Peter Osborne: Hey, guys. Dr. Osborne here. Welcome. Usually I do all the talking, but today I have Chantel Ray with me. She's going to be interviewing me. She has read my book and really found it fascinating and helpful. So, I'm going to let her take over and let you guys listen to this wonderful interview.

Chantel Ray: Hey, guys. Welcome to this week's episode. I'm so excited for my next guest. He is the clinical director of Origins Healthcare in Sugarland, Texas. He is a doctor of pastoral science and a board-certified clinical nutritionist, oftentimes referred to as the Gluten-Free Warrior. He is one of the most sought-after alternative and nutritional experts in the world. I'm so excited to have him on the show. He is the author of the bestselling author of No Grain, No Pain. I had it siting on my dresser. I wanted to show it to you guys. I love the book so much. Welcome, Dr. Peter Osborne.

Peter Osborne: Thank you so much for having me, Chantel. Great to be here.

Chantel Ray: So, let's just talk about your own wellness journey, and how did your own health kind of lead you down to the road of even writing this book?

Peter Osborne: Well, so mine goes way back when I was a kid, probably like many people. I never had a chronic autoimmune problem, but I was an obese young man, I guess you could say. When I was in sixth grade, I was very heavy. Of course, my interest in girls really made that hard as a young boy kind of coming into your hormonal influence and having such a weight problem that no one really wanted to have anything to do with me. So, it started for me there, in turn of nutrition, realizing how important nutrition was.

Peter Osborne: The idea of nutrition in my house growing up was my mom would stock the freezer full of Hostess and Little Debbie snack cakes and all that kind of stuff, and that's kind of what we had. I didn't have this knowledge or this background or this information, so I got really, really heavy until I discovered sports. Once I discovered sports, I started learning more and self-taught and really started to change my diet. So, as I grew up from the age of 12, the summer of my sixth grade year, I lost about 25 pounds just being active and changing my diet, and then that was all she wrote. From there, I went on through school with a heavy major in biology, and then went on to graduate school where I studied biochemistry and nutrition, and then went on to post-graduate school where I got my doctorate degree. Largely my focus was primarily biochemistry, biochemistry and nutrition.

Peter Osborne: So, when I was doing one of my rotations through the hospital, I actually worked in a VA hospital in the rheumatology department. What I found was a lot of the people that were there were not really being, let's just say, handled in what I thought was an appropriate way. Nutrition was the furthest thing from any of the doctors' minds in the hospital. Everybody just kept getting more and more drugs, and these weren't small drugs. We're talking about powerful steroids, methotrexate. We're talking about major injections that suppress the immune system.

Peter Osborne: The problem was nobody got better. So, these were people with rheumatological diseases like rheumatoid arthritis, and lupus, and dermatomyositis, and scleroderma, and psoriatic arthritis, and ankylosing spondylitis. Nobody got better using the drugs, and I was like, "Why don't we do something different?" Nobody wanted to try diet. Nobody wanted to even investigate. I did all this research on gluten causing autoimmune disease. I did all this research on fasting helping with chronic autoimmune pain. I did all this research on how fish oil was more effective for pain management than nonsteroidal anti-inflammatories. I got shot down, and I got shot down, and I got shot down. Nobody wanted to even entertain these ideas.

Peter Osborne: So, I left the hospital, started my own practice, and one of my very first patients was a little girl. She was nine years old when her mom brought her in to see me, but she'd been struggling with rheumatoid arthritis for seven years. From the age of two, she got her diagnosis of juvenile rheumatoid arthritis. After seven years of medicating her, her doctors looked at her mom and said, "Sorry. Nothing more we can do. She's got about six months to live," and they sent her home to die. That's why she ended up in my office. I wasn't the first pick. I was the desperation, right?

Peter Osborne: So, she brought her daughter in to see me. One of the first things we identified in her was gluten sensitivity. When we took this little girl gluten-free at the age of nine, within a year she was off of all of her medications. Again, she wasn't supposed to live beyond six months. Now we're a year later and we're off all medications in complete remission. Now, this is almost 20 years ago today. This little girl has gone on and graduated from college, and she's out there in the world doing great things, all because we changed her diet.

Peter Osborne: But she was the real spark for me. I had my own childhood battle with obesity, but Ginger was the real spark for my knowledge and passion into the realm of gluten and grain sensitivities and how that can contribute to and trigger autoimmune disease. Really, beyond myself, it was really the little girl that was brought to me. My stay at the hospital in rheumatology really just prepared me to meet her. Then from there, I knew I had to get this message out there and I founded Gluten-Free Society as our arm, basically as our foundation to help get a lot of this information out there. A few years later, I wrote No Grain, No Pain. Simon & Schuster and Touchstone published that book for me, and then PBS picked it up and did a full special on it. My goal is to try to reach 100 million chronically sick people, and so all of our outreach and all of our books and programs and everything else are just designed to save people like Ginger, to help them know that there's a better hope and a better way.

Chantel Ray: So, in my second edition of my book, I talk about how people don't have to deprive themselves when it comes to food, but everyone needs to decide for themselves what their red light foods are, yellow light foods are, and green light foods. Aside from gluten and grains, what would you say that you ... are some of your other red light foods and yellow light foods where you say, "These are things that I don't feel great when I eat them"? And the question we all want to know is that I know that you're probably 100% gluten-free, but are you truly 100% grain-free or maybe are you 95%? Where do you lie in that spectrum?

Peter Osborne: I'm 100%. Just for clarity's sake, and I'll come back to the red light and yellow light foods, but for clarity's sake, there's no such thing as a gluten-free grain. That's a big part of why I founded Gluten-Free Society, because the science that is being taught on this is based on 1952 research. See, the definition of gluten is limited to really one kind of gluten. Now, just so you understand, there are more than a thousand forms of gluten, okay? The type of gluten that we see, that we see on the food label being gluten-free, it's one type of gluten called alpha-gliadin, so if we're getting really kind of geeky out and kind of getting technical here. Alpha-gliadin is found in wheat, barley, and rye. When you go to the grocery store and you're looking for a cornbread mix and it says that it's gluten-free, it's alpha-gliadin-free, but it's not gluten-free. Does that make sense?

Chantel Ray: Yes.

Peter Osborne: So, the labeling laws, in my opinion, need to change because there's no such thing as a gluten-free grain. All grains have forms of gluten in them. Corn, for example, the name of the gluten found in corn is zein. The name of the gluten found in oats is avenin. The name of the gluten found in rice is orzenin. These, again, these are types of gluten that in science and in research, they have been shown to cause the same inflammation in people with gluten issues, but we have this whole gluten-free food industry that's creating these products and labeling them gluten-free, and you know this ... Here's something to chew on. There was this study published, it was about 10 years ago now, that showed that 92% of people with celiac disease failed to have complete healing in their GI tract following a gluten-free diet. 92%, and that's because ... 92% didn't get better because they're still buying these products that contain gluten that are being called gluten-free. I use the delineation traditional gluten-free to include the old-school kind of wheat, barley, and rye versus true gluten-free, which is actually grain-free.

Peter Osborne: Now, should a person be gluten-free or grain-free? Depends. Is it a red light food for me? Yes, it is. But remember, there's a saying: One man's food is another man's poison. We're not all the same. We're not all built the same. We don't have the same genes. We don't have the same environment. We don't have the same influences around us. Some people are gluten sensitive genetically, and so those individuals should be in that 100% no gluten category. Not 5%. Not 7%. Here's why. One breadcrumb of gluten exposure can cause inflammation for two months. Let's say every weekend you have a little cheat meal, just a little one. You're creating some inflammation. Now, albeit it's not as bad as what you might create if you ate a Subway sandwich every day, but you're still stoking the fires of autoimmune disease.

Peter Osborne: Understand that for females, autoimmune disease is the number one cause of death in females 65 and under. Number one cause of death. All the attention goes to cancer and heart disease. Nope. Number one cause of death, autoimmunity. The number one cause of autoimmunity is gluten. So, if we look at it that way, if you have an autoimmune condition like a low thyroid, like Hashimoto's, for example, or there are several different kinds. There's celiac disease. There's type one diabetes. There's multiple sclerosis. There's rheumatoid arthritis and lupus and ankylosing spondylitis and psoriasis and psoriatic arthritis. There are about 90 different, really some would argue more than 100, forms of autoimmune disease, and we know that gluten can contribute to them. So, if you've been diagnosed with an autoimmune condition, you need to have genetic testing for gluten sensitivity to discern whether or not getting serious about the diet 100% of the time is the right move for you. For me, it was.

Peter Osborne: Now, I can share my experience. I told you I never really got sick, but what was happening to me is I was an amateur bodybuilder when I was a younger man. I was lifting and lifting and training and training, and I could never get my body fat to really go below a certain level. But when I went truly gluten-free, it happened effortlessly. What my body was doing is it was storing that fat around my waist, that fat viscerally, just because I was getting small levels of inflammation on a regular basis. I didn't eat necessarily bad food and I ate organically, but what I was eating was still causing inflammation because I'm gluten sensitive. Although it didn't create autoimmune disease in me that debilitated me, it was creating enough inflammation to cause me to store visceral fat.

Peter Osborne: Now, for men, one of the big causes of death is visceral fat storage over time leads to heart attacks and stroke. Was I on the path for that? Probably. Had I not discovered that, it probably would have been closer in my future as opposed to not. My son, my oldest son, he's also gluten sensitive. Remember, it's genetic. He would have spontaneous nose-bleeding. He didn't have any other symptoms other than his nose would just start bleeding for no reason, out of the blue. It would just happen randomly. But when we took him gluten-free, grain-free, went away, right?

Chantel Ray: Oh, my God.

Peter Osborne: In my clinic, I see all kinds of various myriad symptoms of strangeness, like people having really weird esoteric problems that just kind of clear up when they change their diet.

Chantel Ray: Awesome. Now, the question that I ask all my guests: Walk me through a day in the life of Peter. What did you eat yesterday? When did you eat it? Did you work out? What did your day look like?

Peter Osborne: So, I start most days waking up about 5:30 or 6:00. I have a gym in my home, so I go to my gym. I like CrossFit, so I do a CrossFit-style workout. Then after my workout, I'll sit down and enjoy an hour of time with my wife before I get ready to go to work in the clinic, but I'll make my breakfast, which is really not my breakfast. It's more like my lunch because I intermittent fast. I'll eat an early dinner and then I'll eat a very, very late kind of brunch, if you will.

Peter Osborne: But my breakfast kind of consists of a very, very heavy dose of greens. I love chard and spinach and just a mixture of greens, and I'll sprinkle some pumpkin seed in that, and I'll layer in some blueberries. I'll slice some Japanese sweet potato medallions or some Hannah sweet potato medallions and some chicken, grilled chicken, and I'll put that over the top of that. A lot of days, that's what I'll have as my first meal. Aside from that, I'll drink sometimes after my workouts, a few hours after, I'll drink a protein shake from grass-fed protein, grass-fed beef protein, and I'll put in a few berries in that, and blend it up with some ice and water.

Peter Osborne: It's pretty stoic in that regard. Some people are foodies and they got to have this gourmet and that gourmet. I don't. I could eat the same thing every day, but generally it's heavy vegetable, heavy meat. When I say heavy meat, I mean a small portion of meat at most of my meals, whether it's egg or chicken or fish or beef, but it's always wild-caught. It's always free-range organic. It's always grass-fed. As a matter of fact, I have a farm, so we actually produce our own eggs in that regard. We have our own chickens and ducks that lay eggs, and so that's where we get our eggs from. We know where they're eating and we know where their food comes from, which is nice.

Peter Osborne: But beyond that, I'm spending Monday, Tuesday, Wednesday, I'm spending full days in the clinic from about 9:30 to 5:00 taking care of people and helping them with their chronic autoimmune problems. Then after that, I go home and enjoy my time with my family and enjoy a dinner and kind of wind my day down. Then I also on Thursdays and Fridays where I'm not working in the clinic, this is when I save the time to write and to research and to do interviews like the one we're doing here today. I try to have some balance between a break from seeing people and then allowing my mind to basically absorb more and new information so that I always stay relevant in my clinic. To me, it's very, very important if I'm going to be out there on the internet talking about health and claiming to be an expert, that I should have experience directly working with people on a regular basis to maintain that experience and not just be book smart.

Chantel Ray: I love that. For me, I say to people I'm definitely traditional gluten-free. I don't have gluten ever. I have a little bit of quinoa. Quinoa is the one thing that when I eat quinoa, I don't feel bad. For me, I do everything on, how do I feel after I eat this? It's the one grain that I don't ... as long as I have a very small amount. If I have too much, I'm not going to feel good eating it, but I'm wondering if I should cut that out and see if it will reduce some other issues that I've been having, just to see.

Peter Osborne: Well, here's the thing. Here's the thing about quinoa. Technically it's gluten-free, technically. Quinoa is what we call a pseudo-cereal or a false cereal. It is a seed, as all grains are. Grains are defined as the seeds of grass. The different species of grass sprout their seeds, and then those seeds fall to the ground and grow more grass, right? That's what a grain is. Quinoa technically is not a seed of grass. It's a seed of a plant.

Peter Osborne: Now, that being said, there was a research study published ... I want to say it was 2012. I wrote a really comprehensive article on this a few years ago ... that analyzed the proteins in quinoa and looked at how those different proteins affected people with gluten sensitivity. What the study found is two of the 14 proteins in quinoa looked enough like gluten to create an inflammatory response in people with gluten issues. What you're saying there is if you eat a small amount, maybe you feel okay; but if you eat too much, maybe you feel bad. Well, that could be part of your problem. It isn't for 100% of the people, but it can be. Oftentimes, when I'm ... You asked me what yellow light food. Well, quinoa is one of those yellow light foods because of its association with being so similar to gluten that it stimulates an immune reaction.

Chantel Ray: Got you. Well, let's jump right into the listener questions. This first one is from Lynn in Decatur, which I don't know where that is, but, "I'm having a lot of joint inflammation and anxiety, so I cut out gluten about seven weeks ago. I haven't noticed any improvement, though. Should I add gluten back into my diet and try cutting something else out like dairy?"

Peter Osborne: No, and here's why. I'm going to give you a scenario. Is it Lynn? Lynn's her name?

Chantel Ray: Mm-hmm (affirmative).

Peter Osborne: Okay, Lynn, here's the deal. Let's say you're gluten sensitive, but let's say you're also dairy sensitive. Cutting out gluten didn't lead to much of an improvement because you're still eating a food that you're sensitive to and it's still creating a problem for you, okay? Now if you add gluten back in but take dairy out, again, in this scenario you're also gluten sensitive, you're still going to stay inflamed because you're just trading one inflammatory food out but you're not eliminating both inflammatory foods.

Peter Osborne: If you really want to get to the bottom of whether or not you should take gluten out of your diet, like if there's a big mystery for you and you're not quite sure, I would highly encourage you to get genetically tested for gluten sensitivity. Don't do the blood tests. They're misleading. A lot of those come back with false negatives. Don't go get a biopsy for celiac disease. Super misleading. One time, I had a patient who had 19 biopsies, and all of those biopsies were negative for celiac except the 19th one. It took her 20 years to get a yes. You don't want to rely on tests that have a high propensity or a high tendency to give you a false negative result. Gluten genetics won't give you a false answer because your genes never change. Either you have the genes that will react to gluten or you do not. If you have them, that's a confirmation for you that taking gluten out of your diet is the right move for you to make.

Peter Osborne: Now, there's one other scenario in that, Lynn, in that you may have gone gluten-free traditionally, right? If you were eating the corn and the rice and the sorghum and the other grains, you're probably not going to see that big of an improvement.

Chantel Ray: Yeah. I agree. Some of these gluten-free products now, if you read the list of all the chemicals that are in it, it's just like ... blows your mind how much stuff is in it, but everyone's like, "But it's gluten-free."

Peter Osborne: Yeah.

Chantel Ray: All right. This next one is from Jeannette from Rochester, New York. Another person from New York? I'm so excited. We never get questions from New York. "I just had hip surgery, and I've been on very high pain medication, Vicodin and Advil, that my doctor recommended. Do you think that going grain-free will help me heal faster? I also need some grain-free snacks that you love if you think that will help me heal from my hip surgery faster."

Peter Osborne: Well, it might. I mean, again, without knowing your specific genetics, it's hard for me to really tell you going grain-free is going to solve your ... or help you heal quicker. But if you're gluten sensitive, going grain-free is definitely going to help you heal quicker. If you're traditionally eating gluten-free or grain-based junk food ... A lot of the grains today, some people react to them not because of gluten. They react to them because they're sprayed heavily pesticide, or they react to them because they're so high in carbohydrates that they drive up their blood sugar and change their hormones.

Peter Osborne: Remember that one of the reasons people will have chronic pain problems is that their diet's so high in carbohydrates, that causes a release of cortisol. Now, cortisol causes your body to store fat, so think about that in terms of if you're trying to ... As you try to start healing from this hip issue, cortisol breaks down your muscle and tells your body to store fat, so it slows down your capacity for healing. We want to do things that lower our cortisol naturally, and diet change is definitely one of those things it could do. Eliminating foods that might create inflammation in you is a great place to start.

Peter Osborne: If you're looking at three biggies, avoid grain, avoid dairy, and avoid sugar, okay? If we're just guesstimating, right? Those three, if you have any problems, you're going to feel better just by doing those three things from a hormone perspective.

Peter Osborne: Now, you want snack ideas? Very simply put, lots of greens, meats that you enjoy. If you're looking for quick and easy, nuts are one of the quickest and easiest. Like I said earlier, I eat pumpkin seed, but I also like to eat almonds and pistachios and walnuts. On my farm, I have pecan trees, so we got fresh pecans on a yearly basis. Those are easy snacks because you can carry them with you and they last a really long time and they're higher in fat. If you're missing a meal, that fat gives you satiety so you're not hungry all the time. I like to do things like beef jerky, turkey jerky, chicken jerky. If I'm traveling, those are easy travel to-go foods because I can put them in my backpack. They don't go bad or they don't spoil. If I get somewhere that doesn't have good food options, I've got a default plan, I've got a backup plan to really take care of myself.

Peter Osborne: Beyond that, it's all about recipes. You've got to get through the learning curve of changing your diet. The hardest part that people struggle with because they're like, "Okay, gosh. I can't eat grain. What am I going to eat?" Then they get paralyzed, so you just have to have recipe ideas. Now, you can go check out glutenfreesociety.org. We've got a whole slew. We've got hundreds and hundreds of recipes there. If you pick up your copy of No Grain, No Pain, which we're going to be giving a copy away today, there's 31 recipes that are from my home. My wife created those 31 recipes, and they're some of the most delicious foods that I eat on a daily basis.

Chantel Ray: Now, do you eat flax seeds?

Peter Osborne: A very, very minute quantity. Only some ... Excuse me. Only sometimes.

Chantel Ray: Why is that? What happens when you eat flax seeds?

Peter Osborne: Flax seeds are a little bit harder to digest. Some of the lectins that are found in them for some people creates an inflammation process, even ... This is not true of everyone, but one of the other problems that people get into trouble to with seeds in general, seeds, is they use lots and lots and lots of seeds as a major staple in their diet all the time. Understand, what is the design of a seed? If we're just talking biology, what's the purpose of a seed? It's not to be your food. The purpose of the seed is to sprout. When it sprouts, it basically ... It's creating and ensuring that it will survive as a species. If you eat that seed into extinction, then goodbye for that plant. So, the seed has a lot of protective mechanisms that fight against digestion. If you're healthy and your gut's very strong and very healthy, eating some seeds, not a big deal. That's why I can put pumpkin seed on my salad and it doesn't do anything. But if I were chronically sick with a gut problem, that pumpkin seed, that would be either a much more reduced quantity or it would be taken out of my diet completely because seeds contain other proteins that hinder digestion.

Peter Osborne: Let me give an example. In some seeds, there's a chemical compound called ATI, amylase-trypsin inhibitor. What it does is it shuts down your pancreas's ability to make enzymes that help you digest your food because the seed wants to survive your gut. It wants to come out the other end because your poop is a fertilizer. When it gets on the ground, it's going to sprout. Remember, that seed has evolved protective mechanisms because it can't run away and it can't fight back, so it has chemicals that it uses to suppress your digestion to ensure its survival. If your gut is compromised ... in essence, if you have a leaky gut, using seeds as a major staple food is a bad idea until you get your gut strong and in good shape again.

Chantel Ray: Yeah. I eat a lot of ... There's something called Flackers. Have you heard of those?

Peter Osborne: Yeah.

Chantel Ray: There's a cinnamon and currant one, and I love them because I do like to crunch, but maybe I need to cut back on those just a bit, but I do ... I love those. They are so delicious.

Chantel Ray: All right, this next one's from Shannon in Fargo.

Peter Osborne: Fargo, North Dakota?

Chantel Ray: Is that ... I have no idea. I did not do well in ... I got straight A's except in geography, and now here I'm like, "Where is this?" So, Shannon in Fargo: "About two years ago, my doctor diagnosed me with Graves' disease. He wanted to put me on medicine, but I did my own research and decided to cut out gluten. For about a year, I was in complete remission, but now my thyroid has gone the other way and is underactive. What else can I do?"

Peter Osborne: So, there's four triggers. If you're talking about underactive thyroid, if it's ... depending on whether it's Hashimoto's, which is a form of autoimmune, low thyroid, or whether it's what's called nutritional hypothyroidism. There are about 17 vitamins and minerals that are necessary for your body to be able to properly regulate thyroid hormone. If we look at those, for example, vitamin B12 and magnesium and vitamin B2 and vitamin C and iodine and vitamin D and vitamin A and selenium and iron and omega-3 fatty acids, they're all necessary to properly regulate your thyroid. One thing you can do is ask your doctor to assess your nutritional status by running some of the right tests that can help you understand whether you have deficiencies of those vitamins and minerals, because if you've got deficiencies in those nutrients, doesn't matter what else you do.

Peter Osborne: Let me give you an analogy. If we're trying to build a car and we have this factory that's turning out cars but we have all the parts we need except for steering wheels, we get to the end of the factory line and that car will start. You can push the brakes. You can push the gas. But if the car won't steer, it's relatively useless. That car is a lot like your thyroid hormone. You've got to have a thyroid hormone at the end of your thyroid factory that works. If you don't have the right vitamins and minerals, that's like missing the peddle. That's like missing the steering wheel or missing one of the tires. You've got to have those right nutrients in place in order for your thyroid to work.

Peter Osborne: Now, the second part to that is if your low thyroid is an autoimmune type of disease, you've got to look at the four triggers for autoimmune disease and rule them out. The first trigger is food. Now, gluten is one of those, but it sounds like you might already be gluten-free. You might not be grain-free. You might be traditionally gluten-free, so look at that. So, food is a trigger. There are also other foods. You could be allergic to broccoli and blueberries and superfoods. Some people are allergic to superfoods. Getting tested to see whether or not you have food sensitivities or food allergies is a very important part of identifying where a disease comes from.

Peter Osborne: Now, additionally ... So, we said food and we said nutritional deficiencies, so identifying nutritional deficiencies, but another trigger for autoimmune disease is microbial imbalance. Yeast overgrowth is probably the most common that I see on a regular basis where people have a yeast overgrowth, and that yeast can contribute to an inflammation that disrupts thyroid function. That could be another reason why, so microbial imbalances, and it doesn't have to just be yeast. It could be parasitic. It could also be bacterial imbalance or bacterial overgrowth as well, so those are common causes.

Peter Osborne: Then another trigger is chemical exposure. Women are particularly, more than men, they're particularly at risk for chemicals just because of the nature of our society. You wear hairsprays. You wear cosmetics. A lot of these different chemicals are what are called endocrine disruptors, meaning they disrupt hormones, like phthalates, for example. If you've heard of BPA, you're seeing all these BPA-free water bottles coming out, they still have plastic chemicals in them. They just don't have BPA. A lot of these chemicals that are endocrine disruptors can also reek havoc on [inaudible 00:29:27] ... heavy-hitter chemicals from your diet: the pesticides, the food dyes, the food additives, the food preservatives, the cosmetics. Finding more natural brands that don't have all the different chemicals in them is a better idea, so opting into natural shampoos and natural lotions, things that don't have all the petrol-based chemicals that they're derived from, because that's where a lot of women really, really fall prey to the social paradigm of, yeah, you want to look pretty. You want to be out there and you want to look pretty like a woman, right? There's nothing wrong with that, but you just have to make sure you're protecting yourself as you're trying to do it.

Chantel Ray: Now, have you heard of that very often in Shannon's case where someone has Graves' disease, where the thyroid is overactive, and then she heals herself, and then she goes all the way to the other side where now she has Hashimoto's, to underactive?

Peter Osborne: Oh, yeah.

Chantel Ray: Have you seen that a lot?

Peter Osborne: Oh, yeah. It's not uncommon. As a matter of fact, it can go both ways. You can start with Graves' and go to low thyroid. You can also start with low thyroid and then go to high thyroid. Some people that have low thyroid, they get over-medicated. Their doctors don't monitor their thyroid levels aggressively enough, and so they overdose them on thyroid hormone and then it sends them into a Graves' scenario where their thyroid now starts creating ... where they start creating antibodies and now they have a bigger problem. So, yeah, it's a very, very common scenario to flip either way.

Chantel Ray: Okay. This next one's from Daphne in Raleigh. "I think I need a hormone reset. I'm a 48-year-old woman, and I'm always tired, cranky, and sore. I never know if I want to laugh, cry, scream from one minute to the next. How can I reset my hormones? Daphne in Raleigh."

Peter Osborne: Well, Daphne, here's the thing. Your hormones, every single one of them, estrogen, progesterone, testosterone, cortisol, insulin, thyroid hormone, follicle stimulating hormone, all of them are made from vitamins and minerals and proteins. What does that mean? If we take it for what I just said, that means that what you eat matters more than anything else. If you're talking about a reset, you want to do a diet that eliminates the artificial endocrine disruptors. Okay, where do we get most of those aside from cosmetics, aside from haircare products? You get them in meat. A lot of the way that commercial farming is done today, you get a lot of chemicals in beef and in chicken and in fish. As a matter of fact, the number one source of antibiotic exposure in humans isn't going to the doctor. It's actually eating basically mass-production meats.

Peter Osborne: This is why it's very important that if you're going to eat meat, that you eat ... if it's beef, that it's grass-fed free-range; if it's chicken, that it's free-range organic; if it's fish, it's wild-caught, not farm-raised. Don't look for the word "sustainable." Sustainable doesn't mean sustainable to humans. It means sustainable to the animals. It's one of the worst ways to farm animals because what you're doing is you're creating animals that are eating corn and soy because corn and soy are two of the major crops that are grown to feed them. You create a sustainable feeding system for the fish or for the animal, but it's not healthy for them. When you eat unhealthy animal tissue, it's full of hormones and full of other chemicals, those pass into you and they can create hormone imbalance.

Peter Osborne: With that said, if you're trying to reset your hormones, you really want to make sure that the quality of your food is very ... You spend your budget on the quality of your food. That also goes for vegetables and fruits and nuts. You look for organic because the pesticides are endocrine disruptors. They will also play havoc on your hormones. If you're trying to reset your hormones, you've got to quit taking things in that disrupt them. That's the first step.

Peter Osborne: Now, if you want to get a head start on something like that where, "Okay, how do we do it quicker than just changing diet and waiting?" is you can do, and I would recommend that you do this supervised, but a one to a five day water fast is a great way to kind of get a quicker reset. If you're going to do anything longer than a three day fast, I really recommend you work with a professional because there's some things you're going to want to understand about fasting where when you try to start introducing food back in, if you introduce it too quick, you can get really sick. There's some problems associated with it, so make sure you're working with somebody who has experience in fasting if you're going to try that method, but it's a very effective method to get a reset.

Chantel Ray: Okay. This next one comes from anonymous. "I found an online Facebook food allergy test, and it told me that I was allergic to romaine lettuce, eggs, and then almonds. Then I found another one online that I tested myself with my blood one month later, and it said I wasn't allergic to any of these. Are these a hoax? If they aren't a hoax, then what's your favorite food allergy test that actually will give me real results and is real? I also am constantly getting yeast infections. When I take Diflucan from my doctor, I feel better, but then it comes right back. I know it's gross, but my poor husband is over all my yeast infections. Please help my sex life. My husband will give you a big virtual hug. Anonymous."

Peter Osborne: Okay, anonymous. So, that's two questions. Let's tackle part one first. If you are looking at what kind of testing to get done with food allergies, most of those tests that are available online, there's some hair tests that are available, there's some blood spot tests that are available, those are terrible tests. Don't waste not even $1 on them. They're not worth your time because they're based on technology and science that's not all that accurate. We actually, in our clinic, we double-blind labs. I never use a lab unless it's been double-blinded, meaning that we take a sample of blood from somebody, we put two different names on it. The lab doesn't know that the sample is exactly the same, and so they're going to analyze two different samples of blood from the same individual, and then they're going to give us results. The reality is if those results vary greatly, that lab is not valid. Most of those food allergy tests are like that. They have a variance of about 34-plus percent, meaning that they don't have a reproducibility on the same sample.

Peter Osborne: To really get adequately and accurately tested, there's not a commercial lab available that you can just go online and buy. You have to get with a functional medicine practitioner. This type of testing is very advanced, and it actually requires something called lymphocyte proliferation, which is the type of technology that's used. This type of technology does a few different things. There are six different ways that you can have an immune reaction to a food. We're talking about ... There's actually seven.

Peter Osborne: The first way is what's called an acute allergy, where you eat the food, and within 30 minutes to three hours, your lips swell. Your throat constricts. You break out in hives. Your heart races. That's called an acute allergic response. If you have one of those, you probably already know it, right? But we're talking about the delayed pathways. There are six delayed pathways that we know of in science. A lab test, most of the ones that you're buying online, will measure one of the six in an inaccurate manner because they're using antibodies. One of them uses antibodies called IGG antibodies. Now, IGG antibodies can be hurt. In other words, they're not differentiating whether the antibodies are good antibodies or whether the antibodies are bad antibodies. You have to differentiate if you're going to get accuracy in a test like this. That's why these online tests are so confusing and don't really help a lot of people out.

Peter Osborne: So, get with a good functional medicine practitioner. You make sure, if they're going any kind of allergy testing, you just use the word "lymphocyte proliferation." If they don't know what that means, you're in the wrong place.

Peter Osborne: Okay. So, part two to that question was about yeast. If you're chronically getting yeast infections, here's the thing. You and your husband got to sit down together. Before I take that hug from your husband, because we're going to solve this problem, you guys got to sit down together, and you have to understand that every time you have sex, if you're having recurring yeast infections, then he's inoculating you, okay? Because if you have a yeast infection and you're sexually active, he also has a yeast infection, but men do not have symptoms; but they're inoculating you, meaning that every time that you kind of are phasing in and out of one and then you guys have sex, then he's actually reinfecting you himself.

Chantel Ray: Wow.

Peter Osborne: Both of you have to do the same things together if you really want to overcome a chronic yeast infection. Number one, you got to avoid all antibiotics, because that's one of the biggest causes of a yeast infection. Remember how I said earlier that a lot of your commercial meats have antibiotics in them? You've got to make sure the diet's right, that you're not getting antibiotics by accident. That's part of it, is avoiding antibiotics.

Peter Osborne: The other is make sure that if you're drinking water from city tap or from the city, that you filter out the chlorine. Chlorine acts as a natural antibiotic, so it can cause recurring yeast overgrowth in people. You want to make sure that any water that you're drinking does not have chlorine or bromine in it because, again, those act as antibiotics.

Peter Osborne: Number three, if you are eating a lot of carbs, if you're a sugar junkie or you crave sugar, which is very common for people with yeast overgrowth because yeast can hijack your brain. That's why sugar can be so addictive, is because generally people who are addicted to sugar have a yeast overgrowth and the yeast are screaming to the nervous system, "Give me more sugar! Give me more sugar!" If you're a carboholic or a carb junkie, you've got to really shave your carbohydrates back. I would recommend not necessarily a ketogenic diet, per se, but I would recommend intermittent fasting, where you go 16 hours ... You go 16 hours of a window where you're not eating and you eat all your meals in an eight-hour window. Whatever that window looks like for you is fine. Have your husband do the same. Make sure you're trying to stay under about 50 grams of carbohydrates a day. Now, that might not put you in a ketogenic state, but reducing your carbs is going to reduce the food source for yeast.

Peter Osborne: Remember that yeast ferment carbohydrate. If you feed them a bunch of food, they're basically ... They're going to be happy. They don't want to go away. They're going to stay right with you. Yeast ferment carbohydrates, and they produce from those carbohydrates, they produce acetaldehyde and alcohol. Now, alcohol makes you drunk and damages your liver and makes it harder for you to get rid of yeast, so yeast are kind of ensuring that they get to stay along for the ride unless you starve them out.

Peter Osborne: So, one of the best ways to get rid of them is to starve them out, to avoid things that have antibiotic-like properties, and then you can use some natural antifungals a little bit longer. If you're using Diflucan, don't necessary recommend that in my practice. What I generally will recommend, I have actually a custom formulation I call Yeast Shield. It's a mixture of different plant botanicals that can be taken. If you take this for about eight to 10 weeks while following a low carbohydrate diet and avoiding different elements or sources of antibiotics, and your husband you both do that kind of simultaneously, that should help you kind of move in the right direction.

Chantel Ray: Awesome. This is the last question. Crystal in Memphis. "I've been reading a lot of things about juice cleanses and I want to try one, but I'm not sure which one is best. A lot of the ones I'm seeing are filled with sugar. What types of juice cleanses are best, and how often should I be doing them?"

Peter Osborne: So, the question about cleanses comes up a lot because people, a lot of times, people want to cleanse. If you really want to do a juice cleanse, do a vegetable juice cleanse, not a fruit juice cleanse. If you're doing a fruit juice cleanse, you're just loading your body up with sugar and you're going to cause a yeast overgrowth. Look, sugar is sugar is sugar. If you take the fiber out of the sugar, then it's no different than if you were doing a Coca-Cola cleanse, not to your body. Your body's not going to register that sugar any differently from Coca-Cola than it would, say, from a ton of fruit that you're juicing. I would go, if you're going to do a cleanse, do a vegetable juice cleanse. A lot of people find benefit with celery juice. Celery juice is a good one that works really, really well for a lot of people.

Peter Osborne: You can do that, but I wouldn't recommend necessarily doing it forever. I wouldn't go longer than a few days where you're trying to do a cleanse because people take cleanses too far. What happens is they ... Remember, your body needs caloric nourishment to heal and repair. If you're trying to heal and repair at the same time, you can only cleanse with minimal calories for so long before it starts to go in the opposite direction. One to two, maybe three days of a juice cleanse, but after that you got to start introducing some really solid whole foods that are good for you and bring those back in.

Chantel Ray: Awesome. Well, thank you so much for being on our show. We're going to give away ... If you go on our Facebook page, we're going to give away ... One lucky person is going to get a copy of No Grain, No Pain, which is a phenomenal book. If people want to hear more about what you have to say, tell our listeners where they can learn more to find out about you.

Peter Osborne: So, you can visit ... My foundation is glutenfreesociety.org, O-R-G. That's where if you want to learn all about the gluten-free lifestyle, come visit us over there. If you want to learn more about my clinic and my outreach and how I help people get better, you can visit me at drpeterosborne.com. It's spelled out just like my name. P-E-T-E-R-O-S-B-O-R-N-E. D-R-peterosborne.com.

Chantel Ray: You also have some different recipes online on drpeterosborne.com where people can download some free recipes, correct?

Peter Osborne: I do, yeah. We've got a ton of giveaways. We've got a free book on autoimmunity. We've got a free book on leaky gut. If you come to the site, you'll see little boxes that if you are interested in kind of particular details, just punch in your name and email. You can pick what you're interested in, and we'll try to send you some great information on those topics.

Peter Osborne: So, look. If you think going gluten-free might be the right move but you don't quite have the tenacity to put the diet together, step one is just get tested. We've got a special offer for all of Chantel's listeners and followers today. If you go to chantelrayway.com/gluten, you can pick up a genetic testing kit there. It's a Dr. Osborne approved genetic test. We're going to give you a super discount on it. We're going to give you a $50 discount on that test just for being a follower of Chantel's. Yes, so point being get tested. If you're not sure and you're guessing, get tested.

Chantel Ray: Awesome. Well, thanks so much for being here today. If you have a question that you want answered, go to questions@chantelrayway.com. We'll see you next time. Bye-bye.