo. Have an awesome, awesome day.