

IBS & SIBO SOS™ Summit

Gluten: What One Bite Of Bread Can Do with Dr. Tom O’Bryan

Shivan Sarna: Dr. Tom O’Bryan, what a pleasure. Thank you so much for being here.

Dr. Tom O’Bryan: Thank you.

Shivan Sarna: I have been such a fan of yours. I’ve been following you for I think as long as you’ve been out there. I was like, “He’s *the* doctor. Oh, my gosh! I have to talk to this man and learn from him.”

Today, let’s talk about gut health.

Dr. Tom O’Bryan: Good! Yes...

Shivan Sarna: A favorite topic... of course, I’m obsessed with IBS and SIBO and leaky gut and the brain-gut connection. And that’s why we’ve sort of gathered together. Tell me about what you see is the new emerging thoughts on all of that topic. I mean it’s exciting, isn’t it?

Dr. Tom O’Bryan: It’s very exciting. And I think as everyone gets the big picture overview and doesn’t get stuck in what the diagnoses that they have, but rather what’s the big picture, where does all these come from, when you keep a big picture overview, you realize it’s the diversity of our lives that have set up what we’re currently dealing with.

We only have about 23,000 genes. Earthworms have over 80,000 genes. Plants have over 100,000 genes. So it’s not our genes that determine what happens to us. Our genes determine what we’re vulnerable to, but it’s what happens around the genes—of course, the epigenome that we’ve all heard of now. And that means everything that’s happened to you have set up the environment in your gut (if we’re talking about gut).

“Mrs. Patient, your intestines are a tube. It’s 20 to 25 ft. starts. It starts at the mouth, goes out the other end. It kind of winds around in the abdomen there. And the tube, the inside of the tube, is where all the action is taking place. That’s where the microbiome is. And it’s the microbiome that is 10

to 15 times more cells than all the human cells, and 100 to 150 times more genes than the human genome. Those are the genes that are talking to our genes. That's the epigenetics. It's the microbiome that's talking to our genes, and then determining how our body functions.

When we have gut imbalances, the first place you have to look is what's going on in the gut. And of course, we still have some senior gastroenterologists and specialists who are really great at what they do who tell our patients that it doesn't matter what you eat in terms of irritable bowel or SIBO or inflammatory bowel diseases. It's hard to fathom that what you eat doesn't have an effect on what's going on in the tube, right? But it's the tube, it's what's in there that's making the difference.

When we talk about the microbiome, it's the diversity of the microbiome that's critically important. When we talk about environmental exposures, it's the diversity of the environmental exposures. The most inflammatory thing that we're exposed to is what's on the end of our fork.

So, it's the diversity of the foods that we eat that help contribute to a healthier microbiome, a more well-rounded microbiome. It's all about diversity.

So, when you have irritable bowel syndrome, when you have small intestinal bacterial overgrowth, we don't focus just on SIBO.

Shivan Sarna: Right!

Dr. Tom O'Bryan: This is the analogy. Just this one more concept if I may. When you have a symptom like SIBO, you've been diagnosed with SIBO, it's kind of like you've fallen over a waterfall, and you've crashed into the pond below. You swim up to the surface, and you go, "Thank God! I'm alive." You spit out the water, and you're trying to stay afloat in this pond of SIBO symptoms. You're trying to stay afloat.

But the water is really turbulent because the waterfall keeps falling into the pond. So the water is really turbulent. You're still living the lifestyle that created the SIBO. It's a turbulent pond that you're in.

And everyone wants the life jacket. Everyone wants the life jacket, so they can stay afloat and not drown. And that's really important. So we want the treatments for—What do we do for SIBO? We want the treatments for SIBO. We want the life jacket. And those with the least side effects possible are better, right?

But once you get a life jacket to where you're somewhat stable, you don't stay in the pond. You have to swim over to the side of the pond, get out of the water, walk up the hill, what back upstream to figure out what the heck fell in the river that carried you downstream, and eventually, you fell into the pond of SIBO or irritable bowel syndrome.

So, it's the diversity of what's happened to us that determines what the diseases or imbalances are that we manifest with. So you have to think about the diversity. You have to think about what's happening in my life.

And what people accept without much argument is that if you smoke two packs of cigarettes a day, you're likely to get lung cancer. Most people can accept that that's a high risk result. What we don't know is that every forkful of what you put in your mouth, you're likely to have a response to that. And it's your choice.

Is it French fries which those transformed fat stay in your bloodstream 57 days? Fifty-seven days! You eat French fries, and for 57 days, you get those bad fats in your blood. That's the first thing that paper just came out recently, that if you eat potato chips and French fries, either/or, three times a week or more, your risk of dying early is much higher than someone that doesn't eat those things. So, mortality.

We don't understand that what's on the end of your fork is the environmental exposures. Just like cigarette smoking is the environmental exposure for your lungs, what's on the end of your fork is the environmental exposure in your gut. If you have gut symptoms, the first thing you have to do is look at what's on the end of your fork and make it more supportive and healthier for you.

Shivan Sarna:

I don't want to tell you what I had for dinner last night—a little, pretty bowl of French fries, gourmet!

Dr. Tom O’Bryan: Trouble... trouble... trouble...

Shivan Sarna: Oh, yes. So, that will only stay in my body for like 59 days. I paid extra for it, 57 days.

Dr. Tom O’Bryan: Sorry.

Shivan Sarna: That’s what we need to do. We need to sell French fries that stay in your body for only 30 days.

Dr. Tom O’Bryan: What a market there would be for that.

Shivan Sarna: Oh, my goodness! I’ll be in touch by the end of 57 days. I had no idea about that. That’s amazing.

Dr. Tom O’Bryan: Yeah, people don’t. We’ve not put two and two together, that what’s on the end of your fork is the main trigger that causes the symptoms that you get.

Shivan Sarna: Well, I’ve been living that. So that part, I do get. But we have to tell the world...

Dr. Tom O’Bryan: But we think it’s okay to have a little once in a while.

Shivan Sarna: Of course we do!

Dr. Tom O’Bryan: We think it’s okay. Well, it’s okay to have a little gluten once in a while. Well, no, it’s not.

Shivan Sarna: Let’s segue way into that. So, tell me about how even having a little bit of gluten is a terrible idea.

Dr. Tom O’Bryan: When you get a vaccination for measles, they give you a shot of the bug measles. Your immune system says, “Whoa! What’s this?” A new general in your immune system—you’ve Army, Air Force, Marine Corps generals, some of them with nothing to do, “You now are General Measles, take care of this!”

General Measles builds an assembly line. The assembly line starts producing soldiers. These are special forces soldiers. They’re called

antibodies. And your body makes antibodies to measles. These special forces get out in the bloodstream within about a month, six weeks. They go in the bloodstream, they're looking everywhere they can for measles. And wherever they find measles, they fire their high powered rifles to kill measles.

General Measles is watching all these. When the measles from the vaccination are gone, they've been destroyed, General Measles says, "Okay, turn off the assembly line. We don't need more soldiers right now."

If you were to do a blood test, you shouldn't have measles antibodies in your bloodstream right now—unless you've been exposed, and then you should. But in general, you shouldn't. But if you're ever exposed to measles—you're in an airplane, and somebody behind you just came from Africa, and they're coughing all over, and you breathe in some measles, if that happens, General Measles is vigilant the rest of his life. His job is to make sure measles never gets a chance to invade this body.

So, you inhale something on a plane, so measles bugs, General Measles gets turned on right away. He just has to flip the switch. He doesn't have to build the assembly line again.

That's why, if you go to Africa, you need vaccinations months and months ahead of time for yellow fever and a dengue fever and all these weird things. But if you go back 20 years later, you just need a booster shot two weeks before you go. You just have to wake up General Yellow Fever and General Dengue Fever. He's already there. He just has to flip the switch. And in two days, you've got the antibodies.

General Measles is called a Memory B cell. When you get elevated antibodies to wheat, when you cross that line—you can be 2 years old, 22 years old, 92 years old. But when your immune system says, "No more," and now you're making elevated antibodies to wheat, you get memory B cells to wheat. They never go away. They are there the rest of your life to protect you from what has now been recognized as a pathogen, something that's not good for you and is going to hurt you.

So, when you ask an immunologist, how much measles does it take to activate General Measles, to activate a memory B cell, 1/1000 the initial vaccination dose—1/1000, that's all it takes to wake up General Measles. So how much wheat or how much gluten does it take to wake up General Gluten? 1/1000.

Dr. Tom O'Bryan: I'll just continue.

So, how much gluten does it take to activate General Gluten? 1/1000 of that vaccination.

And so, somebody serves you a salad with croutons on the side, you carefully pick all the croutons off, the crumbs that you can't see and the grains is all it takes to activate General Gluten.

Then for a minimum of three months, you'll have elevated antibodies to gluten or to wheat or to whatever peptide of wheat you're reacting to.

Now, people say, "What's the big deal about that?" The big deal about that is that when you have a sensitivity to wheat, it's whatever your genetic vulnerabilities are, you make antibodies to your brain or to your thyroid or to your lungs or your liver or your muscles or your bones, whatever your genetic weak link is. So it's not the antibodies to wheat that are a danger to you. It's what they trigger. Where's the autoimmune mechanism that's going to be triggered by reactivating General Gluten?

That's where the danger is. If it's a thyroid, you make elevated antibodies to your thyroid for a minimum of three months. For three months, killing off thyroid cells, killing off by thyroid cells, killing off thyroid cells. And that's from the crumbs from picking off the croutons on the salad, just the couple of crumbs that were in there, or that's from lipstick if there's gluten in your lipstick, or that's your thyroid medication if you're on thyroid medication (there's gluten in thyroid medication).

So, whenever you're exposed, you will make antibodies for a few months—minimum of a few months—to whatever your genetic vulnerability is, whatever the weak link is in your chain.

Shivan Sarna: Okay, I'm taking my lipstick off right this second.

Dr. Tom O'Bryan: No, you check with the cosmetics company to see.

Shivan Sarna: And then, look at my poor, little psoriasis. It's high for my lipstick. It could be. That's insane!

Dr. Tom O'Bryan: And it could be also shampoo. It could be that there was wheat in the French fries. We have to begin taking control of what's on the end of our fork, meaning you have to ask the questions.

In the Japanese restaurant that we were in last night, I said to the waiter, "Please ask chef if there's any flour in the rice." The guy looked at me, "Oh no, sir. There's no flour in rice." I said, "I understand. Please ask the chef." "Oh, no sir..." "Please ask the chef." And the guy got a little offended, right? But you have to do that with these people.

He came back and said, "I'm sorry sir. I didn't know."

In three of the last seven restaurants I've been, in Japanese restaurants, "I didn't know the chef puts a scoop of flour in the sushi rice because it makes it stickier."

And you don't know. You think eating rice is safe for you because you checked for rice and you don't have a sensitivity to rice. But they put flour in the rice in many restaurants now.

So, you have to ask. You have to check. You just have to check to protect yourself.

Shivan Sarna: Well, in salad dressings, I know that sneaks in there, in my thousand island. It happens.

Dr. Tom O'Bryan: Right!

Shivan Sarna: And I've been a waitress. And sometimes, you think you know, and you don't.

Dr. Tom O'Bryan: Exactly, exactly.

Shivan Sarna: They're just there to serve. And I know that they've got a hard job to do. And I appreciate that. But I'm with you because I'm a vegetarian.

I used to eat this meal. And we just happened to ask, you know, like five years after going to this restaurant, "This doesn't have any chicken stock in it, does it?" Well, it was a new waitress and she said, "Oh, yeah. It does!" I'm like, "What?!" Five years...

Dr. Tom O'Bryan: Wow! And you had a sensitivity to chicken?

Shivan Sarna: Well, we're vegetarians. So you know, however you want to call it...

Dr. Tom O'Bryan: Wow! Wow...

That's why we came up with E3 Advanced Plus. It's a digestive enzyme. It's the only ones on the market that digest 99% of any exposures to wheat within 60 minutes. That's the critical part because if anything comes out of the stomach and into the small intestine, that's where the sentries are standing guard. And if anything comes into the small intestine that shouldn't be there—they're called dendritic cells, and they turn out right away. So, if we got an invader here, "We got an invader," and here comes the inflammation that gets activated, right?

There are many gluten-digesting enzymes out there on the market, but they take three hours, five hours, six hours to work. So they protect your large intestine, but they don't protect—that's why Celiac disease is in the small intestine because that's where the sentries are standing guard.

So, you take E3 Advanced Plus *before* you start eating any time you go out to eat, *any time*, just to protect yourself.

And it does all top eight allergens, not just wheat—it's wheat, dairy, peanuts, shellfish, corn, soy and egg.

Shivan Sarna: Wow!

Dr. Tom O'Bryan: Yeah, it's fabulous. But you have to protect yourself.

We're not comfortable having to protect ourselves in this world. We've grown up thinking, "Well, I can have a little once in a while." Well, no, you can't. From a physiological viewpoint, no, you can't. You can't fool your immune system. It's going to protect you whether you like it or not.

Shivan Sarna: And you want it to protect you.

Dr. Tom O'Bryan: Exactly!

Shivan Sarna: Where can I get that supplement?

Dr. Tom O'Bryan: It's on our website, theDr.com. It's called *E3 Advanced Plus*.

Shivan Sarna: E3 Advanced Plus. And do you have other supplements there too?

Dr. Tom O'Bryan: Sure, you bet! There's a whole gluten sensitivity line. My gosh! If you want to enhance your health and strengthen your immune system, the GS ImmunoPro is colostrum. It's grass-fed, no antibiotics, no growth hormones.

This colostrum is so good that three countries in Africa licensed it as their treatment of choice. And they pay for it if someone is diagnosed with HIV.

Shivan Sarna: Oh, my gosh!

Dr. Tom O'Bryan: Yeah! It's that great for you. It's the same colostrum that we have.

Shivan Sarna: Tell us what colostrum is in case someone doesn't know.

Dr. Tom O'Bryan: The first three days of mother's breast milk is not milk. It's colostrum. It's the first three to five days. And colostrum, the job of colostrum—it has many jobs, but one of its jobs—is to turn the genes on in the gut.

See, when baby is in utero, baby is loaded with intestinal permeability. It's normal because baby's swimming in this mom soup, right? And the soup just goes everywhere—in the eyes, in the nose, mouth, down into the gut, and through the gut into the bloodstream. It's all interacting because

mom's body is getting rid of the waste as baby's body is growing. And it has some exhaust to get rid off.

So, intestinal permeability is normal in the fetus... normal. So baby is born with severe intestinal permeability. That's normal.

But it's colostrum—that's what babies are fed immediately—it's colostrum that turns the genes on the gut that says, “Okay, gut, time to close those tight junctions now. Here come the probiotics. Here's the good bacteria. Let's build some receptor sites, some docking stations for the probiotics to set up shop here because these are the guys that are going to protect you for the rest of your life.”

See, mom passes the lineage of the family tree down to baby through the probiotics, through the birth canal. The bacteria in the birth canal in most of a woman's life is hardly identifiable for a bacteria called prevotella. But in the last month of pregnancy, it's dominant. It's like, “Where did this come from?” But it's dominant. Prevotella carries the DNA code of mom and mom's lineage.

Here's the ratio of the bacteria that you're going to get coming down the birth canal. So let's start building the receptor sites in your gut for these. Receptor sites are like docking stations so the bacteria can live here and thrive and protect you.

So, that is all happening as baby comes down the birth canal.

Colostrum then turns the genes on to activate all that stuff. The interaction of the bacteria from the birth canal and colostrum, that interaction, turns on the genes to build the docking sites and to protect baby, to build that. Seventy percent of our immune system is in the gut. This is where it gets programmed what kind of a gut immune system are you going to have.

So, children that are born by C-section, unfortunately, have a detriment. And they're at a deficit. For the rest of their lives, they're at a deficit. And there are of course many things to do to build a good, healthy microbiome. But the birth process is normal.

That's the job of colostrum. One of its jobs is to turn on the immune system of the gut, to close intestinal permeability (turn the genes on to close intestinal permeability) and to feed the good bacteria so they could colonize and flourish because the good bacteria protect you from all the bad stuff we're exposed to all the time.

So, when patients have gut symptoms or they have intestinal permeability, we give them colostrum for two months.

Shivan Sarna: From cows?

Dr. Tom O'Bryan: From cows, right. And people say, "Well, I have a dairy allergy." "Mrs. Patient, we just found out that you've got a dairy allergy. It's real. And it's not good. So get all the milk out of there, get the cheese out, get the ice cream and yogurt and get all that stuff out of there. But I'm going to suggest you try the colostrum for two months. Let's turn the genes on, as many as we can, to be a catalyst for this whole healing mechanism that, once you turn it on, it will take off and run for you."

"Now, if you have any symptoms, any bloating or any gas or just any cramping or something, just stop right away." But the vast majority of our people who know they have a dairy sensitivity, they can take this colostrum. It only has 0.6% casein in it. And that's the most irritating component of milk, casein. It's 0.6%. Most people can take it without any symptoms. And we say for two months.

And for those who don't have dairy allergies, I take it every day. For the rest of my life, I'll take it every day. Now that I've read so many studies on it, there's no question.

Shivan Sarna: Very cool! Okay, tell me the name of the colostrum one more time?

Dr. Tom O'Bryan: GS ImmunoPro.

Shivan Sarna: I'm going to go there right now and get some.

Dr. Tom O'Bryan: Yeah, it's a very helpful tool. It's really a tool. It's a big picture item. It helps colonize and then support the diversity of the microbiome.

And when we talk about the microbiome, what's critically important is the diversity. Now, back in the '80s, '70s and '60s, I'd give somebody lactobacillus and they're going to get better or it's going to help, or bifidobacterium is going to help.

Today, here we are almost 40 years later—it's embarrassing to say 40 years later—we're still doing the same thing, but we know now it's really the diversity. It's not one family or two families of microbiota that's so important.

So, here's a pearl for everyone. The recommendation that I give to all of our patients when we're dealing with gut issues and to bring some balance to the guts—there are two things that I would share here.

The first is when you buy your vegetables, always get organic—if you can, always get organic—and buy a couple of every root vegetable they've got. Get rutabagas, turnips, parsnips, carrots, sweet potatoes, radishes, every vegetable they've got. And you have one root vegetable a day, one root vegetable a day. Why? Because the fibers in the root vegetables, they're called prebiotics, they feed the probiotics. They're the food for the good bacteria in your gut.

So, you want to encourage the colonization and thriving of the good bacteria. So you do many different types of root vegetables, so that you're feeding different families of the probiotics in your gut, not just carrots every day. You alter it.

“Well, I don't know what to do with rutabaga,” well, neither do I! So what I do is I just slice some onion, I cube up the root vegetable—all of them, the same—olive oil the pan, medium heat, put the onions in there, put the root vegetables in there. Then I'll chop up some bok choy or whatever the vegetables I'm using, throw them in there, throw some garlic in there, throw a little turmeric in it, fry it up. And then that's my meal with a piece of chicken, fish or whatever else I'm doing.

Shivan Sarna: Is it delicious?

Dr. Tom O'Bryan: It's great! Well, it depends on what you add to it. So, I'll take Italian spices. Oh, here's my secret for spices. This is my secret to get the flavor

out of the spices. I have two coffee bean grinders on my kitchen counter—one is for coffee, and the other is for my spices. You put the spices in there because the spices are months old. If you've seen those jars for months and months and months on the store shelves and then in my kitchen. So I put them in there. And then, I put that in the frying pan. Now, you've broken up the wall of the herbs, and the oils are more available. So you get more depth of flavor.

So, you just do every root vegetable that way. That's what I do. And then, there's recipes on what to do with rutabagas to make them really delicious. When I cook for myself, I just want to get it down. I just want to feed the bacteria and make it taste okay.

So that's the first thing, the root vegetables.

Then you go to Google, and you type in "list of prebiotic foods." Here comes the list—bananas, artichokes. "Lots of them! I like that." And you have two prebiotics from that list every day. So, you're getting a root vegetable and two prebiotics every day.

Next, "Mrs. Patient, when you go to the natural food store, the health food store, the Whole Foods, the Thrive Market, when you order five different types of fermented vegetables, five different types—there's sauerkraut, kimchi, miso, fermented beets, curry flavor, there's all different kinds..."

Shivan Sarna: Pickles!

Dr. Tom O'Bryan: "...pickles, as long as it's fermented pickles—you have one fork or a spoonful every day of one of the fermented vegetables."

Why? Because the fermentation of vegetables produces thousands and thousands of strains of bacteria. So you're inoculating yourself with a diversity of bacteria, not just taking a capsule with lactobacillus and bifido. You're getting a diversity of good bacteria that you're colonizing your gut with. So, you're colonizing and you're feeding your gut with the prebiotics.

So, with any gut problem—now the problem with SIBO is some people can't do fermented vegetables. It irritates them. They've got so much of

the bad bacteria there already, and it irritates them. So, if you have a problem with that, just pause on that until you get some of that bad bacteria that's in your gut in order, then you start this.

This is the rebuilding process. And sometimes you have to remove before you can rebuild. But when you are in the rebuilding process, this is two components that you always include—prebiotic vegetables and fermented vegetables.

Shivan Sarna: Perfect!

Dr. Tom O'Bryan: Okay, let's talk about co-infections.

Co-infections are, for me—this is not scientific, but this is my interpretation of it—are things like Lyme, things like Epstein-Barr, things that are co-existing with my other conditions, with our most common other conditions—you know, one out of six people have either IBS and possibly, probably SIBO. All these things that we just—chronic conditions!

Dr. Tom O'Bryan: We should put that on the bottom of all the Coca-Cola commercials on television. One out of six people have an inflamed gut.

Shivan Sarna: Right! I'm getting a t-shirt made.

Okay. So why am I not getting better? I'm doing everything right. I may have even resolved some sort of overgrowth in my small intestine. Oh wait, you're not getting better because an underlying cause that's maybe physical, like an adhesion or something like that, or it's co-infections.

And I'm glad that they're emerging in terms of awareness, but there's still so much confusion

Shivan Sarna: My new book is coming out soon. It's called *You Can Fix Your Brain: 1 Hour a Week to the Best Memory, Vitality & Sleep You've Ever Had*. And what we talk about in there is that there are four pillars that you have to look at for any health condition—there are four—including gut conditions.

So four pillars. Any or all of these pillars can be involved in the emergency brake that's holding you back.

Ever backed out of the driveway, you say, "This car is... what's wrong? It's not working. It's not going very fast. What's wrong here. I'm giving it more gas. Oh wait, the emergency brake is on." And then, boom, there you go, right?

If there is an emergency brake holding back your health, you have to look from four different pillars.

The first pillar is biochemical. Everyone thinks about biochemistry. That's what you eat, drink, the air you breathe. Do you have heavy metal toxicity? Do you have chemical toxicity? You have to look for all of that.

The second is structural—chiropractic and massage and rolfing and the chairs we sit in. Do you drive your car with the seat leaned back, so you're driving like this? I'm exaggerating. But then you stand up, you walk like this with your head and two feet in front of your shoulders? Mechanical, that has a lot to do with unresolved health conditions.

The third is the spiritual or the emotional, the mental-spiritual side. And any condition may be held back from healing because of the negative energy around us or our thinking process. That's got to be evaluated. [29:12]

And the fourth is electromagnetic. We have a whole new world of toxicity in the last 25 years that we've never had in human history. And that is, here, you sit in a restaurant, or if you're in this hotel, you just open your phone and you say, "Is there a wireless here?" There are 24 wirelesses that pop up! And that means that you're getting hit by 24 different wavelengths that never before in history have we had.

And it's not any one wavelength that's the problem. It's the accumulation of all of this electromagnetics that we're exposed to that may be the emergency brake that's holding you back.

We explain that all in the book. But any health condition has to be looked at from those four pillars, then you'll find out what is the emergency brake

that's stopping my immune system from getting this Epstein-Barr under control.

You can't just treat Epstein-Barr. You can't just try to support the immune system by itself and expect you're going to get great results. You have to find the emergency brake that's holding you back.

And for that, that's the world of functional medicine. Once again, it's like going back upstream, "What fell in the river that carried me downstream, and I fell into the pond of Epstein-Barr?"

So, you have to explore, investigate where is this coming from?

I call them *comorbidities*. You call them *co-infections*. These co-morbidities and the vast majority of time—I can't say every time, but the vast majority of time—we find a big player, a very big player, in the emergency brake, usually microbiome. It's the bacterial colonies in your gut that have developed over your lifetime that are either—and it's not just bacteria, there's viral also there. They've developed over a lifetime. And that is very, very commonly what's holding you back. So, you have to address the microbiome along with whatever other emergency brakes may find.

Shivan Sarna:

You talked about the food, the root vegetables and checking out the google list of the prebiotic foods. Are there any other foods that you feel people might think, "Oh, yeah, yeah. I know I'm supposed to eat blueberries," that we've become a little bit jaded I think sometimes about the things we think are good for us but "Eh, everybody says that, but I don't feel any better"?

I mean do you have any other food ideas for us about how we can help ourselves to feel better, whether we notice an immediate change or not?

Dr. Tom O'Bryan:

Scientists are now publishing papers on what's called the 6th extinction. And the 6th extinction is the human species.

I'm going to tell you two studies. The first is from the World Wildlife Fund published two years ago. And they've shown that between 1970 and 2011, 41 years, there has been an average of 58% reduction in populations

of all vertebrate species on the planet, anything with the spine—birds, insects, fish, mammals. Fifty-eight percent of everything is gone in 41 years.

The birds, the average is 35%. The mammals living near freshwater, 78%. Seventy-eight percent of the beavers are gone. The porcupines, they're gone. In 41 years, 41 bobcats, gone! Forty-one years! Why? They're drinking the water.

And if you are drinking the water coming out of the streams, you get cancer quicker, you'd be unable to reproduce just like the animals. That's the first study.

The second study, between 1974 and 2011—so 37 years (same time period, 37 years)—a meta-analysis, meaning that they look at a whole bunch of studies on one topic... is there any agreement from all these different researchers? This was 186 studies on sperm count in healthy men—not infertile men, healthy men. In the last 37 years, there has been a 59% reduction in sperm count around the world! Fifty-nine percent!

Now, what does that mean? Scientists worry about extinction of a species at 72%. We've lost 59% in 37 years. What do you think is going to happen in the next 20 years? We're going extinct! They're writing about the extinction of the species.

So, when I get people saying, "Eh, I know I should eat berries, but I don't really want to. What else can I eat?" It's like, "Wake up! We can't have this lifestyle that you've been born and raised in..."

You know, I've got a 2-year old granddaughter now. And my wife and I will be having kids. There's not going to be a world for them. I'm not exaggerating. Nobody's talking about this. "Well, it's kind of awkward to talk about. I don't like hearing about it. So I'm not going to talk about it." No! I mean I never thought I'd be this doomsday kind of guy, but it's like, "Wake up!"

Everybody knows that berries are good for you. Blueberries are great for your brain and great for many other parts of your body—raspberries, black raspberries, blackberries, acai berries, these foods that you should have a

little of them every day because they turn genes on that are anti-inflammatory and heal a younger, stronger you.

“Well, I don't really like the berries too much.” I don't care! At some point, you have to realize this isn't about satisfying your taste buds. This is about keeping you vibrant and alive and reproducing the species.

So, we've got this mindset especially in this country that “if it's not comfortable, and it's not convenient, I'm not going to do it.” I mean, I was in the movies a couple of weeks ago. It blew me away to see these Coca-Cola commercials where these young girl is bouncing from scene to scene, and she's like, “Well, you could live in a yurt and eat organic if you want to,” like she's dissing eating good food and talking about living in a yurt. “But I'm going to drink my Coca-Cola because I can.” And she's walking, “Because I can... I can do what I want.” We'll put that on your tombstone. “She went down at 44 with breast cancer because she can.”

I mean, excuse me for...

We got to change how we look at taking care of these beautiful machines that we've been given.

So, the basics, you start with the basics, then you learn the more advanced stuff. What are the basics? The basics are organic (not non-organic). If you just can't get organic, than non-organic is better than that. Water, half ounce of water per pound of body weight at best, the best, cleanest filtered water that you can. Half ounce per pound of body weight, that's minimum and just have you function well.

Berries are great for you. They have their antioxidants, the polyphenols, they they turn on so many genes for health, vitality, and anti-inflammatory benefits. Those are just the basics.

Vegetables., you need lots of vegetables a day. And the way that my friend, Dr. Terry Wahls, has reversed so many different diseases in people—

And these guys who are veterans from Afghanistan and Iraq who can't function at all, the first thing she does with every one of them is 12 cups of

vegetables a day before you eat any carbohydrates. There's not much room for pasta after you've eaten 12 cups of vegetables a day. But these guys get well quick—12 cups of vegetables a day and a quart of bone broth a day. And they get well quick because the bone broth helps to heal the gut. The gelatin in bone broth puts a seal on the leaky gut, the intestinal permeability so that your system has a chance to heal underneath that. [37:43]

But we really have to wake up and do the basics. The rule is base hits win the ball game. Base hits win the ball game—not home runs. We want home runs and feel better right now. But I know that if I eat even just a couple of spoons of blueberries and a couple of black raspberries in the morning at the breakfast here at the hotel, I know that that's going to be turning genes on all day that are going to help my brain function better to absorb information here at the conference that we're at.

Shivan Sarna: I love that you're explaining this because I think a lot of us think we know, “Oh, it's an antioxidant” or whatever it is that we've heard a vague attributed benefit to. But if you do that in the morning, have your berries, throughout the day, don't you find that it's easier to make better decisions because you started off with a little wind in your sails?

Dr. Tom O'Bryan: Oh, yeah. Exactly! Exactly right. Base hits win the ball game. You just keep hitting a base hit. You're going to screw up once in a while. You have French fries once in a while. Base hits win the ball game though. Just keep going back to the things that you've learned and learn a few more things. Just keep a little bit.

Just this one thing. One hour a week, you give one hour a week to learning something new—like if you're going to watch one of the interviews in this summit. Every week, you watch one of the interviews again. And you just pick up, “Oh, I forgot he said that the first time around.” Just an hour a week! You can't absorb all this information all at once. You're not going to change your life tomorrow.

But if you keep going for base hits, six months from now, you've got this down. That's the way to be successful and enhance the quality of your health.

Shivan Sarna: Brilliant! It's so we want it all, we want it yesterday. And then, we get into the shame cycle like, "Oh, but I didn't do it yesterday."

Dr. Tom O'Bryan: And then, we feel ashamed, and so we go ahead and have some more French fries or blueberry muffins or whatever it is that we go for comfort food, whatever we do.

Shivan Sarna: Right, because the ultimate comfort really is... inch by inch, it's a cinch.

Dr. Tom O'Bryan: Yes.

Shivan Sarna: ...and working that victory.

Dr. Tom O'Bryan: Yes. Exactly right, exactly right.