



EPISODE #173  
 NO GRAIN, NO PAIN  
 WITH DR. PETER OSBORNE

In this episode...

01:48 about Dr. Osborne ..... 2  
 03:40 grains ..... 3  
 07:37 grains and the gut ..... 4  
 09:42 testing reactivity to grains ..... 5  
 15:30 mycotoxins and chronic inflammation ..... 8  
 17:49 managing pain and pain medications ..... 9  
 25:51 grains and vitamin B deficiency ..... 13  
 31:00 naturally reducing pain and inflammation ..... 15  
 34:21 Origins Health Care and GlutenFreeSociety.org ..... 17  
 36:11 the most pressing health issue in the world today ..... 18  
 39:18 more about Dr. Osborne ..... 19  
 39:52 practitioner certification program ..... 19  
 43:23 closing ..... 21

Wendy Myers:

Hello everyone. It's Wendy Myers here from [Liveto110.com](http://Liveto110.com).

We have a fantastic podcast for you today. Dr. Peter Osborne is going to be talking about how grains cause pain.

He's got a fantastic book called No Grains, No Pain. And he's going to be talking—it's so interesting—about how grains cause pain on many, many different levels, how the substances and grains like gluten or mold or heavy metals and other chemical reactions happening in your body when you eat grains can contribute to pain and inflammation.

We're also going to delve into how when you take anti-inflammatory medications, be they over-the-counter or prescription, opiate medications, how those can actually contribute to more pain down the road and how you really want to address the underlying root cause of your pain. If you're in pain, you need to take grains out of your diet while you're researching the underlying root cause of why you're having pain. And Peter is going to tell us how to do that today on the show.

Please keep in mind that this podcast is not intended to diagnose or treat any disease or health condition and is not a substitute for professional medical advice. The Live to 110 Podcast is solely informational in nature and for entertainment purposes only. And you should consult your healthcare practitioner before engaging in anything that we suggest today on the show.

## 01:48 ABOUT DR. OSBORNE

**Wendy Myers:** Our guest today is Dr. Peter Osborne. He's a Clinical Director of Origins Health Care in Sugar Land, Texas. That's right, in Houston, Texas where I grew up. He's literally 10 minutes from the home I grew up in where my mother still lives.

He is a doctor of pastoral science. He is board certified in chiropractic medicine and a diplomat of the American Clinical Board of Nutrition.

In practice since 2001, Dr. Osborne's clinical focus is the holistic natural treatment of chronic degenerative diseases, the primary focus on gluten sensitivity and food allergies.

He founded Gluten Free Society in 2010 to help educate patients and physicians on the far-reaching effects of gluten sensitivity. He is the author of *Glutenology*, a series of digital videos about gluten. You can learn more about Dr. Osborne at [GlutenFreeSociety.com](http://GlutenFreeSociety.com).

**Wendy Myers:** Peter, thank you so much for coming on the show.

**Dr. Peter Osborne:** Thanks for having me, Wendy. It's great to be here.

**Wendy Myers:** Why don't you tell the listeners a little bit about yourself and your background?

**Dr. Peter Osborne:** So I have a functional medical practice just outside of Houston, Texas. I'm a chiropractor by training. I'm also a board certified clinical nutritionist and a doctor of pastoral medicine.

I founded the Gluten Free Society to help people learn a little bit more about gluten. As well, we have a doctor training program to educate doctors about the far-reaching effect of gluten.

And I'm the author of *No Grain, No Pain*, a new book that just came out in January. It's now sold over 10,000 copies. That's the rough synopsis.

**Wendy Myers:** Yeah, I'm from Houston too, so I know exactly where you live in Sugar Land. My home that I grew up in is not very far from there. My mom still lives there.

**Dr. Peter Osborne:** Awesome. I didn't know that.

## 03:40 GRAINS

Wendy Myers:

Yeah, so grain has been a staple food for years. And so why are so many rushing towards a grain-free diet and finding such dramatic improvements in their health?

I know when I stopped eating gluten, I was amazed at how much better I felt. I stopped getting those horrible stomach aches and actually vomiting, waking up in the middle of the night vomiting. And no doctor could figure out what was going on. So tell us why other people are having such phenomenal improvements when they remove grains.

Dr. Peter Osborne:

I think we have to look at grains' history. A lot of people just aren't aware of the history behind grain. We just assume that it's this healthy staple food.

But prior, about 1890, there was no such thing as cereal. It didn't even exist. It wasn't until Dr. Kellogg came out with forms of grain-based flakes that would irritate the bowel to relieve constipation, keyword "irritate the bowel." So these foods that were created as bowel irritants ended up becoming main stays in the human diet for the last hundred years.

But a lot of people don't realize that in 1943, the United States government banned the sale of grain because it was responsible for creating so much vitamin deficiency disease. Diseases like pellagra and beriberi were killing about 7000 to 8000 people a year.

This is where our Fortification Program came in fortification of grains. If you ever look on a loaf of bread or a box of cereal, you'll see that it's always fortified with certain vitamins and minerals. That's by law because if the manufacturer didn't fortify them, they would kill people, they would cause massive malnutrition on a large scale.

So when we look at grain from that historical perspective and then we add the fact that we've been marketed to it very intelligently, we've been marketed to buy from cereal manufacturers, that whole grains and grain in general is just a health food. But grain contains gluten, which most people are familiar with. It's that family of toxic proteins that can contribute to an immunologic reaction leading to chronic inflammation, autoimmune disease, leaky gut and a host of other problems.

But there are other compounds in grain. There are heavy metals. For example, rice, which is

oftentimes referred to as a gluten-free substitute contains high level of cadmium and arsenic. These are toxic metals that can interfere with a number of enzyme systems in our body that disrupt hormones and disrupt blood sugar regulation among other things.

We've got grains containing mycotoxins, heavy metal [...] mycotoxin is mold poop. It's the compound that mold releases and many people are highly, highly reactive to mycotoxins and it can make them very, very sick.

We've got the fact that many grains are high glycemic. Just the sugar load and the sugar burden alone create a contribution for heart disease and diabetes and blood sugar dysregulation.

We've got the fact that many grains, even besides the ones like wheat and other ones that we call gluten-containing grains, contain other forms of chemicals like lectins that bind minerals and bind other nutrients and cause malnutrition.

We've got the fact that grains themselves contain other types of proteins that are non-gluten proteins. A particular family is called ATIs, amylase trypsin inhibitors. These proteins found in enough number of grains can inhibit the pancreas and so they shut down human digestion.

Ultimately grains are seeds. Particularly they're seeds of grass. And if people use them as a staple food, understand that all seeds, even non-grain seeds, are designed to survive. And so they have biochemical mechanisms of survival. So when you eat them in mass, they can do things to your gut. They can wage war on your gut, they can wage war on your body as an attempt to continue their own survival because ultimately at the end of the day, they're life forms that don't want to be eaten.

## 07:37 GRAINS AND THE GUT

Wendy Myers:

Yeah. And it's not surprising why so many people today have gut issues and digestive issues and malabsorption issues and leaky gut and that leads to autoimmune and all kinds of other problems. Can you talk a little about how grains attack the gut?

Dr. Peter Osborne:

Yes, there are a number of studies that show, number one, grains are active. There's a particular type of receptor in the gut wall called the toll-like receptor. And so grains have been shown to interact with this receptor and start or spark an inflammatory cascade.

If we talk about gluten, a lot of people go get tested for celiac disease, so they run these different kinds of antibody tests called anti-gliadin antibodies and they'll run something called anti-tissue transglutaminase. And the doctors might run anti-endomysial antibodies. So these are general antibodies that if a person is reactive to gluten, they can show up positive, but they don't have to.

And one of the reasons why is that it's not just those antibodies that grain contributes to. Part of it is this inflammation through what are called toll-like receptors. Part of it is the interaction with a particular mechanism that keeps our gut sealed. So there are these little tight junction proteins in between each of our intestinal cells. And so grains have been shown to disrupt those proteins and open them up and basically create an intestinal hyper-permeability, otherwise known as leaky gut.

But that's not all. Again, some of the other interactions with grains—a lot of doctors again test for antibodies. And antibodies are part of the immune system cascade. We call it the humoral immune system. It's the type of immune system responsible for producing antibodies.

But there's another side to our immune system called the innate immune system. Some research studies are now showing that these people that don't have celiac disease—we call them non-celiac gluten-sensitive individuals—their immune reaction isn't through the humoral or antibody induced system. It's actually through the innate immune system. So we're getting a completely different kind of chemical inflammatory reaction that causes gut damage and leaky gut.

## 09:42 TESTING REACTIVITY TO GRAINS

Wendy Myers:

Very, very interesting. I think a lot of people go to their physician, wondering if they have gluten sensitivity or celiac or should they avoid wheat. And like you said, the doctor does these outdated celiac tests, "Oh, you don't have celiac. You're fine, green light for gluten and grains." I think people need to realize the limitations of their doctors in giving them the green light when they aren't using effective testing.

Dr. Peter Osborne:

Yeah, absolutely. I highly encourage people if they really want to know. I mean most nutritionists and doctors say, "If you really want to know, just go gluten-free. And if it works, it works," and they end it at that.

And I say, "Why would you radically change your diet for the rest of your life just because you feel better when you take the food out?" It's not that that's not a smart thing to do. Obviously, if you eat a food and you feel bad, stop eating it.

But why do you feel bad? Is it the fact that you're reactive to gluten or is it the fact that you're reactive to the pesticide in the grain or is it the fact that you're reactive to the heavy metals that are in some forms of grains? Is it the fact that you're reactive to molds or mycotoxins? What kind of reaction are you actually having? And do you really need to go completely gluten or grain-free for the rest of your life?

So I recommend genetic testing. If a person really wants to know, there's a couple of different genetic allele markers that we can look at that tell us a person's genetic propensity to react to grains. And that to me is far more important. I don't care whether they are reacting to them. I want to know what their genetic propensity is.

If it's their normal response to make inflammation when they get exposure to grain, I want to know because that tells me that genetically, they should avoid grain, unless they want to induct with a chronic inflammatory problem.

Wendy Myers:

And so what kind of genetic testing do you recommend to determine if you should be avoiding gluten or grains, et cetera?

Dr. Peter Osborne:

When it comes to gluten, we look at how it interacts with our cells. It interacts with our immune cells through this antenna that sticks off of the surface of a white blood cell called the lymphocyte.

This antenna is a Y structure and shaped like a figure Y. It's called HLA, human leukocyte antigen DQ receptor. There are two genes that code for this receptor. There's an HLA-DQ alpha 1 gene and there's an HLA-DQ beta 1 gene.

So these two genes combine to create this antenna whose job it is to recognize friendly from enemy. So as the immune system is trying to recognize, "Hey, who should we attack and who should we let go?" this receptor is critical for grain.

And so when a person has positivity and there are different kinds of positivity that come with this gene, some people will get gene tested and these gene markers are called HLA-DQ2 and HLA-

DQ8 markers, some people will get celiac tested on these gene markers and they'll be negative, but they'll still be gluten-sensitive and the reason why is because there are non-celiac markers on these same genes that will still create a problem if that person eats grains.

So we look at HLA-DQ alpha 1 and HLA-DQ beta 1. We look at celiac and non-celiac markers to determine whether or not going gluten-free from a lifelong perspective is the right move for a person.

Wendy Myers:

Can you look at [23andMe.com](https://www.23andme.com) and then run that through an app to determine whether you have these gene markers or gene SNPs?

Dr. Peter Osborne:

No because looking at alleles and looking at SNPs are two totally different things. SNP is an acronym for single nucleotide polymorphism.

If you think about a gene, think about it like this. We all have two arms, two eyes, two legs. And our arms and our legs are different lengths, they're different thicknesses. Our eyes are different colors. But we all have them. So think of it as we all have genes that code for those things, but they're genes of a theme, so the theme of arms and the theme of legs, but not identical or not exact.

When we're looking at SNPs, we're looking at general variations of the theme of genes that would indicate either an advantage or a disadvantage for that individual.

For example, on 23andMe, we might look at a gene pattern that measures liver detoxification. There's a number of different cytochrome P450 or CYP genes that can be looked at. And if a person has variances in these genes that are disadvantage to them being able to properly detoxify, then they have to be more particular about filtering their air and filtering their water and not using plastics, things of that nature. So that's the kind of information you can glean from a SNP test.

But when we need to know the—I'm going to back up a minute. If you do a 23andMe test, they do run celiac SNPs, but they only look at the SNP that is celiac. So again, if you are a non-celiac and you don't have the propensity to develop celiac disease, but you have gluten sensitivity gene pattern, that type of testing won't pick up on that and it won't detect it. Does that make sense?

Wendy Myers:

Yeah, absolutely. So what testing do you recommend if people want this info?

**Dr. Peter Osborne:** We actually do the testing through Gluten Free Society. It's HLA-DQ alpha 1 and beta 1 testing. And it looks at all four genetic pieces. If a person has any of these positive markers or positive allele markers for gluten sensitivity, we can detect that to 99.9 infinity percent accuracy and determine whether or not gluten is a bad move for them.

**Wendy Myers:** Oh, I want to get that test. So we're going to talk after the show.

**Dr. Peter Osborne:** Sure.

## 15:30 MYCOTOXINS AND CHRONIC INFLAMMATION

**Wendy Myers:** So your book, the last book you have is called No Grains, No Pain and it talks about the mold and mycotoxins as a cause of pain. Can you elaborate on that?

**Dr. Peter Osborne:** Absolutely. One of the premises of pain is chronic inflammation.

First of all, let's define pain because when we think about pain, we think of a physical aberration, "Oh, my shoulder hurts, my arm hurts. I have a headache," something along those lines. That's true, pain can be a physical manifestation.

But you can have hormone pain and what I mean by hormone pain is imagine eating a food or getting exposure to a substance that alters your internal hormone biochemistry and when that hormone biochemistry is altered, it affects other aspects of how your body is supposed to work.

For example, mycotoxins are known to trigger a thyroid dysfunction. Imagine your thyroid hormone isn't working properly. Well, thyroid sets your metabolic rate of your body. So imagine now you've got a chemical interfering with your thyroid and your thyroid is supposed to set up how your muscles are able to contract and relax appropriately. Because that hormone goes deficient, we now have muscles that are in chronic spasm and that chronic spasm leads to compression of joints, which then leads to more wear and tear of cartilage, which then leads to the potential for developing actual physical pain syndromes.

So you can start this whole process with a chemical disruption of hormones that leads to an aberration or an abnormality the way muscles work or joints work or any other form of the body tissues might work and that, in and of itself, can then subsequently lead to physical manifestation



of pain. That's just one example.

We could walk through literally a couple of thousand different examples of how mycotoxins can disrupt normal human chemistry and the outcome of that would manifest as some type of pain or another.

One of the more common types of pain with mycotoxin exposure at least in my clinical experience is migraine headaches. We see a lot of people. One of the reasons why is mycotoxins generate so much inflammation, they actually lead to hypoxia, so a lowered level of oxygen. So we get less oxygen going to the brain. When the brain starves for oxygen, that can be one of the main triggers of a vascular or a neurogenic type of migraine headache.

## 17:49 MANAGING PAIN AND PAIN MEDICATIONS

Wendy Myers:

Yeah. And this is just screaming to me because I have a very good friend of mine that eats bread all day long and wonders why she's in excruciating pain all day long. And she takes pain medication, prescription pain medication for the pain. So let's talk about that.

A lot of people are on medications to treat pain and one of the concepts that you detail in your book is the prescription pain trap. Can you give us some examples that you talk about in the book, about why maybe prescription pain medication is not the answer?

Dr. Peter Osborne:

Let's preface this too by saying that if you've got terminal cancer and you're trying to reduce your pain, by all means, take prescription pain medication.

Wendy Myers:

Yeah.

Dr. Peter Osborne:

So there are times where it's okay. I don't want to come across as completely anti-medicine either, but I think it's important to understand that if you're using a prescriptive pain medication, there are two main classes, actually three. There's non-steroidal anti-inflammatory, there are steroids and then there there's opiate.

If we look at those three classes of medications, we know that more than 36,000 people a year die from the proper use of those three kinds of medications. That, in and of itself as a statistics, to me is extremely alarming.

When you look at the FDA policy on supplements, a couple of years ago, ephedra, which is a supplement that's used to help the lungs, to help with breathing. It also can be used as a thermogenic aid. It was banned from the market for causing 12 deaths. Yet, we have a class of medication that is known to cause over 30,000 deaths a year. There's obviously a bias in what the FDA wants to protect and doesn't want to protect and I think people just aren't aware of that danger. So I think it's important to call that out.

But the prescription pain trap is when somebody is on a particular pain medication. Let's just use non-steroidals because it's the most common. Things like ibuprofen and aspirin and naproxen and Mobic and Celebrex are perfect examples.

What these drugs do is they block a particular enzyme called cyclooxygenase. So they're COX inhibitors, cyclooxygenase. And as they block this enzyme, that reduces inflammation. And so when you reduce inflammation, you subsequently have a reduced pain effect.

But the problem with that is when we reduce this enzyme, there are subsequent side effects for doing that. One of them is gastrointestinal bleeding. And so one of the things that happens is we get an erosion of the mucosal barrier of the GI tract when we're using these medications long term.

Let's just say if you take this type of medicine because you have a headache once every six months, that's not what I'm talking about. I'm talking about the person who's popping these pills on a regular basis to control their pain without trying to ascertain the origin of their pain. So what happens overtime is they're getting gastric bleeding, gastric and intestinal erosions that can increase their risk for cancer. But it also breaks down one of the five primary barriers of the GI tract, which can subsequently lead to leaky gut or intestinal permeability.

So let's say you got autoimmune pain. Migraine is a form of autoimmune pain and there are over 90 different forms of recognized autoimmune disease. So there's a whole lot of different forms of autoimmune pain.

If we're taking a drug that causes leaky gut over the long haul, we're setting our stage for autoimmune disease in general. So we get stuck in this trap of "Hey, we're treating the pain, but in the process, we're creating leaky gut." And if we already had leaky gut as an origin for why we have pain, then we're just blowing the gut even further open and it's just creating a vicious cycle

that we're never going to escape.

But one of the other problems with pain is drug-induced nutritional deficiencies. Again, the non-steroidal anti-inflammatories cause vitamin C and folate deficiency. And if we're talking about joint pain in general, folate is necessary to form the glycosaminoglycans that are building our cartilage.

If you block that nutrient, you actually inhibit your body's ability to ever reform new cartilage appropriately or ever heal. So you create this very, very again catch-22 scenario or this prescription pain trap that never leaves you in a position to heal and recover.

And that's just [insights]. We could talk for another hour about steroidal pain control or about opiate pain control because there's a whole other school of types of problems that come on with those medications.

Wendy Myers:

Let's just do that. Let's explore opiate medication because as we know, addiction to opiate pain medications is on the rise. It's a huge problem. Let's talk about how that could backfire on someone and why it doesn't address the root cause of why they're having pain.

Dr. Peter Osborne:

The biggest problem with the opiates aside from the risk of death—and actually the CDC Director Thomas Frieden recently came out and said no other drug so frequently causes death so much that has such a little impact on the overall outcome of pain patients.

I paraphrased him. That's not an exact quote, but that's generally what they said. And this was a new warning that just came out a few months ago put out by the CDC on using opiates.

So one is the risk of death. Two is the risk of addiction. These types of drugs are so addictive. They've been shown to completely wreck people's lives.

One of the most famous people that had a very severe opiate problem was Rush Limbaugh, the conservative talk show radio host. It really, really put a wrecking ball in the middle of his life. And he struggled for years with this problem until he came out with it. And I think he got care, he got treatment to overcome it.

But the addictive properties of opiates are horrendous. The death risk is horrendous. I think 16,000 plus people a year die from opiate use. And I'm not talking about illegal opiate use. I'm talking about legal opiate use. So if we add the illegal, I think the number is much, much higher.

But one of the other side effects of opiates is basically they cause glutathione deficiency, so glutathione, being one of the pre-eminent master antioxidants that the liver uses to detoxify, all things from our environment. Our livers got a very job in detoxification.

What it does is it converts fat soluble environmental chemicals into water soluble chemicals so that we can excrete them through the kidneys or sweat them out or breath them out through our lungs. And when we deplete glutathione, we're depleting the liver's ability to do that. And so then, these toxins stay fat soluble, and then we start storing them in fat cells.

Now, let's take that another step further. Here we are, we're in chronic pain. What does chronic pain do? It causes an excessive cortisol release by our body and cortisol causes fat storage. And so now we're on this pain medication that causes our liver to not be able to detoxify. So all these fat soluble chemicals are staying in our body and we're producing this anti-inflammatory hormone that causes fat storage.

So here, we're pumping all of these chemicals into our fat cells as a storage facility. So now we're hyper-storing environmental toxins.

So now you take this person and you get them going in the right direction. Maybe you change their diet. You wean them off the medications and you start getting them going the right direction. They start losing weight.

The first thing that happens is they start having these severe toxic reactions to their own fat loss. And so this whole process, in and of itself, can become very deterring. A lot of patients go through this process. If they don't have a good doctor guiding them or a good nutritionist warning them, what ends up happening is they quit and they say, "I tried that whole process and it didn't work for me. It actually made me feel worse," because the second they started losing weight, they started reacting to the burning of their own fat toxins in their fat cells.

Wendy Myers:

Yeah. I actually had the same thing happen to a friend. She lost 100 lbs and she developed this huge cyst at the base of her spine. And the cyst, the body will use those to store toxins and collect toxins that she's releasing from her fat. She had a tough time with it.

## 25:51 GRAINS AND VITAMIN B DEFICIENCY

Wendy Myers:

Most people associate pain with physical limitation like low back pain and shoulder. Your book elaborated some concepts that go beyond physical pain like hormonal pain, leaky gut and nerve damage. Can you talk about how grain consumption can cause these problems?

Dr. Peter Osborne:

Yeah. One of the biggest problems with grain consumption in general is the fact that it can actually cause vitamin B1 and vitamin B3 deficiencies. These are two B vitamins that play a very, very big role in neurological function.

Let's just look at vitamin B1 as an example. A vitamin B1 deficiency, which I see very commonly in the clinic is also known as beriberi. There are two forms of beriberi. There's wet beriberi and there's dry beriberi.

Dry beriberi affects the nervous system. We need vitamin B1 to produce the neurotransmitter acetylcholine, which is the primary chemical that the brain uses for brain cells to communicate. And so when we don't have vitamin B1, we cannot develop and we cannot produce adequate acetylcholine and we can start developing major neurological breakdown in our brain and in our central nervous system.

One of the manifestations of this is epileptic seizure disorder. We don't think of seizures as pain. We think of seizure as something completely esoteric and beyond pain, but this is what I would call form of neurological pain where we have a deficiency that contributes to a dysfunction in the nervous system, that contributes to the pain of having the disease beriberi as epileptic seizure disorder.

If you ask most neurologists where does beriberi come from, they can tell you it's vitamin B1 deficiency. But if you ask them what happens, where the epilepsy comes from, 99% of them are not going to be able to tell you that beriberi can actually be a cause of epileptic seizure disorder. And many people who have seizures actually have vitamin B1 deficiency, they don't have this unknown ideology of epileptic seizure disorder.

That's just one example. We can create a nutritional deficit that leads to a chemical aberration in the nervous system, in this case, leading to epileptic types of pain.

But another example would be vitamin B12 deficiency. Vitamin B12 is necessary to form the myelin

sheath around our nerves. You think of our nerves as wires that run through our body, just like you might think of a copper wire.

If you plug in your computer, there's a coating around the cord. It's the insulating coating around the copper wire. If you were to strip that coating away, all you would see is a copper wire.

Think of your nerves as that copper wire, but you produce this substance known as myelin or otherwise known as the myelin sheath and that myelin sheath is made out of nutrients and one of the nutrients that helps form the myelin sheath is vitamin B12.

Another one is vitamin B2. So if you've developed severe damage to the GI tract as a result of grain consumption and you developed vitamin B12 deficiency, which by the way is the number one deficiency I see in patients with gluten sensitivity.

One of the reasons is the damage that occurs caused by gluten. It occurs right at the juncture of where the small intestine meets the large intestine or the ileocecal valve. This is an area of the intestine where most of our B12 gets absorbed.

And if that area becomes damaged and chronically scarred, we become more and more susceptible to vitamin B12 deficiency. And then we can start to develop the neurological symptoms associated with that B12 deficiency, things like neuropathy, so burning feet, numbness and tingling in the arms or hands. Some people will develop brain fog and severe anemias and depression.

And with anemias because you can have vitamin B12 deficiency anemia, with anemias, we get hypoxia. It's the same scenario I was talking about earlier where lack of oxygen, that's what hypoxia means. It's lack of oxygen.

And so when the brain doesn't adequate oxygen, oftentimes that's a trigger for migraine. So again, there are all these different pathways that can manifest in pain in separate and different ways that we don't typically think about, the physical manifestation of joint pain through the nutritional pathways where we damage the gut, where grain can damage the gut that can induce a nutritional deficit.

And most doctors do not check for nutritional status in their patients. We check for about 40 different nutrients. We check for all the essential nutrients, the nutrients the body cannot produce on its own, the nutrients that the body has absorbed from the food just to make sure

that what they've been doing in their diet and the damage in their gut has not hindered their body's ability to get the adequate nutrition to sustain their normal function and to also support their healing process.

Wendy Myers:

Yeah. It just drives me crazy when I hear about people going to their physician for very serious diseases, pain, cancer, autoimmune. And they're not checking for nutrients and it's complete insanity to me. Even a lot of non-license health practitioners as well are not checking for nutrient status. It misses the whole point.

## 31:00 NATURALLY REDUCING PAIN AND INFLAMMATION

Wendy Myers:

If someone is in pain, what are some of the ways that they can naturally reduce pain and inflammation?

Dr. Peter Osborne:

To try to reduce pain initially is critical. What we want to try [...] quality of life, so they can begin processes of mobility and exercise because this is very important to maintain health and to reestablish health.

So we want to improve their quality of life. So there are a number of different agents in Mother Nature's toolbox.

One of them is turmeric. A lot of people will use turmeric as a spice in their foods. But to really have a strong anti-inflammatory pain reduction effect, you've got to go much higher than what you can sprinkle on your food.

So we use several grams of concentrated turmeric and it's basically concentrated to contain something called curcuminoids. If you're looking for a supplement, generally you want something that's concentrated to 99% to 95% curcuminoids and you need about two grams of that to really start having a strong impact on pain.

One of the other best pain reducers is omega-3 fatty acids. This is actually one of the reasons why grains cause pain. It's because they're so high in omega-6 and so low in omega-3, so they cause the disruption of the ratio of omega fatty acids in the body, which leads to chronic hyper inflammation.

So if we can start to restore that by getting grain out of the diet and taking away omega-6 and then adding omega-3, but the quantity of omega-3 that really has to be put in, most people will take one gram of fish oil, maybe two grams and the concentration of the two compounds in fish oil, they're called EPA and DHA, are nowhere near what they should be. If you really want to be effective at reducing pain, you've got to four to eight grams of concentrated EPA, DHA fish oil. Otherwise, you're not going to get much of the pain reduction out of it.

It can be just as effective as ibuprofen. Actually studies have shown that it's equally effective in its pain reducing capacities as ibuprofen if the dose is high enough.

One of the other tools that can be used is proteolytic enzymes. These have been around for 60 to 70 years. They've been being used for a number of different conditions, but they work extremely well for pain, proteolytic enzymes. And there are a number of different brands.

We actually have one called MetriZyme that's extremely effective. It's concentrated and it's designed for that very specific reason.

Then you've got other herbals like Boswellia and ginger and skullcap. These are all COX inhibitors. Like what we were talking about earlier with those cyclooxygenase medications that inhibit cyclooxygenase. These are natural COX inhibitors and they work extremely well for reducing pain and inflammation.

Again, these are just strategies that people can use from a supplement perspective to improve their quality of life to begin the process of reducing pain. But what's most important is that they make meaningful change in their lifestyle.

Don't just go pop a bunch of pills because even natural medicines, as effective as they can be, you still want to get to the origin of why the pain is there. You don't just want to mask it with natural medicines either because it doesn't matter how you mask it. Whether you mask it with pharmaceuticals or whether you mask it with natural agents, if you don't get to the source of the pain, the problem is going to continue to persist and you're going to end up in a much bigger boat of problems later down the road if you don't figure out today.



## 34:21 ORIGINS HEALTH CARE AND GLUTENFREESOCIETY.ORG

**Wendy Myers:** Can people work with you personally or are you still seeing clients or do you just have practitioners do train through your gluten practitioner program that are seeing clients? How does someone work with you?

**Dr. Peter Osborne:** Well, they can call my office. They can find me online at [DrPeterOsborne.com](http://DrPeterOsborne.com). My clinic is Origins Health Care. We're booking out about seven months right now, so it's hard to get in. But I do still accept new patients.

I also train physicians. So we have a database, a practitioner database on [GlutenFreeSociety.org](http://GlutenFreeSociety.org) that people can tap into and we have different tiered programs. So we score doctors and nutritionists based on their level of training with us because one of the things is I don't want to just make a generic recommendation mainly because I want to make sure somebody is doing what I would be doing.

So if I am right making that recommendation under the auspice that this person will do what I would do, I want to make sure that that person is qualified to do what I'm doing. So the only way I can do that is to ensure that they've gone through it.

We have a two hour and an eight hour post-graduate program. So it's a total of 10 hours. So those are what we call Tier Two Certified Doctors or Clinicians. And beyond that, we have a tier three program. It isn't anything you can do. It's experience-based.

So we make sure that those tier three certified practitioners have at least 75 patients of experience using our protocols. And that way, we have the highest level of confidence in those particular practitioners simply because they have the most experienced and we'll probably deliver the most value.

**Wendy Myers:** Peter, I'm just really impressed with your amount of knowledge and I know that so many of the listeners are having so many aha moments right now and putting down that toast and putting down that donut for listening.

## 36:11 THE MOST PRESSING HEALTH ISSUE IN THE WORLD TODAY

**Wendy Myers:** I have a question that I like to ask to all of my guests. What do you think is the most pressing health issue in the world today?

**Dr. Peter Osborne:** That's a big question. I don't even know how to answer that. I would say government policies are probably the most pressing health issue.

The fact that we have an FDA that's not designed really to protect us, the fact that we have a medical system that completely and miserably failed, but we've just subsidized with taxpayers' dollars. So we just made our medical care system that's ranked 37<sup>th</sup> overall in the world. We just made it free. Actually, it's not free, it's still paid for.

So we've made a system that's failed to work. We've just reinforced it and made it the main system and now we're providing that system as a means of a solution to millions of people who can't afford regular care. To me, that is atrocity because these people are going to go to a doctor now and they're going to get doesn't work for their situation. So that's part of policy.

And then the other part of policy is that we have this food stamp program and welfare program that doesn't teach fundamental nutrition. It just says, "You can go to the store and buy whatever you want. If you want to buy soda with your food stamps, if you want to buy highly processed food with your food stamps, that's okay."

So we have this system that doesn't teach people how to use nutrition or how to access good quality or healthy food. And it's paid for. And the fact that it's paid for and it makes them sick and then they go on to get sick and we're paying for their healthcare, it's all just this big nightmare of a system that just doesn't work.

I'd say that's what allows this whole mess to continue to propagate and I don't know what the solution is. I think the solution is what we are currently doing, people like you that are out there, that are educating, that are getting the information into the hands of the mass public so that the grassroots movement itself can become the solution.

I don't know how else to put it, but it's a very, very big problem and it's sad to see that it continues to progress.

Wendy Myers:

I absolutely agree with you, Peter and it's people like yourself as well that are educating people outside of our medical system because the medical system doesn't work. It does not work for managing chronic disease.

And the doctors, a lot of physicians go into medical school with very good intentions and then slowly but surely it dawned on them that they can't really help their patients. And I think a lot of doctors, they're handcuffed. They get very, very frustrated. A lot of them become depressed because they realize the solution is not in medications, that a lot of times, they're not able to offer more because they're at the mercy of their medical licensing boards.

So people do, they have to take their health into their own hands. Their health is their responsibility. And no one is going to care as much as you do about your health.

Dr. Peter Osborne:

Yeah. I absolutely agree. We got to look in the mirror at ourselves and what we're doing and what we're not doing first and then take control and be our own advocates.

## 39:18 MORE ABOUT DR. OSBORNE

Wendy Myers:

Peter, thank you so much for coming on the Live to 110 Podcast. Tell the listeners where they can learn more about you and about your book as well.

Dr. Peter Osborne:

Our book is available at all major book retailers. They can also pick it up on Amazon or Barnes & Noble. Or they can visit [NoGrainNoPainBook.com](http://NoGrainNoPainBook.com) if they want to pick up a couple of \$100 and extra bonuses if they do want to buy the book.

And then my foundation is [GlutenFreeSociety.org](http://GlutenFreeSociety.org). If they want to learn more about gluten, they can go there to that website. And then if they want to learn more about my clinic and our services that we offer here, it's [DrPeterOsborne.com](http://DrPeterOsborne.com).

## 39:52 PRACTITIONER CERTIFICATION PROGRAM

Wendy Myers:

Tell us a little bit more about your practitioner certification program for gluten because I know a lot of listeners will be interested in that.

Dr. Peter Osborne:

It's broken down into tiers. We have a tier one program, which is a two-hour course. And in this course, I break down the science of what gluten actually is.

We go into the formal definition versus the FDA definition. We go into the long history of gluten sensitivity and why people don't really understand it. Even a lot of practitioners that are out there are really defining it incorrectly and keeping the people listening to them very sick.

We talk about how the industry, how the gluten free food industry is one of the biggest problems in our healthcare arena. They're promoting unhealthy foods that keep people sick as well.

It's a limited program. It's two hours long, but it is extremely thorough in the sense that I try to give basic information within this program that sets the platform for tier two, which again is additional eight hours.

And in this program, we go into much greater depth. Again, we go into the science behind what gluten actually is, that we go into the different forms of gluten, where they come from, how they're stored in the grain itself. We go into the research. We actually cite hundreds of medical references that people can use.

One of the things we give to our practitioners is a database access. We have about 40 hours of video tutorials on how to go gluten-free if they've got clientele or if they've got patients that they want to have go through this program.

I know personally in my clinic, I spend about 40 hours developing this, but I only can spend about an hour with each patient by discussing what gluten actually is. And that's the problem because as you know, you can't just say, "Okay, this is what gluten is," and then they master the diet in one hour at times.

So we created this platform for providers to offer their existing client bases so that they could walk through this 40 hour tutorial and really, really get to master the diet in a much greater period of time. In other words, you try to accelerate the learning curve and to decelerate the frustrations of going on a gluten-free diet for those people.

So those are all parts of what we try to provide for our practitioners who really, really want to take gluten free to a whole new level.

**Wendy Myers:** And is there any pre-requisite to doing this? Do you need to be a licensed practitioner or have a health coaching certificate or anything like that? Or anyone can do it?

**Dr. Peter Osborne:** Anyone can do it, but we don't list somebody who doesn't have some type of a certification as a practitioner.

I mean we've had a number of people take our course. They don't want to be listed, they just want the education. And we're happy to give them the education, but then we also have practitioners who really want to be listed in the database because they want to be out there. And we get millions of visitors a year to Gluten Free Society looking for information.

It's a nice referral base for those practitioners as well. We try to make sure that they have at least some type of nutritional credentialing before we list them in our database.

But nutritionists, nurses, other healthcare providers including counselors, we've got a number of actual drug counselors who have actually become certified in our program. We've got doctors, we've got PAs, we've got DCs, MDs, Dos, ODs, PhDs. So we've got practitioners of all types that have gone through the program.

**Wendy Myers:** Fantastic. Peter, thank you so much for clarifying that. Again, thank you for informing us about one of the main underlying causes of pain—grains.

**Dr. Peter Osborne:** Thank you so much for having me. I appreciate you having me on your show.

## 43:23 CLOSING

**Wendy Myers:** Thank you. And everyone, thank you so much for listening.

You can learn more about me at [Liveto110.com](http://Liveto110.com) where I also help you to uncover the underlying root causes of health issues and disease. You can learn more about my healing and detox program at [MineralPower.com](http://MineralPower.com) where I help to free you from fatigue and brain fog using metal detox and minerals to help push metals out of your body.

Thank you so much for listening to the Live to 110 Podcast. And don't forget to tune into my Medicinal Supplements Summit. Dr. Peter Osborne is a guest on the summit as well. And you can

learn more about that at [MedicinalSupplementsSummit.com](http://MedicinalSupplementsSummit.com). We have 50 speakers talking all about supplementation, how to customize it to your body, the best supplements for various health conditions and the latest testing, the customized supplements to your body.

Again, thank you so much for listening and have a fantastic healthy day.