EPISODE 1
THE AUTOIMMUNE EPIDEMIC: ROOT CAUSES AND SOLUTIONS
Hello. This is Dr. Tom O'Bryan. Welcome to Betrayal: The Autoimmune Solution They're Not Telling You. I am about to take you on a journey around the world discovering the underlying mechanism to practically every degenerative disease to cardiovascular disease, to cancers, practically every disease. Why does it appear that our bodies are betraying us and we get sick? You're about to discover the cause of autoimmune disease and its true solution. This is Betrayal: The Autoimmune Solution They’re Not Telling You.

You’re going to learn from over eighty-five of the world’s foremost experts including scientific researchers who are considered the fathers and the godfathers in the field of autoimmunity. Importantly, you’ll hear from people that have turned their autoimmune conditions around and found optimal health. These are dire, life-destroying conditions that most people never recover from: Lupus, colitis, Crohn’s, MS, rheumatoid arthritis, diabetes, skin conditions like psoriasis, and also degenerative brain diseases including Alzheimer’s, Parkinson’s, and dementia.

You’re about to find out what the true root causes are to these terrible diseases. What turns your body on to develop a disease, as well as what you can do to prevent them from happening to you. If you or a loved one is suffering from a specific autoimmune disease, you’re about to learn the specific protocols you can use to stop it in its track, reverse it, and totally take away your symptoms.

This is not just theory. You’ll learn from doctors who have successfully treated patients with these powerful approaches and patients who have reversed life-threatening autoimmune diseases themselves. You’ll be discovering the real truth behind why losing weight has become literally impossible for so many. You’ll see why so many suffer the shame of experiencing drastic hair loss. You’ll understand why people are getting skin disorders that can’t be explained by conventional medicine, much less treated. You’ll also see why your memory may be getting so bad.

I wish I could tell you that you could knock on your local doctor’s office and get the answers but, unfortunately, the statistics show us that the root causes and true solutions are very rarely coming from these sources of authority. The brutal reality is, on autoimmune disease, modern medicine doesn’t have the answers. Sadly, something like gut bacteria has been understood as something to be gotten rid of by doctors, and this one false paradigm has put us in an autoimmune hell where many of us have lost our best friend in defending against disease, our gut microbiome.

Industries bent on financial gain at the expense of lives have released harmful triggers into our environment and destructive substances have been added to our food, our water, and the products we use each day. You’re also going to learn the things that they're doing to us that are causing this slew of symptoms. The truth is autoimmune disease destroys lives. It takes us away from our loved ones, stops us from experiencing the most precious moments in life. It leaves so may vibrant,
loving, and ambitious men, and women, and children locked behind closed doors in pain, debilitated, and ashamed for what’s happening inside their bodies they can’t explain. No one could explain it.

In order to bring you Betrayal, I've had the privilege of teaming up with the experienced film and documentary director and producer, Jonathan Otto. Jonathan has dialed down on this subject more than I could have hoped for, and he has dedicated his life to alleviating suffering through his work, and has a profound ability to understand and capture what the true impact of autoimmune disease really is. He believes that it’s time for the world to see what families are experiencing, the pain and suffering, as well as the joy and fulfillment that comes the day that you turn your condition around.

Jonathan and I, with our film crew, have teamed together and traveled across the country and all around the world, through England, and Portugal, and Germany, and Spain, and Brazil to gather the stories, pull back the curtains and the lies, and reveal the truth about autoimmune disease.

Here on Episode 1, you’re going to learn from the experts what is autoimmune disease. You’ll meet the Godfather of Predictive Autoimmunity from Israel, Professor Yehuda Shoenfeld. You’ll meet the Godfather of Functional Medicine, Dr. Jeffrey Bland. Dr. Mark Hyman who chairs the effort of taking functional medicine to Cleveland Clinic. Microbiome expert, Dr. Michael Ash from England, and many more. We’re about to break the silence on this heartbreaking package of diseases. Get ready. Here we go.

Dr. Mark Hyman: The autoimmune is a whole spectrum of disorders that all have very common roots, even when they show up in different parts of the body. If you look at autoimmunity, it affects 80 million people in this country. You lump them altogether from Hashimoto’s thyroid disease, to MS, to inflammatory bowel disease, to arthritis, to psoriatic arthritis. A whole spectrum of disorders are seen often as very separate things, but we now know that autoimmunity has common roots that is the body attacking itself, and that there’s a reason for it. Unfortunately, most common therapies are designed to suppress or block the body’s own immune system instead of figuring out why it’s so pissed off in the first place.

Dr. Jeffrey Bland: It’s generally known, the concept of autoimmune, is that the immune system is reacting against the body itself. It’s like an automatic process of the body rejecting itself. It really seems like that’s a very strange thing for our immune system to turn rogue against our host tissues and start to damage them.

Really, for decades, for me, in fact, I can say going back certainly into the ‘60s in my background, I’ve always wondered about the term “autoimmune.” It just didn’t seem reasonable that suddenly an immune system that was there to protect us against the outside world suddenly turns rogue and starts attacking ourselves. There had to be a precipitating event. There had to be something it seemed that
would translate goodness to collateral damage to our body.

The more that I got thinking about that, the more I started asking myself, “What are the diagnostic criteria that are used for picking out these conditions like rheumatoid arthritis, or multiple sclerosis, or systemic lupus erythematosus, or myasthenia gravis, or thyroiditis, and there’s 88 different diagnoses for these conditions that hit different tissues in our body, and keep allergists, immunologists, and internists very busy because you’ve got all these host of different diagnoses of the immune system of our body turning rogue against specific tissues that then gives to these different diagnoses.

I thought, how do we diagnose this? They’re diagnosed by looking at the presence of what are called autoantibodies. I thought, what is an autoantibody? We say, it’s an antibody that our immune system produces against our own tissue like anti-thyroid autoantibodies, or anti-mucosal antibody, or anti-brain lipid antibody with respect to multiple sclerosis. I think our bodies actually look at these native parts of our plumbing and our machinery, and it’s saying, “I’m sorry. Suddenly, you’re a foreigner and I am going to produce a disruptive thing from part of my immune system called the B cells that is going to attack those tissues specifically.”

Then, I’ve got thinking this a little further. Wait a minute. Are we sure that those tissues that we say the immune system is responding to are the host tissues that were the same as when those tissues were first generated or is there something going on that makes those tissues look like they’re a foreigner? That little question that I had which started as a virus in my central nervous system somewhere in the 1980s just continued to fulminate as I was reading the literature and thinking about it, until I finally came to the belief that our body actually doesn’t respond to itself. It’s responding to something that happens to our body that makes it a non-self.

Now, that is a paradigm shifting concept.

Dr. Liz Lipski: From my eyes, it’s a misfire between what our immune system wants to do and what it should be doing. Sometimes, it seems to me almost like that when we live in a more pristine, more traditional culture where we live close to the earth, and where we had parasites, and where we eat food that was fresh, and we didn’t have refrigerators, and things spoiled, the immune system had a lot of really good things to do. Now, the immune system in our modern culture feels to me a lot like a group of teenagers with time on their hands.

Dr. Tom O’Bryan: That’s a great analogy. Surely good.

Dr. Liz Lipski: They get into mischief because they don’t have their old jobs to do. Also, the immune system, if you look at Polly Matzinger’s work, it’s about not just strangers but dangerous strangers. When we walk down the street or we were in a conference like we are here, there are a lot of strangers but we think they’re friends, they’re not dangerous strangers. The immune system’s job is not to react most of the time, and we’re exposed to toxins, we eat foods that are unusual, we’re stressed out, we have molds, we have all kinds of unusual situations that are really different than even 150 years ago.
The immune system, it just overreacts. Sometimes, they say it’s like it’s your birthday and everybody is singing Happy Birthday, and you cut the cake, and the candles are lit, and everybody is expecting you to blow to the candles, and you whip out your fire extinguisher. That’s an autoimmune disease. It’s an overreaction of the immune system to some normal event.

Autoimmunity is the process where the immune cells began attacking self and attacking normal, healthy, vibrant tissue causing damage. Over time, we’ve been converting many of our chronic diseases into possibly immune, probably autoimmune, and then definitely autoimmune in nature. I would predict that in another 20-30 years, the vast majority of our chronic diseases will have been reclassified as probably autoimmune in nature.

When is it normal for the immune system to be attacking self?

The immune system, our immune cells have very important function. They're involved in maintaining and repairing the body. If I over-trained and I damaged my muscles from overuse, my immune cells have to come in and dissolve that damage, mop it up, and repair. If I have trauma, my immune cells have to come in and repair that trauma or if I am damaged from infection, they will, again, come in, mop up the damage, and repair. They're a vital part of maintenance and repair of every day and acute damage. When it becomes pathologic is when they're attacking healthy tissue or when during the repair phase that attack continues once the repair has been complete.

That’s a brilliant overview of the function of the immune system. None of our guests have talked about the repair phase. That explains why sometimes, you have to be able to get rid of the old damaged cells.

It’s vital. We need to do that when there’s damage from infection, from trauma, from overuse.

Dr. O’Bryan: Or even exercise like a bicep.

Absolutely. When we strength strain, we are intentionally damaging our muscles just a bit. Our immune cells have to come in, repair the damage, and rebuild a stronger muscle cell, a stronger tendon, a stronger bone. It’s a vital, vital part of our ongoing healthy vitality.

It’s a good thing for the immune system to be getting rid of our old cells, our damaged cells, but then, it gets to be threatening when the immune system is getting rid of more cells than it should be.

Correct, when it’s getting rid of cells that are otherwise healthy and vital. For example, I've developed an immune response to an infection, we’ve cleared out that infection, that clone should be wiped out and eliminated.
If you think of our defense system, it’s there to protect us from foreigners, trying to get in or those that get in, and also to protect us from things that go wrong inside our cells. We have to have a way of distinguishing self from non-self. When that’s working well and our defense system is doing its job, then, everything just hums along just like riding in a Rolls Royce.

There are certain things that occur in our lives that start to interfere with that ability for us to distinguish self from non-self. When the defense system or what we call the immune system starts to lose that ability, then it starts to react or attack things that it shouldn’t be attacking like self. That, to me, is autoimmunity.

The lack of awareness on the underlying autoimmune mechanism creates both a tragedy of premature death, as well as people being robbed of the quality of life that’s important to us all. Have our immune systems betrayed us? The answer to that question will shock you. People are looking in the wrong direction when searching for the solutions of autoimmune diseases. We’re quite literally in the dark ages and thinking that this is all about genetics and medication. You will learn more about that in the upcoming interviews with world experts.

In this series, you're going to learn some information in the upcoming episodes on that very topic so you can find what the true enemy is and how you can ensure that your body is never attacking itself. How widespread really is this issue? How many people are truly affected by this villainous group of diseases? What about other countries? You're about to find out some important answers to these questions that will bring you an awareness of what autoimmune disease actually is and what you can do about it.

An autoimmune disease is no longer a silent killer. It’s everywhere, some 70 or 80 million people in the US are currently diagnosed, or either diagnosed or yet to be diagnosed with autoimmune disease. Across Europe, the numbers of AI or autoimmune disease instances are increasing over time.

Dr. Ash, can you tell us how widespread this issue truly is.

Certainly, for North America, the NIH suggests it's 24 million people in the US are being diagnosed with autoimmune disease but they also point out that perhaps only one in three that are they're being picked up. Let's say between 70 and 80 million people in North America currently have autoimmune disorders.

If you take a classic autoimmune disease model like inflammatory bowel disease, ulcerative colitis, or Crohn's or something akin to that, the best estimates and what the incidence was in the Western world, like let's say in United States at the turn of the 20th Century in 1900, it was about 1 in 10,000 individuals. Now, it's 1 in 250. 250. That's an unbelievable change in a very remarkably short amount of time from an evolutionary perspective. It's not that our genes changed that much in a hundred years.
This is why you call it a modern epidemic.

It is a modern epidemic and it’s really mostly acute in the last 30 years. When you think about how much our environment has changed, how many new chemicals, how many new pesticides, and herbicides, and flame retardants, and a million chemicals that are responds to amount of fires in the body. We know there are endocrine or hormonal disruptors but they could disrupt a lot of different metabolic processes in the body. We know that certain toxins, particularly, for instance like transitional metals like mercury, and lead, and things like that, they can actually glob on to sulfur units on the end of our host proteins, our own tissue. Now, the immune system looks at that protein ass a foreign protein. It looks at it as a hapten, and now you get an autoimmune response against your own tissue because of a toxin.

It’s increased threefold over the last 50 years. There are somewhere between 50 and 75 million Americans with autoimmunity that have been actually diagnosed and a 150 million worldwide. Those are the people that know. In autoimmunity, these antibodies are thought to come out at least five years before the actual disease does. It takes people six to ten doctors to actually diagnosed. This autoimmune process is going on well before it’s gotten to the point where someone has overt disease. It’s hundreds of millions of people with autoimmunity or that are what I call on my book, being on this autoimmune spectrum of having these antibodies but not having diagnosed with full-blown disease yet.

You talked about the damage building up, and then eventually, the symptoms will occur. That damage is a period where the antibodies are elevated. They’re attacking the tissue but there are no symptoms. That’s the prodromal period. We’ve spoken before about, Melissa Arbuckle Study looking at lupus patients in the VA and how she found that every single lupus patient had those seven antibodies of lupus, all seven of them elevated years and years before there was ever a symptom. The idea of looking to see, is there an autoimmune mechanism going on while the person may feel fine? What do you think about that concept?

I love the idea of having an early warning because knowing whether or not we have antibodies that might predispose us or that might be the early signs of a developing autoimmune disease, that gives us time to start dealing with all of the environmental factors that we have a great amount of control over that are also contributors to that disease. Autoimmune disease is not just about an autoantibody forming an antibody that could attack our bodies, but it’s also about an immune system that can’t regulate itself that’s overstimulated to attack.

That occurs when we’re not getting enough nutrients in our diets, when we’re stressed, when we’re not getting enough sleep, when we have gut dysbiosis and leaky gut, when we’re consuming foods that we’re having intolerant reactions to that are priming the immune system, or we’re consuming foods that are highly
inflammatory. It can happen with infection. It can happen with toxin exposure. When we can have that warning, “Hey, look, something bad is going to happen down the road,” it’s similar to how pre-diabetics know that they need to change diet and lifestyle to avoid type 2 diabetes. It’s the same thing. It gives us that ability to start making changes and prevent the disease from developing.

Dr. Kelly Brogan: I first awoke to the possibility of putting a chronic autoimmune disease into remission through my own experience as it’s almost always the case for doctors who go rogue. They do so because they have had an experience that had shown them a greater version of the truth than they were exposed to through their pharma-funded education.

I was diagnosed with Hashimoto’s postpartum about nine months after my first pregnancy and had never had a health condition in my life. I’ve been living really, largely recklessly from a health perspective, literally eating McDonald’s, drinking Red Bull, and eating candy every day, and never exercised. As a resident, never sleeping. Not only never sleeping, but then I would go out clubbing several nights a week. Never even a thought that there would be a come-up x-ray or there would be any consequences to that.

When I was diagnosed, I saw it as a massive inconvenience, and I thought of the idea of having to take a prescription for the rest of my life was just a total pain I didn’t want to deal with. I went to a naturopath not because I believed in alternative medicine actually or even had anything kind to say about it, but because I knew it was the only way out because I knew what conventional medicine had to offer me, and I knew that that was a lifelong prescription.

It was through simple changes going, gluten and dairy-free, taking a number of antioxidants, vitamins, and minerals, for example, and then beginning to recommit to exercise that I watched my numbers go from the high 2000s and turning the antibodies to the normal range in a period of months. I watched my TSH go from 20 to normal in that same time frame.

A lot of red flags were raised for me and I said, “Hold on a minute. I never learned that food had anything to do with medicine and I never learned that you could put a chronic autoimmune disease into remission, that that was even possible.” It was very invigorating for me. It really ignited in me a fire to learn. I hit the books and I became really interested in functional medicine.

Dr. Amy Myers: At the time, when I was going through my autoimmunity, I didn’t know about functional medicine. I went through conventional treatment. I had Graves’ disease which is an overactive thyroid, an autoimmune disease of my thyroid. Very long story short, after being on toxic medication that nearly caused my liver to fail, and then ultimately having my thyroid ablated with Iodine 131, I no longer have a thyroid. It’s really my mission and my passion to help people to never have to be in my boat.
Dr. Peter Osborne: I had a gentleman earlier that had been to 60, six zero, 60 different dermatologists. He had such a rare form of autoimmune skin rash that one of the dermatologists invited him to a conference and asked him if he would sit in. He sat in for four hours. All the dermatologists at this conference came in and were looking at him trying to figure out what he had. Do you know what he had? He had gluten sensitivity and it was triggering an autoimmune response. It was coming out in his skin. We were able to get rid of that rash that 60 doctors, 60, couldn’t figure out. We were able to get rid of it in less than six months. That’s the power of food. That’s the power of diet change. That’s the power of nutrition. That’s why I wish more doctors would step in.

Jonathan Otto: All the doctors are looking in the wrong place? As in they were looking for the answer but I would consider that probably it’s possible that not a single one of them even assessed diet was being the cause for the skin reaction.

Dr. Peter Osborne: Not even a thought. The closest that one even came to the proper diagnosis, one of the doctors thought it might be a formaldehyde allergy which, at least, he was thinking allergy but it wasn’t. Nutrition is so fundamental. When we look to seek, like what these doctors were doing, they were looking at a skin and they were trying to give it a name. That’s the way it is in medicine. So many doctors are so hell-bent on trying to give things names and classifications but they forget to treat the patient.

Dr. O’Bryan: Is it surprising to you that the third leading cause of death in this country is medical errors or genetic diseases? Think about all the advancements we’ve made as a civilization. Hasn’t there been so much with our health care in our modern world that has improved? Absolutely.

My first granddaughter was born this last summer, and she was born seven weeks premature. She was in Northwestern’s neonatal intensive care for two months. Thank God for the technology we’ve got today. She wouldn’t have made it or my question, what if she would have made it if we didn’t have the sophistication and the technology that we have? It was marvelous. I was so impressed with what I saw there. Now, she’s healthy and vibrant. I just got a text today that she laughed for the first time today which is really big step for first parents and first grandparents.

How can we be so arid on the biggest killer? Why is it that we are taking steps backwards? As you continue to learn in this series, you can work out how you can swim against the tide and not allow any of these drastic statistics involve you or your family. You can control your own destiny. What’s the answer to the lack of health we’re getting with the modern health care system? If you are suffering with the condition that you know is due to nutritional deficiencies or harmful dietary triggers, how are you going to put your trust in a health care practitioner that has a total of four to eight hours of nutritional training in all of their course work? What if you suffered trauma and you’re trying to work out how to reverse the impacts of that and its detriment to your health, where do you turn to?
The truth is you need a credible solution that has the best of what modern medicine offers with a thorough knowledge of the alternative protocols that you may just really need. Is functional medicine the answer?

Dr. Patrick Hanaway: Autoimmunity, autoimmune disease, this spectrum that we have that is around this reaction that we have towards our self and auto-inflammation where there is an inflammatory process that’s arising. We see this within a triad of the balance of what’s happening with environmental exposure, our genetic predisposition, intestinal permeability, and the inflammatory upregulation that we tend to have in our bodies because of our diets and toxin exposure, and the many different things that are going on. These lead to the immune system being activated in a way that is dysfunction. It is out of balance and ends up attacking part of us.

Depending upon our genetic predispositions, different tissues may be attacked. Different symptoms may occur. Symptoms may change in individuals over time depending upon what the exposures are. We see this process of autoimmunity having a detrimental effect. We get caught up in naming all the ways in which it shows symptoms and disease, but really, it’s a huge umbrella of many, many different kinds of diseases.

Functional medicine makes a difference because it doesn’t focus on the disease. It focuses and says, “Why? What’s under that? What’s the root cause?” and how do we begin to make changes in that.

Izabella Wentz, Pharm D: I think there’s a fundamental live cell approach that everybody needs to look at whenever they had an autoimmune condition whether that’s Hashimoto’s, whether that’s multiple sclerosis, or rheumatoid arthritis, and that’s looking at the root causes. What are the triggers? What are the predispositions? What are the habits in my life that are leading me to manifest this condition?

Dr. Mark Hyman: It’s a whole host of factors that interacts with their genetics depending on our environment, our genes that trigger our particular problem. There’s variability in the population so that the same insults can cause many different autoimmune diseases. There are only three main triggers for autoimmune disease with a couple of add-ons. Diet and stress always influence every disease but the main three triggers are allergens, microbes, and toxins.

As functional medicine practitioners, our expertise is being able to drill down into each of these areas and discover in any particular person what’s driving that problem. You can have ten people with a particular autoimmune disease like rheumatoid arthritis which have ten different causes.

Dr. Mark Menolascino: Those of us who practice functional medicine have a very diverse client base that come to see us because they’ve traditionally been failed by allopathic medicine or they’ve not gotten the relief or the answers that they’re looking for. I do feel that in that patient population that your predictive value of being a positive autoimmune
issue is very high, much higher than what a primary care doctor would say yes.

[00:30:00] Your point of these issues being manifested before we develop a codeine system to label to them. A great example is rheumatoid arthritis. Before you have joint changes seen on x-ray, there’s a blood test called the CCP antibody that’s positive five years before there’s a clinical manifestation. Our sensing mechanisms, our testing strategies are currently evolving to the point where we can now find these early signs of autoimmunity.

[00:30:30] I feel that we’ll have panels that incorporate cytokines or inflammatory markers that are going to show us this imbalance way before the clinical condition manifests. If we can catch it in that window and develop a plan of individualized, personalized therapy, we may be able to get it so it doesn’t manifest into a full-blown autoimmune disease. That’s the exciting thing about what we’re doing right now in functional medicine.

Dr. David Brady: Yeah, because a lot of people will say, “My mother has Hashimoto’s. She is on thyroid replacement. My older sister is. My aunts were. I am just going to get it.” If you do what they did, you probably will because you probably have the genetic predisposition. You might have that HLA pattern or whatever. In your immune system, there’s whole arrays of predictive antibody testing that we can do.

[00:31:30] They’re used in conventional medicine but here’s how they’re used. We wait until someone develops all the clinical signs and symptoms of autoimmune disease X, and then we say, “It looks like you have lupus,” or “It looks like you have rheumatoid arthritis from the joint dysfunction and the anatomical arrangement and everything else. We have these inflammatory markers high.” We’re going to confirm our suspicion by doing this antibody testing; when in reality, the medical research has shown that these antibodies are in that person’s blood 5, 10, 15 years before.

Dr. O’Bryan: Years.

[00:32:00] Yeah. Instead of using them to confirm what you already know, let’s turn that on. It’s here and let’s use them prophylactically and upstream. Let’s test them in a screening methodology just like you would go and get a blood chemistry or a lipid panel.

Professor Yehuda Shoenfeld: The autoimmune disease is like other diseases, arteriosclerosis, cancer. They are multifactorial. There is no one factor which determines if you would get a disease. Therefore, it’s the combination of factors which joined together in concert to induce the disease. There are many factors. There are genetic factors. There are hormonal factors. 75% of the diseases prevail in female. It means they have something, at least, a factor in their body which enhance the immune system so that they will develop autoimmune diseases. There are immunodeficiency factors.
There are also the environmental factors. Today, we try to understand better the environmental factor and the combination and the concert of these factors will lead to the different disease. This explain (a), why in the same family, you have people with different autoimmune disease; (b), why somebody who has already one disease will develop a second autoimmune disease.

Dr. Joe Pizzorno:

We see patients, and all problems in all walks of life, and we look at all the reasons why they may not be functioning properly. For example, nutritional deficiency, a toxin overload, musculoskeletal or neurological imbalance, things like this. We do primary care and we also have really good relations with other healthcare professions if or when appropriate. For example, I got basic training in assessment of spinal ventilation but it’s not my expertise. I have chiropractors who are good friends of mine, and I say, “This is clearly in your world, you take care of it and send back to me, I’ll work on the diet.”

Dr. O’Bryan:

I have friends where I live who are naturopathic physicians, and when someone asks me, “Who should I see?” I send them there first because my experience of naturopaths is that they look at the diet, they look at nutrient insufficiency, they look at musculoskeletal, and usually refer it out because that’s not a real strength for them but they recognize it. It sounds like naturopath physicians are more of a holistic, if I can use that term, or big picture view type of practitioner.

Dr. Joe Pizzorno:

In many ways, we’re very similar to the family doctor of old and that we have really strong relationships with our patients and their families, and we spend more time with them because we’re concerned why they’re sick and not just that they are sick. Yes, we diagnose disease, and we do physical exam, we do laboratory tests, and x-rays, all those things, and diagnose what’s going on, but rather than say, “Now, let’s give them a drug,” we say, “No. Are there some natural approaches we can take to help the body heal itself.”

Rather than a drug to turn off the symptom, and the problem with most of the drugs is they turn off the symptoms, they’ll deal if people are sick. We want to know why they’re sick. Almost always, it’s either a nutritional deficiency or, unfortunately now, an environmental toxin. We have become so toxic in our modern world that I am not lecturing literally all of the world that toxicity is now the primary driver of chronic disease in all the industrialized world.

Dr. O’Bryan:

Have you ever been to the doctor and you list a couple of the symptoms you’re experiencing? Then, you try to make sure you don’t forget anything. You’re desperately trying to give the doctor all the information they’re needing and making you feel rushed, and sometimes maybe even like you’re being herded to a generic solution. What about your unique history? What about things that have happened in your personal experience, perhaps in your childhood, that could be the cause or a factor for what you’re experiencing? They’re critically important. Why has functional medicine proven to be so effective? What’s the underlying principle of functional medicine? Let me help you understand the foundational
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Dr. O’Bryan: What’s the typical patient that comes in to see you?

Dr. Gabriel De Carvalho: They have many, many complaints together. They want to lose weight. They have migraines or headaches. They have allergies like sinusitis rhinitis. They have gut problems like constipation, bloating. All the body is being attacked. It looks like their older body is being attacked by something they don’t know. They have no idea what’s going on.

Dr. O’Bryan: How do you find what’s going on for them?

Dr. Gabriel De Carvalho: I make several questionnaires and several blood tests as well so we can then figure it out. Of course, we have to make many questions about what they eat, their daily habits, how much they sleep, if they occasion, how much hours of work during the day. We put all this information together in the matrix. Then, we can realize what’s going on. Questionnaire, and blood tests, and saliva, and everything, it’s very important for putting everything together.

Dr. Priya Kumani: Functional medicine looks very comprehensively at the patient’s history. It’s rather a long questionnaire but it’s very comprehensive, and it looks both across symptoms and diagnoses, but also your lifestyle, your family history, your diets. Extremely detailed questions about everything. This entire story, we also have a couple of sections where we ask specifics to timeline. We ask questions about when people have things.

In medicine, for instance, people ask about what have you had in the past but in a very general way. There’s very few people asking you specifically, “Tell us, which year did you actually have this?” We get into that kind of detail so that we can take all of that information and plot it into a patient’s timeline. It’s pretty remarkable what happens.

Dr. David Jones: Because it turns out there is a way. That comes back to that great statement that was made by Peabody a hundred years ago at Harvard at a commencement which that paper, it’s just it could have been written today and be just as relevant. At the end of it, he says, “The secret to the care of the patient is to care for the patient.” If you care the patient, you have to know the patient. If you really want to care for the patient and you’re committed to the patient, you have to really know the patient.

Dr. Tom O’Bryan: In your new patients, how much time might you spend with the new patient before you come up with a conclusion as to what protocols to recommend to them.

Dr. Gabriel De Carvalho: Usually, it’s in the second visit. In the first visit, I have an hour, an hour-and-a-half.

Dr. O’Bryan: You spend an hour to an hour-and-a-half with the patient the first patient?
Dr. Gabriel Carvalho: Yeah, exactly.

Dr. O'Bryan: Actually, that’s what it takes and that’s what functional medicine is all about is getting that big picture, isn’t it?

Dr. Gabriel Carvalho: Yeah, it is. For sure. It is impossible to do it in half-an-hour. At least an hour. Yeah, an hour to an hour-and-15 usually is fine. I finish my anamnesis usually in the second visit when I have already ordered and I am seeing the results of the blood test and everything. I put everything together, the questions, the questionnaires, and the lab tests. Everything together and I can, then, see the big picture.

Dr. Priya Kumani: In the past, functional medicine doctors would create a timeline on paper with their hands which is great. It’s a wonderful way to dialogue with the patient and capture information and then, note it down on the timeline.

[00:40:00] Dr. O'Bryan: I would do that, and it was always a mess because patients remember something that, “Yeah, by the way, back there …” Now, I am writing on top or I’m trying to put arrows in there.

Dr. Priya Kumani: Also, there’s an inherent bias because what we’re doing is we’re filtering the information. We only put down things that we think are important as a practitioner, right?

Dr. O'Bryan: You’re right. You’re right.

Dr. Priya Kumani: Here, we take everything that the patient has said and is relevant. Actually, even the process of … I’ve heard this from many patients who said that the process of going through that systematically, issue-by-issue, makes them think and it also helps them prepare for the visit. Anyway, we take that information. Now, there’s a pattern maybe that shows up which you would never have gotten if you were just writing it on paper. It’s a great way because the tools are very, very graphic and visual. You can now sit with the patient and dialogue about that.

We hear constantly, people come over to us when we’re at conferences and stuff and say, “I have this great story where I was showing this patient this timeline. All of a sudden, they look on the timeline and said, ‘Oh, that’s where …’ and sometimes, something very significant happened.” Including, I’ve heard over and over from practitioners that incidences of trauma, or abuse, or things that are highly sensitive sometimes don’t come up for two, three, four, five visits because it’s just …

Dr. O'Bryan: It’s just very deep inside.
Dr. Priya Kumani: Exactly, but there’s something about seeing that visual. All the sudden, for it to trigger in the patient’s head that look at all these symptoms that have happened, something happened here. For them to begin to associate because we think, “Oh, I had that but it’s not affected me. It’s not affected my life.” Now, if you’re seeing the visual of it, and you’re able to look at it, and then it starts to hit home that maybe there was some implication to what happened. It becomes more conscious. Then, they’re able to bring it up and dialogue about it. It’s helping that story get clearer earlier in the process.

Dr. O’Bryan: We see that so many different conditions that come in to our office when we look, the immune system has gotten activated, and the way to address the immune system is not to quiet it down but rather to reduce the need for its activation.

Dr. David Brady: Right. That’s right.

Dr. O’Bryan: That’s the whole premise of functional medicine.

Dr. David Brady: It is. You’re right. All of the classic agents that are used in the pharmaceutical realm for dealing with autoimmune disease are either to squash the inflammatory, the autoimmune response, or to get into actual obliteration of almost all immunity with response modifiers, and biologics, and things like that. They can be very effective from the symptom management standpoint. There’s no doubt.

Jonathan Otto: Do you believe that there’s evidences that there’s something wrong fundamentally with the system potentially from a monetary standpoint?
I believe it but it’s not a belief just to believe. It’s the truth. Let’s just analyze what we know, what we’ve learned. There was a study that came out just a couple of months ago on the British Medical Journal. It was a really good study. It was an analysis of the top causes of death. What the study came to the conclusion of is that heart disease and cancer were the number one and two killers but the third leading cause of death was medical error. Now, what does that mean? Somebody will say, “They overdosed on the drug,” or, “No, they died in surgery.” No, medical error means the proper use of prescription medication.

If we look at the leading causes of death, and we say, “Okay, how do we treat this things? The system that we have. What do we use to treat these leading causes of death?” We use medicine but medicine is the third leading cause of death. Does that make sense to you? That’s data. I didn’t make that up. That’s raw empirical data. What it tells me is we’re doing the wrong thing. Maybe we’re not doing the wrong thing 100% of the time. I don’t think doctors are out there mal-intentioned. I don’t think there are doctors out there saying, “I’m going to put you on this drug and we’re going to hurt you on purpose.”

No, and likely the case that you get, they were looking for the answer. I find that quite a compassionate thing to do like at most before they send him away. It sounds like a lot of those doctors were volunteering their time just to look at them. Yeah, but it’s still in dark when it gets to the system more than anything.

Absolutely. That’s what the system promotes. The system promotes that drugs are the only thing that can treat, cure disease. A perfect example, look at a bottle of supplements. On the bottom of it, it’s going to say “FDA disclaimer. This product was not intended to treat, cure, diagnose any disease.” Why does it have to say that? Because medicine ensures that nobody else has a thought process. Did anything other than drugs can treat, cure, diagnose disease?

That’s fallacy.

It’s a law and it is fallacy because we’ve got natural medicines that do wonderful things that are equally and sometimes more effective than prescriptive drugs.

No question.

Yeah, no question about it. There are plenty of other cultures that don’t even dive into the drug aspect of the treatment, and only use medicinals, and herbal, and botanicals. They’re just as well and actually do better. America’s healthcare system, I think last time I looked at the numbers, it was ranked 37 which is of industrialized nations. That’s very poor considering we spend more than any other nation in the world on drug research, and on drug uses, and on medical care. Then, we just subsidize this care.

Now, we said, “Let’s take tax payer dollars and give away this care that doesn’t work because the system is broken. Let’s give away this broken care and this
broken system to people for free.” Not that I don’t think people should have access to some kind of care. I just don’t think that taxpayer dollars should fund a system that doesn’t work. It’s proven itself to be ineffective.

You think a lot from a business perspective. I’m a businessman. I’m also a doctor and I’m also compassionate. I think there are a lot of people out there like that. From a business perspective, medicine is the only business that continuous to grow at an exponential rate despite failing miserably its costumer. What other business can you think of other than government that has that track record?

Jonathan Otto: With Synthroid being the number one drug for 2013 and ‘14, is showing you that that is the only method for the majority of people for treating thyroid disease. For example, some of my cancer people are getting more and more aware, “Hey, I have some options here,” but with a lot of the autoimmune diseases, they literally jug me if they have any option in the world except for drug X. You’re not cool with that.

Andrea Nakayama: I am not cool with that. I lived in a bubble where the population that comes to me wants to take ownership. There is a really broad population that’s just buying into the drug as the solution and I am not cool with that. A lot of the drugs, not only are they not actually addressing the root cause, they could be doing further damage, especially when we look at the fact that there are genetic underpinnings to autoimmunity, the way that that person processes the drugs may not be what the literature says it’s supposed to be. I’ve seen this in a number of my clients where they’re actually not able to process the drugs and it’s doing more harm than good.

Jonathan Otto: Wow. What is the answer on that?

Andrea Nakayama: It’s multifactorial. I think that the answer is really understanding what’s true for ourselves, understanding the roots of our own autoimmune expression, and being able to mitigate that by taking ownership, really understanding what’s true for us, what makes us feel better or worse, and assembling the team that really sees the whole individual and who we are, and is able to work through that lens.

Dr. Steven Masley: Too often, with these people on drugs, we make their markers look better, their major health markers, but we haven’t found the underlying cause and we haven’t fixed it. We’ve done them a disservice. When I put someone on medication, I always feel like I failed them. It’s not that I’m anti-med. That means I didn’t find the underlying cause and there probably was one that would have actually been the true solution and would have done it without medication.

Dr. O’Bryan: That’s really a bumper sticker for your practice, “If I have to put somebody on medication, I feel I failed.”

Dr. Steven Masley: I have.

Dr. O’Bryan: That’s really quite profound.
Dr. Steven Masley: I didn’t figure something out.

Dr. O’Bryan: Yes, and you need some help in the meantime for that person to feel better and function. I’ve assume you just keep diving in and looking deeper.

Dr. Steven Masley: I just keep working on it. I go, as I start on a med, it’s like, “Hopefully, I can stop this in three to six months. We’ll figure it out and you won’t need it anymore.” I think a lot of times they’ve been to all these doctors, they’ve been to all these specialists, they put them on drug after drug which made them feel worse, and they’re becoming hopeless. I think that’s really important thing to give people their hope back whether it’s heart disease or cognitive dysfunction, or depression, or just pain that most people can really transform that by following a program that is intended, that their genes have been waiting for them to do all along.

Dr. Peter Osborne: One of the biggest things I hear from patients who are brave enough to come to me, because it takes a lot of courage to say, “I don’t believe that other doctor or those other ten doctors who are saying that I’m just getting older.” That’s one of the big myths and the big lies is that disease is a natural progression of aging. We try to create diseases out of natural things in life. When a woman goes through menopause, we try to create a disease out of that, and say that that somehow now it needs to be medicated. When a man goes through similar changes, hormonal changes as he gets older, we now call that a disease and then we say, “We need to medicate that.”

Jonathan Otto: That’s a great idea if you want to make money out of it.

Dr. Peter Osborne: It’s a perfect idea if you want to make money. I use the word diseasifying. We diseasified normal processes and we’ve justified that human should be functioning at 100% all the time. If they’re, not we’re going to call whatever that is a disease and create some kind of treatment.

For example, depression. A person can have depression if they’re sad. There’s nothing wrong with the state of being sad and going through a period of depression. That’s part of life’s experience but a lot of doctors, if a person goes in and they’re depressed, maybe because they lost a love one, maybe because they’re going through a really hard time, depression is an important emotion that they need to go through or they need to work that out in their own mind, but the doctor is saying, “No, you have this depression. Here, let’s cover it up.” Let’s call it a disease instead of the state of being human.

We’ve dehumanized in medicine and we’ve opened the door that anything abnormal at any time is going to be considered a disease that needs to be treated. By the way, I have that treatment in my closet, and we’re going to give that to you. I think that’s a horrible approach.
Dr. David Jones: I came out of medical school with this illusion. Medical school is not what I expected it to be. I thought we were going to study human physiology. Then, we were going to study how people make decisions. We’re going to put those two things together. Then, I would be able to help people. It really wasn’t about that. It was about a certain heuristic of you evaluating a patient not as a whole person. You’re evaluating a patient as a system of organs, and you ask questions to try to single down and focus down on which organ system is having the most trouble. Then, you look in the drug book to find out ... First, you made a diagnosis of what part of that organ system, what does it feel like in terms of a diagnosis, and then what drugs can be used.

Dr. Amy Myers: It’s actually a paradigm that I wish it were that simple because it’s easier to do. I finished my education, went into practice. It was really only about two years on the practice that I sat at the end of the day looking at the list of patients, and I thought, “About half of these people have been better off if they hadn’t come because they’re all on drugs that are causing all kinds of mischief in their life.” Then, I look at the list for who was coming in the next day and I said, “I don’t even know I’m actually to call and say, ‘I’m only going to do mischief in your life. Why don’t you not come? I didn’t know enough.’”

Dr. Amy Myers: I don’t think you can blame the physicians. Maybe medical school and how doctors are trained but I do think the vast majority of doctors go into medicine with the idea that they want to help people. They’re taught how to help people in a certain kind of way which for some people, it does work, but for many people, it doesn’t work.

Sayer Ji: I was an emergency medicine physician before I became a functional medicine physician. I do think that conventional medicine does a really great job at emergency care. I was a trauma ER physician, and if I got shot or was in a car accident, I would want to go to the trauma center. If I had cancer or autoimmunity, I didn’t know about it at the time that I was going through my autoimmune condition. I didn’t know about functional medicine but clearly, if something would have happened to me in the future, it’s what I would turn to. It’s how I lived my life every day. It’s what I hope others will turn too as well because it does give you hope.

Sayer Ji: Chemotherapy is used in the case of autoimmunity because the very brutish premises you want to destroy the immune system. They’re using some of the very same agents. Then, of course, cancer, we’re using, as we know, conventional warfare chemo and radiation. It’s like an insane model. Not only do you feel betrayed. You have this condition. Your body is attacking yourself.

Sayer Ji: Now, the conventional medical system is saying, “We’ve got to blast this enemy within.” Then, literally, the collateral damage is like off the chain, yes, or the metaphoric is so profound, the poetry, because this is very institutional equivalent of the immune system. The conventional medical system is supposed to help take care of its damaged population, and it’s feeding, and profiting, and amplifying the
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[00:57:00] damage. It’s almost like a reiteration of the very horror of betrayal. Yeah, you’re right. The betrayal theme from the condition all the way up to the misguided treatment really, it’s powerful.

Hyperthyroidism is an example because that’s when autoantibodies have formed against the thyroid. What does the conventional medical system do? They actually attempt to take the thyroid out. They even do this radio ablation. The take radioactive iodine 131 which is released in nuclear disasters. It’s why everyone want to stock up with potassium iodide where there’s a nuclear threat because this element is what destroys the thyroid.

They find that the immune system is attacking the thyroid. Instead of trying to find the root cause and remove it, they decide they’re going to take the very thing that can kill your thyroid, blast it, and surgically remove it, and then replace the thyroid hormone with synthetic thyroxin or Synthroid which has a completely different tertiary confirmation. Actually, the primary sequence is different than human thyroxin. They push it as if it is just as good, if not better. In other words, it’s like this cascade of betrayal. People’s thyroids are literally removed when all they had to do is remove gluten, for example, or address some type of toxic and exposure.

[00:58:00] I think you need a business that makes $100 billion annually that fails to lead their customers to some form of meaningful resolution is to re-evaluate their business model.

Jonathan Otto: I’d say that they have. Look at these examples of all these people that are better.

Dr. Peter Osborne: I agree with that. You say look at the people whose symptoms are reduced but what happens with their lifespan? The average autoimmune patient will have a lifespan on average about 26 years less than their counterpart without autoimmune disease. You didn’t really serve them. You served them by being compassionate toward their pain or toward their symptom, and that’s where you made your money. You made your money to mask their body’s alarms.

I agree with you. It is a betrayal. Any intelligent person could analyze this from the perspective that if we only mask symptoms, and in the process of masking symptoms, we create new disease with the drugs we use to treat those symptoms.

Autoimmune is notorious for this. Look at the drugs used, the immune-suppressing drugs that are used to treat lupus, and rheumatoid arthritis, and psoriatic arthritis, it cause cancer. It’s very clear on the warning label. Very clear, they cause cancer. They shut down the immune system.

Jonathan Otto: They’re non-transmissions?

Dr. Peter Osborne: Yes. Is that a solution? Is that something you want to give a $100 billion a year to as the solution when the outcomes are poor? I think we need to look at different outcomes. The outcomes are, “Yeah, your pain is reduced. Yes, your rash goes away.” Those aren’t outcomes of resolution. Those are outcomes of symptomatic
reduction. I don’t think we can base the model of treatment, again, on shutting down the body’s ability to warn us.

Dr. Sara Gottfried: We have an outdated clinical model. It’s really based on, “You have a disease, here’s a pill. You have a cold, take an antibiotic.” It has not served us well. It got us to the bottom of the list.

[01:00:30] Dr. O’Bryan: Look at the result. That’s right. Look at the result.

Dr. Sara Gottfried: Doing a root cause analysis, looking at a systems-based approach to the body, looking at, “Okay, why are you run down? You go exposed to a virus when you flew to Europe last week. Now, you’re sick with the virus.” Just trying to understand what are the levers here. How much stress do you have in your life? How are you dancing with that stress? How much sleep are you getting? We know that you need 7 to 8.5 hours at night to really function the best.

[01:01:00] Dr. O’Bryan: I would say, what are the limits that you’re unwilling to acknowledge? If you look at it clearly, you say, “I pushed the boundaries a little too far here that I’ve crossed my limit.” Acknowledge that we’re human, we have limits, and we have to take care of these bodies so they can continue to function for us.

Dr. Sara Gottfried: I feel like you’re looking specifically at me with that one because I’m a recovering overachiever and I don’t want to have limits. It’s a human condition.

[01:01:30] Dr. O’Bryan: It is. It is.

Dr. Sara Gottfried: We have to get rigorously honest about this. It’s super important. Whether you’re trying to get pregnant, or you’re facing perimenopause, or you got your third cold in the winter, it’s important to face these.

Dr. O’Bryan: One of my personal goals, and whether this resonates for others or they have their own, in the same category, I want to make sure I can take my grandkids hiking in the Alps in my 80s.

[01:02:00] Dr. Sara Gottfried: I like that.

Dr. O’Bryan: In order to do that is what I do now and in the middle ages that determines that. For all of us, we have to take a step back from how we feel and do some independent evaluation, biomarkers, if you will, as to how our body is functioning.

Dr. Sara Gottfried: Yeah, this is such an important point. It gets back to a theme that we’ve had, the free line for a conversation which is you want young age and middle age to last as long as possible. It’s not necessarily longevity that we want, it’s health span. You hiking in the Alps with your grandchildren, that is about health span. It’s about feeling fantastic, not being in a nursing home at age 80 with Alzheimer’s disease or
with rheumatoid arthritis. We know that these conditions are recognizable decades before you have symptoms. The key is to be proactive, to be predictive, to personalize this, to get super healthy as young as possible. Then, maintain it.

Dr. Dan Kalish: It’s very easy for us to mask autoimmune problems with medications or with natural supplements. In my first five years of practice, I actually thought my job was to get good at symptomatic control so that within a few weeks, this person could be in less pain. That’s the obvious compassionate thing to do when you’re a doctor as you want this person to feel better.

Then, you realize as years go by that when those patients come back years later with even more pain that they had originally that you’ve actually undermined the human process by denying them the feedback that comes from making lifestyle changes first. I really emphasize this, the diet, the sleep, the exercise, the meditation as the initial round of treatment while we’re running labs and while we’re analyzing what’s actually going on as an underlying cause.

What I found in the group of patients that I’ve worked with more recently, the last 15 to 20 years, is that when they understand how much food can relieve their pain, how much is a good night sleep can relieve their pain, then they’re motivated to continue the real treatments which are these lifestyle changes. They understand that there’s a very real therapeutic impact of something as simple as sleep or meditation that might be even more powerful than any of the supplements or drugs.

Dr. Kelly Brogan: That’s been my observation that people who take the invitation that is embedded in illness, and they accept it, and they work with it, and they shift their beliefs because of it, they go on to live really rich, fulfilling, expanded lives. I witness that the people who treat diseases as just another misfortune, and they begin to accumulate a list of the diseases that they are dealing with, and the medications that accompany them, I’m not sure that’s really a life they feel they would have signed up for if given the choice. Then, they’re just basically surviving until they die. I think most of us have an innate sense that that’s not all there is to this experience, that there is more that’s possible.

Dr. O’Bryan: I know you’ve heard the horror stories, all the suffering people go through. You’ve seen it with your loved ones and friends. Perhaps, you’ve heard a few of the turnaround stories. That’s why we’re sharing this. It’s not just to shock you. It’s to give you the solutions you’re not being told. Let me tell you about the hope. Are people really getting better? Is it truly possible? We’re about to share with you some of the amazing case studies.

James Maskell: I got a friend who I went to school with, and he got colitis, and dealt with colitis, went down the regular route. Suddenly, three feet of his gut was taken out. He’d lost a certain part of his body. This is a friend that I went to school with when I was seven years old. The plan there was just there’s no preventive action. Suddenly, you have colitis, you have three feet of your gut out, and then, now, I continue to
see on social media that he’s in and out of hospital still having operations every year, had problems with having a family.

I see that colitis, I see doctors in functional medicine everyday reversing in weeks, if not months. That is very striking example of why we need more of this and it keeps me going. Personally, I’ve had more interactions with cancer and mental illness, but at the same time, it’s only becoming clear to what degree autoimmune disease plays a role in those kinds of things too.

Dr. Gabriel de Carvalho: I had a patient just last week with rheumatoid arthritis which started with me a year ago. She was taking many medicines, and lots of pain, no improvement at all. She was in the highest dosage possible. There was nothing her doctor could do for her other than he was already doing. Then, she came to my office. It was in July last year. We started all the protocol which is an individualized protocol.

Now, she came back every month or every two months. She was back to the clinic. Then, I asked her at her last visit, “How are you feeling? What was your improvement during this year?” She almost cried. I think it was the first time she was not with her husband together. She told me, “My husband prays for you every day because he doesn’t hear me complaining, and moaning, and crying every day because of the pain.”

Dr. David Brady: I think it’s particularly problematic and traumatic for younger people who are all of the sudden facing a chronic disease diagnosis. Someone in their mid to late 20s, let’s say a female, all of a sudden, we tell her, “You have thyroid issue and you have autoimmunity against your thyroid,” or a young person with rheumatoid arthritis, or I’ve had very young people with really bad psoriasis or something like that, they’re left in a daze, “Why me? I’m young. Why do I have to deal with this kind of problem. Isn’t this a problem for old people? Why was it me. Is this my fate? This is my genes. I have to deal with this. There’s nothing good that’s going to come of it.”

I think it’s our job as healthcare providers to not be callus to that, and to really understand that a big part of the therapeutic intervention we offer and the healing process is to really ... We’re not some omnipotent healers where we just make everything better. We’re really on a journey with them. We’re their health coach.

That’s why I like that model of health coaching, health coaches, because it really automatically implies that expectation that the patient is going to be actively involved. It’s not just going to be some doctor giving them some magic pill or some magic fix because that rarely is the case particularly in chronic disease. The patient has to engage with you in their recovery emotionally, behaviorally, sometimes spiritually. You have to walk them around to that. They don’t just automatically get there. Particularly, if they are fairly young, they’re not at the point of even framing up that way. Maturity, you tend to think that way a little bit more as you get older.
Sometimes, it’s just reassuring them, “Listen, you’re not alone in this. First of all, this is very prevalent. It’s becoming more and more prevalent. Yeah, you may have this in your family history. Maybe all your older relatives and family members have this because they didn’t know any better. They didn’t know the things that they can do to change the outcome. Now, we do know. We’ll work with you. Yeah, you might have to change a little bit about the way you eat, about the amount of stress you’re under, about various things in your life, but these are all good things anyway. You’ll learn how to do this. You’ll learn how to work this into your life. You’ll be healthier for it in the long run way beyond just not having Hashimoto’s thyroiditis or way beyond having room toward arthritis. These are just good health practices for a long vibrant life.”

The majority of them are willing to get on board with you once you … They need to know you’re in their camp, you’re their advocate, you’re not judging them, you’re not there to scold them if they don’t do it perfectly. I think that’s a big part of what makes a good health care provider. That’s really still part of art of medicine rather than just it becoming a technical endeavor.

Dr. Liz Lipski: People come to see a clinician because they hope that that clinician is going to walk down the road with them to help them. For me, I’ve always been taught that my life is about service. I think whether I go get my haircut, somebody’s serving me. They’re making me feel better about myself by cutting my hair. I go buy new clothes. It’s because they make me good for a minute. I think we’re all about service. Oprah said it really well. She said, “Use me until I’m used up.” I don’t want to be used up but I want to be used well. It’s like serve until we can’t but also remember to renew ourselves because that’s just as important.

I think David Jones had said so many of times that there aren’t physicians who go into medicine to be bad physicians. Everybody goes into this with a real hope that they’re going to help a lot of people. I think that everybody who is a clinician really helps a lot of people. I just think that with this more integrative and functional movement that we get the people who say, “Yeah, but I think just keeping somebody in the drug isn’t really the long term solution always.” Is there some other piece of a puzzle that I’m missing? I think that’s really what binds this functional medicine group or integrative medicine groups together is that curiosity where we’re always saying, “How can we serve better one person at a time?”

You’re probably thinking, what do I do now? You probably feel overloaded, information overload, analysis paralysis. Your geek terms that’s way too much information. We want you to know you’re not alone, that there’s a community here. Where should you go from here and what should you do? We’re going to show you. We’re going to show you what the experts say that work with people day in and day out to guide them through how to get back to vibrant health.

Information is power but the information is only powerful if you find the information, and then act on it, and put that information into play. We have the tools to do that now. If you have a family history, whether it’s a family history of a
lot of cancer, a lot of heart disease, a lot of autoimmune disease, there are so many upstream tools that we have now to find out what is your specific risk factors as an individual because even beyond autoimmunity, risk for cardiovascular disease, heart attacks, strokes, pulmonary embolism, whatever, it’s not just cholesterol. There’s a whole bunch of different modifiable risk factors.

You have to find what are your modified risk factors as an individual so that we can then guide you on what lifestyle interventions, what things to change about your diet, about your stress, about your exercise, or whatever it may be. Same thing in autoimmunity.

This autoimmune disease epidemic is such a big problem and it’s affecting so many people, so many patients but so many extended families of those patients. It has the likelihood of affecting our offspring, our children, the young children we have, our children yet to come. It’s a really important public health issue that needs to be turned around. Like I said before, it’s not going to be turned around with a magic drug. It’s going to be turned around with making the right changes to our lifestyle, our diet, our food supply, our environment.

That is not going to happen because the powers that control the food supply or the power that powers that control these various aspects of the environment and the economy are going to make those changes for us. It’s going to be driven grassroots by people who are fed up of being chronically ill and need the system to change. That’s why a series like this is so important. You have to get the information out to the people, to the masses that are unwilling guinea pigs in this big experiment that’s creating such chronic disease. They’re the ones that are going to drive the changes in the whole system by the choices they make, and the dollars they spend, and how they do it.

Dr. O’Bryan: I’m so grateful to all the people that volunteered their time for Betrayal, the researchers, the scientists, the clinicians, the patients, all of them. These speakers have made an impact on my life and on my health. I’m grateful for you. You are becoming equipped for yourself, your family, your loved ones so that together, we can end the unnecessary suffering from autoimmune diseases.

Suzanne Barker: I just really appreciate Dr. Tom because he’s really been proactive. He’s really getting the message out. He’s doing webinars. He’s speaking at different conferences. He has the research behind what he’s saying. He’s giving people direction and clear guidance on how to prevent entry of autoimmune disease, not just treat the symptoms in, and the past where they’re just suppressing the immune system, and they’re not helping people get healthier. I think the message that he’s bringing is really going to bring a lot of life and a lot of hope to people. I really appreciate what he’s doing.

Dr. Michael Ash: I’ve known Dr. O’Bryan for a long time. Both of us met for a process of changing and thinking differently about the way we wanted to help people, and at the same
time, had many similarities with what we’re already doing. I think what he’s been really excellent of doing is bringing that information to the population in such a way that it makes sense for them, connects with them, and empowers them to take more responsibility.

Jonathan Otto: Do you think that is changing, honestly, there?

Dr. Michael Ash: I’m sure that if people take the recommendations that he manages to pull out from these interviews, they’ll definitely change their life.

[01:17:30]  
Dr. Liz Lipski: Traveling around the world, trying to make a difference, he’s all about service as well, and this is really about how do we serve. It’s certainly not about his own personal gain. It’s really about how do we serve, how do we change the world. What I love about the world now is that medicine is happening because it’s in the hands of the people. It’s on the internet. It’s in docuseries like this one. It’s in summits. It’s in radio interviews. It’s in media. People are saying, “How can I be empowered to change my own health?” That’s what I love about this and what I love about Tom.

[01:18:00]  
Dr. Nalini Chilcov: He’s so committed to really high quality, excellent medicine. Also, he’s not only an educator of patients, but he’s an educator of doctors, and has a wide reach so that he’s always on the leading edge of whatever information is available, and has this gift to really teach it to people, to take complex things, and make them pragmatic and useful with patients and doctors. That’s a great gift. Not everyone can do that.

[01:18:30]  
Dr. Steven Masley: He takes the information he shares so seriously. He researches this. He studies. He comes up and he presents it in ways that are easy to understand. The whole gluten thing I thought was such a complex thing, and he’s broken it down into one of the key scientific points you need, what has been validated, how do you translate that information the way that it’s useful. He’s a genius at it. I’m so excited that he is hosting this autoimmune summit, and that we’re going to help transform lives with the information that he’s searching for.

[01:19:00]  
James Maskell: There are various heroes in that story but I realized that Dr. O’Bryan is someone I have the most respect for because he took that hero’s journey when very, very few people are willing to do that.

[01:19:30]  
I’m going to look out for what works to be able to see how we can really scale the impact and make it change. Tom really showed the way forward on that. I think his contribution to diseases beyond autoimmune disease will be felt, maybe not acknowledged, but is being felt all the time.

[01:20:00]  
Jonathan Otto: Yeah, and in many cases, but isn’t that awesome that it’s so transcendent that people may even forget where that came from, but that’s showing how widespread that ripple is spreading.
Dr. O’Bryan, come over here, man. You don’t worry about that. I didn’t know what kind of impact you had on Jame’s life.

Dr. O’Bryan: Thank you.

[01:20:30]
Jonathan Otto: Yeah, man. Yeah, I don’t think you saw that through when you thought about doing what you did. I don’t think you saw that that would result in something like this.

Dr. O’Bryan: No. No, it’s not necessary. You just follow your bliss. You just do what you know you have to do. Then, the ripple effect occurs as a chain set. We’re brothers. There’s many of us. The three of us we’re brothers.

Jonathan Otto: Wow, yeah.

[01:21:00]
Dr. O’Bryan: Everyone that sits here for these interviews, we’re all family. We’re all trying to carry the message out one way or another in our worlds.

James Maskell: Yeah. I left being an investment banker 11 years ago. Partly, the reason why I left is because my mentor sat next to me, and he said he got drunk at his leaving dinner, and he said, “I’d been sitting on this desk for 35 years, and I feel like I wasted my life.” That’s the moment I decided to quit with this direction. For a long time, I’ve made very slow progress towards what I really want to do with my time and it was Tom that showed the way to accelerate that to tens of thousands, hundreds of thousands, millions of people. That’s the difference between being at the coalface and really closing the sea change. I appreciate that.

Dr. O’Bryan: Thank you James. You made my day.

Jonathan Otto: I love it. I think that, Tom, in order for you to do the work that you needed to do, you actually had to pass that banner and because you invested so much, you were able to create changes like what James had. It’s just so perfect. I really respect and admire that Dr. O’Bryan, this stage is an immense journey, and you’re a warrior, you’re a cowboy, but then, you’re surely in that place of imparting everything that you’ve done, and you’re a sage is the ultimate place of being able to impart everything that you’ve experienced and what you’ve gone through in order to equip the generation of fighters that are going to take this to the finish line, and you’re committed to that to the upmost.

[01:22:30]
Dr. O’Bryan: Yes.

[01:23:00]
Jonathan Otto: Then, today, you get the opportunity. The rewards don’t come. That kind of reward, no one can pay any sum of money to give you that reward but it comes in a form of this which not many people will get to experience that journey in their life and you get to experience that, man.
Dr. O’Bryan: My creed in life includes this phrase, “Life is no brief candle to me. It’s sort of a splendid torch that I have a hold of for the moment, and I want to pass on to future generations.” That’s the goal. What else is there?

Dr. Dan Kalish: I want to tell you why I’m so excited about you participating in this summit because I feel like there’s so much information online, it’s very confusing for you to get accurate, scientifically-valid information that you can really trust, and what the doctors who are in this program are doing for you is providing a safe space where you know that you have information from leading experts, and clinicians, and scientists that is reliable, and actionable, and that you can believe. I really strongly endorse this program.

Dr. O’Bryan: I’m so grateful that you’ve joined us today. Thank you so much. I know that you’ve learned a lot, perhaps have a better understanding of what autoimmune diseases are in general as we move forward now with what do you do about all this. In the episode tomorrow, you’re going to hear three major themes. The first, what is intestinal permeability, the leaky gut? I’m going to give you visuals. I’m going to give you videos. I’m going to show you and give you an understanding so that you really get what this thing is and how it contributes to the development of autoimmune diseases.

We’re going to talk about vitamin D which I think is the most important vitamin that we have to make sure we get. More important than any other is vitamin D and its role in the whole development and vulnerability to autoimmune diseases. We’re going to use rheumatoid arthritis as an example. You’re going to hear from people who have reversed their condition, who have reduced their pain, and eliminated their pain, and gotten their lives back again.

With episodes two, three, four, five, six, seven, we’ve targeted topics with this world famous scientists, and clinicians, and patients. Make sure you come back for each episode. If you feel that you’ve gotten value out of today, please click the buttons below, the share, the like, the comment. Let us know what this was like for you. Tell your friends about this. Thank you so much for being here.
EPISODE 1—THE AUTOIMMUNE EPIDEMIC: ROOT CAUSES AND SOLUTIONS

SUMMARY AND ACTION ITEMS

How many people are affected by autoimmune diseases?
There are 80 million people suffering from autoimmune diseases in the US and 150 million people worldwide. If we include the fact that researchers are now seeing autoimmune mechanisms occurring in cancer, heart disease, and brain disorders, this number will likely continue to rise.

What is autoimmunity?
Autoimmunity is when the body no longer recognizes our own cells as safe and launches an attack against them. There are many things that can change the shape of your cells. Toxins, stress hormones, bacterial particles, and even excessive sugar can change the shapes of your cells leaving them more susceptible to being mistaken as harmful intruders by your immune system. And once the body recognizes your own cells as dangerous, it produces antibodies to those tissues.

Certain foods and bacteria have amino acid sequences that look a lot like cells found in our own body. If our immune system makes antibodies against these foods, those antibodies may also target our own tissues. This is called molecular mimicry.

Anything that increases immune activity can increase the immune system’s ability to attack healthy tissue.

There were three main things mentioned in this episode by Dr. Mark Hyman that cause irritation of the immune system they were...

1. Food Reactions/Allergies
2. Infections/Microbe Imbalances
3. Toxins

What were the two things that Dr. Hyman said were “underlying all disease?”
A. Exercise and Sleep   B. Diet and Stress
C. Community and Substance Abuse   D. Stress and Sleep

Our current model of treating autoimmunity with medications doesn’t seem to be working. Dr. Peter Osborne mentioned some shocking numbers regarding medical error in the US. He said it was one of the top causes of death. Do you remember what position medical errors took in the top 10 causes of death?

A. Position 10   B. Position 5
C. Position 3   D. Position 8

SEE ANSWERS ON NEXT PAGE
Mark Hyman:
“It’s a whole host of factors that interacts with their genetics depending on our environment, our genes that trigger our particular problem. There’s variability in the population so that the same insults can cause many different autoimmune diseases. There are only three main triggers for autoimmune disease with a couple of add-ons. **Diet and stress always influence every disease** but the main three triggers are **allergens, microbes, and toxins.**

As functional medicine practitioners, our expertise is being able to drill down into each of these areas and discover in any particular person what’s driving that problem.”

Dr. Peter Osborne:
“I believe it but it’s not a belief just to believe. It’s the truth. Let’s just analyze what we know, what we’ve learned. There was a study that came out just a couple of months ago on the British Medical Journal. *(link to article)* It was a really good study. It was an analysis of the top causes of death. What the study came to the conclusion of is that heart disease and cancer were the number one and two killers but the **third leading cause of death was medical error.** Now, what does that mean? Somebody will say, “They overdosed on the drug,” or, “No, they died in surgery.” No, medical error means the proper use of prescription medication.

If we look at the leading causes of death, and we say, “Okay, how do we treat this things? The system that we have. What do we use to treat these leading causes of death?” We use medicine but medicine is the third leading cause of death. Does that make sense to you? That’s data. I didn’t make that up. That’s raw empirical data. What it tells me is we’re doing the wrong thing...”

**ACTION ITEMS**

Now it’s your turn to find out how to balance your microbiome, your stress levels, and your toxin exposures while you learn about the optimal diet that works for you! Find a Functional Medicine practitioner and get started today.
"I have seen too much suffering. And it’s unnecessary suffering. After traveling the globe and interviewing some of the brightest medical minds on the planet, it is clear that there are simple options that can reduce and sometimes end the struggles of millions of people. It has been my dream to bring these simple solutions to you and your loved ones so you can live long and vibrant lives filled with joy and hope. Thank you for making this dream a reality."  Dr. Tom O’Bryan

TOM O’BRYAN, DC, CCN, DACBN

Dr. O’Bryan is considered a ‘Sherlock Holmes’ for chronic disease and metabolic disorders. He is a clinician par excellence in treating chronic disease and metabolic disorders from a Functional Medicine Perspective. He holds Adjunct Faculty positions with the Institute for Functional Medicine and the National University of Health Sciences. He has trained thousands of practitioners around the world in advanced understanding of the impact of food related disorders and the development of individual autoimmune diseases.

Dr. Tom’s 2016 critically acclaimed ground-breaking book, ‘The Autoimmune Fix’ outlines the step-by-step development of degenerative diseases and gives us the tools to identify our disease process years before the symptoms are obvious.