



DR. ROBYN BENSON + SELF CARE REVOLUTION PRESENTS
HEALTHY TRAVELER'S GLOBAL SUMMIT
SPEAKER TRANSCRIPT

Dr. Robyn Benson: Hello everyone. Welcome to the Healthy Traveler's Summit. We're very excited about our speaker today, Dr. Tom O'Bryan. I call him the gluten doctor. I know a lot of you have been waiting for this message because you want to be able to travel, knowing that you can travel confidently not having to worry about this issue, that you can travel gluten-free. And he is the best person I could possibly think of to share this with you. So my name is Robyn Benson. I'm a doctor of Oriental Medicine for 23 years. I'm also the founder of Santa Fe Soul Center for Optimal Health. And I have to say travel's a passion of mine. And it has just been such a delight to bring some of these incredible speakers, people who are movers and shakers in the health, in wellness worlds. And we're just thrilled that you're part of it. And I am joined by my amazing co-host, Kevin.

Kevin Snow: Kevin Snow. Some people call me the desert shaman. I'm an intuitive councilor at Santa Fe Soul. And these interviews have just been priceless to me. I mean, this has been an amazing opportunity to really get to know a lot of these amazing speakers. And here are these gems that are very relevant to keeping us healthy during our travels. So I'm just really excited about this. I have a... what I identified after our last interview is the gluten sensitivity. And I definitely want to learn more about... [Cross-talk 00:01:23.12]

Tom O'Bryan: You're all mine then today. Yes?

Kevin Snow: Right.

Dr. Robyn Benson: Yes.

Kevin Snow: Welcome.

Dr. Robyn Benson: Yes. And I just want to welcome all of you who are listening live to this call right now, knowing that this is [Audio-skip 00:01:36.13] and to share with all of your loved ones who have this condition. And... So anyway, without further ado, Tom O'Bryan. Dr. Tom is an internationally recognized speaker and workshop leader specializing in gluten sensitivity and Celiac disease. He's a Sherlock Holmes for chronic disease in metabolic disorders; he's a

clinician par excellence in treating people with all kinds of health issues, gut issues. And a lot of times, gluten is at the source of that. So, welcome Dr. Tom. How are you?

Tom O'Bryan: Thank you Robyn. It's really a pleasure to be with you guys today. It's such a critical topic of how do I protect myself when I'm traveling. So thank you. It's a great, great opportunity so thank you for that.

Dr. Robyn Benson: So maybe just give all of our listeners, who are meeting you for the very first time, just a little bit about your background and how you have been, not only a pioneer but you have... you are traveling the globe, sharing the message, letting people know how gluten affects our lives and that there's solutions. So, it's your stage.

Tom O'Bryan: All right. So, thank you. But... so first, what is gluten? Maybe that is a place to start.

Dr. Robyn Benson: That's a great place to start.

Tom O'Bryan: And gluten is a protein. And it's a family of proteins. And gluten is not bad for you. Bad gluten is bad for you. Now, there's gluten in rice, there's gluten in corn, there's gluten in quinoa, there's gluten in wheat. It's the family of gluten proteins in wheat, rice and barley that are not good for you. And we'll talk about why that is. So, you need to know that upfront because people that go gluten-free, meaning wheat free. And they feel better, then they read that there's gluten in rice and they start to panic because they know what the potential complications are and "I have been hurting myself." So let's start right there. It's not that gluten is bad, it's that there are certain families of gluten that are bad and we'll talk about why that is. Now, what got me into this? Well, my ex and I 34 year... 35 years ago cannot get pregnant and I was an intern at that time and I called the seven most famous doctors I've ever heard of and I said "what do you do for infertility?", I asked. And they all told me what they do. I've never heard of most of that because I was an intern and not in clinical practice yet. And... But I put a program together; we were pregnant in six weeks. My neighbors at Mary Housing heard about this and they have been through artificial insemination and nothing had worked for them. And we lived on campus and they were our neighbors. And they asked would I work with them. And I said, "Well, I don't really know what I'm doing. But I don't think it's going to hurt you." They were pregnant in three months.

So before I got into my last days of education in the internship, going to my residency, before I did any of that, I was hot to try to

help everyone get pregnant that wanted to get pregnant. Because we... my wife and I were pregnant and we were in the midst of all of that. So we tell our friends about it and they called their sister in Wisconsin and say "Hey, our friends have learned this new... and they're pregnant now. And they've got this great information." So people would fly in from Wisconsin or from Michigan, we lived in Chicago at the time. So I was seeing people and treating people before I was supposed to be. So I don't recommend that to anyone but... And we were helping a lot of people.

So that got me into this whole world and what I found with... I've helped hundreds of couples now in my career with infertility issues, with recurrent miscarriages, with hormonal imbalances, and we find that consistently... there's a checklist of things you have to look for. There's not a shotgun approach that works for everybody. There's no drug that's going to fix this for everybody. Sometimes drugs are helpful, sometimes. But there's a checklist; is it this? Is it this? Is it this? Is it this? And you just run down the checklist of what's most likely and... That's not it. Okay, what is the next most likely? And consistently, at the top of the list for these couples, these young couples were there were foods that they were eating that they were sensitive to. And they didn't get sick eating the food so they didn't know that they were sensitive to it. But inside, it was causing inflammation. And, as we all know, we want to live in an anti-inflammatory diet because all the generative diseases, at the cellular level, all of them, as far as I know, are diseases of inflammation; the cells on fire. It just depends. Is it a brain cell or kidney cell? Is it a pancreas cell or a muscle cell?

As to where your symptoms are, where the diseases eventually manifest, but there are always diseases of inflammation at the cellular level. So the key, the primary key, I don't care what you're dealing with; cancer... it doesn't matter what you're dealing with, the primary key to get better has to include... stop throwing gasoline on the fire. It's just a basic tenet that makes sense to everybody, when you think of it that way. And so you say, "Okay, what is it that's throwing gasoline [Audio-skip 00:06:52.05]" But let's find out. And the most common fuel fueling the fire, the inflammation, the most common fuel for most people is the foods that they're eating. Some people have exposure to heavy metals like lead and mercury and things like that, some people have toxic chemicals like auto-mechanics have their hands in grease and stuff and they get all this crud that gets to their skin and to their bodies and they have this toxic chemical problems. But the most common... most common is that people are eating foods that don't work in their body. But you don't know that it's causing an inflammatory cascade until your

body kills off so much tissue, dealing with the inflammation, so much tissues, the collateral damage is so high, now you start getting symptoms. And when you pull a chain, it always breaks at the weakest link. It's that one end, the middle, the other end. It's your heart, your brain, your kidney, your liver, your reproductive system, wherever the weak link is. That's where you're going to have the damage to your cells from the inflammation in your body. And so, you want to identify; where's the inflammation coming from? Foods are the most common contributor to that. And the most common food I found in my professional career has been gluten. Most common for most people.

So that started 35 years ago and I've been studying this ever since on the last 14 years. I dove into the literature, I've read hundreds and hundreds and hundreds of studies, there's 19,000 studies on this topic of gluten sensitivity now. And it really is any tissue of your body; any symptom may be fueled by a sensitivity to gluten. Anywhere in the body. I'm going to give you two examples and then we'll get into the theme of today.

The first example is that children, diagnosed with Celiac disease; that's when you have a gluten sensitivity infecting your intestines. Celiac disease, children diagnosed with Celiac disease that have epilepsy. So if you have... I said that backwards. Let me say it again. I'm a little excited to talk to you so I got to calm it down a little bit. Children with non-responsive drug resistant epilepsy. Meaning, your child has seizures and you've gone to the doctors, they've given you medications for it, the medication doesn't work, your child is still having seizures, you go to the specialist, the neurologist, they give you medications, they don't work, the drugs don't work; that's drug-resistant epilepsy. So if your child... or if you're a parent, it just grabs your heart when you see your child like this and you... it's... could be serious. Children with drug-resistant epilepsy, in the journal of gastroenterology, they published a study that showed 50% of these kids with drug-resistant epilepsy go into complete remission on a gluten-free diet. Their seizures go away. Complete remission on a gluten-free diet, 50% of them. Why don't our neurologists know this? Because it was published in the gastroenterology journal. And neurologists don't read gastroenterology journals. That's one example. The second example is a little longer but it's so... it's an OMG and I want to take the opportunity to make sure that all of your listeners hear this one.

They looked at 39,000 celiac patients. In Sweden, they've got socialized medicine; they've got records on everybody. So they... they looked at the base of 39,000 Celiac patients and they looked

to see... Now, when children are born in Sweden, they poke their finger at birth and take a drop of blood, they put that blood in a card and they dry the blood and they keep the card. They've got millions of cards, 50 million cards, I don't know how many but millions and millions of cards. They look for people currently diagnosed with schizophrenia. So your 35, 40 years old and you're diagnosed with schizophrenia. They went back and they looked at the cards of those people when they were born 35, 40 years ago. They looked at their drop of blood on the dried card. And they looked to see did those people have elevated antibodies to gluten. Now, infants at birth don't make antibodies. So the antibodies that the baby has from birth come from mom, from mothers' blood. Why? Why would that happen? Because in the 8th month of pregnancy, mothers' bodies start sending antibodies down to the baby. Okay, baby, here are some antibodies to cats. We've got cats at home, they're nice cats. Don't freak out when you come home. Your immune system don't freak out. Here's a little protection to say it's okay. Or we live in the woods and there are leaves that fall down and the leaves decay so there's little bit of mold in the air. And you're going to be exposed to mold in the air. Here are some antibodies to that mold. Don't freak out, it's okay. So babies being prepared for the environment that babies are going to be born into. And what environment is that? Mom's environment. So the antibodies in mom's bloodstream start going to the baby in the 8th month of pregnancy. We wouldn't be here today if we didn't have that beautiful system of preparing us for the world that we're about to be born into. So they looked at that drop of blood in currently diagnosed schizophrenic patients. And they look to see... did they have any antibodies to gluten. What do they find? Those babies in the top 10% of antibodies to gluten have a 70% increase likelihood of developing schizophrenia 30 to 40 years later.

Dr. Robyn Benson: Wow.

Tom O'Bryan: Those babies that were in the top 5% of antibodies to gluten had a 240% increase likelihood of developing schizophrenia 30 to 40 years later. That when you have a sensitivity to gluten, moms, it may affect the development of your baby's brain and it may not show itself for 30 or 40 years. It's the first time a study like this was ever done. They look at 39,000 people to figure this out. So I showed this study... this was just published two years ago. So I showed this study to our doctors in the seminars that I teach, they've never heard of this before. And they sit there like a deer on headlights. It's like... Like that. They just don't know what to do with this information. So then I say to them "So what's the clinical take-away, doctor?" The clinical take-away is that every woman of child-

bearing age gets tested just to see; do they have a sensitivity to gluten, especially if there's a family history of a brain deterioration disease like Alzheimer's, or Parkinson's, or schizophrenia, or bipolar disorder, anxiety, or depression, especially if that's in the family history. So there may be a weak link in the chain for brain symptoms, if you have too much inflammation in your body, especially if you have that bad family history, these young women get checked just to see. And if they come back positive to elevated antibodies to gluten from wheat, rye or barley, then you say to that patient "Okay, missus patient, you want to have a baby, you want to get pregnant and begin a family in the next few years? Right now, let's teach you how to eat a nutrient-dense, very healthy, gluten-free diet so that we just take that possible vulnerability away from your future babies." That's the critical nature of finding out if you have a sensitivity to gluten. Because it may not manifest for 30 or 40 years down the road. I'm going to give you one more example because I'm on a roll and I want to just shock you people so that you understand, "Maybe I should just check this to see." It's not that everyone has this, but instead, it's so common. It's the most common food sensitivity out there. And there's 19,000 research papers published on this now.

So, this young man came to see me, 44 year-old guy, his father died at 44 with a massive coronary. His two older brothers died in their early 40s of massive coronaries. He was the last male in the family. And when his last brother died, he was in his late 20s. He went to a cardiologist because he was the youngest in the family, he went to a cardiologist and... Who put him on a statin drug right away. He didn't need to be in the statin drug, statin drugs lower cholesterol. He didn't need to be on a statin because he didn't have high cholesterol but he was put on that anyway. So he came to see me at 44 years-old, worried because he heard about the testing that we do. So, he... his body composition was 16% body fat, really healthy guy, he looks great, he exercise regularly, he ate really clean diet, no garbage foods, didn't do excessive alcohol, glass of wine every once in a while, never smoked in his life, very healthy guy and looked like a picture of health. We ran our tests on him. We found that he had three antibodies to his heart, sky-high elevated. Meaning an autoimmune disease attacking his heart. But he didn't have any symptoms because he's so healthy. And then we looked to see where was that coming from. And he had a severe sensitivity to gluten. Remember, you pull a chain, it breaks at the weak link? The inflammation caused by the gluten sensitivity was pulling at his cardio-vascular system that was the weak link. We put him on a gluten-free diet and in six months, the antibodies to the heart were all down to normal. Most likely saved his life, most

likely. He believes so and I personally do also. But I don't know for sure. You don't know. But...

So children with drug-resistant epilepsy, cardio-vascular disease, hidden cardio-vascular disease, schizophrenia, the development of children's brains, and an increased risk... over 200% increase risk of developing schizophrenia that if you have a sensitivity to gluten, it can manifest anywhere in your body. And you don't feel it until there's enough tissue damage that your body can't compensate anymore. That's why you want to look for this thing. It doesn't... it's not true that you have to feel sick when you eat the food. I think that's the first message to give you, is that you may feel great, "I like my grilled cheese sandwiches. I feel good when I eat grilled cheese sandwich." Well yes, you may. But inside, it may be gasoline on the fire for your kidneys or your brain or somewhere. So that's a little bit of an introduction about gluten.

Kevin Snow:

Excellent. I really think that this is such a profound message and I can tell you're very passionate about this, you're sharing this with doctors, which is excellent. And so, focusing in on how we can eat and how we can eat when we travel... this is... it's easier now. There are gluten-free products. And maybe even touch a little bit on... I'm even noticing I'm eating some of the gluten-free products and still having some kind of a reaction so...

Tom O'Bryan:

You bet, you bet. That's a really good question, that's a really good question. The first thing that I would say is yes, it's not difficult now. I travel extensively. I mean, I'm on the road all the time. I travel last year with 140,000 miles just lecturing everywhere that I can, Europe and Brazil and United States. So I speak from experience. You can eat gluten-free, dairy-free anywhere if you want to. You just have to kind of prep yourself and know the questions to ask. And then the second topic is about hidden exposures. So let's do the hidden exposures one first, if I may, if that's okay.

The FDA just published a paper, research paper in February of this year. And they looked at... I think it was 450 something... 454... I'm not sure of the number but over 450 different gluten-free products. What did they find? They found that if the gluten-free product was labeled gluten-free, 99.5% of those people... of those products were gluten-free, 99.5%. If the product was not labeled gluten-free... so it was naturally gluten-free like rice cakes or like quinoa, just you buy some quinoa in the store and you cook quinoa at home. So if they were naturally gluten-free products that were not labeled gluten-free, 19.4% have toxic levels of gluten. Enough to trigger the entire inflammatory cascade in your body. So you're eating quinoa, you're at a natural food restaurant and you ordered

quinoa with some vegetables and [Inaudible 00:20:29.08] vegetarian, or you have some piece of fish with it; just broiled fish, maybe a little olive oil on it, nice and safe. And 19.4% of those products have toxic levels of gluten. Not just a little bit of gluten, but above the legal limit to where they're going to trigger the whole inflammatory cascade in your body. And you may think that you're eating healthy and clean, but if the weak link in your chain is your heart, those antibodies to your heart are just kicked up again for 3-6 months from one exposure. Or it could be your brain, those antibodies to your brain. And now the inflammation to your brain and here come your seizures again, or your depression, or your anxiety from one exposure. It's 3-6 months of immune reaction from one exposure. I have to keep saying that because people think that you can eat it a little once in a while as long... "I feel okay if I have a piece of cake in my daughter's birthday. I have that once a month or every once in a while, I have a little something." No, you can't. One exposure. And so, I'm going to go down to the one exposure thing to complete this concept then we'll come back to the hidden exposures in the foods when you eat out.

So they did a study of 1,300 celiac patients, that's when you have gluten sensitivity affecting your gut, and 3,300 of their first degree relatives; the siblings and parents. And they followed them for over 20 years. And they looked to see... every year, they got copies of their medical reports from their exams, these patients filled out questionnaires; how are you doing in your diet, are you vigilant with your diet, do you kind of cheat once in a while, where are you on the diet, and how's your health? They followed them for over 20 years. What did they find? Those... the standard mortality ratio in Celiac disease is 2:1. What that means is that I'm 63, if I had Celiac disease and my brother is 62 and he does not have Celiac disease, I'm twice as likely to die at 63, that when my brother gets to be 63 or something, wherever the weak link is in your chain; your heart, your brain, your liver, diabetes, Alzheimer's, heart disease, something. I'm twice as likely to die at 35 than when my brother gets to be 35. I'm twice as likely to die at 90 than when my brother gets to be 90. That's the SMR, the standard mortality ratio, that's what it means; 2:1. Now that's with or without a gluten-free diet. With or without, they're twice as likely to die. And maybe we'll get to why that is today. So they followed these people, these 5,000 for over 20 years. What happened to these people? They filled out some questionnaires. Those that were vigilant, trying really hard to follow the gluten-free diet, their SMR is 0.5:1, half as often instead of twice as often because they're really meticulous about taking care of themselves, they stopped throwing gasoline on the fire, right? Those that were not so vigilant, described as eating gluten

once per month. Once per month increased their SMR to 6:1. They were six times more likely to die early in life if they have gluten once a month. So the rule is; you can't be a little pregnant... you can't have a little gluten. Because your immune system, if it gets activated because you eat this food, if the immune system gets activated in the small intestines and say "We have a problem here. We've got a problem." That message, that alert status will stay for 3-6 months from one exposure, okay?

So now, let's go back to when you're traveling. The FDA just told us in the paper they published, 19.4% of those foods that are naturally gluten-free out in the market today have toxic levels of gluten that trigger the entire inflammatory cascade, 19.4% of them. So try to be as careful as you can be, eating gluten-free foods still is a risk for 20% of the people out there. The like... no, excuse me. Twenty percent of the time, the people who are trying to be in gluten-free, eating gluten-free foods out there, are at risk of continuing that inflammatory cascade which shortens their projected lifespan..

Kevin Snow:

Wow.

Tom O'Bryan:

That's the danger. That's why you need to know about this. And so what are you going to do about this when you're travelling? If you order a quinoa and the place is really careful, there's no cross-contamination, they're not mixing spoons in the kitchen, like making pasta in one pot and stirring the pasta with... wheat pasta, and then using the same spoon in another pot, they're not doing that, they're not using the same toaster for regular wheat bread and for the gluten-free bread, they're not doing that. So restaurants that are being really careful like that, still, 19.4% of those foods are at risk of having toxic levels of gluten. So what do you do about that?

So, I spent two years working on this, two years to try and figure this out. And we developed a product that is designed that you take this when you go out to eat. We've all heard about these gluten enzymes out there and they don't work very well. They don't work and I'll explain why they don't work. But we developed an enzyme that really works. It took two years to do this. Now, what do I mean by really works. It will digest 99% of all of the proteins that you eat; wheat, dairy, corn, soy, egg, nuts, fish. Ninety-nine percent of all of these proteins are digested within 90 minutes. That is critical, the 90-minute factor, because it takes about two hours for the food that you eat to get into the small intestine where the sentries are standing guard, in case anything comes in, to turn on the immune system to fight it. So if you can break that food down to where it's non-toxic anymore, it's broken down into little parts within 90 minutes, it's highly likely you will not turn on the immune system,

and then have that inflammatory cascade that's going to go on for 3-6 months. And the problem has been that many nutrition companies out there are marketing these pills that are gluten-enzyme pills, and they're marketing "Go eat your gluten. Have our pills and it's safe." No, it's not! This product that we put together is designed for the inadvertent exposures that you may get without knowing that 19.4% where you think is perfectly safe. That's what this is designed for. Those tiny, little amounts that may be hidden in the food that should not be there but there are many reasons why they're there. So the product is called Glutenza. And it's marvelous. Some of the testimonials... Can I read you one testimonial that we just got this morning?

Dr. Robyn Benson: Sounds... Yes, please do. We'll make sure we this available for everybody who's listening, too will find out about the product.

Tom O'Bryan: Thank you, thank you so much. I'm just so thrilled because... and this is from one of our friends, Dr. Robyn that we both know. And this is what she said, let me see. I'm afraid that I need glasses at times like this. "Glutenza is the game-changer. I have noticed a huge difference since taking it with meals that may have hidden gluten. I no longer experience fatigue or brain-fog. Instead, I feel focused and full of energy after every meal, I never leave home without it." And this is from a teacher, a nutritionist who's a very, very smart person. So, I'm very grateful for that. And she just sent that over a couple of days ago. And that's the product. So, I'm not here to sell the product but I'm here to help people be healthier when they travel. And... [Cross-talk 00:28:54.04]

Dr. Robyn Benson: This is great. One bad episode like this can ruin a vacation, a weekend retreat. So now, we'd want to bring this for whole travel world here, all of you that are listening literally from around the world. But also to all the health centers. Like for mine, I have a 4,000 square foot center. I'd love to have Glutenza. Since its brand new, you're getting these kinds of testimonials already. This is just another way to ensure healthy travel because this is... [Cross-talk 00:29:22.18]

Tom O'Bryan: That's exactly right.

Dr. Robyn Benson: Yes.

Tom O'Bryan: That is exactly right. And when I saw the article that came out from the FDA about health... So once again, if the product is labeled gluten-free on the label, now there are federal guidelines so all the companies have to accommodate those federal guidelines and they have to test to make sure their product is gluten-free, then you're

likely safe, you're likely safe. Ninety-nine point five percent of them were below the toxic level of gluten in the food, which is great. But if they're naturally gluten-free, so it's not labeled... rice cakes are not labeled gluten-free.

Dr. Robyn Benson: Right.

Tom O'Bryan: So is quinoa. When you buy quinoa, you buy amaranth, they're not labeled gluten-free because they're naturally gluten-free, in terms of the toxic glutes of wheat, rye and barley, they're naturally gluten-free. Almost 20% of those are not, and that's where the danger is.

Dr. Robyn Benson: So Glutenza.

Kevin Snow: Yes, I know. That's a great... and like you said, being someone that had this reaction, it definitely is... I mean, I can attest that it's weeks-long the reaction of one exposure and I can definitely believe the 3-6 months. So, we really need to... and this brain-fog, this is definitely something that is... becomes unmanageable. It really does affect the rest of your life.

Tom O'Bryan: Yes, it's very frustrating when you're in that state, it's very frustrating.

Dr. Robyn Benson: So Tom, just... I know some of you are going to wonder... they're questioning right now "How can I get tested? What's the best way? What reliable?" I know, even as a doctor, there's so many places that you can get it tested but is it accurate? What do you say is the go-to place to get gluten tested... to see if they're gluten sensitive?

Tom O'Bryan: Thank you for the question. Yes, it's a real problem and what I'm about to talk about, there's a hand out there that we have for you that will explain all of this also, and you can take this hand out to your doctors. So they... because your doctors don't know what I'm about to tell you. Because I'm a geek and I dove into all these research and I read the research on this. And so I discovered this a number of years ago. So here's what happens. Gluten is a protein. Think of proteins like a pearl necklace. Hydrochloric acid undoes the clasp of the pearl necklace. Now you've got a string of pearls, they're called amino acids, that's the protein, whether it's in beef or gluten or in chicken, it's a pearl necklace. Our digestive enzymes are supposed to be scissors that cut off each pearl of the pearl necklace. And then those little pearls can go right through the walls of the intestines and into the blood stream, and your body uses those pearls, those amino acids to make new bone cells, new brain cells, new muscle cells. That's where the raw material is for us to stay healthy and build new cells. But the absorption to go through

the intestinal wall has to be really small like one amino acid or two amino acids. But problem with the toxic proteins of gluten is that we can't break it down into those two amino acids. It breaks down into clumps. There's a 33 pearl clump, a 17 pearl clump. They've identified over 62 different clumps of the pearl necklace because the pearl necklace is hundreds of amino acids long, and they have identified over 62 of these different clumps that the human body may break the necklace down into. None of them are safe, they all caught... they're all gasoline on the fire. The problem is, in our testing, all of the laboratories test one clump of the pearl necklace. It's called alpha gliadin, G-L-I-A-D-I-N, alpha gliadin. It's a very important test. Fifty percent of people with Celiac disease will test positive to alpha gliadin but the other 50% do not. That's the problem. So the test can come back with a false negative, meaning there's no problem because there won't be elevated antibodies to alpha gliadin. People may... and Dr. Robyn, you've had many patients that they do the blood test for gluten sensitivity comes back negative... [Cross-talk 00:33:48.13]

Dr. Robyn Benson: Exactly.

Tom O'Bryan: But then, if they go up gluten, they feel better.

Dr. Robyn Benson: Right.

Tom O'Bryan: I call that the conundrum of gluten sensitivity. And that's what the hand-out is entitled and you... you can take this hand-out to your doctor. So a laboratory came out almost five years ago now, they look at many of the clumps of the pearl necklace that your body may react to. The laboratory is called Cyrex lab, C-Y-R-E-X, cyrexlabs.com. And your doctor can't get that blood test done for you for gluten sensitivity, it's the only test that is comprehensive in the United States today. It's the only one. There's no other tests. Your doctor will say, "Well no, no. We've got the right testing for gluten sensitivity. Yes, I've been doing it for years." "Well doctor, do you check multiple peptides of gluten? Do you check for antibodies to multiple peptides of gluten?" And he'll look at, it's kind of funny. "Are you trying to be a doctor?" So once they... once you ask a question that they don't know the answer to, they'll feel threatened, unfortunately, and they sometimes will make the patient feel belittle because they feel threatened. Now, if the doctor says, "I actually... I don't know. I don't think they do. I think they only check out for [Clyda 00:35:08.10]." If you have a doctor like that, you've got a really good doctor. Say "Well doctor, would you mind taking a look at this hand-out? Because it explains multiple peptides of gluten that may be the problem. And could we consider this test?" You get that test on and then you'll know. And the importance of finding out

the... and that's my whole message is just get tested. And I have no financial relationship with this laboratory, whatsoever. I wish I did, but I don't, I don't. But the importance of getting tested properly is that you don't feel the symptoms until there's been enough tissue damage going on long enough, that now your body can't compensate anymore. Now you get brain-fog, now you get heart problems, now you get joint pains, now you get psoriasis; skin problems that... the symptoms are not the first indicator of the problem, they're the last resort when your body can't compensate any longer. That's why you want to get tested properly.

Dr. Robyn Benson: So what is that... what is the charge for this?

Tom O'Bryan: That test is... please don't hold me to this, I think it's about just under \$400.

Dr. Robyn Benson: Okay. Just so people really know if they have Celiac and if they are gluten sensitive. So you'll get... you'll find out either way.

Tom O'Bryan: That's right.

Dr. Robyn Benson: Okay. And to... for people to really understand the difference between the Celiac and the gluten sensitivity, you explained that in the very beginning. But about... how do you... what is the population that has a gluten sensitivity?

Tom O'Bryan: Celiac disease, we know is somewhere between one and four percent of the population, depending on what study you look at. Non-celiac gluten sensitivity and other... other sensitivities to wheat, non-celiac wheat sensitivity... depending on the study is anywhere from six to up to 30% of the population, 30%. Now, I did... I did a summit called The Gluten Summit and it's theglutensummit.com. And I interviewed 29 of the world's leaders on this topic and we aired it online. One of the people we interviewed was Dr. [Unknown 00:37:28.20]. And Dr. Pizzorno told us that no human can digest gluten. No one. So whether you get sick or not, the symptoms are just dependent on having across the threshold and you can't compensate anymore. But no human can digest it. So depending on the group you're looking at is somewhere between six and 30%.

Dr. Robyn Benson: Wow, wow.

Kevin Snow: Yes.

Dr. Robyn Benson: Chinese medicine... general, we do our best. I feel that most people... I do have to say; wheat, dairy and sugar. I feel most people feel better regardless. But I can't tell you how many people... just... if they cannot afford the test, they just make that

decision. So for many of you listening, if you know that you get extra bloat and you don't feel good when you travel because you're allowing yourself just to... because a lot of people do when they travel is "What the hell, I'm just going to have whatever I want." But for... but that's why I see people on my tables on a regular basis, they come back from travels and they feel horrible. They're not sleeping well, they got digestive issues. So it's just something to consider.

Tom O'Bryan: Well, you know what, and people think that that's a small price to pay when they go to Italy and have a good time eating pasta.

Dr. Robyn Benson: Yes.

Tom O'Bryan: The problem is for months afterwards, you're killing off your brain if that's the weak link in your chain... or your heart, or your reproductive system. I wrote a paper on gluten sensitivity and reproductive disorder; miscarriages, infertility and babies born with birth defects. Well often, this happens when you eat gluten.

Dr. Robyn Benson: Yes. Which, the infertility issues are all time high right now. It's in... This is a big... it's good that you're sharing with everybody, Dr. Tom. This is a big factor and a lot of people don't even... they always... they look at hormones, they look at toxicity in other areas but they don't necessarily look at... it's rare that I ever heard a GYN say... talk about this co-relation between gluten and infertility. So... [Cross-talk 00:39:57.04]

Tom O'Bryan: Let me give you one example of this. Thank you for that acknowledgement. Let me give you one example of this. When you have inflammation in your intestines, you will not absorb your nutrients well; your vitamins and your minerals. So you can have a mineral deficiency. When a couple mates and the man ejaculates, millions of sperm are swimming up the canal. How come only one or two sperm get through and penetrate the egg? Why? Usually one, occasionally two. Why only that when there's millions that are hitting the egg? How come? The sperm hits the egg. It secretes an enzyme, out of the head of the sperm that digest a little bit of the mucus which is like a force field around the egg. So it digests a little bit of that mucus and swims right in. And it activates a gene inside the egg that shuts down the mucus layer so no more dissolving can occur. That's why only one sperm usually gets through. Because it turns on the gene to protect the egg so nothing else can get in, right? That enzyme in the head of the sperm that's secreted and digests a little bit of the mucus around the egg, that enzyme is completely zinc-dependent. And zinc is the number two mineral that's deficient when you have a gluten sensitivity. It's very difficult

to absorb if you have a gluten sensitivity. So many men are firing duds that can't work because they don't have the enzyme to digest the little bit of mucus. And the only tests that are being done for men are sperm count and sperm motility. So same test they've been doing for 30 years for men. They don't do any other tests. So if a couple has an infertility issue, they go to a specialist, it's the woman who gets pumped full of hormones and really messes up her system so often, the guy does that test and he comes back with enough sperm and they're swimming okay. "Well, it must be you, honey." And no. You're firing duds, man. And I've had a number of couples, when I gave the man zinc, they got pregnant. So that's an example of how a gluten sensitivity causing inflammation in the intestines, the inflammation prevents the absorption of the minerals of the food that you eat can set off a chain effect in the weak link in the chain, maybe the enzyme in the head of the sperm so there's not enough enzyme so the sperm doesn't work. And you've got infertility issues. That's an example. This causes this causes this causes this causes that. And the patient comes in with that. And we try to treat that. You always want to go back and look to the foods that you're eating. That's the most common consistent trigger when you've got any symptom that is not getting well with the effort that you're putting out. Is there a food that I'm eating that doesn't make me sick, but that is gasoline on the fire, pulling on the chain, wherever my weak link is.

Kevin Snow: So, there are definitely people that like to eat products that have gluten. So what... basically, this is something that people really enjoy. So how do you talk to people that are really struggling with giving up the gluten?

Tom O'Bryan: Well, as my grandmother would say, "What's the matter for you?" I was... I was at [Inaudible 00:43:36.08] a few nights ago. I'm hearing an echo. [Cross-talk 00:43:41.05]

Dr. Robyn Benson: I'm hearing like a beeping noise.

Tom O'Bryan: Could... perhaps if you mute when I'm talking, that might stop the echo.

Dr. Robyn Benson: Okay. Is it not... coming from my... okay.

Tom O'Bryan: Let me see now. Yes, the echo is gone, the echo is gone. Thank you. So in answer to your question, I was in yoga class three days ago and the woman next to me is really trying hard and efforting but her body is not responding very well and I thought it was like the first time or something. So I wanted to give her a little encouragement afterwards. And just... outside afterwards like "Hi,

was this your first class?", "Oh no, I've been doing yoga for five years." I said "Oh." And she said "Well, I have a disease that makes it difficult for me but I'm going to do it." And so, "Good for you, good for you. What kind of disease do you have?" And she said "I have an autoimmune disease." I said "Well, I teach about this. What kind of autoimmune?" "Systemic Sclerosis." I said "That's so nasty. So, good for you for being active and here." I said "You might want to listen to this thing I did called The Gluten Summit because I interviewed autoimmune experts from all over the world that talk about some of the mechanisms that might be causing some of these conditions." "Oh, well, I'm... I've seen the best people in UCLA and I've been on a methotrexate for five years." I'm like "That's a really strong drug." And so well, sometimes those drugs can help a little bit but there's often a trigger and surprisingly, sometimes it's the foods that we're eating. I'm trying to be gentle about it. That's the foods that we're eating. She said "Oh well, I eat good but yes, I probably shouldn't eat so much tomatoes because I don't feel good when I eat tomatoes. My joints hurt and stuff. I love tomatoes. I just love tomatoes." I said "Well, how often do you [Audio-skip 00:45:33.10] everyday?" So... " [Inaudible 00:45:34.22] I know they're nightshades. I probably... but I have them every day." So she's throwing gasoline on the fire every day because she knows she shouldn't eat them because her joints hurt when she eats them, and systemic sclerosis has effects on the joints and her joints hurt when she eat them. She eats tomatoes but she eats them every day. That's the weak link in her chain. And so... [Inaudible 00:45:57.07] and so I said... then she wasn't open at all to any information. "Well, good luck to you. I look forward to seeing you again." But as my godmother would say, "What's the matter for you?" But they don't know the options. So the answer to your question... to answer your question is people eat gluten because they like it. I think that for those people... and they know it's not good for them, or even if you do the Cyrex test and you see it's not good for you, two things; one, as you get a little more education, just our transitioning off, take Glutenza and start transitioning down. So if you have gluten every day, have it two out of three days. So have one day off every three days. And then have one day off every two days and eat rice or eat quinoa and learn how to make amaranth. And then have it every other day. And just slowly start tapering it down, finding the right substitutes. I have seven world-class nutritionist on my Gluten Summit, and that's theglutensummit.com, you guys can find out about it there. But seven world-class nutritionists that talked about what do you do to avoid these exposures.

I'll give you one example because it's so cute. Jackie [Cara 00:47:08.08] is a nutritionist in Montreal, very good nutritionist. And I said "Jackie..." in my interview, I said, "Jackie, you're a Celiac, aren't you?" She says "Yes." And I said, "And you're a single woman. So you go out to eat often?" She said "Yes, I do." And I said "So, how do you protect yourself when you're trying..." "Oh that's very easy. When I go to a restaurant, I ask for the owner right away. And if the owner is not there, I'll ask for the manager, but I always want the top person in charge. And so we're seated and the waitress comes, takes the order, say 'hi, I'm waiting for the manager please or I'm waiting for the owner.'" And then they go back and reinform to the manager, 'someone's here who want to see you before they order.' And they'll come out and she'll say "Hi, my name is Jackie [Cara 00:47:50.08], I'm a nutritionist and I have Celiac disease." To avoid a 911 incident in your restaurant, would you make sure that there is no gluten contamination in my food. And the manager's eyes always pop out of their head. 911, ambulance, oh my gosh. Bad press, bad press. And so they go the extra mile. So there's lots of little pearl tips like that. And so I've got seven nutritionists that talk about that on the Gluten Summit. But the things that you can do; read labels, so when you're traveling... I travel extensively and the hardest thing is airports. That's really the hardest thing and if I'm stuck in an airport for a few hours in between flights, I now know which restaurants in the airports have gluten-free menus or have options that are gluten free. And you always can go to the... you can say to the waiter, ask for the manager. If they didn't have gluten-free restaurant, ask for the manager and say "Hi, can I get a piece of fish, fried with just a little olive oil and no seasoning on it, whatsoever. And then you add a little salt to the table. Say " I have this gluten sensitivity. To avoid a 911 and all that, can I have a piece of fish, I'd like a salad with the dressing on the side, place some oil and vinegar on the side, and you eat simply so it may not be luxurious what you're eating, but you can eat safely. And you always take Glutenza when you're traveling. Before every meal.

Dr. Robyn Benson: That's great. Can you name two or three of those restaurants that are safe?

Tom O'Bryan: Yes. In Houston is Pappadeaux. Pappadeaux has a gluten-free menu and when I tell the waitress I'm gluten-free, the manager automatically comes over to confirm, "What type of sensitivity do you have, sir?" "Just gluten." "Fine. These are the options on the menu that are safe and I will make sure that your meal is gluten free." And I've reference... and I reference the restaurants on my Facebook page. If I go somewhere, I'll take a picture of the menu

and I'll say "Hey, look at this restaurant in Saint Louis. They had a great gluten-free pasta." And... Or "I had gluten-free pizza." Here's another one for you, California Pizza is the first national chain, their servers are trained exceptional... well, they're certified by the Gluten Intolerance Group. Then... and gave the Gluten Intolerance Group has a manual this thick that restaurants have to go through to get certified. They have a separate preparation area, they have separate ovens, separate spatulas to flip the burgers with and all that kind of stuff so that you can feel safe at California Pizza to take your family. And they have salad dressings that are gluten-free. And so, excellent great one as a national chain. And you just want to ask... so Pappadeaux is one that I go to frequently because I often change planes in Houston when I'm going east from California. So that's a great one.

Kevin Snow: I can definitely confirm the California Pizza because I thought they did really a great job. They did send a manager out, he explain the process and I did not have any reactions to that. So I definitely can confirm that. It's really awesome and... So what do you carry? Do you carry a little kit of food with you? Or how do you travel with?

Tom O'Bryan: I do not. At this point, I carry Glutenza. That's all I carry because I'm experienced enough. I'll ask them if they have rice on their menu... I'm getting that echo again. Dr. Benson, it's... perfect, thank you. If they have rice on the menu and if they have fish on the menu, then at the very least, I can say "Hi, can I have a piece of fish? I'd like it pan-fried, please, and a little olive oil. Tell the chef that I have a gluten sensitivity, don't add anything else to it. And can I have a bowl of rice and how about some vegetables? Give me a plate of vegetables also." So I do it really simply, and then I'll ask what kind of seasonings they may have, they can bring to the table. Put on a little salt or pepper, or something. And I'll just eat simply but safely. And I take the Glutenza. By the way, with the Glutenza, you take it before you start eating. Because as this blob of food, this bowls of food is going down, you want the bottom of the food, the first things you eat, to be fully digested. And then it will digest up as you're eating, plus your enzymes that your body produces will come into help but you take the Glutenza at the beginning of the meal.

Kevin Snow: Great. I'm ordering it now.

Tom O'Bryan: Yes. It's fabulous.

Dr. Robyn Benson: I'm going to turn back in here for a minute. So again, with all these food possible sensitivities, what do you recommending how should people test for those? That's... [Cross-talk 00:52:46.11]

Tom O'Bryan:

Very good. Yes. A new test just came out, actually, that's opening up the world of testing. So let's talk about testing for a minute. It's a complicated subject, unfortunately. In the 1950s, the first test that came out for foods and other substances was the skin-prick test. And... Let me just back up a little bit. Your immune system is the armed forces in your body. It's there to protect you. That's its job, to protect you. There's an army, an air force, the marines, the coast guard, the navy, IGA, IGG, IGE, IGM. There are many different branches of the armed forces in your body that's there to protect you. So I'll say to doctors "So doctors, if you run a 90 food panel, an IGG 90 food panel, and that panel comes back negative to tomatoes, is it safe for that person to eat tomatoes?" And some people, "Yes, yes." But many are quiet because they know they're being set up by the question, right? The answer is no, it's not. All an IGG test tells you is that the navy is not being called out right now. Well, what about the marines, the IGA? Well, I don't know, we haven't checked the marines. And unfortunately, the state of the art in laboratory testing is that they've not included this concept that there are multiple branches of the armed forces that may get activated. The first branch of the armed forces that was tested is IGE. That's the skin-prick reactions. It also can be a blood-test. But you're looking for an IGE reaction. And the studies are very clear that in 54% of adults and then 48% of children, when you do an IGE test, it comes back with a false negative. That it will say "There's no problem with that food." And you may have a problem with the food. But it's not the coast guard that was called out, it's the air force. But the doctor doesn't check the air force, he's checking IGE. And when that test came out, back in the 1950s, it was a great test. And an entire branch of medicine started to specialize in using that test. They're called allergists. And so everyone that came through medical education and wanted to specialize in allergy testing to become an allergist, they do IGE testing. It's 60 years old. It's a helpful tool, it's a very helpful tool but it's only one branch of the armed forces. And there's only one laboratory that's looking at multiple branches of the armed forces, and that is Cyrex labs. The same one that's doing the gluten testing. They look at IGA, IGG, and IGM on everything they test; army, air force, marines. And so, it's more comprehensive. It's still not complete, but it's more comprehensive. Unfortunately, that's the state of the art today. I mean, it doesn't make any sense that our doctors are still thinking but no one's ever told them this before. This common sense... not theory. This common sense fact that there are multiple branches of the armed forces, why are we only testing one? So most doctors use IgG testing. It's a good test. It's a really good test. But it's only checking the army, right? So you need

multiple branches of the armed forces. So, Cyrex is the only lab that's doing that. One more thing, make it a little bit more frustrating for people that just want a simple test. Bottom line, parents, you might check your kids. There's no simple test. You have to wedge your way through this mire to get as comprehensive at testing as possible. Cyrex just came out with testing that makes perfect sense when you understand this. And Dr. Benson, you know this, when you cook a food, you change the protein structure of the food. It's a different food. You cook fish, it's a different protein. Some of them has been broken down, there's the degradation that occurs. It's a different protein than the raw fish. But all of the testing, whether it's the army, the air force, marines, IGA, IGG, IGM, IGE, all of the testing, when they test to see if you're sensitive to a food, they're testing the raw food. They test the raw food. "Well, do you eat raw chicken?" Why are you checking raw chicken if we know that the structure of the chicken changes when you cook it. Why are we checking raw chicken to see if you have a sensitivity to chicken? So Cyrex labs just came out with a test that's rocking the world right now that is looking at raw and cooked for each food. Because they change and so many people will come back negative to the raw but positive to the cooked. So it's not a simple answer. How do I test for food? So bottom line is, the most sophisticated testing out there comes from Cyrex labs. And they're doing an introduction right now where if you want to check this raw food versus cooked food concept, they're offering a package with the Gluten test and the cross reactivity test and the raw food versus cooked food test. They put them all together and you save about \$450, I think. Because it's on my website, the announcements on my website. So you can see it there. I just don't... I don't pay attention to the numbers. But let's say it's available right now, kind of an introductory package deal. And then you get the most comprehensive testing available in the world right now.

Dr. Robyn Benson: Gosh, this has been invaluable... I mean, my goodness. For everyone to think about the food that they're eating and how that's contributing to your health now. Also, I just want to mention this idea of latent disease. I'm sure you know what that... so many people, you don't ever just wake up and have cancer, you don't wake up and have an autoimmune disease. But to really look at this possibility to spend... to make this investment. We're not obviously trying to sell a lab test but I can't tell you how many people are suffering unnecessarily because they don't know. So I think it's one of the most important investment you can make. Find out if you have Celiac, find out if you have gluten sensitivity, find out if you're allergic to tomatoes, you've mentioned tomatoes a couple of times, and you'll live a lot better. So the travel industry happens to not

have good choices in food. So you really need to be proactive and find them. Find ways. Get on Yelp and find... wherever you're traveling, to find the healthy places. Like some of the restaurants that Dr. Tom has mentioned here. So anyway, thank you. Gosh, this is just... it just opens up so many... I'm sure everyone has lots of questions for Dr. Tom. But how could people find out about you? What's the best website? Again, maybe you've mentioned that earlier but maybe one more time.

Tom O'Bryan: Thank you. Our website is der.com. [Cross-talk 01:00:03.23]

Dr. Robyn Benson: Great. Awesome.

Tom O'Bryan: And may I take a moment?

Dr. Robyn Benson: Sure. Take one more. Absolutely.

Tom O'Bryan: Thanks. And we're echoing again so... in terms of traveling and when you're on a plane, what do you eat on the plane? You eat before you get on the plane. Plane food is garbage food. So... but if you can't for whatever reason, some of my... most of my flights here in San Diego depart at 6:30 in the morning. So it's just... I'm up at four, and not going to eat. And so, what do you do on flights like that? You pack a little something, maybe the night before, that you can carry on through security and you bring it with you. You don't need to have a full meal on the plane. We think we're entitled to it, it's kind of a fun thing to do. But you just bring enough food so that you're not starving and your blood sugar crashes. And so, you pack it with you whenever possible. If you have chicken and vegetables and rice for dinner with the family, you make a little extra. For the next day, you put a chicken leg in there with a little bit of rice and a plastic spoon and some vegetables and you eat it on the plane... a napkin, just carry it with you and eat it on the plane. Plane food is plain food. It's not good for you. It's tasty but it's not the highest quality food. So your safest bet is to pack your own. And if not, tell the flight attendant when you're getting on the plane, or at some point, "Hi, I got a sensitivity to X. Is it possible to get something that doesn't have X in it?" Whatever it is. And regarding this thing about being... diseases that are in the background and you don't know and how wonderful it is or how smart it is to find out what's cooking, I like to talk about this study for a minute because it really helps people understand this.

Melissa Arbuckle is an M.D., PhD and she went to the V.A. and she looked for people with lupus. That's an autoimmune disease. She found 132 people with lupus. And she... now, if they're in the V.A. hospital system, they're veterans. If they're veterans, they were in

the armed forces. When they're in the armed forces, they had their blood drawn many times over the years while they're in the armed forces. The government's been saving and freezing all of that blood since 1978. They've got tens of millions of samples of our blood frozen right now. So she went back and she asked for permission to look at the blood of these people currently diagnosed with lupus when they were healthy in the air force or in the navy 10 years ago, whatever it should be, five years ago, whatever. She got permission. So she looked at the blood of these people because maybe they have their blood drawn because there was a staph infection on the base and you felt sick so you went in and got your blood drawn, and they looked at you "No, you don't have staph, go back to work." And they freeze the blood. They didn't look at that person for antibodies to lupus because they're looking for staph infection. What did she find when she looked for antibodies to lupus? There's seven antibodies to lupus. She found that every antibody was elevated a minimum of five years. And for most of them, nine years before they ever had a symptom. So for five years, if you have done the blood test, there were elevated levels of antibodies to lupus in your blood. You say "I feel fine, everything's fine." No, it's not. If the antibodies are elevated, they're killing off tissue.

Do you remember my first example when we started? The guy with the heart disease, the family history of all the males dying in their 40s? We found the elevated antibodies to his heart, and he was as healthy as could be. But then we found out why, for him it was a gluten sensitivity to gluten on his diet, in six months, the antibodies were down to normal so he was no longer attacking his heart. So Dr. Benson, that's exactly what you're talking about is that this mechanism of auto immunities going inside of us, and most of us actually, is very rare that that test comes back negative. It's a Cyrex test number five, the autoimmune reactivity panel. It's very rare that it comes back negative, that most people have something that's elevated. Whether it's your thyroid or it's your brain or your heart or your muscles. There's some weak link in the chain where already, your body's attacking, killing off tissue. That's why it's so valuable to take a look at this ahead of time.

Dr. Robyn Benson: Exactly. Well, we'll have information for everybody. You'll just see this when you go to Dr. Tom O'Bryan's speaker page, you could find out about how to get this incredible product which I want to order right now for so many of my patients and to take on the road. That's going to be part... honestly, we're creating a healthy traveler's kit, Tom, so we want to... we definitely want to add this

product. Everybody needs to have that in their kit. And for my book, the healthy traveler's guide, I want to make sure I have that.

Tom O'Bryan: Perfect.

Dr. Robyn Benson: Wonderful. Thank you for sharing with everyone here. Really one of the most important messages we've heard.

Tom O'Bryan: Thank you, thank you very much for the opportunity and for all of you who are listening to this traveler's summit, I'm going to date myself but there was a song that I used to sing as a kid. And it's Rogers and Dale Evans and it was that happy trails song. So to all of you, I'll just say "Happy trails."