



How Gluten Sensitivity Can Impact Female Hormonal Health and Create Chronic Pain Syndromes for Women.

Clinical training by Dr. Tom O'Bryan and Dr. Jessica Drummond

- Jessica D.: Hi, everyone. It's Jessica Drummond here from the Integrative Women's Health Institute. And I am here with Dr. Tom O'Bryan. He is a recognized world expert on gluten and its impact on health. So thank you so much for being here, Dr. O'Bryan, and sharing that ...you know, I really do think you were one of the groundbreaking people in bringing this idea of gluten sensitivity, not just Celiac disease, but non-Celiac gluten sensitivity, to such a wider audience.
- Dr. O'Bryan: [00:00:30] Oh, thank you. Thank you so much. I just had the realization the other day that it was 10 years ago that the nutrition company, Metagenics, sponsored me to do a full eight-hour day presentation on it. It was called the Conundrum of Gluten Sensitivity. And we talked and I did it in 26 cities in 2008. And I was based out of Chicago. And the leaders at the University of Chicago's Celiac Society called me a nutcase because there was no such thing as gluten sensitivity without Celiac disease. As recently as 10 years ago, the consensus was to test for a sensitivity to wheat, one would test for Celiac disease. And if you didn't have Celiac disease, you didn't have a problem with wheat, even if the blood test at the time, Anti-gliadin, was the test that was used to check for a sensitivity to wheat, even if Anti-gliadin was positive, you had elevated antibodies, if you had no evidence of Celiac disease, you didn't have a problem with wheat, it was okay to eat wheat. And that was coming from our gastroenterologists and leading institutions.
- Dr. O'Bryan: [00:01:30] And so much has happened in the last 10 years, but still people don't know, there's so much that they don't know. I just want to give you one example to get us started. In Journal of the American Medical Association, in 2009, in the largest study ever done on mortality in Celiac disease, they looked at 39,000 Celiacs, and that's a really good study in JAMA. And what they found was that adults diagnosed with Celiac disease have a 3.86 fold increased risk of death in the first year after diagnosis from cardiovascular disease compared to someone of the same age that was not diagnosed with Celiac disease. Almost a four-fold increased risk of death after diagnosis. What does that mean? I mean what's different after you're diagnosed with Celiac? You're put on a gluten-free diet. That's all that's done is you're put on a gluten-free diet. And if that happens, you have a 3.86 fold increased risk of mortality in the first year from cardiovascular incident compared to someone not diagnosed with Celiac disease. And that was like, "What, what?"

- Dr. O'Bryan: [00:03:00] That was the kind of information that I've been carrying out now for many years and today's topic is reproductive disorders. And it's just as startling a statistic. And so I really look forward to talking to you about this.
- Jessica D.: [00:03:30] Now, you know, kind of coming back to that really quick, so basically the only thing that was changed was the diet, but did they have an understanding regarding the mechanism? Because theoretically, a gluten-free diet is healthier right, not unhealthy?
- Dr. O'Bryan: Yes. The answer is no, they don't understand the mechanism, but we do because we've dialed this down, and all of our certified gluten practitioners do. And what's different? Well, 78% of the prebiotics in the western diet come from wheat, 78%. You stop eating wheat, because there's some really good things about wheat, it's not all bad for you, there's some really good things, but you stop your intake of prebiotics from wheat, and you begin eating gluten-free foods that have no prebiotic value whatsoever, they're just white paste, you don't substitute gluten-free foods for what you're currently eating, you change your relationship with food. Because the gluten-free products are just white paste and they're not enriched, they don't have nutrients in them, added nutrients. And so people lose their primary source of prebiotics. When you lose your primary source of prebiotics, over time you lose the vast majority of the probiotics that were being fed by those prebiotics. When you lose the vast majority of your probiotics that were being fed by these prebiotics, the pathogenic bacteria in the gut that were overpowered by all of the probiotics you had, the dominance theory, they were being overpowered so they were kept in suppression, they now can just propagate and rear their ugly heads, and now we're looking at microbiomes and we're seeing the kind of patterns in microbiomes that suggest a cardiovascular risk.
- Dr. O'Bryan: [00:05:30] Now no one yet has compared when you go gluten-free how different bacteria change, but we know there's already an association with different colonies of microbiota in the gut with different health risk factors. So, by losing your prebiotics, you lose the probiotic environment that you built up over the years. And that sets you up for more inflammation, and wherever your genetic vulnerability is, and the pathogens that begin to prosper in that gut, is where your inflammatory mechanisms will manifest themselves.
- Jessica D.: [00:06:00] Yeah, and that's related directly to that increased risk. And there's something else really interesting that was brought up in that intro was that when you said 10 years ago when you had elevated antibodies but you didn't have Celiac, they were like, "Oh, you're fine. It's no issue," even just as recently as earlier this year ... I've been traveling so much that I can't exactly remember what month this was, but the recent IFM conference just a couple months ago-
- Dr. O'Bryan: [00:06:30] It was in May.
- Jessica D.: Yeah. There was a great presentation about some of the western journals and essentially there's a recognition that you have benign autoimmunity if you have elevated antibodies but no symptoms or whatever that fit the profile, that that's just benign. But I think you and I can come to agree, whether it's cardiovascular disease or reproductive issues, that if

you have elevated antibodies, there's something going on and it would be much better to fix it now than to wait until it becomes a huge problem.

Dr. O'Bryan: [00:07:30] Well, this is really important to this topic of today. And I was one of the presenters at that conference. And I was the one that talked about the spectrum of autoimmunity. So I'll talk about Melissa Arbuckle's article. She's an MD PhD, and she published in Lupus in 2003. She went to the VA and she looked for people with Lupus. And in this one VA center, she found 132 people with Lupus. And if they're in the VA system, they're veterans. If they're veterans, they were in the armed forces. If they were in the armed forces, they had their blood drawn many, many times over the years when they were in the Navy or the Army or the Air Force or the Marines and they were healthy. And what most people don't know is that the government's been saving and freezing most of that blood since 1978. They've got tens of millions of samples of our service people's blood.

Dr. O'Bryan: Arbuckle knew this. She went back to the VA and she asked for permission to look at the blood that was in storage of the currently diagnosed Lupus patients when they were healthy in the Marines or the Air Force. And what did she find? Every single one of them had elevated antibodies. There are seven antibodies to Lupus. Every single one of them had every antibody elevated five years before they ever had a symptom. And many of them had some of these antibodies elevated 11 years, 13 years before they ever had a symptom. Well, that makes a lot of sense, because if you think about it, we have ... why is it ever normal to have ... why is there a normal reference range for thyroid antibodies? Let's use that as an example. Why is it ever normal to have antibodies to your thyroid? Well, it's because your immune system is mopping up damage, getting rid of the old and damaged cells, to make room for the new cells. We have an entire new body every seven years. Some cells regenerate very quickly, the inside lining of your gut's every three to five days. Some cells are very slow like your bone cells. But every cell in your body regenerates. How does that happen? Well, you have to get rid of the old and damaged cells to make room for the new cells. And that's what antibodies do to mop up the damage.

Dr. O'Bryan: So there's a normal reference range. But when you have elevated antibodies to a particular tissue, you're killing off more cells than you're making.

Speaker: [00:10:00] Thank you for listening to this 10 minute clip of Jessica Drummond's powerful interview with Dr. Tom O'Bryan on gluten and its impact on women's health. You can get this entire interview, along with dozens of other high level clinical trainings with the global leaders in medicine and functional medicine by joining Jessica Drummond's new IWHI Clinical Vault. You will also receive special master class trainings on women's health, almost \$1000 in free bonuses. To learn more about the IWHI Clinical Vault, please go to <https://km132.isrefer.com/go/IWHIVAULTEB/TOBryan/>.

We look forward to seeing you there, and we hope you enjoyed this interview.