



Vibrant Health Solutions Radio: Gluten-Free -- Is it Just a Fad? (Part 2)

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

Dr. Ritamarie: Hello and welcome to my Blog Talk radio show. This is Dr. Ritamarie Loscalzo and the show is 'Creating a Vibrant Life,' where we bring you guests and topics of utmost interest to your health so that you can take control, take charge and be in your best health ever.

Today I have with me Dr. Thomas O'Bryan. This is part two of our gluten.... Is it a fad? Or is there something really to it? Dr. Thomas O'Bryan was here last week, and we introduced the concept of Celiac disease and gluten intolerance, and talked about how much of a problem it is and all the different widespread systems that it can affect. So I highly recommend, if you haven't heard that one yet, that you go back and listen to the replay.

But for now, let me reintroduce Dr. Thomas O'Bryan. He's an internationally recognized speaker and workshop leader, specializing in gluten sensitivity and Celiac disease. He considers himself the Sherlock Holmes for chronic disease and metabolic disorder. He is on the teaching faculty at the Institute of Functional Medicine, the National University of Sciences, and the International and American Association of Clinical Nutritionists.

I first heard him speak, when I was listening to recordings of a conference about eight years ago. I was informed last week that that was actually his very first talk on the topic and presenting the research he'd found on the topic of gluten intolerance and how it affects our health, and the first time he introduced that to other doctors. Now he's been on a mission – he travels around the world teaching this to other doctors, and also to the lay public to alert people as to the widespread problems that gluten can have.

Last week we talked about what gluten is and where it's found, and this week we are going to continue with how it affects the lining of your gut, and how long that takes to repair and how you do the testing. What are the best tests? What are the tests to watch out for? And how to really understand and know if you, too, have gluten intolerance, and then we'll go into, 'What's the cure? Is there a cure?'

Thank you so much for being here, and welcome back.

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

Dr. Ritamarie: We had such a lively and engaging conversation last time that I was really sorry to have to stop when the end of the show came. So, I'm excited to get into, first of all, the widespread manifestations – how it affects the gut and the gut lining. Many people will feel like, 'Well, I don't have the gut problems anymore or I don't have gut problems.' Can it be affecting the gut even if people don't have gut problems? What does it really do to the lining of your intestine?

Dr. Tom: Sure, okay. Well, first – for every person who has gut symptoms, there are eight people that don't. There are a number of studies that show that the ratio is eight to one, some studies say seven to one, but the most common is eight to one. For everyone that has gut symptoms, eight don't. So having gut symptoms is not necessary to consider that maybe I have a sensitivity to gluten. If you use that as your criteria, you're going to miss seven out of every eight. So it's an important criteria, but it's not the deal breaker.

In other words, 'My gut's fine. I ate bread, my tummy feels fine, so I don't have a problem.' No – that's not true. Don't think that way.

So, what happens? Your GI tract is a tube. It goes from the mouth to the other end – it's one big, long tube. Inside, the abdomen is about 20-some feet, all twisted around in this long tube.

The inside of the tube is lined with shag carpeting. And over here, this shag absorbs calcium, this shag absorbs vitamin C, this shag absorbs proteins, these other shags absorb good fats. All the shags absorb different nutrients, and that's how we get the different vitamins and minerals from the food we eat. You eat the food, the digestive enzymes chop it down into little pieces inside the tube, and then those little pieces go through the walls of the tube, into the blood stream, and now it's inside your body and now your body uses those vitamins and minerals and phytonutrients to make new bone tissue, new cells, new brain cells, new heart cells. That's how we get all of our nutrients.

Well, when you have Celiac disease, your shags wear down and you get Berber. And if you've got Berber, you don't absorb calcium – you get osteoporosis. You don't absorb the B vitamins – you get problems with your cycles in getting pregnant. You don't absorb magnesium – you get cramps in your muscles or heart palpitations. You don't absorb zinc – you get recurrent colds. I mean, it just goes on and on and on, that with mal-absorption – when you can't absorb because your shags are worn down and you've got Berber instead of shag carpeting, there's so many ways that can show in your body. So that's the damage that occurs.

The wearing-down occurs because of a fire in the cells. Every disease, even degenerative disease, is a disease of inflammation at the cell level. Inside the cell, there's a fire going on. It just depends – is it a kidney cell or a pancreas cell? Is it a bone cell or a brain cell?

That determines where the symptoms eventually occur when you kill off enough cells. But it's always a fire.

So the first rule of thumb – do you want to be healthier? Stop throwing gasoline on the fire. Well, what's the gasoline? I don't know – let's find out. It might be gluten. It might be the Ding Dongs that you're eating, it might be the Coca-Cola. There're so many things it could be, but a very common one for a large percentage of people is gluten that's found in wheat, rye and barley.

Dr. Ritamarie: So when this damage happens to the gut, is it only in people that have true Celiac disease? Or does this happen in general when people eat gluten - the damage to the gut?

Dr. Tom: That's a really good question, and it certainly happens in people that have Celiac disease. That's the mechanism of Celiac disease, but we find that it also happens in people that have non-Celiac gluten sensitivity. They still can have an inflammation in their gut. They may have symptoms. They may have irritable bowel syndrome – they may or they may not.

It may manifest only in their cardiovascular system, and their heartbeat's not regular – they get a fluttering heart. Or it may manifest only in their brain and they get fuzzy thinking and they get headaches. Or it may manifest only in their kidneys, and they get recurrent kidney infections or bladder infections. But it may manifest in their gut or any other tissue of their body.

Dr. Ritamarie: So if it happens in their gut, a lot of people will go off of gluten and they feel better but they still have some lingering problems. Can that be related to the gut needing time to repair?

Dr. Tom: Yes, it certainly can. It takes at least a year – sometimes two years – for the shags to heal and come back. However, even when the shags come back, two years on a gluten-free diet, only eight percent of those people have shags that have healed, only eight percent of them, those shags are completely normal. The rest of them still have a problem called intestinal permeability – that takes a long time for the gut to heal, and the more comprehensive you are or your doctor is in helping your gut to heal...so the first thing you do, you got to stop throwing gasoline on the fire. Obviously you have to do that.

Now, when you do that, you've got the next step is to start taking some extra vitamins and minerals to help your body rebuild the tissue that's been damaged. That's a missing link that's not talked about very much at all, and the result is people still suffer for years. They feel a little bit better, but they're not feeling like a million bucks yet.

My opinion is, you do all this effort to go on this type of eating style that's a bit of a nuisance – until you learn how to do it, it's a real pain in the butt sometimes when you're out travelling and have stuff to do it. But you learn how to do it, you accommodate and you get it down really well, but you go through all of this - you should feel like a million bucks. So, if you're on a gluten-free diet and you don't feel like a million bucks, you need to ask your doctor why.

'How come I don't have vibrant energy? How come I'm not waking up alive and alert and ready to take the day and my energy lasts all day long? How come I still get headaches once in a while?'

There's something missing! Going on a gluten-free diet is just the first step in the healing process. It's not the final step.

Dr. Ritamarie: So, step one is the gluten-free diet. Step two, is that repairing the gut?

Dr. Tom: Yes. Step two is repairing the damage in the intestines, so that damage has to be identified. Your doctor has to identify it and then start working to repair it.

Dr. Ritamarie: So how do you identify it? Are there tests that we can do to find that out?

Dr. Tom: There's a blood test that's extremely accurate. There's a laboratory called Cyrex labs – C-Y-R-E-X, Cyrexlabs.com, and they have a blood test for intestinal permeability that looks to see if there are any of these mechanisms going on that chew up the gut - that destroy the gut tissue? And they're called antibodies, and if you have antibodies to your gut tissue, then we know the immune system is attacking your own tissue, and then you have to address that.

You get the measure first, of what's going on, then you start applying the nutritional principals to heal the intestinal damage. Then you go back and check, three months or six months later to make sure you've healed the gut. *Now* these people start feeling so much better.

Dr. Ritamarie: And so these tests are accurate? It's not like some of the other tests?

Dr. Tom: Oh, they're extremely accurate. As a matter of fact, they're so accurate, the laboratory does each test twice at no extra charge. If there's any discrepancy between the two tests, they do it a third time to make sure they're accurate.

Dr. Ritamarie: And you've seen results? You've seen somebody do the protocols to repair and then retest them at the end of it?

Dr. Tom: Oh, yes, it's really wonderful to see. I just was in London two weeks ago, teaching, and I showed a case study there of a 13-year-old girl. And after going through three bouts of antibiotics for sinus infections, she developed fatigue. And the fatigue got worse and worse and worse until she was unable to go to school. She was almost unable to get out of bed.

She went to a number of doctors – specialists – who said it was in her head. And this was a young, vibrant girl and all of the sudden she was going downhill with her energy level. She finally gets to a molecular psychiatrist – that's a specialist, a psychiatrist who looks at, 'What's your diet like?' I mean, a psychiatrist looks at detail of the blood chemistry, and how the diet may affect the blood chemistry. They're very rare to find a molecular psychiatrist.

Dr. Ritamarie: Yeah, – I was thinking something different. It that sounds awesome.

Dr. Tom: So, he ran a battery of tests, and he showed that she had intestinal permeability, that's the damage in the intestines, and that she had these bugs in her bloodstream – they're called lipopolysaccharides – because her intestines were just damaged and they weren't acting as a good wall to keep out some of the garbage that's in our food. You know, all the food we eat has got some bacteria on it, and it's the job of the immune system in the intestines to stop that bacteria from getting into the bloodstream.

Well, she had damage to her intestinal lining, the shags, so she had bacteria in her bloodstream. So the first thing this doctor did was put her on a gluten-free, dairy-free diet. Then he gave her a bunch of vitamins and minerals, and for three months there was no change whatsoever. She still couldn't get out of bed. She was in a wheelchair, she couldn't go to school, but she stayed with it for three months. And they showed after three months that the blood tests showed she was getting a little bit better. She didn't have as many of the antibodies to the bugs in her bloodstream. She still had too many, but not as much as before, so the doctor said, 'Stay with this. You just stay with this.'

She came back in six weeks later, she's out of the wheelchair, she's walking, she's happy, she can be up walking for a couple hours at a time before she fatigues, but there's definitely a change. The doctor says, 'Stay with this,' does another blood test, shows she's a little bit better.

Bottom line: it took two years. Two years of a gluten-free, dairy-free diet, taking a number of vitamins and minerals, to where she was back to full recovery. Her blood tests were normal; she was back in school playing volleyball – a happy, productive gal who was scoring over 80 percent in all of her classes, so her brain was working good again. And it was the damage to the intestines from the antibiotics that caused this whole problem for her, but it took two years.

Sometimes I tell doctors, 'You just have to look a patient in the eye and say, "Stay the course. Stay the course. Be patient."'

Everybody wants to be well yesterday. If I don't feel good, I want to be well yesterday, but sometimes it just takes a while for your body to turn around. Once you identify the problem, if you're clear with what the problem is, you stay with the protocol.

Dr. Ritamarie: Wow, that's awesome. There're a couple of things you mentioned that I want to bring attention to and discuss a little bit. You mentioned that he put her on a gluten-free and *dairy*-free diet, so I want to talk about what's the relationship there. And something that we alluded to last week but didn't get to talk about was the cross-reactivity. So I'd love to talk a little bit about that.

Dr. Tom: Good, okay. Foods have proteins, fats and carbohydrates. And proteins are made up of building blocks. They're called amino acids. And you put different building blocks together and that's how you get different proteins. They're all made up of the same amino acids, but you have four of this one, two of this one, nine of this one, and the order they're in determines what type of protein it is and how our bodies can use it.

When the body is allergic to something, when the body's making antibodies to some food, it's making antibodies to the amino acid structures of the proteins. And I'm going to refer to it as AABCD – it's hundreds of amino acids long, so there're 100 letters or more. Let's just say AABCD.

So, your body's making antibodies to wheat, and that's the AABCD amino acids. We know that for something called cross-reactivity, where the body thinks one food is similar or the same as another food - if you have six of these amino acids in the same sequence – AABCD – or if the whole amino acid structure is more than 35 percent similar to the original thing that you're allergic to, then the body can say, 'Hey, I'm still getting wheat.'

For example, dairy cross-reacts with wheat. What that means is if you have antibodies to wheat, and you eat dairy, your body may think that you're still eating wheat because the cross-reactivity is similar enough to where you start making antibodies to dairy. So, if you take wheat out of your diet, but you're still eating dairy, your body may think you're still eating wheat.

That's called cross-reactivity, and the cross-reactive foods with gluten are all dairy, coffee – sorry, but true – and yeast.

Dr. Ritamarie: Too bad.

Dr. Tom: Yeah, too bad, right. So not everybody who has a gluten sensitivity also has a problem with coffee. Not that many, actually – maybe one out of 10, one out of eight. I'm not sure the exact number, but it's not that many. But if you are a person that has a sensitivity to coffee and you don't know it (because you feel fine when you drink coffee, but your body's making antibodies to coffee) – if you're one of those people drinking coffee and you stop gluten, your body will think you're still eating gluten if you continue to drink coffee. And you still make the gluten antibodies, and you still get the same type of damage to your intestines and to the rest of your body, depending on your genetic weakness.

Dr. Ritamarie: What about gluten and dairy cross-reactivity?

Dr. Tom: I'm not familiar with the cross-reactivity of gluten with dairy. I'm familiar with the cross reactivity of dairy with gluten, but not the other way. So if you check, if you do the right tests and your immune system says, 'Well, there's no problem with dairy,' and if you check comprehensively for that, and there's no problem – it's okay to have dairy.

But we find about 50 percent of the people that have a sensitivity to gluten also have a sensitivity to dairy.

Dr. Ritamarie: Okay. And so it'll create the same reactivity problem?

Dr. Tom: It'll create the same reactivity problem with gluten. Even though you're not eating gluten anymore, if you're eating dairy and you have that sensitivity to dairy.

Dr. Ritamarie: Okay. So is this something that can be tested? I know there's a lot of antibody tests for food allergies, but I haven't found any that I really feel are particularly accurate.

Dr. Tom: Your immune system is like the armed forces of your body. You've got an army, an air force, a marines, a coastguard, a navy, you've IGA, IGG, IGM, IGE – there's different ways that the immune system can respond to protect you. The immune system's job is to protect us.

So if you look for IGG antibodies and there's no IGG antibodies, the misconception has been to say, 'Well, good. I'm fine with that food because the blood test was negative.'

Well, what the blood test actually showed was that the navy wasn't called out that day. The navy's at rest, but maybe it's the air force that's having a problem – maybe it's IGA. There's no one marker of the immune system that's comprehensive enough to be conclusive. There are some that are more likely than others, but there're different branches to the armed forces. That's why there's a test for cross reactivity that looks at IGA, IGG and IGM – and that's with Cyrex labs, and they look for the cross reactive foods, looking at all three antibodies: army, air force, navy. It's much more comprehensive. You're much more likely of discovering a problem, identifying a problem, if it's there.

Dr. Ritamarie: So, one of the ways to deal with the situation is to just take the gluten out, but a lot of people want proof before they go through that.

I went through that in my own family. I said to my husband, 'Oh, I think my son has a gluten problem. We need to take him off gluten.' And he wasn't eating that much gluten.

And he was like, 'No. I'm not taking him off gluten unless you prove it to me.'

So I ran the stool tests, and they showed up. So then he was like, 'Okay, I guess both of us have to stop eating gluten.'

But the point is: there're a lot of different tests out there. So I want to address the standard test that's done for Celiac disease, the one most doctors will do and a lot of people get false negatives on, stool tests, the one Cyrex labs does, and whatever other ones you know about. So I'd love to talk about those and give people an idea of what's available.

Dr. Tom: There's something called the conundrum of gluten sensitivity. That's when people go and they get a test – 'Am I sensitive to wheat?' It comes back negative, but they know they always feel better if they don't eat wheat. So, what's wrong with that? Well, the test checked the air force, it didn't check the army.

So it wasn't comprehensive enough. The bottom line is body language never lies. If your body says, 'I don't feel good,' then that's the bottom line. Now the problem is sometimes the body doesn't talk in a language that we hear, so it says 'I'm fine,' and you're really not – then you can't feel the underlying mechanisms until they get really bad. But if it says there's a problem here, then it's unlikely that it's a false positive – very unlikely. It's possible, but it's unlikely.

It's the false negatives that cause the conundrum. So, what do you do in a situation like that? Well, Cyrex labs came out with a new test about a year ago. The problem in looking for allergies or sensitivities to wheat is that everybody looks at one of the peptides. It's called alpha gliadin. You eat this protein, and the protein is made up of a whole lot of little pieces that our digestive systems are supposed to break down into tiny little bricks of a brick wall, if you will. Think of a protein like a brick wall. Digestion is taking the mortar off of the bricks, and then each brick is absorbed into your bloodstream and your body uses it to make new tissue. That's how we use proteins.

But somebody took a sledgehammer to the brick wall and broke it into a number of pieces. You've got a 33-brick piece, a 17-brick piece, a nine-brick piece – all these pieces. That's what happens with gluten when the digestive system can't break it down properly. You get all these big clumps.

Well, every laboratory in the country checks one clump. It's a 33-brick clump called gliadin. It's the most dominant one that people can have a reaction to – about 50 percent of the people have a reaction to it. But the other 50 percent don't. They're reacting to other clumps, but no lab was ever checking other clumps.

And yet the research papers tell us there are over 60 different peptides of gluten, pieces of the wall that can stimulate an immune response – over 60. Why are we checking only one?

No one could ever answer that question. So what happened was that there'd be a conundrum.

You'd do a blood test, it'd come back negative because they're only looking at one clump, and then you go on a gluten-free diet anyway and you feel better. But the blood test was negative!

Cyrex labs came out with a blood test that looks at multiple different antibodies: army, air force, marines – and they look at the top 10 clumps instead of just one, the top 10 peptides that one may have an allergic reaction to or an immune reaction to. Thus, you don't get false negatives anymore.

So people finally are getting the evidence that, 'Yep, my immune system's reacting to this.' Then, what's so good about it is you've got this test that you can go back and check three months - six months later, to see 'Have I been successful in eliminating gluten? Has my immune system calmed down?' Because it's the antibodies that cause all the tissue damage.

And if it hasn't calmed down, then you have to look further into cross-reactive foods.

Dr. Ritamarie: So when it calms down, are you expecting that after some months you'll see the antibodies go down or go away?

Dr. Tom: Yes. They go down. If they don't go down, the doc's done something incomplete. You have to do a little more work.

Dr. Ritamarie: Do they ever go away? My understanding was they never go away.

Dr. Tom: No, they do go away. They do go away. But they'll rear their ugly head and come right back if you ever get exposed again.

Dr. Ritamarie: Right. Because of those memory B cells you talked about last week.

Dr. Tom: Right, right. I know there's so much to talk about and I know we don't have a lot of time. I wish we could talk a whole lot more.

Dr. Ritamarie: I do, too. I really wish we could go into more details. So the cross-reactivity, so that's the other way. I wanted to ask you quickly, because I've been using the stool test from Enterolabs for a really long time, and that seems to be really accurate. In fact, I would say that 90 percent of the people that I think have the problem, show up. So it's pretty high – maybe even 98 percent. They only test IGA, though. But they test it in the intestinal area, and they say, 'You know, even if you go on a gluten-free diet, you'll still see those IGAs there because they're ready and waiting to attack the next time something comes through.'

So could you comment on that?

Dr. Tom: Yeah. The IGA antibodies in the stool are normal. It's normal for them to be there. It's our body's way of protecting us. The problem, if it is a problem with the stool test, is how you define 'credible.' If you define credible as 'It's going to come back positive pretty often the way a clinician thinks it might,' and the patient's going to say, 'Oh, darn, okay, I guess I'll do this,' and then they get better – it's very credible.

But if you define credible as reproducible in the literature, so that you can go to your local hospital and say, 'I'd like to include this array of tests in our hospital here,' there's no papers that show how it works or that confirms that it works. It's not credible scientifically at all. It's very credible clinically. So it's up to the clinician to decide what type of test they want to do.

Dr. Ritamarie: Okay. So if somebody's on a budget and they just want a quick and easy proof that they've got the problem, it's probably a good test to go with because they want a much more accurate assessment and something that would hold weight with their doctor, then they should go with the blood, the 10-peptide blood test.

Dr. Tom: That's a good way of saying it, yes.

Dr. Ritamarie: I just want to wrap it up. What's your best advice that you could give to somebody who's listening to this who's thinking, 'You know what? Maybe I do have a gluten problem.' What's the first step they should take?

Dr. Tom: Now I can say with great confidence, get the test done because the tests are accurate. You can't base your healthcare on how you feel. The body will always compensate every way it can so that you can function. So you're going to feel fine until you cross a threshold and the body can't compensate anymore. So you want to identify the underlying mechanisms that are causing the problem before they cause so much tissue damage that the symptoms are obvious.

Nobody gets Alzheimer's in their sixties or seventies – you get Alzheimer's in your twenties and thirties. The mechanism killing off your brain cells has already begun, and it just takes quite a few years to kill off enough brain cells before you can't function. But you get in your forties, and someone says, 'Oh, I'm getting old. I can't remember the way I used to.'

No! No, forties is not old to where your brain's not supposed to be working sharp. There's something going on. So we've learned to not pay attention to how we feel, to kind of suppress that and if there's any message it's 'Get the test.'

Get the test done, and now there are accurate tests. Cyrex labs is great. It's such a great tool for our doctors to be using. It's C-Y-R-E-X, www.cyrexlabs.com. And if your doctor's not currently using those tests, print out some information from that website and take it and say, 'Please look into this, because these tests seem to be quite remarkable.'

On my website, there're a number of articles that you can download. There're interviews there that you can download. Take them to your doctor, and say, 'Please read this' or 'Please listen to this.' 'Listen to this interview, this link...' Send it to your doctor so that they'll be exposed to this information and they'll just explore it a little bit. And they'll find that it's very rational, very scientific. Hundreds of studies are listed supporting these tests and how they're done – literally hundreds of studies. So your doctors can embrace this.

Get the tests done; find out what's going on. Embrace the principles to correct it, and then you recheck to make sure. Don't avoid rechecking. Some people say, 'Oh, I feel fine now, so I'm not going to recheck now to save the money. I feel fine. My headaches are gone.'

No, you need to recheck, because it can still be causing lots of tissue damage that you won't know about until the symptoms are so bad.

Dr. Ritamarie: Say someone decides, 'I don't want to get the testing done. I just agree. I'll just go on a gluten-free diet for the rest of my life, and that's that.' What's the risk of them not going back and retesting? Or testing in the first place?

I mean, I'm a perfect example of that. I had gluten problems, and I knew I had gluten problems, so I'd given it up. I just don't touch the stuff. But I've never gotten tested.

Dr. Tom: In a future show, perhaps we'll go into the autoimmune cascades that develop as a result of food sensitivities. And what really takes us down in the end, with whatever disease we get, is our immune system attacking our organs. Whether it's your liver, your heart, your kidneys – a cardiovascular disease, you're going to see a lot of information on this coming this year – this is the momentum year.

Cardiovascular disease is an autoimmune disease at its initiation and is fueled by the immune system. So that means autoimmunity is the number one cause of morbidity and mortality in the industrialized world. The number one cause of getting sick and dying is the immune system attacking your own tissue – whether it's your blood vessels or your liver or your heart or your brain.

You don't feel when your blood vessels are being attacked. You don't feel when your brain cells – when you've got ganglioside antibodies – until they're so bad you start getting some numbness and tingling, a little bit once and a while. You say, 'Oh, it's a little bit of numbness once in a while, no big deal.' No! It means your nervous system's being attacked and your nerves are being destroyed. And it's an accumulative process. So you don't feel the autoimmune mechanism that's attacking you. You just don't feel it, until there's so much tissue damage you can't tell anymore.

When you go off gluten, the obvious symptoms that were the initial reason to explore this go away – your headaches or something like that. But the underlying mechanisms causing the autoimmune cascades may not go away, because there may be cross-reactions or there may be intestinal permeability. There may be other factors that need to be addressed and you just don't know, because you don't feel it.

So we are living in a state of not knowing the mechanisms that are going on that are slowly destroying us. That's why you want to do the test.

Dr. Ritamarie: When you say do the test, then, you don't mean just do the gluten antibodies. You mean to do the whole test – the cross-reactivity, the gluten antibodies, the whole 10 peptides, plus the cross-reactivities.

Dr. Tom: The intestinal permeability, the gluten peptides and the cross-reactivity, yes.

Dr. Ritamarie: Right. So that's what you mean when you say get tested, because that's the risk you run if you just assume, 'Oh, I have the gluten antibodies, I'm going to stop eating gluten,' and you don't look at the others. You may continue to be eating cross-reactive foods, plus you might be having an issue with intestinal permeability that you need to really directly address.

Dr. Tom: There's an entire world coming out called 'predictive antibodies.' And you're going to be able to identify antibodies to your heart, your lungs, your brain, your liver, your kidneys, your bone before you have any symptoms. That's when the pedal hits the metal in terms of preventive care.

So once that type of screening is available, what you're going to find is that you're identifying conditions for people years and years before they have symptoms, and that's going to be the marker that you use to determine 'Am I being successful in my protocols?'

Dr. Ritamarie: Yeah. I've heard, is it Dr. Vojdani's work? *(I think this is the doctor that Dr. Ritamarie and Tom were speaking about: <http://www.glutensensitivity.net/VojdaniDiagrams.htm>)*

Dr. Tom: Yes.

Dr. Ritamarie: Dr. Vojdani speaks with a very heavy accent, but he's brilliant. So that's awesome, and then is that going to be available through Cyrex labs?

Dr. Tom: Yes, it is.

Dr. Ritamarie: Great, I can't wait for that. So, my other question that came up was I would love to hear you just really briefly speak about the gluten and thyroid connection. Because much of my audience as having thyroid issues, and thyroid issues that are not being properly diagnosed, and we'll run antibody tests and find out that they have raging antibodies against their thyroid.

And I know I've heard you speak about the cross-reactivity between gluten antibodies and thyroid. Do you think that there's hope for those people who have been diagnosed with Hashimoto's or autoimmune thyroid?

Dr. Tom: Yes – yes, of course. We have many patients reversing – and there's many articles in the medical literature reversing the antibodies to Hashimoto's on a gluten-free diet. You just have to go to PubMed and type in 'Hashimoto's thyroiditis and Celiac disease,' and just start reading some of the articles.

There are many case studies of the antibodies going down until they're undetectable or being reduced, reduced, reduced on a gluten-free diet. So, you stop attacking your thyroid. When the immune system stops attacking the thyroid, you stop the inflammation – because you're not throwing gasoline on the fire anymore - and then the thyroid starts to rebuild itself.

They just published a study in January of this year where they showed Celiac patients who have Hashimoto's thyroiditis required 49 percent more medication than Hashimoto's thyroiditis patients without Celiac disease. And they did very extensive measures to make sure they applied the dosages for the medication by body weight, and the goal was to get the TSH down to a normal number.

They found that the Celiac patients required 49 percent more medication. When they put them on a gluten-free diet, within 11 months those Celiac patients' requirements of medication dropped down to the same levels to those who don't have Celiac. So they were able to reduce their medication needs by 49 percent on a gluten-free diet, because the thyroid starts working a little bit better. That was a really interesting study.

And there are other studies that talk about eliminating the antibodies – they just go away. You stop attacking your thyroid.

Dr. Ritamarie: I've seen it happen, I've had patients where probably around 12 months later - we just did sequential tests and antibodies were gone, thyroid medications were reduced or eliminated. Yeah, it works.

Dr. Tom: Yeah.

Dr. Ritamarie: Fantastic. Okay, well we are out of time, and maybe we could do a whole show on the autoimmune interrelationship between –

Dr. Tom: Yes, that would be fine. Look forward to that.

Dr. Ritamarie: That would be great. Well, thank you so very much for being here and thank you all for listening. I hope you have just found this as enlightening and hopeful as I have. I do the testing through Cyrex labs, I'm set up to do that, so if anybody is considering coming for a consultation, we do remote...long distance consultations as well as in-office and we can run those panels for you. Just go to www.drmarie.com and click on "Coaching" and look for 'Personal Consultation.'

We have been speaking with Dr. Tom O'Bryan. He is an amazing wealth of information on the topics of gluten. We've learned a tremendous amount.

And would you reiterate for everybody how to get to your website?

Vibrant Health Solutions Radio: Gluten-Free -- Is it Just a Fad? (Part 2)

Dr. Tom: Yes. The website is www.thedr.com. And when you go there you'll find there are DVDs that talk about this. There are some there for the general public, with a lot of visuals and explanations and there are some for health care practitioners. I mean, anybody can order whatever they like, some are more technical than others. And there're lots of interviews and lots of articles so that people can get a handle on how to approach this.

Dr. Ritamarie: Fantastic. Thank you so much. You've been listening to Blog Talk Radio – Vibrant Health Solutions with Dr. Ritamarie Loscalzo, www.drmarie.com. Thank you so much for being here. Bye-bye.