

**DR. KEESHA EWERS:** Hello, and welcome to The Woman's Vitality Summit: Caring for Yourself Body and Soul. This is Dr. Keesha Ewers, your host, and I am very honored to be interviewing Dr. Tom O'Bryan for this session, who is an internationally recognized speaker and writer on chronic disease and metabolic disorders. He organized the popular Gluten Summit in November of 2013 and has more than 30 years of experience as a functional medicine practitioner and is an adjunct professor at the Institute for Functional Medicine, as well as the author of the newly released *The Autoimmune Fix*. Welcome to the Summit, Dr. O'Bryan.

**DR. TOM O'BRYAN:** Thank you so much. It's really a pleasure to be with you, and if I may make just one modification, I'm an adjunct faculty at the Institute for Functional Medicine, not a professor.

**DR. KEESHA** Oh, I lifted this straight off the bio that we were sent, so you might want to tell your team. [laughs]

**DR. TOM O'BRYAN:** Oh, thank you so much. I think I've got a staff person that's lobbying for me to become a professor, I don't know. [laughter]

**DR. KEESHA** You know what they say: put it out in the universe and it becomes so. So your staff member just did that for you.

**DR. TOM O'BRYAN:** There you go. There you go. [laughs]

**DR. KEESHA** Well thank you for the clarification Dr. Tom. Now what I wanted to do is to start our conversation with the word vitality. It's the Woman's Vitality Summit and, of course, vitality means our life energy, our juice, our passion, our bounce, our joy and, in effect, our life force.

I've seen so many women in my practice over the last 30 years who have really been drained of their vitality, and I'd like to start the conversation with this. You just released this book, *The Autoimmune Fix*, and I want to launch right into that, because 80% of autoimmune disease is diagnosed in women, and often the women that come to see me don't even know they've got something going on that's draining their vitality. They just know they're overweight, they're tired, they don't have any sex drive. So let's talk a little bit about this.

**DR. TOM O'BRYAN:** You bet, with pleasure. As an introduction for me to talk about vitality, I would correlate that word with passion and I think the two are closely associated. I lecture back at my alma mater and I tell this story to all of the new interns before they're going into practice. I say "One of the things that you want is to have passion. What really grabs you?" The story I give is with my son – my son who is very, very smart. When he was in high school, his grade point average in his senior year was 4.3 which is perfect – he's one of those kind of guys! I said to him "Jason, I really don't care if you go to college. I really don't care." He just looked at me kind of startled – and I love it when I can catch his mind because that doesn't

happen very often! [laughter] That kid has been working me since he was 3 months old! I said "You know, if you look at a brick wall and your spirit just looks and says 'Wow, how did they do that? Oh, that's very cool. I would think of doing...' and you just start going into brick walls, if that really grabs you, you go find the best brick wall maker there is. I'll finance you for a year or two. Or if you want to be a rock and roll star, I mean, really man, it's in your blood – you just feel it, you go do rock and roll. I'll finance you for a year or two so you can check it out. But if you don't have something that grabs you by the balls" – excuse me – "but grabs you and it just won't let go, you go to school, because that's where you're going to be exposed to more things than anywhere else. And my prayer is that you find something that just grabs you and it won't let go. And that's what you dial down on. That's what you focus on and develop, because I promise, you'll live a vibrant, happy life. You'll make a great contribution to the planet, you'll have a wonderful family, wonderful life, because you're living your passion."

And I think for all of us, we get suppressed by the educational system, by our life experiences, by our societal norms so that we think we have to suppress and not allow our passion to come up.

In my world, the only restriction on that concept is as long as you don't hurt anybody, it doesn't matter what you have passion for. As long as you don't hurt anybody, then you're going to--

**DR. KEESHA**            You know what Betty White said about this, right?

**DR. TOM O'BRYAN:**        No I don't.

**DR. KEESHA**            Not to go off on a tangent, but if you're grabbed by the balls, you are hurting somebody, and it hurts like hell! She always said "No, you don't want balls, you want a vagina, because now that can take a beating!" [laughter]

**DR. TOM O'BRYAN:**        Well, you know, she is a philosopher. [laughter]

**DR. KEESHA**            She is.

**DR. TOM O'BRYAN:**        But I just can't relate to having a vagina, so--

**DR. KEESHA**            I know, but this is the Woman's Vitality Summit, so--

**DR. TOM O'BRYAN:**        Oh well, alright then let's just substitute that, that's fine. [laughter] But the message is the same – it really is the same. So what is it that's holding you back from your vitality in life, from your passion of life? And in terms of your physical health, of course, that's a very major inhibitor and emergency brake, if you will, on living your passionate, vital life. So it's critical to have an overview of your physical health and what does it take to have your body supporting you instead of you having to support your body?

**DR. KEESHA** Yes. And as I was saying, we talk about weight gain and fatigue and mood issues and brain fog and so many of these things that women who feel that they are lacking vitality are experiencing, and moving into your current project – and a project near and dear to my heart – a lot of times the root cause of that is our immune system attacking us.

**DR. TOM O'BRYAN:** That is correct. That is absolutely correct, and I think this is a good point to bring up a conversation I had a couple of days ago with myself. [laughter]

**DR. KEESHA** Okay.

**DR. TOM O'BRYAN:** I actually gave myself a high five on this because it was differentiating between a cure and remission. Everybody wants a cure in this society. Everybody is looking for, not necessarily the free ride, but the permanent cure to whatever their problem is.

If we define cure, what I think cure means is I don't have the symptoms anymore, whatever they are. I don't have the biomarkers, the blood tests or urine tests or whatever markers tell me I had a problem, they're gone, and I can do whatever I want in my life. That's a cure. I don't believe there are cures for autoimmune diseases. I believe that you can put an autoimmune disease into remission, and the difference with remission is I don't have any symptoms anymore, I don't have any biomarkers that indicate a problem, they've all come back to normal. I've learned how to live a lifestyle that supports this body in carrying me forward in life in a vibrant way.

Our lifestyle choices have contributed to the current situation we're in and most of us are a little resistant to addressing our lifestyle choices to deal with whatever our health concern is. "Yeah, well put our foot in the water, but it's okay to have a little gluten once in a while. Yeah, I know I'm sensitive, but I just have it once in a while." No, you can't.

They did a study and published it in the Journal of Gastroenterology where they looked at 1,300 patients with celiac disease – that's a wheat sensitivity affecting your gut; it's an autoimmune disease – and 3,300 of their first-degree relatives; their parents and their siblings. They followed them for over 20 years. Every year they got their blood test from physicals, they had them fill out questionnaires: how are you doing; how's your health; do you cheat on the diet; if you do cheat, how do you cheat; what's your common cheat foods? They looked at this over 20 years.

Now the standard mortality ratio, the SMR, in celiac disease is 2:1. What that means is that if you have celiac disease-- I'm 64 and if I had celiac disease – I don't, but if I did – and my brother who's 63 did not have celiac disease, I am twice as likely to die at 64 of something: heart disease, cancer, Alzheimer's, than when my brother gets to be 64. I'm twice as likely to die at 32 than when my brother gets to be 32. I'm twice as likely to die of something at 90 than when my brother gets to be 90. That's the SMR – 2:1 – and that's with or without a gluten-free diet, it's 2:1.

Now they followed these close to 5,000 people over 20 years in this study and they looked to see what happened to them over 20 years. What did they find? Those that were meticulous in

following the gluten-free diet – so they changed their lifestyle, they embraced it completely, they did everything they could every day to follow the recommendations – their SMR was 0, meaning the same as the general population, or up to 0.5 – meaning half as often, instead of twice as often, were they dying early.

Those that were not so diligent about following the gluten-free diet, well, this is what the researchers said – I have this memorized because I've said it so many times: "Death was most significantly affected by diagnostic delay" meaning they didn't go to a doctor after they were suffering for a long time, "pattern of presentation" meaning the symptoms that they got, "and adherence to the gluten-free diet. Non-adherence to the gluten-free diet, defined as eating gluten once per month, increased the standard mortality ratio to 6:1." They were six times more likely to die early in life, than someone of the same age that did not have celiac disease, if they were eating gluten once a month.

When you embrace the lifestyle and you embrace it completely to the best of your abilities, you notice results, you get results. So you can't dip your toe in the water with this. When you're dealing with autoimmune diseases, you really want to focus on it to put this thing into remission.

**DR. KEESHA** And if you start messing around, you can bring it out. So I'm 51 and when I was 32, I was diagnosed with rheumatoid arthritis, which my--

**DR. TOM O'BRYAN:** At 32?

**DR. KEESHA** -- grandfather had.

**DR. TOM O'BRYAN:** Wow, at 32. Okay.

**DR. KEESHA** My grandfather had had it, and I was able to put it into remission within six months.

**DR. TOM O'BRYAN:** Yes.

**DR. KEESHA** And have never seen hide nor hair of it again.

**DR. TOM O'BRYAN:** Yes.

**DR. KEESHA** And I am strict with my diet.

**DR. TOM O'BRYAN:** Yes.

**DR. KEESHA** I am strict and hyper-vigilantly protect my self-care time for meditation and for exercise and for all the things that are important for me to be able to keep my

parasympathetic nervous system – or the one that's the rest and digest side of me – toned up as well as my sympathetic nervous system.

**DR. TOM O'BRYAN:** Yes.

**DR. KEESHA** So, I think that this is important. This is almost 20 years of being in remission for me and never another autoimmune problem. But leaky gut, once you have it, is always going to be a weak spot for you. So I tell my patients this too. I'm so happy to hear you say this – this piece is so important: No! When you go out to a restaurant, you can't have the bread in the bread basket if your immune system has attacked you. You just can't do it.

**DR. TOM O'BRYAN:** Exactly. Exactly. "But, I don't feel bad when I eat." Well, that doesn't matter. It doesn't matter how you feel. The mechanism that gets activated means you turn on the antibodies. So let's talk about antibodies for a minute, if I may.

**DR. KEESHA** Please.

**DR. TOM O'BRYAN:** When you get a vaccination for measles, they give you a shot of the bug measles, and your brain says "Whoa, what's this in the bloodstream? This isn't supposed to be here. " And in your immune system, you've got Army, Air Force, Marine Corps generals sitting around with nothing to do, and the brain says "You, General, you now are General Measles, take care of this."

General Measles builds an assembly line. The assembly line starts producing soldiers that are trained as assassins; they're Special Forces soldiers that are trained to go after measles. That's their job. They don't do anything else, they just go after measles. They don't carry a pistol firing bullets. They carry bazookas that fire these things called cytokines, and they go after measles and they destroy the measles. So they're going through the bloodstream – think of Arnold Schwarzenegger in a Humvee with his head out the sunroof and he's got those dark glasses on saying "Over there! Over there!" He's firing those chemical bullets, these bazooka shells going after measles.

When all the measles bugs are gone – General Measles is watching this – General Measles says "Okay, turn off the assembly line. We don't need anymore antibodies here right now." So if I was to check your bloodstream right now, there should not be any measles antibodies. There just shouldn't be any, unless you've been exposed, and then there should be some. But General Measles is vigilant the rest of his life. The rest of his life, that's his job. If measles ever comes back into your bloodstream, General Measles just has to flip the switch; doesn't have to build the assembly line, so it only takes a day before the antibodies are starting to build up back into your bloodstream if you're exposed to measles.

That's the purpose of vaccinations so that you can get a quick response to being exposed to a particular bug that's dangerous to you. That's why if you go to Africa you need vaccinations for

these weird diseases months and months in advance, like yellow fever and dengue fever, all these strange diseases. But if you go back to Africa 15 years later you just need a booster shot two weeks before you go to wake up General Yellow Fever and General Dengue Fever to get the antibodies all ready in your bloodstream by the time you get back to Africa again. Everybody's heard of booster shots.

So antibodies are there to protect you, and General Measles is called a Memory B cell. Now the only food that I've ever seen research on that produces Memory B cells is wheat. If you have elevated antibodies to wheat – if you do the proper blood test and you have elevated antibodies to wheat – you get Memory B cells, which means for the rest of your life if you have any exposure, it turns on General Wheat right away and you start producing those antibodies and you don't feel that. So you eat something and you don't feel it, but what happens is that you now have the antibodies circulating in your bloodstream. What you're going to learn here as we talk about it is that when you have antibodies to wheat, they can cause a cross reactivity and attack your own tissue: it might be your brain tissue, it might be your nerve tissue, something like that. That's why you cannot be a little pregnant, you cannot have a little wheat.

**DR. KEESHA**            Amen, brother.

**DR. TOM O'BRYAN:**        Yes.

**DR. KEESHA**            [laughs] So are you complete on talking about that? Because I want to move into something that you talk about in your book, which is *The Autoimmune Spectrum*, because gluten sensitivity is also a spectrum and so it's very much parallel to what you're talking about here.

**DR. TOM O'BRYAN:**        Yes, and this leads right into it, because you start producing these antibodies to wheat – and I'll explain the mechanism by which you make antibodies to your own tissue called molecular mimicry in just a minute – but when you make the antibodies to wheat because you just had a dinner roll, you don't feel bad. "Oh, it's fine, I can have a little once in a while, I don't feel bad." No, you've just turned on the switch to make the antibodies to wheat once again, like a booster shot before you go to Africa. When you turn on the assembly line making the antibodies to wheat, it doesn't turn off in a couple of hours, it's on for weeks. When you're exposed to measles, you're making measles antibodies for weeks: anywhere from two to six weeks when you turn on the production line to make antibodies to measles or to rubella or to tetanus, anything like that. That machinery, that assembly line, keeps producing antibodies for weeks. And then the lifespan of the antibodies you produce is four to six weeks. So, with one exposure to wheat, you're making antibodies for four to six weeks, and the lifespan of those antibodies is four to six to eight weeks, depending on the individual. So you now have antibodies in your bloodstream for three months from one exposure.

Now, this thing about molecular mimicry – you're going to learn in a minute how that works – but what that means is if you have molecular mimicry with your thyroid and you're making



antibodies to thyroid, you have one exposure to wheat and you run the risk of having elevated antibodies to your thyroid for three months, from one exposure to wheat. Or elevated antibodies to your brain for three months, if that's the vulnerability that you have, or elevated antibodies to your joints, if rheumatoid is the vulnerability you have. So it's three months or more of antibodies from one exposure to wheat.

**DR. KEESHA** That's powerful.

**DR. TOM O'BRYAN:** Yes. Yes. It's a wakeup call. You just can't do this. Because you don't feel bad when you eat it has nothing to do with turning on General Wheat making the antibodies to get into your bloodstream. So now, let's talk about molecular mimicry. Let's talk about what that is so people understand how this all comes together.

There are many different pieces of poorly digested wheat that may cause a problem for you. Whichever one your body makes antibodies to, you'll have these antibodies circulating in your bloodstream. I'm going to use the example of the most common one and that is called alpha gliadin and our bodies cannot break down wheat thoroughly, so when you do produce these antibodies to alpha gliadin, alpha gliadin is 33 amino acids long.

Let's back up a little bit. So, let me tell you about where these fragments come from.

Proteins are like a pearl necklace and hydrochloric acid produced in our stomach undoes the clasp of the pearl necklace. Now you have a string of pearls and our digestive enzymes act like scissors to cut off each pearl of the pearl necklace. They're called amino acids. The amino acids can go right through the inside of our intestines, which only allows really small molecules to get into the bloodstream from the intestines – it's like a cheesecloth – so the amino acids can go right through the cheesecloth.

The problem with wheat is that humans don't have the digestive enzymes – the scissors – to cut off each pearl of the pearl necklace. The best that we can do is cut the pearl necklace into clumps of pearls: a 33-pearl clump, a 17-pearl clump, a 19-pearl clump. We cannot break it down into individual amino acids. The most common clump of the pearl necklace that's been studied is the 33-pearl clump. So you make these antibodies to the 33-pearl clump. I'm going to call the 33-pearl clump AABCD (there are 33 letters; I'm just going to say AABCD). So now you have antibodies to AABCD.

So Arnold is in the bloodstream – we call him the Governator out here in California – Arnold's in the bloodstream and he's going around. He's got those dark glasses on, he's got his head out of a Humvee with a big submachine gun "Over there! Over there!" He's firing these chemical bullets wherever he sees AABCD. Now you have to remember the bloodstream is just a highway. There's a lot of traffic on the highway and it's all going in the same direction, but there are no lanes of traffic, so everything's bouncing around in the bloodstream. Arnold's bouncing around while he's firing these chemical bullets at AABCD.

Now the blood's running. Let's say it's running past your thyroid. The surface of the thyroid facing the bloodstream is made up of proteins and fats. Proteins are made up of hundreds of amino acids which includes AABCD. When Arnold is looking for AABCD in the bloodstream and firing his chemical bullets in the bloodstream at AABCD, he looks over and he sees the surface of the thyroid and the amino acids of the proteins on the surface of the thyroid include AABCD, so he goes "Over there!" and he fires his chemical bullet at AABCD of the thyroid.

Now that bazooka shot has damaged the thyroid cell. When it damages the thyroid cell, the immune system makes antibodies to your thyroid. We've got antibodies to all of our own tissue. There's a normal level of antibodies that we have. The reason is when we get damaged cells, we have to be able to get rid of the damaged cells to make new cells, and that happens every day. The radiation we're exposed to, too much sun on your skin, all that kind of thing can cause some damage and we have to be able to get rid of the damaged cells to make room for new cells.

With that in mind, our body's making a normal level of antibodies. So if you do a blood test for thyroid antibodies, what you get is the normal reference range for thyroid antibodies. It's normal to have some antibodies to your thyroid. But now what you've got is more antibodies to your thyroid because Arnold has damaged your thyroid. So you get a little bit of an elevation. That's not a problem; that's our immune system just cleaning up the damaged cells that have occurred because Arnold has the glasses on and he's just firing at AABCD.

But you have toast for breakfast and you're making AABCD. You have sandwiches for lunch – AABCD. Pasta for dinner – AABCD. A bagel for breakfast the next day – AABCD. A sandwich for lunch – AABCD. A cookie – AABCD. You keep being exposed to gluten, making more antibodies, more antibodies, more antibodies. And every time you're making more soldiers and Arnold's out there firing his chemical bullets. If the weak link in your chain is your thyroid and he's going "Over there!" and he sees the thyroid, AABCD, he keeps firing chemical bullets at the thyroid. More damage to the thyroid, more damage to the thyroid, more antibodies to the thyroid are produced to get rid of the damaged cells, more antibodies to the thyroid are produced to get rid of the damaged cells, until eventually, the antibodies to the thyroid to get rid of the damaged cells becomes a self-perpetuating mechanism.

Now you're making antibodies to your thyroid on your own. You develop autoimmune thyroid disease when you've killed off enough thyroid tissue and that's called Hashimoto's. There are five different autoimmune diseases of the thyroid. That's the mechanism of what's called molecular mimicry. That's how it occurs. It occurs in your brain, it occurs in your joints, it occurs in your thyroid, in your adrenals, in your liver, wherever the weak link is in your chain. You pull at a chain, it breaks at the weakest link; it's at one end, the middle, the other end. Your heart, your brain, your liver, your kidney; wherever your genetic weak link is. For you, with your history of rheumatoid arthritis, the weak link was your joints.

For me, when I did these blood tests on myself, the weak link was my brain. I had three different antibodies to my brain elevated and I said "What?"



I was 48, I think it was, at the time and I was a triathlete in the peak of my career. I was competing in the age bracket of late 40s, but my performance was like a young 30 year old. I was in good shape, but the blood test came back – it was experimental at the time, as research only – but I did the test and it said I've got three different elevated antibodies to my brain. I said "This is a mistake." The lab said "No, it's not." I said "Do it again." They said "We did. We know it's you. We did it again." It was myelin basic protein. That's what causes MS, antibodies to myelin basic protein. It was cerebellum antibodies, and that's what causes old people to be unable to walk up and down the stairs with grace. They have to hold the railings all the time because their brain has been shrinking and they don't have control over their muscles anymore. And gangliosides, which causes the brain to shrink and gives you dementia. I had all three antibodies elevated and that was a wakeup call for me. So that's when I started really studying this in detail and came up with the protocols to get rid of this stuff and the result of that is the book *The Autoimmune Fix* that's just come out now.

**DR. KEESHA** This touches so many different people on this autoimmune spectrum. When you had your tests come up positive like that, and when I had mine come up positive, by the time I had overt symptoms that drove me to go get tested in the first place, this had been building up for years.

**DR. TOM O'BRYAN:** Exactly.

**DR. KEESHA** And so I would love for you to talk a little bit about that to our listeners, because in Ayurvedic medicine, there are six stages of disease development, and I love how they put this – this is a 10,000 year old system of medicine that knew all that time ago – that an imbalance goes deeper and deeper and deeper into your tissue layers until you do something about it, and we don't even notice until we get into about stage 4 in our culture, because we're so hell-bent on forward motion that we don't pay attention until our forward motion is interrupted, just like you and me. We had this very same thing happen to us: "Oh my gosh! What do you mean I can't run marathons? What do you mean? I'm an in-shape triathlete." Then voila, it turns out that we're "all of a sudden" – and I'm putting that in air quotes – having a problem with our health when, in fact, it had been going on for a long time.

**DR. TOM O'BRYAN:** Yes, exactly right. Exactly right. Yes good, so let's talk about that. It's called a prodromal period. It is the period where you have elevated antibodies to you own tissue, but you don't have any symptoms. So when you have these elevated antibodies – and the example I gave about your thyroid – elevated antibodies means it's more than normal. So the normal level of antibodies means that you're killing off some cells, but you're replacing them. The result of having elevated levels of antibodies is that you're killing off more than you're replacing, so you're losing the net number of cells you have in your thyroid or your brain or your adrenals or you liver or your kidneys or your ovaries – whatever the weak link in your chain is. You're losing more than you're making. When that happens you're killing off the tissue. Eventually the tissue can't function adequately and you start getting symptoms.

You don't get symptoms when the antibodies get elevated. You get symptoms when you've killed off too much tissue that your body cannot compensate anymore. And that's a really important point. People think "Oh, I can have a little wheat, I feel fine." No, you can't. You have a history of elevated antibodies to wheat. That means you've got Memory B cells. That means every time you're exposed to it, you turn on the assembly line making the soldiers, they're going after wheat, and you have a history of elevated antibodies to your thyroid. We got those all down to normal, but you turn on the antibodies to wheat, you're going to turn on the antibodies to your thyroid again, and you're going to start killing off your thyroid again. You don't feel that until you hit a threshold and the straw that breaks the camel's back. Then you start having symptoms.

So if people will recognize that, that this whole concept of molecular mimicry occurs not only from foods-- with rheumatoid-- I just was in London a few weeks ago interviewing Dr. Alan Ebringer, and it was Dr. Alan Ebringer – he's a professor at King's College in London – who published the studies, and actually I've got the book in my hand - I just walked over here to my bookshelf, here's the book: *Rheumatoid Arthritis and Proteus* by Alan Ebringer. Oh, it's really nice little caption he wrote inside of here for me, I didn't even notice he wrote that caption. That's so nice of him. Yeah, it's really great. And Dr. Ebringer published the book that if you have an infection to Proteus, which is a bacteria that's very easy to get an infection in your gut to, and you make antibodies to Proteus, those antibodies will cross react by molecular mimicry with your joints and you can get rheumatoid from it. He published that and he published about another bacteria called Klebsiella as being the trigger for Ankylosing Spondylitis, or Lou Gehrig's disease. His fellow rheumatologists thought that he was a nutcase and they gave him so much grief in his career. He retired two years ago after 30 or 40 years of research, but they gave him so much grief because no one was talking about molecular mimicry in 1980 or 1990. He published on Klebsiella in 1977 and he published on Proteus in 1992, I think it was. No one was talking about that. He was a pioneer. He talked about that and it was just outside the box of other rheumatologists to think about that. "How could a bacteria ever cause rheumatoid arthritis? What nonsense." Now it's commonly accepted. You have rheumatoid, you get tested for Proteus infection because that's one of the mechanisms that may trigger the development of the rheumatoid. If you don't check for that, you have a really difficult time putting rheumatoid into remission.

**DR. KEESHA** Yes. This is one aspect – I heard him lecture several years ago, actually.

**DR. TOM O'BRYAN:** Oh.

**DR. KEESHA** Yeah, and he talked about his uphill battle. Isn't that the way it is with all the visionaries? You're out in the front, people are shooting arrows in your back, and then everyone catches up. [laughs]

**DR. TOM O'BRYAN:** Well, you know, that's true. I spent 30 years in Chicago and I was called a nutcase more than once by my peers. That's fine. That's fine.

**DR. KEESHA**           Yep. I've owned quack. Yeah, I'm good. [laughs]

**DR. TOM O'BRYAN:**       Yes. Yes.

**DR. KEESHA**           Alright, so we've talked a little bit about the autoimmune spectrum, and we're talking about--

**DR. TOM O'BRYAN:**       Oh, oh, excuse me. I'd like to just elaborate a little more on the spectrum.

**DR. KEESHA**           Elaborate more. I would like to hear it.

**DR. TOM O'BRYAN:**       Yeah, so you have elevated antibodies to your brain or to your ovaries or to your joints and you don't feel that. You don't feel it until there's so much tissue killed off that your tissue can't function normally anymore. And here's where that concept came from and the prodromal period was first identified. It was Melissa Arbuckle, an MD, PhD I think at Johns Hopkins, I think she is. She published a paper in 2003 in the New England Journal of Medicine and she went to the VA and looked for people with the autoimmune disease lupus. She found 132 people with lupus. Now if they're in the VA's system, they're veterans. If they're veterans, they were in the armed forces. If they were in the armed forces, they had their blood drawn many times over the years while they were in the Navy or the Air Force or the Marines, and what most people don't know is that the government's been saving all that blood since 1978.

**DR. KEESHA**           Holy smokes!

**DR. TOM O'BRYAN:**       They've got tens of millions of samples of our service people's blood frozen in storage. Tens of millions! So Arbuckle went to the VA and asked for permission to look at the blood of these people currently diagnosed with lupus from when they were healthy in the Navy or Air Force, or wherever they were. She got permission. What did she find? Every single lupus patient had the antibodies – and there are seven different antibodies to lupus – had all seven antibodies to lupus elevated years before they ever had a symptom. The average was seven years, some of them nine years, before they ever had a symptom. When you looked at the graphs that she put in her research article, all of them were elevated seven years beforehand – some of them just mildly elevated at that point, some of them way elevated – and everyone elevated a little bit more every year, every year, until they plateaued at this really high peak. They plateaued there. Within six months to a year and a half, the symptoms began and within another year to two years, they get the diagnosis of lupus. When did they get lupus? It was way back here when the antibodies first got elevated. Nobody gets Alzheimer's in their 60s or 70s. Alzheimer's is a decades-long process of slowly killing off your brain cells, and it accelerates over time, but you're killing off your brain cells. There are elevated antibodies to your brain, and if you look for them, you'll find them. So it was Arbuckle's article. And because of that, immunologists all over the world said "That's brilliant. Let's go to blood banks and look for the

blood of people when they were healthy who later were diagnosed with diabetes or with rheumatoid or with celiac or with anti-glycolipid syndrome or with scleroderma or with psoriasis."

So they publish all these studies now and they find that in every single autoimmune disease, the antibodies are elevated years before this person ever had any symptoms. They've developed what's called the positive predictive value – the PPV. We now know that if you have elevated antibodies to your thyroid, as an example, especially postpartum, you have a 92% likelihood you're going to get Hashimoto's within seven years. If you have any of the three antibodies to rheumatoid elevated, depending on which one it is, it's a 42-55% likelihood you're getting rheumatoid within seven years. If you have ASCA antibodies elevated – that's anti-saccharomyces cerevisiae antibodies, that's a normal yeast in the intestines – it's close to 100% you're getting Crohn's within three years.

They've got this information now – the PPV – on many different autoimmune diseases, so this whole world of predictive autoimmunity has opened up now where you do a blood test and you look at a number of different tissues in your body: your thyroid, six antibodies to your brain, three to your heart, two to your thyroid, your liver, your kidneys, your joints, your muscles, and you do a screen to see if you have elevated antibodies to any of these tissues? And if you do, you can say "Well, I feel fine," and then what I would say is "Well, alright, just wait a couple years and you won't. Or we could address it now because we have a window of opportunity here, Mrs. Patient, to look at what's triggering all of this, and if we can get the system to calm down, you likely will not develop psoriasis or rheumatoid or MS." And that's my case: my case was MS or dementia and those antibodies now have been negative. I've checked two times in the last five years, and they're gone. So I know it works and we've got many patients now that we've done this with.

**DR. KEESHA** Yeah, this is so important, because I've had patients come back to me and I've said "You know, you're on a trajectory right now and this can convert into actual disease and you have a moment right here where we can actually turn the car around. You do not have to drive over the cliff." I have some people that take that and say "Well, let's do it." It feels empowering to them and they want to reverse. And then I have other people that say "Eh, this is too hard" and they have come back four years later with MS or lupus or RA or psoriasis.

**DR. TOM O'BRYAN:** Yes, exactly.

**DR. KEESHA** I had listened, you know?

**DR. TOM O'BRYAN:** Yeah, when you can't walk anymore and you're in a wheelchair because you have MS, you kind of hit yourself in the head and say "What's the matter with me? How come I didn't do this?" I've had patients like that and my response is "Well, that's okay, Mrs. Patient, hopefully you'll learn what the dynamic was that kept you hesitant and you'll

address that with the therapist in your own life, but now you're here, let's address this. Let's see what we can do."

**DR. KEESHA** Exactly. There's no time for blame and shame, it's time to take action whenever you're ready, and I call this the misery to motivation ratio. Some people are hot-stove people. Actually I have an illustration in my book about this – mom is saying "Don't touch the stove, it's hot!" and they actually have to touch it while they're looking at her to see if she's telling the truth.

**DR. TOM O'BRYAN:** That's right.

**DR. KEESHA** And then others say "Oh yeah, Mommy doesn't want me to burn and so I turn away from the stove." So I think this is important. I actually am a hot-stove person; I had to learn it the hard way. [laughs] I actually got diagnosed. So I have a ton of compassion. I never judge my patients. I just always say "You know what, I have the t-shirt for that. I know exactly. The great news is even though you drove your car over the cliff, we actually can tow your car and go to the auto body shop and get it fixed up, so let's do that."

**DR. TOM O'BRYAN:** Yes.

**DR. KEESHA** So it doesn't necessarily have to include fatalities, but the misery to motivation ratio means you really have to get that miserable before you will be motivated to take these transformational lifestyle choices in hand and do them. So I just encourage people right now to do that. [laughs]

**DR. TOM O'BRYAN:** Yes. I fully agree. Fully agree.

**DR. KEESHA** Yeah. Alright, so one of the things that you talk about is – and this goes along with these lifestyle factors that you want to take in hand, and it's one of my favorite quotes from you – is that whatever's on the end of your fork is either inflammatory or not inflammatory and there's no in between.

**DR. TOM O'BRYAN:** Right.

**DR. KEESHA** So I want to really make sure that we talk a little bit about that.

**DR. TOM O'BRYAN:** You bet. Every forkful of what you put in your mouth is either inflammatory or anti-inflammatory; there are no neutrals except for healthy water – that is the only neutral. Everything else your digestive system has to respond to. It either responds in a protective mode or a defensive mode. It's going to try to protect you, or it's going to take it in as nourishment, one of the two. And somewhere in between, some things are protective, or some things are assaulting and we have to have a protective response, yet there is some nutrient in them. Like wheat. Wheat is one of them. Wheat has saved millions and millions of lives, there's

no question about that. When they're starving in Africa and we send boatloads of wheat over there, we save millions of lives, there's no question. But your body also has to protect you, and so it activates this whole inflammatory cascade which manifests as autoimmune mechanisms down the road from eating wheat, but there is some benefit to it. So there are pros and cons. It's like a teeter-totter: are the foods you're taking in more inflammatory or more anti-inflammatory? It's not just black and white, it's a combination of things.

So when you have a health condition you're working with, you want much more anti-inflammatory weight on your fork than inflammatory weight. As an example, blueberries. One cup of blueberries a day – the studies are very clear – you eat them for three years, one cup a day, and you reverse cognitive decline by up to 13 years. Meaning your brain is working as well as it was 13 years earlier by the nutrients that are in blueberries. One cup a day! Now that's the anti-inflammatory balance. What's the inflammatory side of blueberries? Well they're fruits and they're kind of sweet, so if you eat a whole bag of blueberries, it's too much sugar, you throw your blood sugar out of bounds, then you have the yo-yo effect of too much sugar fluctuation. So you want to keep balance and you want just one cup a day, that's all you need. But every forkful is either inflammatory or anti-inflammatory.

**DR. KEESHA** Great. I don't want our listeners to forget that. So making choices; we all have choices all day long. Brian Wozniak did a lot of great research around this where your bucket of willpower is full in the morning. Then as you keep moving through the day, we have so many choices we have to make. So keeping in mind that there's a choice-point at every moment that you are drawing your hand toward your mouth, be mindful. Dr. Susan Albers did a wonderful session for the Summit, make sure you catch her interview, because she talks a lot about really simple ways that you can bring awareness and mindfulness to what you're putting in your mouth. Let's add Dr. O'Bryan's advice onto the top of that about being mindful that whatever you're doing is not inflammatory or inflammation-producing.

**DR. TOM O'BRYAN:** Yes. And, you know, this can be overwhelming for people, just changing lifestyles and all that, and the way that you can be successful at this is that you allocate – and you'll determine the number – but for some people, I say "You know what, let's just start with baby steps, it's okay. Baby steps."

Allocate one hour a week to learning something new, to listening to another interview from this Summit. One hour a week. When you've listened to the interviews in the Summit, maybe then you're going to go online and you're going to go to [GreenMedInfo.com](http://GreenMedInfo.com) or [Mercola.com](http://Mercola.com) or any of the other health sites online and just read an article or two on a topic of interest. One hour a week. And if that topic of interest is living a gluten-free, dairy-free, sugar-free life and reducing stress, then every week, you just type in those search words and here come a few articles and you read an article or two, one hour a week. Within three months, four months, six months, you've got it down. You've learned so many things. So one hour a week, that's four hours a month, that's 24 hours in six months that you have learned a bunch of things of how to be successful transitioning into new habits.



But the message is to be patient and kind with yourself. If you think you're going to turn this all around overnight, well, some people have to, because they're so sick they can't get out of a wheelchair, then it's a mandate and nothing's more important. But if you're dealing with something that you've had for a while and you know that you're not going to do it every day, then just allocate a little bit of time consistently. It's the consistency that will give you success. Base hits win the ballgame, not going for home runs. Base hits win the ballgame.

**DR. KEESHA** Great advice. And I want to mention Dr. Terry Wahls is also in this Summit and listen to her interview because she is a story of having to take it on all at once, of getting out of the wheelchair to get back into a life of mobility that she now has. She shares her story with people of getting into remission from MS. Then with Dr. Alan Christiansen, I talk about the link between adverse childhood experiences and the higher risk for autoimmune disease and any mood disorders, other diseases too, as well as heart disease. So you're going to get a full picture if you listen to the Summit. There are so many people that are bringing their piece of the puzzle to it that all forms increased vitality for all of us. So thank you so much for being a part of that, Dr. O'Bryan, and bringing your wisdom to the Summit.

**DR. TOM O'BRYAN:** Oh thank you. It's really a pleasure. You know, Dr. Terry is a friend, Dr. Alan's a friend – I was with Dr. Alan last weekend – they're brilliant people. It can be overwhelming for the listeners to hear all of this stuff. It all makes sense because you brought together experts; people that know what they're talking about. Terry was in a wheelchair, she couldn't walk, she was completely immobilized. Her story is so empowering. But have patience with yourself, listeners. Just have patience and have consistency, that's it. Just keep going for base hits and you're going to win the ballgame.

**DR. KEESHA** Thank you Dr. O'Bryan. Again the book is *The Autoimmune Fix* and you can find that on Amazon or on Dr. O'Bryan's website and he's got a number of amazing bonuses that are free for your perusal that you can find on The Woman's Vitality Summit speaker page for him, and you can keep up with what he's up to, and that's always a lot. [laughter]

**DR. TOM O'BRYAN:** May I say one more thing about the book?

**DR. KEESHA** Please.

**DR. TOM O'BRYAN:** So I am just uncomfortable with sales and all that stuff, but I just want to tell the listeners that right now this book is on pre-sale; that means it's 40% off on Amazon. That's how they do it. If we get enough people to order the book to be shipped out at the end of September, then if I hit a certain number – and I don't know what that number is, but there's a number out there, there's a formula they've got – now you're on the New York Times Bestseller list. And if you're on the New York Times Bestseller list, now you get invited onto the TV shows, the talk shows to talk about your book, which means reaching millions and millions of people with this concept about remission and not cure. That a remission means you learn the

lifestyle choices that get rid of all of your symptoms and have you feeling great, because you've learned how to really take care of yourself. That's my goal; that we have to change the discussion here. For the first time in the history of the human species, for the first time, the New England Journal of Medicine tells us that our children are going to live a shorter life than their parents. They're going to get diseases earlier. They're going to get sick earlier, suffer earlier, get diseases earlier, and die earlier than their parents, at a younger age. And we have to wake up. We can't keep going blindly along just wanting our Ding Dongs and Ho-Hos and our convenience when it's just slowly killing us. The statistics today – and you'll read about this in my book – the statistics today are that it's 250lbs of chemicals per day per person that are dumped into the environment in the US – 250lbs of chemicals per person per day of toxic chemicals like Bisphenol A, not DATs because they're outlawed, but the flame-retardants and perchloroethylenes and mercury and lead. There are 250lbs per person per day. Every day. It doesn't stop. Every day. And we're getting sicker and sicker. We have a million kids a year now in the US diagnosed with autism. When that came out in practice, it was one out of every 4,800. Now it's one out of every 63. We have to stop this momentum; we're going to wipe out the species. I'm not an alarmist, these are the statistics. So help me carry this message out. Spend the \$16, buy the book and hopefully you'll get some real 'ahas' out of it, and it'll help to get this message to many, many more tens of thousands of people.

**DR. KEESHA** And on that note, hang up from this and go buy your book on Amazon. Thank you, Dr. O'Bryan.

**DR. TOM O'BRYAN:** Thank you so much.

**DR. KEESHA** Remember everybody to live, love, laugh, and keep on learning. Be the most fantastic version of yourself, until next time.