Dr. Keesha (00:01):

Welcome back to the third in our series of Reverse Autoimmune Disease Summits. This is the auto-immune brain, and I'm delighted to probably bring you somebody that needs no introduction. Dr. Peter Osborne. He has been on our summits before. He's the clinical director of Origins healthcare in Sugar Land, Texas. He's a doctor of chiropractic, doctor of pastoral science and board certified clinical nutritionist. He's oftentimes referred to as the gluten free warrior and is one of the most sought after alternative medicine doctors in the world. His practice is centered on helping those with painful chronic degenerative and autoimmune diseases using natural methods. Dr. Osborne is one of the world's leading authorities on gluten sensitivity and lectures nationally on this and many other nutritionally related subjects. He's the author of the bestseller, No Grain, No Pain. Welcome to this series, Dr. Osborne.

Dr. Peter (00:50):

Well, thanks so much for having me. It's my pleasure.

Dr. Keesha (00:54):

So, I would love to hear what you—what comes up for you when you hear the term autoimmune brain.

Dr. Peter (01:04):

Yeah, lots of things. I mean, autoimmune brain... I wrote the book, No Grain, No Pain, but I could also very easily say no grain, better brain, right?

Dr. Keesha (01:16):

Yeah.

Dr. Peter (01:16):

So the brain itself, when we talk about grain, there's just so many different qualities around grain that can impact the brain in a negative way. Most people really fixate on gluten. Here's what we know about gluten specifically, gluten is a protein found in grains that if consumed by somebody who has a sensitivity can create inflammation of the brain directly, meaning that there are antibodies that have been discovered that show that gluten can actually create an inflammatory immunological response—autoimmune response in a person's brain. Hence the term brain inflammation. So gluten can

cause that, again, direct neurological damage. But on top of that, gluten has been shown—there's some fractions of the gluten protein, one of them is called gluteomorphin, which has been shown to interact with morphine receptors in the brain. When it does this, it can actually create a very unique scenario. One of them is it masks its own toxicity. So think about that for a minute. Morphine is a drug people use to take when they're in pain. So when the food itself creates pain from inflammation, right? No grain, no pain. The morphine-like effect of gluten has the ability to mask that pain, or actually act as its own medication as it's creating inflammatory damage. So a lot of people they'll say, "Hey, I've been eating gluten for a long time and I don't really feel that bad."

Dr. Keesha (02:46):

Or "It doesn't bother me." That's always—right? "Gluten doesn't bother me." [Laughing]

Dr. Peter (02:52):

"It doesn't bother me, it just gives me a fix of morphine. So then I don't feel bad. "

Dr. Keesha (02:55):

Right. "In fact I felt fantastic when I've been off it for awhile and it gets back into my system", right?

Dr. Peter (03:00):

Yeah. Yeah. So on that note, some people actually develop gluten withdrawal syndrome, sometimes. Meaning they go off of gluten and feel much worse because they're not getting their fix. So there's this gluteomorphin connection that again can cause a reduction in pain, but it can also cause brain fog, just like morphine slows down your thought process. It's not speeding you up, right? It's slowing you down. It's a downer. So it can slow down your thinking. So your clarity, your focus, brain fog is a common manifestation of gluten-induced interaction with the brain. But that's just gluten. So we've got gluten creating an autoimmune inflammatory process around the brain. We've got gluten masking its own toxicity, creating a morphine like response, which can reduce the person's pain, but also slow down their brain. But then we also have other non-gluten entities of grain, which can cause problems in the brain. One of the biggest is that grain as a family of food—we'll just call it a family of food—is very, very high in carbohydrate. So what it's gonna do is it's gonna spike blood sugar, which leads to a spike in insulin and subsequent spike in cortisol and these hormones, what happens over time—the more this happens, the more a person consumes grain consistently in their diet with high carbohydrate levels is it actually tends to lead toward what's known as type three diabetes, otherwise known as Alzheimer's disease or dementia. So we get kind of a—there's a term in science called glycation, and that's where you eat too many carbohydrates and so your blood becomes super thick and sticky just as if you poured syrup on the floor, imagine you're pouring syrup into your bloodstream. And that stickiness starts to coat or wrap

around or surround your protein. So it can wrap around your hormones. Women, it can wrap around your estrogen, it can wrap around your progesterone, it wraps around—one of the ways we test this is we test a protein called hemoglobin A1C, where we're measuring the quantity of sugar that's wrapping around hemoglobin inside of our blood cells. But this glycation or this sugar wrapping process makes it harder for hormones to communicate. It makes it harder for the heart to pump blood to the brain, get the oxygen to the brain, right? So that increased blood sugar is virtually increasing the risk for a number of different diseases. But dementia is definitely one of them. I mean, newer research is showing that dementia is really—technically, it's a form of diabetes. And some people, when they have diabetes, it's primarily it's a systemic diabetes where they have high blood sugar and it causes them to gain weight or be obese. And it leads to contributing factors like elevations in blood pressure, etc. But some people, the blood sugar affects their brain more than it does their heart. A perfect example would be dementia. Another example of how blood sugar can affect somebody differently would be like PCOS, polycystic ovarian syndrome, where a woman develops this problem. It's a form of diabetes of the ovaries, right? But they don't necessarily have diabetes, but they have this problem that manifests as a PCOS which is high carbohydrate intake or high blood sugar. So blood sugar can affect different people in different ways and the reason I even point those things out is because, just like you said it a minute ago, some people will say "Well I eat gluten, it doesn't bother me." Some people say, "Well, I don't have dementia and I eat grain all the time." But they may have PCOS or they may have like general diabetes or some other form of blood sugar abnormality. Remember we're all unique and different. So when you consume grain, it comes with the package of increased carbohydrates. This is why the keto diet is so wildly popular right now. You also have to understand that your brain primarily uses ketones as an energy substrate or energy source. If you bog it down with carbohydrates, it won't work as well. It's not gonna function as well. So brain fog, again, is a big symptom. Now I'm going to go backward a little bit because I missed something that I wanted to say and it just slipped my mind. And that is—back to gluten—there's a lot of research coming out that's showing that gluten causes schizophrenia, okay? Which is a brain disorder. That it causes depression and bipolar disease. So maybe you don't have some of those other things, but maybe you've been diagnosed with bipolar, or maybe you've been struggling with depression. There's research now linking gluten to autoimmune responses in autistic kids and adults, autistic behavioral disorders. So I just wanted to backtrack on gluten for a minute because I wanted to make sure that everybody understood that gluten could also create or contribute to those particular conditions.

Dr. Keesha (07:39):

Gluten can also be a trigger that causes genetics that you have on board to express themselves in those ways, rather than being a cause it can be a trigger. Right?

Dr. Peter (07:50):

So I mean, the way I look at gluten is there's different genes that I measure in my clinic that help me to understand whether or not a person's going to react to gluten. So these diseases, or let me reframe that—these genes aren't diseases, right? A lot of times people get into that whole mindset, "I have bad genes". It's not about bad genes. It's about your genes. So there are certain markers, genetic markers that if a person has them, then when they consume gluten, these genes will be activated. And the activation sequence of these genes is a couple of different types of inflammation. We can get either what's called a TH1 response, which is one side of the immune system, T helper is what TH stands for T helper cells. Then we can get a TH2 response. So these responses are basically, imagine—well TH1 and TH2 it's like a conglomeration of different types of chemicals that create inflammation and a conglomeration of different kinds of antibodies that are trying to defend your body from the exposure to gluten. So we know gluten can impact people in both those ways. We know that people with the genetic susceptibility are those that tend to react to gluten more specifically, 'cause some people react to gluten, but some people react to grain because it's high carb. Some people react to grain because it's the way they grow grain today, it's full of glyphosate and other pesticides and chemicals. Some people react to grain because it can be contaminated with mold and they're highly sensitive to mold. So we've got like mold and mycotoxins that can contaminate grain. So it's a little different for different people, which is why I like to isolate the genetics. Because if you are truly gluten sensitive, genetically, that's a lifelong deal. Like if you're not and you want to consume grains sometimes it's not necessarily the end-all be-all, but if you're gluten sensitive, one breadcrumb, or think of it as a drop of water mixed with a gallon of water, right? That's how small of an amount of gluten it takes to create an inflammatory response for as long as two months. So if you're cheating on the weekend, you just have a little gluten on the weekend and you're just hammering yourself repetitively with enough gluten that it allows for continuous inflammation over time.

Dr. Keesha (10:07):

So the reason I brought this up is because I do genetic testing on 100% of my patients in my practice because of this very thing that you're talking about. I'm not a huge fan of the artificial intelligence way that just takes out a few genes and snips and talks about them and says what supplements to take for them, because really when I go through a genetic report with my clients, I'm saying, "If you'll do these things that I'm pointing to right now, then these others over here, don't have to express. This problem that you could have with estrogen which can lead to some of the things that estrogen receptor positive cancers and things like that or this series of genes, these snips that can lead to an expression in autoimmune disease. If you'll do these, that your body's saying I can't do, right, and listen to it. Be in a collaborative relationship with it, then it doesn't need to express this stuff." I think people don't really understand that. Just as you were just saying, they think of it as sort of a disease orientation instead of everything's working together here, and if you'll cooperate with your body, if you'll collaborate with it and you listen to—you don't buy a car and then get the instruction that it needs either electricity or this

kind of fuel and then do something different to it. You actually listen, you say, "Oh, okay." I always think about genetics as that kind of owner's manual, right? This is what your body's saying. Then that means you're not going to on the weekend, stick something different in your car than what the owner's manual tells you to do. [Laughing] Right? It doesn't make any sense.

Dr. Peter (11:50):

You would hope not. I mean, genes aren't diseased. They're what you're born with, they're the gift that God gave you. Right? That's the way I look at it. They're not the curse. They're the gift. What happens is what most people do with that gift is they throw it on the floor and stomp on it. And then they get frustrated when their bodies don't work right for them. You have to understand that your genes flush your environment, which is your choices, the summation of your choices, they stimulate your genes to behave in a manner that's consistent with adaptation. So your genes aren't doing what they're not supposed to do. They're trying to keep you alive. If you have a genetic predisposition to diabetes, for example, and most of us do, and you sit on your keister all day and you eat sugar all day, then your genes will adapt by producing more insulin. That insulin will help you deal with that sugar better. Over time you'll become insulin resistant and you'll develop diabetes and we'll call that disease. So the way I look at diseases, it's really—disease begins where adaptation ends. When your body can no longer adapt to your foul choices, then it tries to scream at you and yell at you by giving you symptoms that you need to pay attention to so that you can understand what changes you need to make in your diet and lifestyle.

Dr. Keesha (13:06):

It's always started not in screaming. It's always started with this little tiny, small, quiet, little gentle touch. I can look backwards and realize, "Oh, that was where the quiet voice was that I didn't listen to." [Laughing] Right? I was getting quiet notifications from my body all through my teens and twenties, and then running marathons and popping 800 milligrams of ibuprofen at mile 13 and saying, "Gosh, why is everybody in pain? All you have to do is take ibuprofen, takes it right away." [Laughing] My poor body. I was sucking down those gels, which are full of gluten. Then it turns out genetically, I am incredibly genetically intolerant, just a little freckle shy of celiac. So when I saw that, I realized, "Oh, all of these so called healthy things that I was thought I was doing that the culture supports..." Marathon running, I thought was a healthy thing to engage in and I did it for probably 15 years. Then the way that I was doing it and how I was engaging with it, how I was feeling my body and taking care of it during my long workouts and training was not in accordance to what this body actually—its infrastructure, its blueprint was set up to be. So that's what I think the gift of really doing—I always say "Test don't guess"—of really going in and asking your body with real compassionate curiosity, "What is it that you need from me in order function at your most optimal?" This beautiful gift that I've been given and I get one. So why wouldn't I want to treat it with the most love and concern and care that I possibly can, right?

Dr. Peter (15:03):

Absolutely.

Dr. Keesha (15:05):

Yeah. So what are some—we talked a little bit about some of the brain inflammatory diseases that fall into the spectrum, the brain and the gut and your whole nervous system. There's so much evidence that shows that they're related. One of the things that people will kind of fall into in a limited view of those two things being related from a scientific standpoint, one of the things that I notice is if I ask somebody, I go through their genetics with them, and then I say, "You're a freckle shy of being celiac, or you're extremely gluten sensitive, or even a little bit mildly gluten sensitive. You need to really, really make sure that you honor this instruction from your body." Then if I have a patient come back in who's going through a divorce or has a special needs child or who just lost their job, or you know, etc., etc. Their knuckles are swollen and their gut is inflamed and I asked the question, "So how have you been doing with your self care and your diet?" And they say, "Oh, well, that's all out the window because I'm so stressed out." I see this all the time. I'm sure you do too. What do you say to folks who really at the time when their body needs them to care for it the most, wind up turning towards foods that have gluten and sugar in them as a comfort mechanism?

Dr. Peter (16:38):

Well, mostly I just let them stew in their own pain. I mean, the best lessons are the lessons learned through hard knocks, in my opinion, in my experience. I mean, if we didn't learn those lessons then we would never really associate the deviation from the diet with the pain or the symptoms that we're experiencing. So when somebody comes in to me after they've deviated and they look at me and say, "All my problems are back", I just look at them and I let them have their own thought. Very quickly, what happens in their own brain is they say to themselves and oftentimes I'll hear this, "I sound like a total idiot, 'cause I know what I just did wrong and here I am in your office." So making and helping them recognize that when they deviate to pay attention and to become more intuitive to how they feel. You mention the small little whispers that your body was telling you before it became a yell. The more we start to realize that our choices and our diets impact the way our nuances of our body might speak to us, the more we can recognize how those languages are coming in. So, for example, for me, if I am traveling and I get gluten exposure, one of the things that happens is a visual migraine, like I'll pick up on a visual migraine. It won't—it's not a debilitating migraine. That's another neurological disease, by the way, linked to gluten sensitivity is migraine headaches and something called cerebellar ataxia, which makes you dizzy and you can't stand up straight. But I'll get a little visual migraine, which is kind of floaters in the eye so part of my visual field will go out, and I know something just happened. So over years of having that occur to me, one of the things that I said, "Enough is enough. I just don't want to have that happen to me when I'm traveling." I just started carrying a food suitcase. Right? So again, it's knowing

your tells. What are your tells? For me a little mild visual migraine, it doesn't really hurt, but it sure does bother my visual field. It's a problem for me. The other is that it makes me angry. Like when I get gluten, it makes me emotionally more quick to temper. So I treat other people probably with less respect than they deserve if I've been glutened, not on purpose, just because I'm just more irritable. those are some of my tells. Some of my patients get tells all over the place, some of them get major migraines, some of them get diarrhea, some of them get bloody noses, just spontaneous nose bleeding. Some of them get little joint aches or joint pain. So those tells are different for different people. Once you've kind of learned to really pay close attention to them, you can really let those things help guide your decision making because everybody's going to deviate. I don't know a single person that's ever come to see me that didn't cheat, didn't deviate. And the best thing you can do is don't beat yourself up over the deviation, forgive yourself and move on. But also don't use the deviation as an excuse to do more deviation. So like don't [Inaudible]—

Dr. Keesha (19:33):

[Inaudible]

Dr. Peter (19:34):

"I've already got a headache, I might as well just eat a whole cake now."

Dr. Keesha (19:37):

Right.

Dr. Peter (19:38):

Because then you're gonna pay a major price. It's not worth it. Just learn from the mistake, move on, and then do your best to make no purposeful mistakes, right? Accidents, forgive yourself for, but it's the purposeful mistakes, those are the ones that we know that we shouldn't do. So become more aware and cognizant of how those things impact your health and how they impact the people around you that you care about and how you want to set the example as an individual to the people around you. Because that's the other kind of psychological thing that comes along with a diet change like this, is first of all it's very socially challenging. So if you deviate with your friends, if you deviate in front of a family member, what they're gonna do is next time they're going to expect you to deviate again, right? You're going to get more and more and more pressure psychologically. So you gotta be strong in that way. You gotta lead by example, you have to be the shining beacon of health that you want to represent so that they are also gonna make good decisions. If they see you making bad decisions knowingly on purpose, then they're going to lose respect for you and your diet and why you're on that diet. So if you want to help

yourself, one of the best ways that you can do that is see the world for how they will react to you. If you blatantly disregard what you should be doing with your diet.

Dr. Keesha (20:50):

One of the things that really helped me—I call my process when I was first diagnosed with rheumatoid arthritis when I was 30, this process of the detox retox rollercoaster, and I would get cleaned up and I would feel good. Then I would start playing with my boundaries to see where they were, which is what toddlers do. That's exactly what they do. They want to challenge it and see if you're there to tell them that, "Nope, that's not okay." So you can kind of figure that your toddler or adolescent developmental space has shown up when you say I can't have. When I can't have. Right? So there was a time when finally it clicked in for me where I said, "Oh, this is rat poison." There's never a time when I'm going to want to just play with rat poison. So it's like really, really locking it in to this understanding of exactly what it is to your body. Then it doesn't feel tempting anymore. I also carry a food suitcase, even when I take groups to Peru and go on the Inca trail, I've got my own food in a backpack. I carry all my food when I go to Africa, when I go anywhere, I have my own food. Then if there is food around that looks like my body will like it, then I will have it. Then if it doesn't, I don't have to say anything. I don't have to make a big deal. I don't have to—There's no issue. I have my own food, no big deal. So I never get into something now, anytime, when I have to eat something that's going to react, activate my body in a way that is toward illness. So that's been an interesting journey, but you can arrive in that space. I know you do too Peter. It's just like, "No, that's not even a temptation", right?

Dr. Peter (22:55):

Yeah. I mean, you lose the temptation after you beat yourself up a few times.

Dr. Keesha (22:59):

Yeah.

Dr. Peter (23:01):

For some they have to beat themselves up a little bit more than others, that's all.

Dr. Keesha (23:04):

Yeah. I was probably one of those. I always say I'm the worst patient I've ever had. [Laughing] The hardest nut to crack that God had to crack. [Laughing]

Dr. Peter (23:15):

Doctors make terrible patients.

Dr. Keesha (23:17):

They really do. So, the idea then that you're in a lifestyle rather than a diet, I think is also important, right? So that you're not activating your inner toddler, your inner adolescents, because adolescents don't make good choices traditionally, consistently. Right? We want to allow that part of you to just be okay and let your adult self that's your wiser older mind, then not reach for things like this as a form of comfort. I think that's what happens is people get driven into, when they're in a time of crisis, they're triggered into a child state. So they reach for what a child would reach for.

Dr. Peter (24:00):

Yeah. Or they just grew up and they socially celebrated with food so much that the connotation of food equals love is playing a backbone in that and the food that they love, that their parents express love with around the holiday times, what are they? They're birthday cakes, right? Halloween candy. They're Christmas cookies, you know? So you default back into that celebratory, "This is love. This is love and I need love, and I need emotional support when I'm stressed out." So you just gotta—what I encourage anyone to do is recognize, first of all, recognize that that's what's probably happening. And two, is to create new love. You can still love with food, but you can love with real food. Instead of loving with cookies that have hydrogenated fat and wheat gluten in them, it's pretty easy to make some cookies that are grain-free, that don't have genetically modified ingredients or don't have pesticides and that you can still use those as a tool, right? As a crutch, if you will. 'Cause they're not good for you all the time either. Recognize that treats are very much that. They should not—treats doesn't mean staple food. But at the same time, I think socially, I think people—part of their life and culture is food. So if you take that away and it's just all stoicism, then there's a depression that can set in and that's a psychological brain problem too. So there's a depression come in and they'll go through mourning, right? I mean, a lot of—you probably see this—but a lot of people learning that they need to be gluten free, they'll mourn it first. So they'll go through the phases of grief, the denial, the anger, the bargaining, the depression, before they come along to the acceptance stage, and sometimes they'll go back and forth in that first four stages before they come around to acceptance. That's just everybody's journey, their's is a little bit different. So I've just learned that in that regard, let them make their mistakes and recognize them and realize that they are mistakes and that they can't have that old default

methodology. Then come around to that acceptance point where then we can really strategize on health optimization versus just trying to get your diet right.

Dr. Keesha (26:11):

Well, and that's why the cookbook that I wrote for people with autoimmune disease, it's like ingredients that are seven ingredients or less, all the recipes. It's done in a template format so that you learn how to put something together with things that your body will like, and you can actually trade out things. It shows you how to do that. It shows you the chemistry of cooking basically, and how to do that in a way that's for you. 'Cause there's no one autoimmune paleo plan. That just isn't true, right? So it's like, how is it there are these things that are going to cause inflammation like gluten and grains for most people—I don't know how you feel about this, but I'm really not a fan of dairy either and I'm definitely not a fan of sugar. So, it's like how to do—I make the most amazing birthday cakes and our family has four children and over the last 20 years has really—I have some remarkable chefs in my kids. They have this sense of adventure in the kitchen and they create anti-inflammatory dinners and it's amazing how good it tastes. We've all played with this for so long with a sense of adventure, rather than a sense of deprivation. Like, "Okay, how can we come together as a family in the kitchen, play music, dance, laugh?" It doesn't have to be around the things that we used to eat when they were small children. So I think it depends on how you're approaching it. You can take this with a sense of adventure rather than a sense of deprivation.

Dr. Peter (27:51):

Well deprivation of food or deprivation of how well you feel. You have a choice.

Dr. Keesha (27:59):

Yeah.

Dr. Peter (27:59):

Why choose to see the food as not a deprivation, but as an adventure and what we're actually depriving ourselves of is a miserable life full of disease and autoimmunity.

Dr. Keesha (28:11):

Right? [Laughing] So, when you think about autoimmune brain, what is something that we might've left out in that discussion?

Dr. Peter (28:23):

Several diseases. So, autoimmune brain, multiple sclerosis, which is brain, but also spinal cord.

Dr. Keesha (28:31):

The nervous system.

Dr. Peter (28:31):

So it creates the muscle weakness. It creates the degenerative changes down the spinal cord that basically lead to the inability for a person to function. So there's multiple sclerosis. There's also Parkinson's disease, which is another form of neurologically induced condition as a result of the wrong food in most cases I see related to that. Other things too, but gluten is a big one. There's cerebellar ataxia, which is a form of dizziness or imbalance. It's a part of the brain that gets impacted with gluten and a lot of research on that. Probably more research on that neurologically than any other form of neurological disease that gluten can cause. It's called cerebellar ataxia. Then we have gluten induced migraine headaches, migraines are a major problem. A lot of people taking migraine medications don't realize that gluten is one of the biggest triggers for migraine headaches that there is. Beyond those things, we've got neuropathy. Common in—which again, it's not necessarily brain. The brain is a big nerve. It's a big cluster of nerves, but neuropathy itself, neuropathy of the brain, but you also have peripheral neuropathy. So numbness, tingling, weakness in the hands, burning neuropathy, severe pain, ascending neuropathies, so pain that radiates from the feet and goes up and travels up and can take away your ability to walk. These are all neurological manifestations, or can be, of gluten sensitivity. So understanding that if you're struggling with any of these neurological types of symptoms and your doctor hasn't ruled out gluten as a potentiating factor, that would be something that would probably be worthwhile doing, because what I see with most people chronically is when they come—by the time they come to me, usually with neurological disease, they're either on an antidepressant, something like an SSRI class of medication, or they're on a pain medication for their neuropathy. That could range from narcotics to something like Gabapentin, or they're on some type of neurological enhancing drug, like they have ADD, or they have attention deficit or they can't focus or concentrate. So they're taking something like Concerta Ritalin, which is basically in my opinion legalized cocaine. The doctors will tell you, you have your problem, your problem exists, but we don't really know what causes it, but we do know how to treat it. Here's this drug that you need to take for the rest of your life. That, to me, never made any sense. It never made sense to me that that was the solution, not when we have—especially in this case, an example of one particular type of food creating so much havoc on the nervous system. It's a simple test. I mean, literally it's a cheek swab it's so simple to do, and it might give you some really, really major insight as to whether or not just the diet change could have major, major life altering, life saving affects for you just by changing your diet

Dr. Keesha (31:32):

So important. And the thing about what you've just said is they're also from that place where we just talked about the disease process itself, but your brain can also be carrying around auto antibodies for

years and years and years that you don't even know about. That's another thing we usually will test for. And when you do that test and you find, "Oh, I've got these autoimmune antibodies in my brain, then what do I do about that?" And it really is about not triggering them into activity, right? Or taking them down so that they aren't active. It's the same when we think about Epstein-barr, the CDC says 95% of Americans has Epstein-barr virus. So, is that the cause of everybody's trouble? As some people will say. I don't know what you think, but I always think, "No, why don't we just make the body an unhospitable terrain for the virus so that it can be in remission and not actively causing havoc?" Right?

Dr. Peter (32:37):

Yeah. I mean, I look at autoimmune disease really as simply as I think you can. Which is, it has triggers, right? There's certain things that will trigger it. If you alleviate the triggers, then you pretty much can control the illness. The triggers can be measured, right? Food is a trigger, not just gluten, but lots of food. You mentioned dairy. Dairy is a big one in my experience. Sugar's a big one, but others can be too. I've seen people terminal over blueberries.

Dr. Keesha (33:04):

Me too! [Laughing]

Dr. Peter (33:04):

I've seen people reacting to broccoli and cauliflower and superfoods, so it's different. But chemical exposure, chemicals another one. So pesticides, herbicides, food dyes, preservatives, things in cosmetics, things that are used as odorant agents in your cleaning products. Like all these different types of chemicals that we're being exposed to. There's about 30,000 new chemicals in the US that we're exposed to on an annual basis that didn't exist 40 years ago. Those can be triggers as well. So I like to look at those triggers and try to minimize where people might be getting exposure of massive quantities of chemicals. The third trigger is microbial imbalance. Some people say infection, and I'm glad you mentioned Epstein-barr a minute ago, because I agree with you. It's not necessarily the presence of the virus itself, 'cause you could test everybody for Epstein-barr and the vast majority of us are gonna have [inaudible] to Epstein-barr. So it's not necessarily the actual virus itself per se or the bacteria. I could swab everyone's cheek who's listening to this and we're going to probably find E. coli and staff and strap. It's not an issue of whether it's present. It's an issue of whether it's present in such a quantity that it can take advantage of your system because your system has been weakened by your choices, right? So microbial imbalance, instead of thinking it like infection, just think of it as your body is not resilient to the microbes around you. So they tend to lead toward imbalances that can contribute to triggering of autoimmunity. Then the fourth is nutritional deficit, which if your body's not getting adequate nutrients, vitamins, minerals from the food that you eat, then it will fundamentally begin to break down. There are certain nutrients we know can cause autoimmune disease when they're low and vitamin D for example,

is one of them. Zinc is another. So, there are 40 different essential nutrients that in my opinion should be measured when we're trying to isolate and identify what a person's nutritional status looks like. Then the fifth category is stress. That stress can be physical, chemical, or emotional. Some people have emotional stress or traumatic stress, but some people have victimhood stress and they need to just be told some harsh truths and they need to be counseled a little bit. Some people have emotional stress or bad relationship stress, or they hate their job stress, like whatever it is. It's not to say that we should all be in a bubble and never have stress. That's not what I mean. But when you couple overwhelming stress with poor diet, bad nutrition, foods that you're reactive to and you couple all those things together, then what ends up happening is your body takes on more than what it's capable of handling, right? So you lose your ability to adapt. In my opinion, loss of adaptation is what we call disease. So by the time your doctor gets around to calling it diabetes, your body has been trying to adapt to your bad choices for 20 years. It's not until your body finally hits its breaking point, right? That loss of adaptability that we actually can confirm that it's a disease state using lab tests, that in my opinion, many of the lab tests that doctors use only measure late stage disease. They don't really tell you much about how to deal with your life and your nutrition on an early level so that you don't end up with late stage disease. So again, I look at autoimmune triggers and those five families of triggers. If we understand what they are, then we can teach a person kind of how to navigate their own personal triggers, then we can pass the buck on. As doctors, it's not our responsibility to make you better. It's our responsibility to educate you on what your body needs in order to not generate sickness as a standard process of our function of old age.

Dr. Keesha (36:40):

Can I get an amen on that, everybody? [Laughing]

Dr. Peter (36:40):

You own yourself, right? So you own it. We don't own it, you own it. But sometimes it's hard because you've been told you've got bad genes, and you're just getting older and you're owning that. Like you're owning a different message because that's the message that your highly qualified Doctor gave you. That expert that you went to at Cleveland or Mayo who says, "You're getting older and you have bad genes." You own that because you respected that person's opinion, right? Because they went to medical school or wherever they went to school to get their degree. But what they failed to teach you, what they failed to teach you is that chronic degenerative inflammatory autoimmune disease is caused by lifestyle. It's not caused by bad genes and it's certainly not caused by age. What it's caused by is your choices multiplied over time, leading to your body's inability to continue to adapt. So it starts to scream at you in an effort to get you to listen. If you can learn and understand that concept, then you can work with somebody who can help you isolate and identify what your unique triggers are because I've seen thousands of cases of autoimmune disease go into remission, but I've never seen a case of autoimmune disease be identical to another. So, I can take a hundred women with Hashimoto's and they all have it

for maybe similar reasons, but their reasons are very unique to them. Some of them are gluten sensitive. Some of them are allergic to beef. Some of them are reacting to strawberry. Some of them have a candida or a yeast overgrowth. Some of them have mercury, right? I mean, just those 5 families of triggers. So those triggers, how many different possible triggers could we have? There's thousands. So which of them are yours? If you understand what that is, and you can begin the process of healing and taking self-ownership and self-responsibility, which is in my opinion, what this world is vastly lacking, not just in medicine, but in many walks of life is—it's your body, you're the owner. You weren't born with a manual, but you can learn what your manual is. If you quit ignoring good common sense and quit giving your power to someone else to make the decisions for you. That's really, that's where we're at and that's why medicine, in my opinion, today in our world, medicine has failed to really create an environment of good health. It's become pseudo-compassionate pharmaceutical manipulation. So I mean, doctors strive to be compassionate by giving you a drug that manipulates chemically the symptoms that you're experiencing without asking the question why you're experiencing the symptoms. That is pseudo-compassion, not true compassion. True compassion, and for progress, begins with brutal truth. Sometimes that's the hardest message to hear. And sometimes people are ready for it, and sometimes they're not. You just have to ask yourself, are you ready for truth? If you are, then you got to step up into the mirror and you've got to be honest with yourself first, so that you can begin your forward journey to good health.

Dr. Keesha (39:48):

Hey, that's a great place to end. Thank you.

Dr. Peter (39:53):

You're welcome.

Dr. Keesha (39:53):

I know you have a free gift for our audience.

Dr. Peter (39:57):

Yeah. We've got—I've got something called the Autoimmune Matrix. It's a pretty extensive manual on a lot of what I've just talked about. It's these triggers and how you can go about looking for these triggers and how to talk to your doctor about having the conversation about, "Hey, can you measure these things for me so that we can begin the process of healing?" So I've got that as a free gift to anyone listening who just is ready to tell themselves the truth and take that journey.

Dr. Keesha (40:22):

Perfect. Thank you so much, Dr. Osborne. I appreciate you taking the time and your wisdom to share with us.

Dr. Peter (40:27):

No, you're welcome. Thank you for doing this. I always know that that anytime a doc puts something together like this, they're taking a risk. So thanks and kudos to you for being brave to challenge the status quo.

Dr. Keesha (40:41):

Yes. Thank you. Okay everybody, until next time, be well.