Base Hits 3
Week Four: The Gut / Brain Connection with Dr. Tom Transcript

Dr. Tom:

Hello everyone. Let's see, I've added a few new slides since the last time, so I'm going to do a little bit of presentation first and then we'll get to the questions. But the information is just so critically important for a big picture understanding, so let's share a screen here, let me do that. And just to review, one bullet point to think of, we talked about in the last few weeks is, how does chronic disease develop? Oh, I don't have my clicker, so I'll do it by hand.

And this slide really tells the story. Where's your baseline now? So that is your immune system already being taxed and you're withdrawing from the bank account called your organ reserves just to deal with everyday life. And if you're draining your bank account, your organ reserves are dropping down, because you have so much inflammation right now, when a threat comes in, you may not be able to successfully deal with it, and that's the panic that we have right now regarding this virus.

And I mentioned that those of you who got a little fever, maybe 100, 101, 101.5, for a day or two, or you got a little cough, or a little diarrhea, and you were fine after that, it's easy to say, "Oh I'm fine now, I've got immunity," and blow it off, but you cannot blow it off, that your immune system didn't handle this exposure to a virus. You had to rally the troops, you had to get in there like the stagecoach riders back in the cowboy movies, "Cha," with the whip, to get your immune system going. We call that whipping the dying horse when you have to do that.

So, if you got a fever, if you got a cough, if you got a little diarrhea for a few days from an exposure, and then you were fine, thank God that it was able to respond to that extra demand on it. But your immune system, the baseline is too high and you had to rally more troops to get the job done. So you want the baseline of your immune system activation down low, what's called here low inflammatory risk. And that's why all of the little base hits you do accumulatively have the effect of reducing your inflammatory state.

Because if you've got mold in your house and you're not dealing with the mold, you're in a high inflammatory state right away. If you say, "Well, I know that test was positive for wheat, and I don't eat it as often as I used to, but I have a little once in a while," you're throwing gasoline on the fire. You'll decide what you want to do in your life, one of the goals to protect you is to get your baseline of your immune system activation down. And we gave you the article by my friends, Sam Yanuck, and Joe Pizzorno, and team, we gave you that article that this graph came from and the other graphs that we've talked about.

So, we want to drop it down, that's the goal here. And we talked about Professor Fasano and giving us the five pillars in the development of all chronic inflammatory diseases. The five pillars are your genetics, environmental triggers, altered microbiome creating leaky gut, which allows the large molecules to get through into the bloodstream and your immune system trying to protect you is fighting those larger molecules, called macromolecules. That's why foods are such a problem in this chronic inflammatory state, and that's why you want to find out, "What foods are not working for me?". Now

you may feel fine when you eat the food, but if your immune system has elevated antibodies to that food, not normal levels, there's a reference range for antibodies to dairy and to lectins and to wheat, there's a normal refer range. But if you're outside that reference range, if you're elevated, you're draining your bank account, that's the way to think about this. And how large a bank account do you think you have in today's world? And so that's why all the little base hits make a different, right?

And I'm going through these quickly, because we've already talked about them, I just want them up to front, as we talk about, "What's the most important thing you can do?", that's what today is about. But there's one concept that becomes the paradigm, you look through from all chronic disease, this is it, the five pillars in the development of chronic inflammatory diseases. And as you may recall, we can't do anything about number one, that's the deck of cards that you were dealt. You got the genes, you got the genes, it doesn't mean you're getting the disease, it means it's the weak link in your chain, and if you pull at the chain too hard you're likely to get that disease, so don't pull on the chain so hard. So you can't do much about your genetics.

And you can't do much about the last one, number five, the systemic immune response, because these molecules, they get into the bloodstream, they're not supposed to be there, immune system says, "Whoa, what's this? I better fight this to protect you." So you really don't want to shut down you're immune system. So maybe temporarily, if you've got such acute pain that you can't function. And so, you want to suppress immune function with rheumatoid or lupus, so that you can fun, while you're working on numbers two, three, and four. And that's the key takeaway of this big picture concept.

Don't worry about the genes, you can't do anything about that. Be grateful that your immune system is working as much as possible. And yes, if it's causing you pain and suffering, let's calm it down temporarily, but don't suppress it, don't try and shut it down, because that always backfires. Always backfires. Numbers two, three, and four, is where we want to focus our attention.

So this is called the autoimmune tautology and this comes from Professor Shoenfeld, the godfather of autoimmune disease. And he talks about genes and the environmental trigger, and it alters your microbiome, which increases intestinal permeability, which allows the molecules to get through, which creates a systemic immune response. Now you got antibodies in your bloodstream, the special forces, trying to fight whatever it is that got in there. And because of the orange vests that they're wearing, that orange vest looks very similar, it's the amino acid structure of that molecule, whatever it is.

The amino acid structure looks very similar to the surface of your thyroid, or to the surface of your myelin, the Saran Wrap covering your nerves. It looks very similar to the surface of your liver. And so you make antibodies to the liver, antibodies to myelin, antibodies to your brain. That's molecular mimicry and we've talked about that. This is just a quick boom, boom, boom, just to make it fresh in your mind, as we talk about, "What are you going to do about all this?"

But I threw a few extra slides in here, too, this is... These next three are three of the extra slides. And you heard me talk before, that one out of three elders in the US now dies with Alzheimer's or another

dementia, one out of three. And it such a huge cost to our insurance companies, they've been really studying this in detail. And this came out just earlier this year, from Blue Cross Blue Shield, about early onset dementia. Look at these numbers, that Alzheimer's between the ages of 30 and 64 has increased by 200% in four years. 200%. The average age is 49 now, so this is not just for people in their 70s and 80s.

And by age bracket how much has it increased? So that 200% was from age of 40 on, but look at these numbers by different decades. This is what we're up against. And these numbers are higher now, because it's three years later, but it took them a couple of years to accumulate all this data. Why, I don't know? But they just published this in February of this year. But look at the direction we're going in. You remember me saying the brain is the yellow canary in the coalmine, and that when you have brain symptoms first it's telling you the chronic inflammatory stage in your body, and the weak link in your chain, one of the weak links, where you're starting to notice the symptoms, is the brain, very, very common.

And in this one, overall diagnosis is small, but from 2013 to 2017 the increases in these age brackets are just jaw dropping, just jaw dropping, and it's the yellow canary in the coalmine. Now as part of this whole mechanism, the tautology is, that's what Professor Shoenfeld talks about, genes, environmental trigger, altered microbiome, it's called the tautology, the autoimmune tautology.

That whole concept, environment more than genetics shapes immune system function. You have to understand that, your environment that you're living in, I don't mean in the national parks, I mean in your bedroom, that's the environment that you live in, in your kitchen, that's the environment that you live in. And indoor pollution, remember week 1, is often worse than outdoor pollution. The environment is what's on the end of your fork that's going into your mouth, because that's the environment that's effecting your body, is what's right in front of you.

So this is Dr. Michael Gershon, Professor Michael Gershon, from Princeton. 1999, I was at the Institute for Functional Medicine's National Symposium, and I don't quite go to all of the talks, sometimes you take a break, right? And so, I go out to the pool, and I'm sitting at the pool, and I'm reading something, I don't remember what it was, and this guy's sitting next to me, and he says, "Oh, you're reading...", whatever the book was. And I said, "Yes." He says, "What do you think?" I said, "Well it's pretty impressive. It's got me thinking in different lines than what I usually think about that condition." And he said, "Ah." I said, "Oh, are you here for the conference?" And he says, "Yes." "And you're playing hooky, too?", and he smiled and he said, "Well, yes. Yes. I'm not on until this afternoon." And I said, "Oh, you're one of the speakers? Are you Professor Gershon?" And he said, "Yes." And I said, "Oh, I've heard about you, I'm really looking forward to your talk."

This is Michael Gershon, who published the book in 1999, The Second Brain. He's the one who has focusing on this for decades now. And it was in this book he first told us, "For every one message from the brain going down telling the gut what to do, there are nine messages in your gut, going up, telling

the brain what to do." How much brain hormones, called neurotransmitters, to make. That's controlled, that's modulated, hands on the steering wheel, that's modulated by your microbiome, what neurotransmitters you make, which creates depression, or anxiety, or schizophrenia, or bipolar. That your neurotransmitters are the hormones that set up this environment in there, where you have good function, or not good function. Well this was Michael Gershon, back in 1999.

So the ratio's nine to one. And if the brain is the canary in the coalmine and all chronic inflammatory diseases begin in the gut, as Professor Fasano has told us, and the brain's the canary in the coalmine, how many of you that say, "Oh yeah, I'm not quite remembering the way I used to," or sometimes you, "Now where did I park the car?", at the shopping center, "Where's the car? What row was it in?", or, "Where's my keys?" How many of you that are suffering from those kinds of irritating little symptoms think, "You better wake up. Wake up, because your body's talking to you now."? The canary in the coalmine.

I'm going to show you a slide or two here. Yeah, the gut/brain axis, that what's going on in the gut, sends the messages to modulate the brain, what's going on in the brain, sends messages back down to the gut. And I love this slide, this came out from Health and Human Services last year. And in this slide you have normal brain function to begin with. So when you do a blood test, looking at antibodies, and the test is called the Neural Zoomer Plus. Mary Agnes, let's put the link in here for Neural Zoomer Plus, also. I forgot to give you that one. It's the best test available to identify, "Is your brain inflamed right now? Is your brain on fire?" Not the Neural Zoomer, which is a good test, it looks at 18 different markers of inflammation in the brain, but the Neural Zoomer Plus looks at 48 markers of inflammation in the brain.

So now, I'll tell you this, we haven't had one normal Neural Zoomer Plus come back yet, on a first test. On follow-up tests, they better come back normal, or they better be better, depending on how many were off in the first place. But we haven't had one normal yet, which means of everyone on this call, I'd be hard pressed to think that there's three of you that don't have elevated antibodies in your brain. I don't know, but that's just my clinical guess.

So, this is a test, and it's a finger-prick test. You can do test in your doctor's office, or they can send you the finger-prick test, and they send it to you at home, or you go to the office and pick it up, you take it home, poke your finger, or poke your spouse's finger, put a drop of blood on the card, let it dry, put it in the envelope, mail it off. And in about 7 to 10 business days, you get the results back.

So we have normal levels of antibodies first, but then we get inflammation in our bodies, for some reason. We're eating foods that we shouldn't, we've crossed that line of tolerance on a particular food, your body just won't put up with it anymore, like wheat. I talked about oral tolerance with wheat, if that's the food, or whatever one it is. So with that inflammation, now you start to get elevated levels of antibodies, but you don't feel when you've got elevated levels of antibodies. That's call the prodromal stage and that'll go for 20 years, killing off brain cells, killing off brain cells, killing off brain cells, killing off brain cells.

20 years, you don't have a symptom that you notice, but now you're in your mid-40s or early 40s, and now, "Where's my keys? What did I do with my keys?" Now you're starting to get some symptoms, which takes you right into the next zone, which is mild cognitive impairment, and this is where you start getting short-term memory loss, "Where did I park my car? Who was it that I met yesterday, what was their name?", and you start getting those kinds of symptoms. And it's annoying, but you don't think it's bad. I mean, you're healthy, you feel healthy, but the mechanism is going on.

And that can go for seven years or so, and then you get a diagnosis of mild Alzheimer's, and that's when you have problems reading, you don't recognize certain objects. Now, "What's this? Oh, oh, it's on the tip of my tongue. What's the name of this thing? Oh, yeah. Yeah. Cell phone." When those kind of things start occurring, you've got mild Alzheimer's. Now that goes for a couple of years, and then it takes you into the moderate Alzheimer's, where you make poor judgements and short attention spans. And then it goes severe.

I'm showing you this, because it took me a half hour to make this slide, I'm going to get as much use out of it as I can, but also to wake up. That if you're back in the prodromal stage, and you've got elevated antibodies now, they're never neutral. If they're elevated, they're killing off brain cells, killing off brain cells, killing off brain cells, until you kill off enough of them that you get into mild cognitive impairment. That's why every patient that asks me, "What test should I do?", to begin with, it's almost always the Wheat Zoomer and the Neural Zoomer Plus. Let's find out about intestinal permeability, that's in the Wheat Zoomer, and about whether you can eat wheat or not, let's find out. And let's find out how much inflammation you have in your brain, because the brain's the canary in the coalmine, that's going to show symptoms first, before so many other areas are.

So that, just a quick review now, about some of the environmental triggers that set off this whole mechanism I just went over. Remember I said that our friend Dr. Bredesen, who published The End of Alzheimer's, great book. We were talking last year and I, "Dale, how's the book?" "Oh good, thank you. It's in 27 languages." I said, "Oh, you dog. Mine's only in seven," I bowed to the master, right? But that book is in 27 different languages, because it's such a good book.

And he just talks about this, and one of the things he says is that, "60% to 65% of all Alzheimer's, is inhalation Alzheimer's," it's what you're breathing over the years that goes straight up to the brain, killing off brain cells, killing off brain cells, killing off brain cells. Like pumping gas, you smell the gas, that's benzine, it's a neurotoxin going right up to your brain, increasing immune activation in the brain, while you're smelling the benzine. "Oh, it doesn't smell bad, I kind of like the smell." "All right, we'll put that on your tombstone in 15 years." Right? But you have to understand you're putting gasoline on the fire.

So Professor Fasano talked about wheat, gluten, and bacteria in the gut, LPS, as the two most powerful triggers, which is why... And I talked about this before with you, gluten is misinterpreted as a bug, and

that's why the immune system gets activated when you eat wheat, and this happens in all humans, all individuals who ingest gluten. And I showed you this, this is what it's like, right?

So, if you're resistant to the science, or just uncertain if this relates to you, "What can you do?" Do the Wheat Zoomer test, this is what the test looks like, pages and pages of results that you get here. And that one, the alpha-gliadin, almost all laboratories out there, that's all they check, is alpha gliadin, usually only IgG. And then your doctor tells you whether you're sensitive to wheat or not. Well that's an important marker, because 50% of celiacs will have that marker elevated, but the other 50% don't, they've got other components of wheat, that's why you need a current, cutting edge, state-of-the-art test, and that's the Wheat Zoomer, and more of the markers that the Wheat Zoomer looks at.

Now we talked about this before, eating outside the home is not safe, that when Dr. Greene, at Columbia, and his team, sent out 804 people with testing equipment into restaurants and ordered off of gluten-free menus, what did they find? They found that 32% of everything is not gluten-free, on a gluten-free menu. So you're trying to be healthy, you're doing the right thing, you're ordering the right foods, and you're still activating the intestinal permeability, because this happens in all individuals who ingest gluten, and you can see the percentages here. That's why we talk about the product E3 Advanced Plus and WheatRescue. So the E3, we'll put the link in here for the E3 and for WheatRescue. For most people, E3 is the place to start and you need that protection.

Now I'm also going to talk a little bit about air pollution, review of week 1, because it's just so darn important to understand that these neurotoxins that are in the air, inside your home, they're neurotoxins, which means they're poison to your brain and to your nerves, that's what a neurotoxin is. And it's a little bit, you say, "Oh, it's not too bad, I can't smell anything," but it's accumulative, over the months, and over the years, which is why you want to put this much attention on the air in your home, keeping it clean. And elevated air pollution's associated with decreased cognitive function in children, adults, and the elderly, meaning everybody.

Everybody. It's air pollution, and here's Dr. Bredesen and his book, and he talks about, "60% to 65% of Alzheimer's is inhalation Alzheimer's," right? So two studies found that those that live close to freeways, and gestational early life exposure, so meaning mom being pregnant, and early life exposures to these traffic related air pollutions, autism was 86% increased in those families. 86% increase, if they lived close to freeways, because they're inhaling all this stuff that goes right up to the brain. It effects all of us, all of the time. According to the EPA, the top five air quality problems in the US are all indoor air problems.

All of the top five are indoor, not outdoor. And what does that mean? The World Health Organizations says, "Radon causes up to 14% of lung cancer deaths." In the US about 21,000 lung cancer deaths, per year, are due to radon. Everybody should have a radon detector in therapy basement. It costs what? 25 bucks. And you change the battery once a year, when you change the clocks in the spring or fall, you decide, change the battery every year. But you need it, because you can't smell it, you can't taste it, but

it causes 14% of all lung cancer. Being exposed to radon for a long period can lead to lung cancer. All right? And we know that, so get a radon detector.

And there's so many different chemicals in your house that we need protection from. I say this to you, because the indoor environment is a haven for these toxic chemicals associated with reproductive and developmental toxicity, hormone problems, cancer, brain deterioration, the list goes on and on. You need this much attention on indoor air pollution. And if you look at these different families of chemicals that are on the bottom, and I know that you don't know what those are, they're just different families of chemicals. But look at the different systems of the body that are affected when you breathe these things in. The reproductive system, your hormones, the developmental system for babies and their brains, I've showed you some science on that already. Cancer, depleting your immune system, your liver and your digestive system.

The list goes on and on for these things, that's why we're giving you this handout, or I think we already gave it to you. But you get this handout and you put houseplants in every room, because they suck up toxins. So you just get houseplants, and they're inexpensive, to pull the formaldehyde out, you can see the plants that are best for that. And all press board furniture, your kitchen cabinets, your bathroom cabinets if they're not solid wood, your cabinets in the living room, the dining room, if they're press board and not solid wood, they're out-gassing formaldehyde and you're breathing this stuff in, you and your family, that's why you get the plants.

And we'll give you the link for the AirDoctor, it's the air filtration system that I recommend you get. Right now, in 2020, they looked at the top ten air filtration systems, this is number one. And from us, if you get the link and you click on it, they give you $300.00 off. But we've got AirDoctors in our home, and I suggest that it's a really good investment for you and your family. Between house plants, and the AirDoctor, and the handouts I'm giving you, how to clean up every room, those are basic things that you can do that will have lots of dividends in protecting your brain.

So I had to throw this in here, because I'm talking about such heavy stuff. You every wake up in the morning and look at yourself in the mirror, and say, "Wait a minute? Wait, that can't be right? That just can't be right." So let's move on. We need to focus on rebuilding a diverse, healthy, protective, non-inflammatory, microbiome. Of the five pillars in the development of chronic inflammatory diseases, which means genetics, environmental triggers that turn the genes on or off, actually raises the dimmer switch up or down, the microbiome of the gut that gets altered, and it's called dysbiosis, meaning a bad microbiome, causing intestinal permeability, these large molecules get through into the leaky gut, into the bloodstream, and your immune system, trying to protect you, fights them. And here's comes the chronic inflammatory diseases.

We're going to talk about this one, the microbiome. Because if you want more bang for your buck, than anything else you can do, rebuilding the diverse, healthy, protective, non-inflammatory microbiome, is at the top of the list, the very top of the list. So that's what we're going to talk about here. Now you

recall, I hope that wheat makes up almost 80% of the prebiotics in the North American Diet. Prebiotics means they feed the good bacteria in your gut, the probiotics. The prebiotics feed the good probiotics, so you get more probiotics, the good guys.

And when you take wheat out of the diet, because you have to, because not everything in wheat is good for you, now you've taken away 80% of the prebiotic that people eat and you replace it with gluten-free food, which has no health benefits whatsoever. It is not healthy for you, it just is not poison. You're no longer eating the poison, so you've reduced the bug effect, because your body thinks every time you eat wheat it's a bug, right? So you have to get wheat out of there, if your test says your immune system's fighting wheat, then you have to get wheat out of there.

If the Wheat Zoomer says, "No problem," and you have a competent immune system, then, "Okay, it's okay for you to eat wheat. Lucky guy. Man, I wish I could still eat wheat, but I can't. I've crossed that line of tolerance." But when you take wheat out, you have to remember you're eliminating 80% of the food for the good bacteria in the gut, so you have to replace that food. When the growth of the good bacteria is not supported, due to reducing the prebiotics, then the bad guys take the opportunity and they flourish. So don't get caught by this slide, we'll take one part of it at a time.

So the vegetables that we eat, the fiber in the vegetables is called non-digestible nutrients, and these are the different families. And they've got geek names that you really don't need to know, like arabinoxylans, and galactooligosaccharides, and there's just no need to know any of that. But they're prebiotics, and the prebiotics in mushrooms are really good for you. The prebiotics in rich-colored fruits, because of the phenols in them, are really good for you. And those prebiotics...

... in them are really good for you. And those prebiotics feed the good bacteria in the gut, and what happens is you get more of the good guys that are supposed to be there when you feed them properly. Okay. That makes sense. Well, this is Professor Shoenfeld's textbook in medical school on Infections and Autoimmunity. One of the chapters in there, what they talk about is that one-third of all the molecules in your bloodstream at any one time, one-third of them, more than one-third are the exhaust of the bacteria in your gut called the metabolites, the proteins and the metabolites of the action of the good bacteria in your gut. That exhaust gets into the blood stream and is one-third of everything that's in the bloodstream.

Why? Because these are the messengers modulating your brain function. These are the messengers carrying the message in the bloodstream up to the brain, and they turn on different switches and they dim down other switches. And it just depends on what the balance is of the bacteria in your gut as to what kind of messages are you sending? Are you sending more messages of alarm because you got too many bad guys in your gut and the dimmer switches are going up for inflammation in the brain, or are you sending more messages of peace and calm, and turning up the dimmer switch for anti-inflammation?

That's all determined by the bacteria in your gut, not all but primarily determined by the bacteria in your gut. The ratio of the bacteria in your gut is determined by what you feed it. So we have to feed the good bacteria in the gut with prebiotics, but you've taken the prebiotics away that was 80% of that person's diet. When you take wheat away, you've taken away 80% of the food for the bacteria that that person's got. So you have to replace it. When you have the right balance of good bacteria in your gut, the messengers that they create are going in the bloodstream to all the different target organs, to the rest of the gut, to the liver, to your fat cells, everywhere in your body, to your muscles, to your brain, they go everywhere.

The result of turning on the genes in these different organs of your body is what you see here now, lowered inflammation markers, increase in insulin sensitivity, which means less insulin because it's working better for you. When you start getting those organs functioning like that, the metabolic result is lower glycemia, lower insulin resistance, meaning higher insulin sensitivity. The insulin is working better for you. Your body's really sensitive. It doesn't need a lot to get the job done. So your blood sugar is staying stable, lower fat mass, lower appetite, lower inflammation, lower toxins in your body.

All of this because you're feeding the good guys in your gut the vegetable fibers that are prebiotics. So if you see a pearl on the screen, it's a pearl, pick up on this. And this is the first of the pearls. Mrs. Patient, when you go shopping for your fruits and vegetables, I want you to buy a couple of every root vegetable in the store, everyone. Get rutabagas, and turnips, and parsnips, and carrots, and radishes, and sweet potatoes, and jicama, and beets. Well, I don't know how to cook a parsnip. Well, neither do I. But what I do is I dice up the parsnip into like fork sized pieces, slice an onion, peel some garlic, pour the coconut oil in the pan, sauté all that together until it's soft, put some peanut sauce on it or some red Thai chili spicy sauce, and I eat it.

Well, what about a turnip? I dice up a turnip into fork sized pieces, slice an onion, peel some garlic, pour some coconut oil in a pan, sauté it all up until it's soft. And then I pour tomato sauce on it. You don't have to be Julia Child here. You just got to eat them and get them down, because they feed the good bacteria in your gut. Now you've heard me say before that the fastest growing cells in the body are the inside lining of the gut, right? Well, what's the fuel for that?

The fuel for those new cells, the raw material that the new cells are made from is called butyric acid or butyrate, same thing. The category is a short-chain fatty acid. How do you get enough butyrate? Because if you don't have enough butyrate, your cells are still going to reproduce themselves in the gut. But if you don't have enough raw material, you build your house out of straw instead of brick. Meaning, if you don't have enough raw material, your body's going to use whatever it can to make new cells.

Now, just go on Google and type in butyrate, B-U-T-Y-R-A-T-E, butyrate and colon cancer. Here come the studies, when you're low in butyrate, you're higher risk for colon for cancer. Well, how do I get enough butyrate? Butyrate is produced by the action of the good bacteria in your gut on vegetable fibers. So you eat the vegetable fibers, the good bacteria feeds on them. Their exhaust is butyrate and they reproduce

more good bacteria. But the exhaust is butyrate used as the raw material to make new skin cells, to make new cells on the lining of your gut, to make new cells on the blood-brain barrier.

I haven't talked about it here, but leaky gut, leaky brain, and butyrate is the substance that's primarily associated with healing the blood-brain barrier. So when you eat root vegetables, you're increasing your butyrate level, which increases the good bacteria. And you get all these benefits down the road. So Mrs. Patient, every day, one root vegetable, and you alternate the vegetables. Why? Because every fiber of these different vegetables feeds different families of good bacteria in your gut. They don't feed the bad bacteria. They feed the good bacteria, but different families.

So one family is going to benefit from jicama. One family of the bacteria will benefit from carrots. Many families of the bacteria benefit from sweet potatoes. So you alternate the root vegetables. Then you go on Google and type in list of prebiotic foods and you print out the list. You're going to find out that bananas are prebiotic. Garlic is a prebiotic. So you're going to have one root vegetable and two prebiotics from the list every day. That's step number one. And provision of gluten-free, but prebiotic rich foods like we're talking about here, the root vegetables and other prebiotics, and/or a supplement will help to build a healthy microbiome.

So for two months, Mrs. Patient, for two months, I want you to take a supplement of a prebiotic. Now, the one I like is this one called Mega Prebiotic. Your doctor may like something else. That's fine. Just for two months. Now, my wife and I take it every day. We throw it in our smoothie every day, but I'm not saying you have to do that. Just for two months while you're training your body to eat more root vegetables and other prebiotics. Because you're stopping wheat, so for a couple of months, I don't want you to develop a deficit of food to feed the good bacteria. So you take the supplement while you're learning how to cook these different things. And you can take it longer if you want, but for two months with the root vegetables and other prebiotics, that's enough.

Next pearl, there's a mucus layer that protects. So your gut is a tube that goes from the mouth to the other end, one big, long tube. And inside the tube where all that bacteria, there's a mucus layer for that bacteria that protects it. It's kind of like a force field for the bacteria, the mucus layer. It's good for you, and Mrs. Patient, I'd like you to have a cup of bone broth every day. What do you do for bone broth? Well, Marzi, I just came home a couple of hours ago and could smell the chicken in the oven. Right now Marzi has a chicken in the oven with a bunch of root vegetables in there and the fats that drip off the chicken are seasoning the root vegetables and they're baking on their own without doing anything else. All she had to do was wash the root vegetables, dice them up and throw them in the bottom of the pot, and they're going to be delicious, right?

So we're having chicken tonight, but then we save all the bones and we saved the skin, if you don't need the skin and we throw them in a pot. I take a couple of sheets of nori, it's a seaweed N-O-R-I, nori, and I just cut it up with scissors and throw it in there, because it's full of minerals, lots and lots of minerals. And then we throw in leftover vegetables. Or if they're starting to turn a little, we throw them in there.

You bring it to a boil and then you let it cook just for a couple of hours. That's bone broth. You can use fish bones, beef bones, chicken bones, rabbit bones, venison bone, whatever you got, and you make bone broth.

Why? Because when you make the bone broth like that, you just strain it and you can store it. It's high in gelatin tannate. What is gelatin tannate? Gelatin tannate protects the force field, the mucus barrier in your gut so that the bacteria, the good guys are protected. Because what happens when you develop a leaky gut, you get these large molecules going through the leaky gut, into the bloodstream. It's called increased intestinal permeability. These molecules activate your immune system. That's what all those are on the left side, activated immune cells. And then you've got systemic inflammation and you're pulling on the chain and wherever your weak link is, you're off to the races, right?

But when you take gelatin tannate, it produces like a shield, like a really good ACE bandage, not a little band aide, like an ACE bandage on there to protect the gut so it can heal easier. It puts that barrier across there, and the result is you heal the gut. That's why you want bone broth. Realistically, we drink bone broth maybe two, three times a week, but we don't have intestinal permeability right now. So if you do, it's better to have it every day if you can.

You just make your own, it's easy to do. You can buy the commercial stuff, but it's not as safe to buy the commercial stuff. A lot of them are cutting corners right now. But one that you can count on is bonebroth.com. It's my friend, Chef Lance, and he is meticulous to find healthy animals, and will only use healthy animals and they run tests on all their products to make sure there's no heavy metals in them. That's bonebroth.com.

Next pearl, increasing the diversity of the good guys in the gut, the probiotics. Mrs. Patient, I want you to have a tablespoon every day of fermented vegetables, just a tablespoon. You don't need a whole bowl, but maybe in that bowl of root vegetables in there there's a tablespoon of fermented vegetables. So buy five different types, get sauerkraut, kimchi, fermented beets, miso, curry flavored, whatever you like. And every day you have a different tablespoon of fermented vegetables. Why? Because they feed the good bacteria. You're inoculating the gut with this good bacteria.

You use different fermented vegetables because there are hundreds of families of bacteria in your gut. Don't just eat sauerkraut. Sauerkraut is really good for you, but don't just eat that. Koreans have it down really well with kimchi, because they've got many different types of kimchi. So you're alternating the vegetables. You're alternating the flavors. So you're feeding more families of the good bacteria. The ingestion of fermented foods increases the numbers of microbes in the diet by up to 10,000 fold. That's not 10% or a hundred percent, or a thousand percent. It's 10,000%. And it makes such a difference in helping to build a healthy, diverse microbiome.

So while for two months, Mrs. Patient, while you are eating, learning to eat the fermented vegetables, I want you to take a supplement of probiotics. This is the one we like because it spores and spores are

used better. The science is really clear on that, but there's many good probiotics out there. If your doctor wants to recommend a particular one to you, that's fine. As long as you do the fermented vegetables, you're going to be rebuilding the diversity of your microbiome.

Next pearl, arguably, the most important enzyme in your gut is called intestinal alkaline phosphatase. This stuff almost acts like a hormone to protect your gut. It's really important, IAP. And this is why an apple a day keeps the doctor away. It really is why it does that. Intestinal alkaline phosphatase preserves the balance of the good bacteria in the gut. It detoxifies the bad guys, LPS. Do you remember Fasano saying the two most powerful triggers for leaky gut are gluten and LPS. Well, if you have enough intestinal alkaline phosphatase, this stuff can't get in. It can't cause leaky gut.

It puts down inflammation. It protects your gut barrier. It increases the number of good guys in your gut. It helps to protect against the LPS, once again, getting through. It helps to protect you against excess fat absorption from the foods that you might be eating. Yeah, here's that slide from Fasano saying gluten and LPS. And here's the drawing that shows this. So when you got this bad bacteria in your gut called LPS, that's the exhaust, if you have enough IAP, IAP just grabs it and escorts it out in the stool. And so it doesn't go down to activate the sensory standing guard, toll-like receptor four in your gut. It can't activate toll-like receptor four.

But when you don't have enough IAP, then the bad bacteria exhaust, the LPS goes down and it activates the sensory standing guard that creates all that inflammation and leaky gut and all these molecules get through into the bloodstream. And you're off to the races with systemic inflammation that's going to pull at the chain, wherever your weak link is. And when you have enough IAP, you break down these toxic LPS by over a hundred fold. I mean, these are dramatic numbers of how beneficial it is. The pectin in apples increases IAP. This is why an apple a day keeps the doctor away.

They took these test animals and they gave them high fat diets. And then the other group they gave high fat diet with the pectin from apples. And when they included the pectin from apples in the food that both groups got, 37% reduction in weight gain, 29% reduction in total cholesterol, and all of these inflammatory markers, 47% increase in IAP. These are the markers for intestinal permeability, they reduced. This study demonstrates that apple derived pectin modulates the gut bacteria as was shown by the prebiotics in wheat. So you take wheat out of the diet, you can replace it with apples because apples will give you the prebiotic that the wheat did before.

So IAP, and I'm showing you this slide also, because if you ever need to take antibiotics, your IAP supplementation with an antibiotic was found to rapidly restore the normal microbiota when they stopped the antibiotic and it prevented C. diff, Clostridium difficile, which is a nasty, nasty type of diarrhea. That's a reaction to taking antibiotics for too long. You increase IAP by apples. And of course, organic apples are much more powerful with the ingredients in them that make a difference in your health to turn on the genes for anti-inflammation.

So, Mrs. Patient, when you go shopping for your vegetables, buy a lot of apples, 10, 12 apples, always organic. When you bring them home, don't peel them, but dice them up, throw away the seeds, but use this and the stems, but use everything else and chop them up, throw them in a pot. And if the pot of apples is this high with apples, and one-third the height in water, one-third the height, throw in some cinnamon, maybe a couple of raisins, maybe a little bit of vanilla flavoring if you like that, turn it on high about 12, 15 minutes into it look in there. When you see a shine on the skin of the apples, turn it off. It's done. You made applesauce. That's how easy it is to make applesauce.

The shine is the pectin from the meat and under the skin of the apple that's now been released and it's easily accessible when you eat it to the bacteria in your gut, and you have a tablespoon a day. Just a tablespoon, it's all you need because it's a base hit and you don't do it once a week. You do it every day. Just a little bit. Well, can I have more? Of course, you can have more than a tablespoon, but a tablespoon a day just to get in the habit, a tablespoon of the fermented vegetables, one root vegetable, a couple of the others from the list of prebiotics, simple things, simple base hits that have a huge benefit for you in the big picture.

Next in healing intestinal permeability, there is nothing as strong as cholesterol. When a baby is born, our baby will be born in about eight weeks, I think. Yeah, about eight weeks now. They have severe intestinal permeability. That's normal for a baby because baby's been in the suit of mom's womb and everything is just flowing everywhere. So when baby comes out, now it's time for baby to get its food, not from the umbilical cord, but orally from mom, right?

So when baby starts suckling at mom's breasts, the first three to five days of breast milk is not breast milk. It's colostrum because colostrum goes in and it turns on the genes that says, okay, genes. We need to close those tight junctions. Yeah, you've been permeable your whole life, the whole nine months you were in there, but now you're coming out into the world. You're going to get food. So we need to close those tight junctions. Let's get those cells kissing each other now. Come on. Come on. What colostrum does is it turns those genes on to do that job.

Colostrum promotes the recolonization of the bowel by good bacteria, because mom's got bacteria in her breast milk. Mom's got bacteria in her colostrum that is designed by nature to feed baby, to inoculate baby with the right bacteria, the good bacteria. It's the best remedy known for all around gut health. It restores leaky gut to normal, contains growth factors and hormones to repair damage to the gut. It's unmatched as an immune system stimulant.

There are numerous one note products that help a little bit with healing the gut. I talk about all roads lead to Rome, that's called a pleiotropic approach. And it's really good to have a bunch of things like vitamin D and all that. But colostrum is the only one that plays the entire symphony. The only one, it turns on every gene. So we'll put the link in here for you for the GS Immuno Restore. And if you've had gut disease right now, you get the GS Immuno PRP Pro. The Pro has gotten extra lactoferrins in it, and other components of colostrum and higher concentration, focusing more on healing.

So to build and rebuild the diversity of your microbiome for two months, add a colostrum product to the protocol, Mrs. Patient. So for a couple of months, you've got a few supplements to take while you're building the diversity of your gut. So what's the current recommendations? What's the summary of this? Strict avoidance of all wheat, if you've tested positive to wheat. I never say everyone needs to give up wheat. Don't ever misquote me on that.

Everyone needs to give up wheat if their immune system says they've got a problem, because now you have a problem. But if your immune system, if you do the right test, the Wheat Zoomer and it comes back negative and your immune system's got enough organ reserve, there's enough deposits in the bank account to say your immune system's working normally, but it comes back negative for wheat. Great. Eat wheat, enjoy it. Just check it every year or two, because at some point you likely will not be able to have it anymore.

So strict avoidance of all wheat if you've tested positive. Rebuild the microbiome with a comprehensive gut restoration protocol with a target goal focusing on diversity, critical importance diversity, daily applesauce, daily bone broth, numerous prebiotics, root vegetables, numerous probiotics, fermented vegetables, initial supplementation for a couple of months with the MegaPrebiotic, MegaMucosa, MegaSporeBiotic, and colostrum. That is the protocol that I can promise you, if there's only one thing you're going to do, you get more bang for your buck to rebuilding the microbiome than anything else you might do.

So you have to stop throwing gasoline on the fire, right? You have to stop aggravating it, creating the inflammation. And when you identify what your environment is creating the inflammation, then to rebuild from the damage, nothing is more powerful that I've ever seen than what I've just given you. So I'm going to stop sharing my screen now, and we're going to go to the questions.

This is from Bethan, "Often gut issues require time to get turned around. It takes time to have severe gut issues and time to change that. What do you tell your patients about this timing that lets them be patient with themselves?" Two months, it's done it. It doesn't take a lot of time, Bethan. It doesn't take a lot of time if you're comprehensive. I mean, if you don't take wheat out of there, you're still throwing gasoline on the fire if you have elevated antibodies to wheat. If you don't take dairy out of there or corn and you have elevated antibodies to dairy or corn, you're still throwing gasoline on the fire.

How do you know? My rule is three weeks. You better know you're in the right place within three weeks that you're getting better. If you're not, we need to go back and reevaluate. Maybe we have to do the Corn Zoomer or the Diary Zoomer or something else in your diet that's still throwing gasoline on the fire. But it shouldn't take too long at all.

How long does it take on the low and high end to fix the microbiome? I just answered that. Please let us know how to have all these tests in Australia. Really good question. The laboratory is Vibrant Wellness. They are willing to send the test kits overseas now. They won't send the finger prick, but they'll send the

blood draw overseas and it has to be back in the lab within seven days. So if you get the test kit, it's up to you once you get it, you schedule ahead of time to have a phlebotomist draw your blood, and then they have to spin it. Simple, easy thing to do. It takes 10 minutes, then it's ready to go. If you take it to a FedEx store, UPS store, just ship it off right away, you can get it to the lab in two or three days. So within the time window.

But it's a nuisance to do this right now because they don't have a distributor over there. So my team can send you the test kits, but the shipping to send it to you, you have to cover the shipping for that. There's no way for us to put it on the website what the shipping is because it's different to every country and different areas like Australia is such a big country. I don't know. It might be different going to Perth or going to Sydney. I don't know. So you have to work with my team by email, just say, "Hi. I'd like to order the Wheat Zoomer, Neural Zoomer Plus, what would the shipping be to send me the tests?" They'll tell you, and then you order the test from us and then you have to get it back to the lab though. There's no way for us to be involved in that long distance.

Instead of the Zoomers, elimination diet could be an approach to see what's causing inflammation. From Paula. Yes, that's true. But you can't use the elimination diet concept to determine reintroducing the foods. When the elimination diet came out back in the, I think it was the 1980s, maybe 1970s, I think it was 1970, the Coca pulse test was like that. But the concept was stop eating the foods and you feel better. Great. Then reintroduce one food at a time and see which one makes you feel sick. That doesn't work because the ratio is eight to one. For every one person that gets gut symptoms when they eat a food, there are eight that don't. They get brain antibodies and you don't feel that. They get gallbladder antibodies, you don't feel that. Thyroid antibodies, you don't feel that.

So you can't determine what to eat after the elimination diet based on if you re-introduce the food, you don't get sick. It's fine. That's not true. The only way to determine what foods you can eat is by doing the test. You do the test first, you find out where's the problem. Then six months later, you do the test again and say, all right, great, it's handled. You don't have corn antibodies anymore. Well, can I eat corn? I don't know. Most of these foods, you cannot, but if you want to try, go ahead. And then two months later, do the test again. If the antibodies come back, now you know for the rest of your life, you can't handle that food. It's the only way I know to be certain.

What is the most cost-effective way to test for APOE4? How do you reach ketosis if avoiding fats? APOE4 is really simple to test for, it's not a sophisticated test. We can test for it on ... Let's see, I don't know which tests. I don't know which tests have APOE4 on it, but some of them do. It was expensive with the DetoxiGenomic because that's an expensive test, and APOE4 is on there. But I know the Cyrex tests have an option to add the APOE4. And I believe the Wheat Zoomer has an option to add the APOE4.

I have an apple tree on my garden. This year it gave over 300 apples everywhere. Can I freeze the apple juice and still have the benefit of it? It's not apple juice. It's applesauce. I don't know. I would suspect the ... You can't do commercial stuff. That doesn't work. There's never been a study that showed that

that worked, but you probably could freeze it. Just be careful. Don't fill it to the top because it expands when it freezes.

That still confuses me gluten is non-digestible to anybody. It causes inflammation, but it's okay to eat if there's no immune reaction. I'm sure I'm getting something not right from Paula. Thank you, Paula. I just can't be quoted by saying no one should ever eat wheat. That's not true. Yes, it is immunogenic to everybody. But there are so many doctors out there. Well, I feel fine when I eat wheat. Yeah, but it's kicking up. It's activating transit intestinal permeability. I don't feel any permeability. I don't. That's nonsense. They just don't think. So the only thing I can say ...

They just don't think. The only thing I can say to you and stand behind on the science is without a doubt, if you have increased antibodies to wheat, your immune system, it's crossed the line of tolerance. This is a position of Professor Alessio Fasano, the godfather in celiac research, the guy who identified intestinal permeability. This has happened just a couple of weeks ago. I did a presentation and saying this exact thing, and someone wrote to Fasano and said, "[O'Bryan 00:00:34] says that wheat causes Alzheimer's and it's a problem for everybody. That's different than what you said two years ago. Have you changed your tune?" And Professor Fasano said, "No, no, I've not changed my tune and that's not quite accurate." So I'm misquoted. So to be very clear with you, the only way I can stand on science and say, "You don't eat wheat anymore," is when your immune system says, "You got a problem with wheat." That means elevated antibodies, but Paula, you're exactly right, that it's immunogenic to everyone. It triggers transient intestinal permeability in everyone.

What prebiotic do you recommend? Root vegetables. I bought the MegaPrebiotic, but when I received it, I noticed it has corn. I'm allergic to corn. Good for you for reading the labels. But it's not the proteins of corn, it's the prebiotic in corn. And we've had this question before and people who are sensitive to corn do not have a reaction to this product. That's been reported to us a number of times. Would this work? 23 and Me as an inexpensive way to test for [inaudible 00:01:48], upload raw data to something like foundmyfitness.com for more thrill analysis? Yeah. Yeah. I don't see why that wouldn't work. Hi, Dr. Tom, thank you for doing these webinars and providing great and helpful information to all of us. Can candida overgrowth cause a reduction in iron levels? Yes. It can inhibit absorption. Also, once candida gets brought back to normal levels, can eating fruit, mushrooms, or starchy vegetables cause candida to come back easily or if that happens, does that mean there's something else deeper going on?

So, if you were in your car and you were involved in a head-on collision with a pickup truck that has one of those big protective bars in the front and you were okay. You got banged up a little bit, but you're okay. You're in the car a year later and everything's good. Your husband's driving calmly and all that. All of a sudden, coming around the bend in their lane, coming towards you is a pickup truck with a big protective bar. What happens to you? You can overreact. It's not rational. It's a self-defense like this, right? And then you catch yourself and you are fine. So same true with any infection that you get. You have candida overgrowth, every cell in your body has likely been exposed to this. And you've reduced that overgrowth? Okay. Does that mean you're not going to be sensitive? No, it does not. Well, what do you mean? Can I not have fruit? No, no, no. I'm not saying that.

It's just that it's different for everyone. So the only way I know that you can be certain, you do a test, you got candida overgrowth. You apply the protocols, you reduce the candida overgrowth. You retest, you're back to normal. Great. Can I eat fruit now? And can I have some sweets once in a while or fruit? I don't know. Go ahead and eat a certain amount of fruit that you think might be your lifestyle for the amounts. Not too much. And do that for two months and then recheck again. If the candida overgrowth comes back, you can't eat that amount of fruit. So you got to clean it all up again, and then you'd come back and say, "well, I've cleaned it all up. The test is normal again." So this is the fourth test. Now the first one that was positive, the second follow-up, that was negative.

The third one after two, no it's the third test, the third one now after two months of eating this amount of fruit every day, you check again, if it comes back positive, you can't eat that amount of fruit and they've got to clean it up again. And then you test the fourth time. Okay, you're back to normal. Well, could I eat half of that amount of fruit? I don't know. Go ahead and try. So you do the half amount of that fruit for two months, daily, or whatever the timeframe is and then you check again and you can find out what's the threshold? What's the oral tolerance? That's the only way you can do it. I don't know of any other way, because you can't base it on symptoms because if you do the Neural Zoomer Plus, you will see everyone we've checked has elevated antibodies to their brain. Some people seem to be able to tolerate goat's milk. How does goat's milk affect the gut? It's a good protein. Milk is a good protein, it's just that it's eight times the size, cow's milk is eight times the size of human breast milk.

This is going to sound weird, but we are perfectly designed to eat human milk cheese, if there was such a thing, I'm sure there's not, but we're designed to eat, to take human milk as nutrition. So any products from human milk would be more likely to be acceptable. Cow's milk is eight times the size of human breast milk molecule, protein molecules. Goat's milk is six times the size of human protein molecules. The milks that are the easiest on the digestive track and often are acceptable when cow's milk, and some people can do goat's milk, but if they're basing it on symptoms, you really need to recheck the Dairy Zoomer after you've been on goat's milk for a while and recheck. But most people find that they can have, there's three milks that you can have. You can have reindeer milk, not available in Florida, but certainly up in Alaska. You can have donkey milk and camel's milk. Those three are good protein sources, and they're much easier to be digested. We'll put the link in to camel's milk. There's a really great company.

These are Amish people out of Arkansas, I think it is. It's really a good product. You mentioned, wait a minute, somebody just put one in here. What test shows candida overgrowth? Stool analysis or antibodies for candida because overgrowth is shown on a stool analysis. Candida is part of your normal microbiome, but in the wrong environment, if there's not enough good guys, it can rear its ugly head up. It's called an opportunistic pathogen. So stool analysis will tell you about that, but you don't have to have overgrowth for candida to be a problem. You can just have candida be a problem. And for that, blood test to look at antibodies. Dr. O'Bryan, you mentioned coffee enemas were helpful, but suggested one not use them regularly. Would you explain why, please? I have a friend who used them weekly due to bowel irregularities. Thank you so very much for the time you spend with us sharing ideas for health and wellness. Thank you, Greta.

It's undetermined how often is safe to be whipping the dying horse, so to say. You're throwing a stimulant in where a stimulant's not supposed to go to purge, to activate the liver and the gallbladder. I don't know that there's a problem with that. I've done them before myself, probably average, maybe one a year. And if your friend has bowel irregularities and that's the only thing that helps, then they do what they have to, but make sure they're learning how to restore a healthier microbiome in the meantime. So I haven't heard of any serious side effects to coffee enemas. Just the concept, it doesn't fit as something that we should be doing regularly. What is the difference between IgG test and a Zoomer? Mrs. Patient, your immune system is the Armed Forces in your body there to protect you. There's an Army, an Air Force, a Marines, a Coast Guard, a Navy, IgA, IgG, IgE, IgM. Different branches of the Armed Forces. So an IgG test is the Air Force. Good test to do, but it's not the Marines.

The Marines are IgA. The Army is IgM. That you should be checking multiple branches of the armed forces, not just the Air Force and the Wheat Zoomer looks at multiple branches of the Armed Forces. All the Zoomers look at multiple branches of the Armed Forces, not just IgG. What part does the gut play? Oh, I missed one. Thank you so much for the information. What are the causes of endometriosis and how to best manage it? I also have a gallstone. Can this be confidently cured without surgery? Cheers. Yeah. What's his name? What's his name? The book was called Food Allergies. John Brennan. John Brennan in the 1970s, this medical doctor, surgeon, wrote a book called Food Allergies and he never had to do gallbladder surgery again once he learned about food sensitivities and any gallbladder patients that came to him with stones and the pain of stones, he would give them some medication for symptomatic relief, but changed their diet immediately, just immediately. I know what their to, get it out of there. And he never had to do a surgery again.

What's the cause of endometriosis? The first thing you always have to look for is insulin resistance. And that's the HOMA score. And I don't recall if I've given you a HOMA score, so write this down. I'm about to give it to you. And if you can't write it down now, you'll have to go back and listen to this again or Mary Agnes will put it in the comments. The HOMA score stands for our homeostasis model assessment and it's fasting sugar times fasting insulin divided by 405. Fasting sugar, simple blood tests, fasting sugar, blood sugar, times fasting insulin divided by 405. Normal is to be less than 1.9. If you're being between 1.9 and 2.9 you're pre-diabetic. If you're over 2.9, you're absolutely functioning like a diabetic and with endometriosis, that's a first thing that you always have to look at because it's hormone irregularities that also are the trigger for that. But insulin resistance is a big contributor to hormone irregularities. Also toxic chemicals are very common with endometriosis. When you do Cyrex Array number 11, it's either 11 or 12, the one for chemicals.

People with endometriosis often find that they're very high. Their immune system is fighting a bunch of chemicals and you have to detox and get all those out of there. Also, our friend, Diane Cozaar just did a webinar, not webinar, a summit recently and she talked a lot about endometriosis. She had some great guests on there, so we'll put the link in for her event and you can watch that and learn a lot from a number of different experts about what might be contributing to the endometriosis. Will coffee and dairy appear as gliadin on lab work? No. And will these foods contribute to increased gliadin levels on the Wheat Zoomer? No. No. Well, no. See, but if you're completely wheat free and you have problems with dairy and you keep eating dairy, you'll still have antibodies. You often will still have antibodies to

wheat, even though you're not being exposed to any wheat, but that's called, oh, what's it called? I'm going blank on the name.

It's not molecular, cross-reactivity. It's called cross-reactivity. So I guess technically, I don't know that it's increasing gliadin levels, but it certainly can increase antibodies. If you have a sensitivity to dairy. What part does the gut play, if any, in the development of growth of brain tumors? You don't get brain inflammation unless you have a breach of the blood brain barrier, a leaky gut. You don't get a leaky gut unless you've got dysbiosis, abnormal bacteria in your gut. The three pillars of the five that are in the middle are always evident with brain tumors. Always. Because brain tumors come from a process of excess inflammation in the brain for a long time that you didn't feel, you didn't know was going on. So you've got to heal the blood brain barrier. You've got to reduce the big molecules from getting into the brain that activates all the inflammation as a component of dealing with any brain dysfunction, whether it's a tumor or depression or anxiety or seizures, you always have to deal with the gut as a component.

Because when you get a leaky gut, you get a leaky brain by definition, because of the same structure's in both. Okay. I'm nearly 60 years old. I've been diagnosed with early signs of diverticulosis and have all the signs and symptoms of leaky gut, including joint pain throughout my body, inflammation. Way to go. You're thinking correctly. Arthritis, fatigue, and random, very itchy skin irritations. It looks like poison ivy that pops up only on my left wrist area. I'm working on limiting my, do you wear a watch on your left side? Take it off. I'm working on limiting my diet to gluten-free foods, et cetera. I also have sensitivity to dairy. How does the diagnosis of diverticulosis play into leaky gut symptoms if at all, and the eventual actions to take to alleviate the symptoms or actions to reverse it and is the random rash on my left wrist only symptomatic of leaky gut or diverticulosis? Dermatologists have had no clue. Really good questions and I can't answer some of those questions, because I don't know your history, but when symptoms are on one hand, one wrist only, sometimes there's electromagnetic pollution.

Remember I talk about the pyramid of health, the four sides of the pyramid? Structure on the base, biochemistry, emotional or spiritual and electromagnetic. So you want to make sure your electromagnetics are not out of balance. Diverticulosis. What that means is, you squeeze a balloon, a water balloon, you a get little bubble of water balloon that comes out, that's diverticulosis. Almost everyone, when they looked at over 100,000 lower GI x-rays, only 6% were normal. All of the rest of them had some degree of diverticulosis. Doesn't mean you have to suffer, but what's going on in your gut that's got some little blisters, what's going on in there when it gets bad enough, you get diverticulitis, which now means it's an itis. So your osis has gotten inflamed. So now it's an itis, I guess it's a graduation. Just think of the slide on Alzheimer's that went from the prodromal period for 20 years of increased antibodies and going into mild cognitive, intermediate, and advanced. That's going on in the gut. It's the same kind of thing going on in the gut.

So, you've had diverticulosis for many years, completely symptom free, and we've had lots of patients with diverticulosis and they're fine. That's not the problem. The problem most likely is the environment in there. Yeah. So it'd be real interested to hear in two months after you've done this rebuilding program that I've given you today. Do that for two months. By the way, that's the exact rebuilding program that

we're doing on the LPS study, which is just about to finish now. That's exactly what they're doing with those products. So it'd be interesting to see in two months after you've done this, how your symptoms are and how your wrist is. Dr. Tom. I don't know if it's the right place to ask. I'm a naturopath student in Germany. I would love to have a wider vision and knowledge to better serve my future patients. Way to go. I have taken a look at the IFM and the FDN, FND certification programs. I am already an ICF certificate coach as well, and I'm certified on epigenetics. And also I'm an educator on preperinatal psychology in.

That makes me think which program it'd be a better option for me, or maybe simple certification, don't know. Any recommendations, please? I enormously appreciate it. Well, thank you so much for all the work you're doing. You are, or you're going to be a great doctor because you think outside the box, so way to go. No question. IFM certification program. No question, because this program teaches you to think outside the box from a very wide perspective. It's apples and oranges with the other programs you mentioned. They are good programs, but apples and oranges to IFMs, and I teach in the IFM program, but I'm on the board of the FDN program. So they are good programs, but for your question, IFM. Can you please give me all your best advice for someone trying to regain the functioning of their cerebellum after having high anti-gliadin gluten antibodies, 320. Whoa. That's way out there.

When told their cerebellum was affected and feel dizzy and off. I've been gluten-free and grain-free for over seven months and still feel off, but antibodies have not come down, even though gluten-free. Doc says that parasites could be housing gluten antibodies, and that's reason they won't come down. Is that possible? Unlikely, but no, not true. It is possible. It is possible, but it's not a theory. The rule is test, don't guess. How long there's a tape for gluten antibodies to lower and how long should it take for you to feel better and regain better functioning of your cerebellum? Also can an affected cerebellum raise anxiety and can PTSD make all this worse? Yes and yes. Have nightmares and not sure how connected. Thank you so much. Sorry, you're suffering, KR. Sorry, you're suffering like that. Yeah. I'm just publishing a paper now of a 16 year old boy. It's the other side of the spectrum. But he went to the best celiac centers in the world and they couldn't help him. He just couldn't grow.

He had, it was called failure to thrive. He was two years behind his growth, weight and size in his bones and his entire body. Plus his was off the charts. This was a high risk of developing cancer, high risk. He had been in two places, and nobody could help him. What did it take from us? It took me a year and a half dealing with parasites, but you test, you don't guess. You don't just shotgun because, "Well, maybe it's parasites." Excuse me, but in today's era, you don't need to do that. My team works in this way all the time.

Good luck to you on this one, but yes, and how long should it take? You should be feeling better in three weeks, meaning you should notice something's different. Not that it's fixed. It took this kid, a 16 year old kid a year and a half, almost two years, but then all of his tests were normal after that. So it can take a long time, but you should know that you're seeing something working better right away. Will there be time after the program? I don't know, Lisa. Mary Agnes can answer that for you.

Tell them we're going to extend it for them, Dr. Tom, because you're going to do that. What Lisa wants to know, everyone, is about the 15% discount. So Dr. Tom's going to do a bonus class for you next week on the sympathetic versus parasympathetic. That puts us at what is that? The second. So what if we extend the 15% until the fourth for them, Dr. Tom?

Sure. That sounds great.

Okay. So, on the Zoomer test, Mary Agnes checked and it's the Neural Zoomer that we can add the to and that's the Neural Zoomer or the Neural Zoomer Plus, both of those. Hello, Dr. Tom, thanks for your last input Monday about how to gently prepare my body for the detox process. Oh good. This is Jennifer. Is there a product or two in your store or elsewhere that will begin to heal my gut lining and tighten? Yes, colostrum. It's number one. While I'm working on that healing, how can I begin to rid my body of LPS levels that were revealed on a mucosal test? From what I've read LPS is very dangerous, and yes. Also a note on glyphosate due to change shopping patterns during COVID. I've used a brand of hummus for the past seven months. I just found out it's very high in glyphosate. This may explain why my memory has deteriorated alarmingly over the past six months. Good questions and startling to find out stuff like this, isn't it?

When you thought you were being healthy. I know, I know. To detox, it's infrared saunas and aerobic exercise, wearing a pulse monitor. And I believe I talked about that, but just to summarize, you wear a pulse monitor. You set it for your pulse range. The range is 180 minus your age plus or minus five. So let's say you're 45 years old. 180 minus 45 would be 135 plus or minus five. So 130 to 140. You set your pulse range between 130 and 140 on the monitor, wear a watch, chest strap, and you go out and exercise. And if you're too slow, it goes, beep, beep, beep. "Oh, I'm only 110. I'd better pick my pace up." If you go too fast, it goes beep, beep, beep, beep, beep. "Wow, I'm at 154. I'd better slow down." And so it's your coach. And the rule is you never argue with your coach, never argue with your coach. Let me say that differently. Never argue with your coach. You stay in your aerobic range.

Now, if you've been diagnosed with a disease, diabetes, high blood pressure, anything like that, it's 180, minus five, minus your age. So it's 175 minus your age. So if you're 45 years old, it'd be 130 instead of 135. So you take five from that. So then the pulse range would be 125 to 135, right? And you exercise in your pulse range for 20 minutes, five days a week. Doesn't matter what you do. You can enhance the effectiveness of what you do to be more detoxing by getting your pulse up on a mini trampoline. So you just walk on it and you see you get your pulse up. You might jog a little, do little twisting back and forth, but you're using gravity, anti-gravity, gravity, anti-gravity. So every cell in your body is being worked. And when you're in that pulse range, you're mobilizing a lot more of these toxins that are in your cells. So that's the most comprehensive way that I know.

Okay. Cooking with homemade chicken broth would also do the job. That's true. Or better to drink straight. No, no, the gelatin tannate doesn't boil off as far as I know. Yeah. I ask to make sure that especially the little ones get. Good thinking, Paula. This is exactly right. What are your thoughts on rice?

The glycemic load is high, but it seems like a good prebiotic to eat when I'm avoiding wheat. White rice is not a good prebiotic Brown rice is an okay prebiotic, but root vegetables are the prebiotics you want to focus on. Not grains. A little bit of grains is okay, but rice, unfortunately, now in the last 10 years, it's undeniable now that most of the rice that we have access to is high in arsenic because arsenic is one of the ingredients used in pesticides and insecticides that are sprayed on the crops. And when the rain comes down, the rain drips off and runs into creeks that run into rivers.

Well, it runs the arsenic, the pesticides into the water. Now the rice fields, rice grows in water that they pump out irrigation from the creeks and the rivers. So the rice is growing in the water that's high in arsenic and rice has an affinity to pull arsenic up into the plant. It doesn't seem to do it with some of the other heavy metals, but it does it with arsenic. It soaks up the arsenic into the plant. So when you eat rice from an average restaurant, you're likely getting minute amounts of arsenic. It's not going to kill you, but it's accumulative in your body, like all these other toxins are. So I would not emphasize eating rice as a prebiotic, ever. Occasional rice, a little bit of rice once in a while, especially if you're making it at home and you buy organic, you're more likely to be arsenic-free, but I wouldn't count on rice.

Hey, Dr. Tom, could you just elucidate? What's a root vegetable. Just give a few examples.

Oh, sure. That earlier slide of root vegetables, sweet potatoes. Not too many white potatoes because they throw your blood sugar off. Sweet potatoes, carrots, turnips radishes, rutabagas, jicama, they're the common ones that you see in most supermarkets now when you go shopping. Okay, as we're trying to lessen gut permeability, wow, can we evaluate the progress in an economical way? The Zoomers measure zonulin and other markers, but are expensive. Are there other self-diagnosis things we can do to evaluate it for improving or not? If not, what's the most economical test to evaluate progress? Good question, David. I don't know of any biomarkers specific for permeability, other than testing. And the most comprehensive test is on the Wheat Zoomer. And there also is the Cyrex array number two is a permeability test. It's a good test. And it might be in the same ballpark as the Wheat Zoomer. I don't know what the price is for it. You can find it on our site, Cyrex array number two, and the Wheat Zoomer. Those are the two best tests out there that I know of to identify permeability.

Reasons for bloating after meal and how to get rid of candida. Mary, you have to work with somebody to get rid of candida. You have to find out, depending what laboratory tests you do, they do sensitivity profiles where they'll culture your sample in Petri dishes in the lab for five days. And so there's a row of Petri dishes with your name on them and they put the candida sample in there and they watch it grow. And then they expose it to different things to see what's going to kill it. What's really going to kill it. And that's called the sensitivity profile. So your doctor has to do that. Okay. And reasons for bloating? Not enough digestive enzymes, very common or small intestinal bacterial overgrowth, also very common or people shovel their food. They don't chew. Remember we're supposed to chew. I don't think I mentioned this. Run a test one day at dinner and just tell everybody at dinner, you're going to run this test so they don't think you...

And just tell everybody there you're going to run this test, so they don't think you're weird, and just chew a mouth full of food 30 times. Count 30 times when you're chewing. One, two, three, four. Do it 30 times. Notice what happens to the food. Yes, you masticated it, meaning you broken up really good and there's lots of saliva in it now, which is really great, but the flavors change. When you do that with a grain, all of a sudden it gets really sweet, so it's really different. So a lot of people get digestive problems because they're not chewing very well. Many people get digestive problems because they have a lack of digestive enzymes, and the majority of the rest of them get digestive problems and bloating because of an abnormal microbiome. As we're trying to ... Okay, we did that. 60 year old with leaky gut. History of High Street job, diabetes, weight gain, 20 pounds, sleep apnea, bipolar, one heart stented, he's on diabetes medication, cardiac meds, pre, probiotic, fish oil, magnesium, vitamin D after gut balance. What's the next steps, liver detox or balance hormones?

So way to go. I'm working on all this. You're doing great. First thing is environmental exposures. Of the five pillars, the first thing you want to make sure is that your environment exposed. So do the things to clean up your indoor environment, meaning the air, the house plants in the rooms, and if you can afford an air filtration system, do that, but certainly the house plants in the room. Find out what foods you're sensitive to because you're throwing gasoline on the fire if you're eating any of those foods. For example, you didn't say you're gluten free, and so with this kind of a history, I would wager $100 that your Wheat Zoomer test will come back positive, but you need to know, you need to find out, but those things will help.

My 12-year-old son has heightened sensitivity to sounds and smells since he was one year old. Any thoughts what this might be about? Yeah, it would be useful to see how he is on a beach. Have him walking, just play on a beach, have a picnic on the beach one day where the waves are coming in and all that, and see if he has that increased sensitivity when you're talking to him, if he's a little anxious or if you notice things like that. He might have ringing in his ears and he just thinks it's normal, but being sensitive to sounds and smells, that's two of the senses. And what about his taste? If he's also sensitive to taste, then you're look probably looking at some type of chemical toxicity. Something happened. Maybe a thermometer broke in his mouth when he was four years old and he's got mercury poisoning, but there's some kind of toxicity going on when multiple sensory systems are over-exaggerated.

I'm intrigued by your gluten non-practitioner course after you recommended in Base Hits 2 that it could help address the white matter lesions issue, but of various sensitivities I have, lectins, corn, dairy, Wheat Zoomer revealed no gluten sensitivity. Do you think I could still benefit from this program or perhaps recommend other resources for dealing with white matter lesions? No gluten sensitivity on the Wheat Zoomer, but positive on Lectins Zoomer, Corn Zoomer, Dairy Zoomer. I've never heard of that. That's really impressive, but dairy can also trigger inflammation and lesions in the brain. Do you think I could still benefit from this program or perhaps recommend other resources for dealing with white matter lesions? You have to identify where is the inflammation coming from. I would start with the Neural Zoomer Plus. I would start there to understand what's the status in the area, because you can't reverse white matter lesions if your brain's on fire, it just won't happen.

My Alzheimer's immune reactivity screen revealed IgG raw and cooked egg yolk cross-reactivity to amyloid beta. How should this be interpreted? Don't eat eggs, most important. Eventually, you'll see what the Egg Zoomer tells us, but if the Alzheimer's immune reactivity screen by Cyrex identifies the cross-reactivity to amyloid beta, you want to pay attention to that, because that could easily be contributing to the white matter lesions in the brain, but certainly do not eat eggs. What are your thoughts on magnesium supplementation, especially for someone with subclinical white matter lesions? What's the best way to test for magnesium levels? There's a intracellular mineral test. That's an excellent way of looking at magnesium levels. We don't have that test. I used to use it a number of years ago, but I don't think I ever put it on the website. Intracellular magnesium. If you Google that, you should be able to find the test pretty easily. It's a not sophisticated test at all, but it's really interesting to see what kind of levels of magnesium are inside yourselves. Let's see.

Mary Agnes:

Is that possibly an EXA Test, Dr. Tom?

Dr. Tom:

I don't recall. That sounds right, but I just don't recall. If that's an intracellular test, that may be it.

Mary Agnes:

Intracellular tissue analysis of essential mineral electrolytes.

Dr. Tom:

That's it. Way to go.

Mary Agnes:

All right, people, in chat.

Dr. Tom:

Thank you. Magnesium. Yeah, it's essential. I think a lot of us would benefit from having Epsom salt baths every once in a while, relax in there, and a cup in a bathtub, a cup to two cups of Epsom salts, and your body will absorb some of that magnesium. You sleep like a baby when you do that. I would like to understand if there's any similarity to mono, di, and polysaccharides and lipopolysaccharides. While the first three are sugars, from my understanding, the last an endotoxin, they share a big part of their names so I would like to know, understand if there's any correlation. Not that I know of. Absolutely none. I have never seen anything about LPS interacting with monosaccharides, di or polysaccharides. There may be, and it's a valid question to ask, but I've never seen a paper on that. I would like to understand if there a correlation of the LPS with energy ATP, glucose, and insulin, and therefore the energy supply to the neuro ... Oh, absolutely there is.

Mercury, lichen, amalgams, even they have been removed long ago and supplemented with B12 and high-dose vitamin C. Is there a contra-indication? The only contrary indication to removing amalgams and mercury, there are a couple, the first one is never when you're pregnant, never, or breastfeeding,

because you'll mobilize some of the mercury, and if it gets in your blood stream, you can pass it onto baby and it takes a lot less to be toxic to baby. Another reason to be careful, you don't want any dentists doing this. You want a biological dentist who knows how to prevent the absorption of these trace amounts of mercury while they're taking the amalgams out. That's the area of expertise of biological dentists. Could an unbalanced, unhealthy [billis 01:38:14] be a root cause of vitamin deficiencies. Maybe you mean [villi 01:38:21]. Let's see, is V near B? Yeah, the V key is right next to the B key, so I think you meant villi. Those are the shags of shag carpeting in the gut.

Unbalanced, unhealthy villi be a root cause of ... Absolutely. Root cause of vitamin deficiencies. That is the primary cause is inflammation in the gut and a dysfunction of the microvilli. How can the secreted bile be tested to ensure the absorption of fat soluble vitamins or can the deficiency of copper be the root cause? How to differentiate? You can tell your absorption levels of fat-soluble vitamins, the SpectraCell test looks at a number of different nutrients, water-soluble, and fat-soluble, and minerals to tell you what your levels are. It's a good test. How can the intrinsic factor be tested? I don't know. You can test for antibodies to intrinsic factor, which means that you're not going to use intrinsic factor very well even when it's produced. We've talked about detox from what we eat and drink, and even from filtering the water of the shower from chlorine, what about swimming? Yeah, same thing, you jump in a pool of chlorine. For some, swimming is a weekly activity, for some others, just during the summer holidays, either way the water contains so much stuff there where we soak in it, I guess it's not good. What to do?

Really good thinking on your part. Exactly right, because it's a societal norm to jump into a pool of chemicals. You can do a saltwater swimming pool that's not full of chlorine, and you can filter the salt water. So that's usually in ocean communities where they've got easy access to the salt water, and there's different filtrations you can use so that you don't have to use chlorine. Let's see. What about … Not a question, but wanting to share this with you, you probably have already seen it, but talking about that brain connection, this is one great start to support it. It's beautiful. Congratulations for the growing family. It's a YouTube video. Okay, thank you for sharing that. I've heard you talk about general gluten and also how, when our body gets to a certain level, we can create an antibody to gluten. Is it the only food that it happens to? No. What exactly is that called? And can you explain it again? Yeah, it's molecular mimicry that when your body makes antibodies to gluten, the special forces that are making the antibodies ...

The antibodies are special forces with a high powered rifle and they're looking for gluten everywhere in the bloodstream. Remember, the bloodstream's just a highway. Everything is going the same direction, but it's just a highway. Everything's bouncing around in there. So how do the special forces guys that are being bounced around everywhere fire their chemical bullets? And they're only looking for gluten, or if you have antibodies to eggs, they're only looking for eggs. How do they know? Because they're trained to look for the orange vest for gluten or the red vest for eggs. I'm making up the colors, but they're looking for something that nobody else has. They're wearing an orange vest. And it's the amino acid structure that they're looking for of that particular food or that compound. So I'll say it's [AABCD 00:12:05]. It's an orange vest. So they're looking for orange vests everywhere.

As they're going through the bloodstream, they pass the thyroid, as an example, or the cerebellum, as an example, and the surface of the thyroid facing the bloodstream, the surface of the cerebellum facing the bloodstream is made up of proteins and fats, and their proteins are hundreds of amino acids long, but in the hundreds of amino acids of the protein of the thyroid facing the bloodstream, or the cerebellum facing the bloodstream, or the nerves facing the bloodstream, whatever tissue you're looking at, the hundreds of amino acids, protein includes AABCD, the orange vest. It includes that, so Special Forces say, "Oh, look over there," and they fire their chemical bullet at your thyroid. That's called molecular mimicry. And that is how a sensitivity to wheat often can cause an auto immune mechanism to begin in another area. And let's see.

Oh, General Gluten. So when your brain says, "Hey, there's too much of this gluten here," or, "Hey, these eggs are a problem," and it sends a directive to General Gluten, and you've got these generals in your immune system and the army, Navy, Air Force. These generals are sitting around with nothing to do. You, you now are General Gluten, and General Gluten activates the Special Forces to go after wheat, or to go after eggs, or to go after tomatoes, or whatever it should be. And that's General Gluten's job for the rest of his life. He's called a memory B cell. So when you're going to Africa, you need vaccinations months ahead of time for yellow fever, dengue fever, whatever the diseases are that you are at risk of being exposed to, the vaccination you get is of those bugs, and your immune says, "Whoa, what's that? General, you now are General Measles, or you're General Yellow Fever. Take care of this," and Special Forces makes antibodies to measles, or yellow fever, or whatever it should be.

Those generals are now, for the rest of their life, they are ... After you get the vaccination, after a couple of weeks, the Special Forces have killed all of that shot of yellow fever that you got, and so General Yellow Fever is monitoring this all the time, and he says, "Okay, turn off the assembly line. We don't need more soldiers right now to go after yellow fever," and you don't have any more antibodies in your bloodstream for yellow fever, but General Yellow Fever is vigilant for the rest of his life, General Measles, the rest of his life. If you're sitting on a plane and the guy behind you just came from Mozambique and he coughs measles into the air or yellow fever, and you breathe yellow fever, General Yellow Fever will recognize it, because he's vigilant the rest of his life, he recognizes, he just has to flip the switch. He doesn't have to build the assembly line again because the assembly line takes weeks to build, but you go back to Africa 10 years later, 15 years later, you just need a booster shot two weeks before you go.

Everybody knows about booster shots. You just have to wake up General Yellow Fever, or General Measles, or General Gluten. Gluten, you make these antibodies, General Gluten is called a memory B cell. Just go on Google, and type in memory B cells and gluten. Here come the studies on that. So once you're sensitive to wheat, it's likely for the rest of your life, likely. In the auto-immune paleo diet, people really struggle with flavoring their food. My understanding is to avoid seeds and nightshades. What is it in those spices that causes the problem? Is it still a protein? And then would using essential oils, that are food safe, of course, be okay? Yeah, essential oils should be okay. And I don't agree with bland food. I like spices. Spices activate a lot of things in your body, positive things, anti-inflammatory things. I don't understand why you can't use curcumin. I just don't know the logic behind not using spices. There are

some spices probably that may be irritant for people, but I don't agree with that particular statement. I just don't know enough as to why they think that way.

If it was a protein ... Let's see, what is in those spices that causes the problem? Is it a protein? Not that I know of. If it was a protein, then the distillation of the oil should take care of this issue, right? Yes. I'm a health coach that help people with food elimination diets and essential oil use. This seems like it might be a huge help for them, but I've never been able to find out what is the issues to know that the distillation process would help eliminate the problem. Really good question. I'd suggest you go to the essential oil company, ask for their chief science officer. They'll be happy to talk to you. And then let us know what you find out.

When testing food reactions and we gain two to five pounds overnight, how is that an indication of a food causing inflammation in our body? Because you hold a lot more water. What exactly is happening that created the weight gain? Are there other ways, like taking your heart rate before and after eating? Yeah, that's called the Coca Pulse Test. Dr. Coca in the '70s had this thing where you take your pulse and ... Turn off my phone here. You take your pulse in the morning. Take it a few times so you're familiar with what the normal pulse is for you. And then you take your pulse just before eating something, then you eat the food and you wait 10 minutes, and then you take your pulse again. And if your pulse has gone up and it only happens with particular food, stay away from that food. It's called a Coca Pulse Test, and it's very helpful.

Oh, let's see. Are there other ways like taking your heart rate? Yes for that. Before and after eating yet. Yes, good for you. That's the Coca Pulse Test. That can help us to know that a reaction's taking place. It seems like so many people blame everything on detox, headaches, skin reactions, lightheadedness, keep going, it's just detox. Yeah. No, you shouldn't get sick when you detox. "Well, you're having a healing reaction." No, you're having a poorly designed detox program. It wasn't comprehensive. "Well, it's a healing reaction. A healing crisis." No, you just didn't do it right. Excuse me, but I think that we all should be detoxing every day, learning more about this, because we've never lived in a world like we've got now with all the poisons that we're exposed to every day, and it's not going away. It's not going to go away, so detox needs to be a part of your life, but blaming detox on why you get sick, it may happen, but it's not likely if it's done properly.

Mary Agnes:

Dr. Tom?

Dr. Tom:

Yes.

Mary Agnes:

Is that what they call a Herxheimer reaction?

Yes. That's exactly what it is. Following Dr. Tom is one of the reasons I completely changed my health. Well, thank you. The Gluten Summit, Betrayal played a huge part. Thank you. As a result, I decided to become a health coach and I'm specializing in food reactions, gluten and food elimination diets. I've developed a comprehensive planner for people to track and become their own food detective. Does Dr. Tom have a place he has short videos on topics I'd be able to share with my Facebook group and program from? People need to learn more of this. I share Betrayal all the time, but it's a huge time commitment, and sharing shorter, smaller pieces would be great to get people started. Good question. I don't know. I don't know what's out there. I've got lots of videos.

Mary Agnes:

Yes. We, in January, are launching something that Dr. Tom's wife Marzi came up with. She's a brilliant strategist, very intuitive about what people need, and it's called the Micro Learning Institute. So that is a stay tuned, and videos that are three to five minutes will be a dollar. So we're super excited to launch that in January for you guys.

Dr. Tom:

Great. I've just started a podcast on digestive health, learning how to follow your instincts and natural health in general. Would Doc Tom be willing to be a guest? Yes, just write to laura@thedoctor.com. She schedules me. Tell her I said that, because you're a part of our Base Hits. It would be such an honor. It would be a pleasure. Did we find anything out about taking this gluten course as a nonmedical personnel? M.A., do we have an answer for that?

Mary Agnes:

I did. I posted this in the chat. Just if they scroll up in the chat, they'll find it. The non-certification civilian course is only $600 and I, at your request, spoke to Marzi, and the actual certification course is offered for $1,000 off for anybody attending this Base Hits. So that makes this Base Hits amazing investment. I tracked down a random code, it's but please no-one share that code. It's just for special VIPs like you guys.

Dr. Tom:

Great. Thank you so much. See guys, I never know anything about this. It's great that our team does this. That's great. I had my doubts about leaky gut until your program. I feared it might be another fad. Way to go, Janet. Thank you for being skeptical, but not cynical. I had my doubts, but I looked into this, and I'm listening, and boy, this just makes sense. That's the way to make a change, because then it's part of you. So thank you. That's really nice of you to say that. For over a year, I ate a very restricted diet for CEBV and saw very little improve in my health. I became frustrated to say the least, but I realized my practitioner never dealt with the microbiome except to recommend a probiotic. Yeah. And with all my care and eating, avoiding all the usual suspects plus foods high in arginine, like nuts, seeds, and eggs. I had no idea if I had a problem with legumes, grains, like quinoa that I was eating, or nightshades. Sorry for the long history but it might explain why I'm so interested in your Zoomers.

So to my questions, I know you touched on it, but how will the Zoomers show antibodies of foods we haven't eaten? And you'll be very surprised to see what pops up. We haven't had people who are gluten-free for two years come back negative yet on a first test. No, I think there was one. I think there was one, and we've done hundreds of these. "Well, I've been gluten free. I don't need to take," ... No, you need to take the test. "Well why?" Because you don't realize that you're being exposed somewhere, and we have to do detective work to find out where, but you won't believe it until you see it for yourself, that's why you have to do the test. Lastly week, you had a great post on Facebook, about environmental exposure to cause leaky gut. Gluten and milk are obviously two main ones, but if someone doesn't show reactive to these on the Zoomers, should they still avoid them? No, I don't think so. If your immune system is competent and you come back negative, there's no need to avoid the food.

I asked because if they should always be avoided, why take the Zoomer test for those? Nope. See that's the problem, as I said earlier about I can't say that no-one should ever eat wheat. No-one should eat weed if their immune system says they have a problem with it. What impact can the gut-brain connection have on your neurological health? Oh good, that's a real ... Huge. The largest impact of anything on your brain health is your gut. There's nothing that has a greater impact. The ratio's nine to one. That's how we started this. So I think this question came in earlier from Mark. Can it cause spastic muscles? Yes. Balance issues? Yes. Ataxia? Yes. You've got to fix the gut anytime you're dealing with brain dysfunction. I think this was addressed last week, but can't remember exactly, your thoughts on EMF pendants. Do they work? I don't know. Mary Agnes has some experience with it and she raves about it, that it, very short period of time, helped with her ringing in her ears. And she was startled because she's been dealing with that for a number of months now.

So yes, I think they probably work. I don't have very much direct experience myself, but enough people are saying good things about it that we're posting some information about it. If there's a hernia of the stomach with a lot of acid reflux, how could this be controlled naturally instead of using strong antacids, which I've been hearing have been linked to dementia and other horrible things? That's true, Olivia, they are. So one has to question the diagnosis of a hernia in your stomach. Sometimes foods will cause that. There's no question about the acid reflux. I know you feel it when you feel it, but why, it could easily be an inflammatory state in your digestive tract, in your esophagus, in your stomach, in your small intestine that's contributing to the reflux. You have to have a thorough evaluation for that. You have to go down the checklist. Do I have antibodies to my parietal cell? Do I have antibodies to intrinsic factor? Do I have antibodies to the foods that I'm eating? Do I have any toxic chemicals in my body that have accumulated my esophagus?

They drink the same amount of tea in Sweden and in Great Britain, but Sweden has 10 times the throat cancer that they do in Great Britain. And we know that tea is high tannins. They use tannins for shoe leather to soften shoe leather. So tannins in tea can accumulate on your esophagus, they just hang out there and build up, and can cause this scarring on your esophagus, but they have 10 times less esophageal cancer in Great Britain than they do in Sweden, but they drink the same amount of tea, they're getting the same amount of tannins. Well, how come it's so much less in Great Britain? Because they put milk in their tea and the proteins bind with the tannins, and so the tannins don't accumulate on your esophagus then. So it could be that the hernia in your stomach is caused by tea. You just have to do

a history. Someone that has to be a Sherlock Holmes for you to figure out where's this coming from. That's what our team does, our consultation team here.

In an autoimmune paleo diet, people really struggle with flavoring ... Oh, we did that one already. My niece, a surgeon, has type one diabetes and endometriosis. Sorry to hear that, anonymous. Anything she can do? Well yeah, of course. We might be able to convert a [medico 00:28:09]. Okay. Yeah, just Google Type 1 diabetes and gluten, and just look at the studies that some people can completely reverse their Type 1 diabetes by going gluten free, if they have elevated antibodies to the peptides of wheat, that's the Wheat Zoomer. Some people would rather go down with the ship and they'd rather be right than explore new ideas that have really sound science behind them because they feel threatened. So anonymous, for your niece, if she's open-minded, it's not hard to find this information, you just have to look. Is [ELISA/ACT 01:58:58] good test for food sensitivities? Historically, it was the best test. It's not anymore. The Zoomers silicon chip technology is head and shoulders much more comprehensive and accurate.

When testing food reactions and we gain ... Oh, we did that one already. I've heard you talk about how, when our body gets to a certain level, we can create an antibody to gluten. Is it the only food that it happens to? What exactly is that called? And can you explain it again? From [inaudible 00:29:28]. Yeah, it's called loss of oral tolerance. I know that it happens in everything. Benzene. You pump gas and you smell the gas, you're inhaling benzene. Well okay, but at some point, maybe after 10 years of that, now you start making antibodies to benzene, but you didn't have elevated antibodies for the first 10 years, now I'm making up the amount of time, but now you've crossed a line of tolerance, there's too much irritant that's accumulated and built up in the body-

-that's accumulated and built up in the body and your immune system, trying to protect you, is now got to take its precious resources and fight benzene. And that loss of oral tolerance is happening at earlier and earlier ages, which is why you saw the BlueCross BlueShield studies on the incredible increases in Alzheimer's in young, middle-aged people in four years, from 2013 to 2017.

What is your protocol to treat IBS, Crohn's, or colitis? This is from, Sutita. My protocol is to send them to my consultations@thedoctor.com and go through the entire living matrix history with them, which means I want to know your mother's health when she was pregnant with you and what drugs she took and how many antibiotics have you taken in your life. And I want to know everything before we ever begin. That's the protocol about any dysfunction in your body. And colostrum is always helpful. It plays the symphony of rebuilding a healthy microbiome. So any gut problems like IBS, Crohn's, and colitis, you always want to address the microbiome.

How do you test for parasite stool analysis? You can see them on our site.

Dr. Tom, can you recommend an anxiety, depression related to leaky gut? Oh, can I comment on an anxiety, depression linked to leaky gut? Yeah, absolutely no question. Michael Maes, M-A-E-S, is a world

famous psychiatrist who started publishing in the 1990s, maybe the late nineties. Every depression patient, when you do a blood test looking for markers of inflammation, every single one of them are highly inflamed. Anxiety patients, highly inflamed, all the markers of inflammation, IL one beta, tumor necrosis factor, NF-kappa B they're all elevated. Sorry. Not all of them are elevated in every person, but every person has elevated markers of inflammation going on in their body.

And Dr. Maes uses an anti-inflammatory approach. Matter of fact, he calls it the leaky gut diet. That's where the term got coined back in the early 2000s, I think it was, almost 20 years ago now. Stuff works and it's gluten-free, dairy-free, added sugar-free. But just Google depression and inflammation and here come the studies. And Michael Maes, there's lots of really good information from him out there on that.

Is rutabaga what I would call sweet? I don't know, Marie. Sorry, I don't know. More questions from Australia. How do we best work with your team? Well, let's see. When it's five o'clock on ... No, when it's four o'clock Pacific PM, so on the West coast, it's 8:30 or 9:00 the next morning in Australia. So that's easy enough. My team can work with you.

Are they supporting overseas people at the moment? Yes. During COVID? Yes. Or would it be better doing your next program? Have a consultation with them and let them see what's cooking for you right now. And they can help you decide that. Pulse range for maximizing detox. Pulse range is always in your aerobic range. Don't go above your aerobic range. You create more problems when you go above your aerobic range.

Is the goal to get just below the anaerobic threshold? My pulse rate runs low, so formula may be off. Oh, thank you, David. That's one more component. Sorry. I forgot about that. That formula is based on a resting pulse of 72. And so if you have a disease, you take five off of 180, so it's 175. But if you have a lower resting pulse, when you wake up in the morning, take your pulse three, four days in a row and see what the average is. And if you have a lower resting pulse, let's say your pulse is 60. So it's 12 points below 72. You have to take the 12 points off of 180 for your formula. It's the same thing. Same formula, but you have to tweak where you begin if you have a lower resting pulse. And thank you, David, for asking the question, as I forgot to say that.

We are building a new house, Dr. Tom, and we'd love to give it to you. Oh, thank you. No, I'm teasing. We're building a new house, Dr. Tom, and hoping the budget stretches to a pool. I've just discovered mineral salt instead of chlorine and salt sanitation. I assume this is preferable. And hopefully we might add an infrared sauna. Way to go on the sauna. I don't know the comparison of mineral salts to chlorine salt sanitation. I would suspect it's better. I would suspect. But you might want to look at the environmental working group, ewg.org. It's a great site for reference material. They may have done something on that in the past.

Is glutamine powder good for helping you with your gut repair? I've always heard it was, but then a friend insists that it causes cancer. Yeah, no, it's a component. Our GS Support Packs have glutamine in

them. Now back in the 1980s and the 1990s and the early 2000s, a lot of doctors were using glutamine to heal the gut. And I see them saying, "Well, I use glutamine to heal the gut." And they just stare at me. Really, this happens regularly. I say, "Oh, that's great. That's great. Glutamine is a really helpful tool." But it doesn't turn on the genes for healing that vitamin D does in the gut. And they don't turn on the genes for healing that curcumin does in the gut, that a pleiotropic approach means all roads lead to Rome. There are many different things that can turn the genes on creating an anti-inflammatory environment and healing the gut. That's why the GS Support Packs, and Mary Agnes will put the link in there for you, have 22 different nutrients in them, all designed and with really good science to heal the gut. All of them. And of course it includes glutamine. We didn't know all of this 20, 30 years ago. But now we do. So glutamine is an important component, but it's not the big kahuna. The big kahuna to heal the gut is colostrum. So we give colostrum plus 22 other nutrients to help heal the gut.

Yes. Good. Mary Agnes is going to make an announcement. And she's got a couple of announcements to tell you. But that's all of the questions. That's all 55 questions and the information. And she'll explain in more detail to you about our gift to you. Next week I'm going to do one more session for you. But I just need to check something, and I may have forgotten something. So let me just check this and I'll tell you all about it in just a minute. Because this coming weekend, we're doing our anniversary trip. Let's see.

Mary Agnes:

That's funny. I had this sixth sense that next Monday didn't work for you when you said it. And I thought, "Well ..."

Dr. Tom:

Yeah, yeah. It's our anniversary trip. And so it'll have to be another day, Mary Agnes. You can pick the night. Certainly not Tuesday because that's Facebook Live. But other than that, just pick a night next week. Tuesday night's okay. Wednesday night's okay. No, not Tuesday. Wednesday, Thursday is okay.

Mary Agnes:

I'll find it.

Dr. Tom:

Okay. Good

Mary Agnes:

Dr. Tom, somewhere there's a question about bovine colostrum. I think maybe I interrupted you. Oh, it's up on number 10. Can you look at line number 10 for me?

Dr. Tom:

I'm going up there.

Mary Agnes:

And thank you, Pauline, for pointing that out. You're such a great participant.

Dr. Tom:

And number 10, the colostrum is bovine derived. If one tested sensitive to bovine dairy, will this cause an issue or is this claustrum neutral? Really good question. Sorry I forgot to say that. Usually in colostrum, or I'm sorry, in milk it's the lactose, the sugar for those that are lactose intolerant or the casein as a protein usually. Some people are sensitive to other components of dairy, like the whey or the milk butyrophilins, the fats around the protein molecules. But not most people. And so if a person has a dairy sensitivity, my response for the last few years has been the same and it's worked out almost all the time.

Mrs. Patient, we just found out you're sensitive to dairy, right? So get all the cheese out of there and the ice cream and the sour cream and the yogurt. Get it all out of there. But we want to heal the gut here. And so I'm going to recommend that you try the colostrum for a couple of months. And if you have any discomfort whatsoever, because it's only got 0.5% casein in it and no lactose, but if you have any discomfort whatsoever just stop right away. It was worth a try. But most people find that they can take it without a problem. And it turns on so many genes in the gut to reduce inflammation, heal intestinal permeability, rebuild healthy diverse microbiome like nothing else does. If your gut can take it without you being uncomfortable, take it for a couple of months and then stop. Because we're jump-starting trying to rebuild a healthy gut for you. So that's the concept behind that. Okay. Everyone I will-

Mary Agnes:

[crosstalk 02:10:35] program, Dr. Tom, said you can get goat colostrum. I won't hold anybody to this, but I put it in the chat. I looked it up for them.

Dr. Tom:

Oh, I didn't know about goat colostrum. And I would think it's safer than bovine colostrum for the reasons I said earlier. Actually I spoke to the people with camel milk and they're looking at producing a camel milk colostrum product, but it won't be out for over a year. So we'll have to wait on that one. But goat milk would probably, if there is such a colostrum, I didn't know about it. And it probably would be even less offensive to a dairy sensitive person. Okay. Everyone, that's it for me. Thank you so much. And I'll see you at our special episode. Mary Agnes has a couple of announcements for you. Thank you.

Mary Agnes:

Thank you, Dr. Tom, you did so great tonight. I'm so proud to work with you and so grateful for all your help. And I know everybody feels that way. So I'll stay on and make a few announcements and we'll talk later on.

All right, family, a few things. A few of you asked for the chat. I generally do not send you the actual chat because sometimes, well, if I send my chat, you get everything. Sometimes Dr. Tom and I will chat notes back and forth. And sometimes you all in the crowd will send questions that only go to me. And I don't want you to break anonymity and share one another's information. So what I do generally is create

notes. And I did send a sample of those notes earlier. So generally, sometimes even the night, but it's 10:19 here in New York and I started at seven. So sometimes I do it the next day or so.

There is one missing in the set. And ironically, it's the same week since last base hits and this one, so it may show up late. That was the second week, or maybe I did get to it, but I don't think so. And that was just because the chat disappeared on me and I didn't have it. So I had to actually find time to go and listen to the three hour class and redo the notes for you all, which I promise to get to.

A few announcements if you want to stay for them, they're really worthwhile. Let's see. Yes. Oh, you're going to love all of this. Okay. So Dr. Tom is going to do a mentor program where he takes a handful of people, practitioners, through a program with him, it's very private. We're going to offer it only to five to maximum eight people. So yes, I will put you, Sutita, in that group to get the offer.

He's also going to do this with patients. So at our last base hits, we had two or three people who every single week asked if he would take them on as patients. And I promised them we would get this program created and it took the better part of two months to create it. I'll be launching that. And I said to everybody, and I warn you all, it's cost prohibitive. However, someone said it to me and they're quite right, "If I've been sick for 20 years, it's worth the investment." So it's a $5,000 program to work with Dr. Tom. 2,500 of that is Dr. Tom's portion to walk through your living matrix, to review your case, to consult with our team. And the other half is for the platinum program of tests and work with our team. So it should cover almost everything as far as I can tell. I can't speak to that definitively, but we're going to launch both of those programs.

So our mentorship program for practitioners. That won't be as expensive as that, Sutita, but the mentorship for patients where Dr. Tom will work with you personally, and it'll actually be a group program, not unlike this, a small program with up to 10 patients. And you guys will work in a Zoom where you can actually see and talk to one another and build a small community. We've done this once before. And it was very successful. It was done live. It was called The Four Pillars. So this is something like that. Actually it will be less expensive than Four Pillars because you can go in remotely. But still save your pennies, it's not an inexpensive way to go. Having said that, your help is priceless.

Mary Agnes:

A couple of other things we are launching right now, a program called the Gut Fix. That program is based ... Will it include the tests? Yes, Janet. So, $2,500 for half of the $5,000 fee is Dr. Tom's work. And the other half is a platinum program with our clinical services team that includes the tests. So it includes an array of tests, Janet. Does it include everything you need? I don't know. That'll depend on what Dr. Tom advises in his half. But it should. Between you and I, it should cover almost everything. So I'll get this out to all of you guys first and to our last group of base hits people before I put it out to the community at large.

Yeah. I know. We had some really amazing people and they texted me. At one point my phone number went out. So they've been texting me, WhatsApping, and it took me the better part of eight weeks to figure out how we were going to do this in an orderly fashion where they would get the support they needed. And this is what Marzi came up with. So thank you, Marzi.

Mary Agnes:

The beginning of today's class where Dr. Tom did this presentation on microbiome diversity and the gut-brain protocol, we're going to take that and turn it into the program that you'll see coming up by email the Gut Fix. So the mentorship, when do you think he'll start? Soon. It'll be November, probably mid-November, because we're already almost at Halloween. So I think mid-November, Sutita. So I will be in touch with you all soon on that.

Mary Agnes:

What about the detox group? Yes. So this is where I'm at. So the Gut Fix program is launching right now. As soon as I can take tonight's class, take the recording of his presentation at the beginning, break it into pieces so that it's actually something someone can go through like a protocol and apply to their life. So I'll get that built as soon as I can. The shell of it's ready. We were just waiting for this presentation tonight. Were any of you in the last base hits? I don't know if any of you went to the first one, we just did this right before you guys. And I don't know if anyone remembers the video never recorded that presentation. It was infuriating to me. So Dr. Tom worked on it, and this is the redo right now tonight. So we're going to turn that into the Gut Fix program.

Mary Agnes:

If any of you want to take that program, like it was in here, you just got this tonight. But I want you to be able to have that, like a protocol, and be able to walk through it in a really easy applicable way. So just email me if you want that. And I'm going to ask them to give us a 100% off coupon for you all. I don't know if they'll do it, but I'm going to ask for it. It's only a hundred bucks. But I'd rather see you spend a hundred bucks on colostrum or E3 or something not a program you've already been given tonight.

Mary Agnes:

Yeah. I just put it MAviralintegrity.com. That's me. So I'll try and get you a 100% off. If they won't give me that, because I only have so much sway with the marketing director, I'll ask for 80% off or 75% off. If I can get you the program for just $25, that feels like it would be just ... Anyway, we're going to do our best.

Mary Agnes:

The Detox Program. That's my next thing. That first class of this base hits is so powerful. And every time he goes through and answers these questions on detoxification, I'm just like in awe of, "Wow, this is a lot to take in." So I had started asking him last time we did base hits to please ... Yeah, I'm going to try and get it for all of you, Jen. I started asking Dr. O'Bryan to just do a 28-day detox and take us through a protocol all of us. You guys, his team, and I want to make it as affordable as this program. I mean, I think this was really powerful. So two things, one is we're still sort of designing it a little bit. And then I have to

create the sales page and all the little pieces on the membership area. So I should have that launched by probably the 15th of November, maybe as late as the third week, but watch for that.

Mary Agnes:

Yeah. These base hits programs, it's crazy, right? Crazy valuable. So thanks, Jessica. So that's coming also. Don't lose hope. I also, don't hate the idea, of doing the detox after Thanksgiving. It's a 28-day program. So I could tuck it right in between Thanksgiving and Christmas, I think. But I hate people going through something like this at Christmas time. So let's just see. I mean, nothing Dr. Tom does is really overwhelming and violent to your system. He's such a gentle guy. So I'm certainly sure, and hey, what a great way to start the new year, right, having gone through his program. So that's coming.

Mary Agnes:

Also very quickly. The CGP program for practitioners. Greta asked me if that code was sort of an evergreen code that you could use at any time. And I know that it isn't. It'll be, oh, will the transcripts of week one, two, three, and four be released? Yes. Transcript one got mixed up between the transcriptionist and us. Three. Yes. All the transcripts will be released. You can imagine if a class takes three hours to deliver, it takes like seven hours for somebody to transcribe it. And then it comes to one of our team members, Lynn Janice, and she goes through it and links them and does a really good job with this. But it is a lot of work. So bear with us. That's why I try and get the notes really done in a quick way.

Mary Agnes:

Mentorship program is just for practitioners. There's two programs. There's one for practitioners that I don't think is as expensive. I want to say the practitioner program is 3000. And that's a mentorship program where you're going to bring your case studies of patients. Dr. Tom is going to work with you like a mentor. It's going to have a group session. I believe this is a one month program or a four session program. But it's got two sessions that are private and two sessions that are group. So I want to say it goes four weeks with four private and four group sessions. But I'll have to talk to Dr. Tom and just double check. Maybe that's too many. I'm a little tired. And I don't have that.

Mary Agnes:

You know what? Hold on a second and I'll look for you guys. So the $5,000 program, yes. You have to apply to be accepted. You're right, Janet. The $5,000 program is the patient program where Dr. Tom will work with you guys. Let me just look up my notes on the mentorship program. Because I know I did this. Okay. So mentorship program, Dr. Tom is inviting for health care practitioners. Oh, it's very few of you. Individual one-on-one meetings with him would be twice a month. Private group meetings for all four mentees would be twice a month. So you've got four meetings in the month. Two group, two private. The price for the program is $3,000 for the first beta group of four.

Mary Agnes:

There's an application to participate. And that's why it's not out yet. We have to design the application. And we had to figure out how do we offer this to only four people and then have it. Will I send all this info in an email? I will, as the programs will roll out over the next six weeks. What I realized in the last

few months with Dr. Tom is he did this coffee with Dr. Tom program. And it was, you know what I really came to see is that people wanted more of Dr. Tom higher touch.

Mary Agnes:

In the patient program, how much time do we spend with Dr. Tom? Is there one-on-one time with him. In addition to the group sessions? Jen, I don't know the answer to that. I have to be honest. I designed it to be a group program. And here's why. In a group program, you'll get the benefit of hearing everybody else's feedback and questions and you get to build a little community. Now, does that mean that you wouldn't have a chance to ask him something in private? Of course you would. Would he meet with you in private? I don't know the answer to that. So let me talk to him and see if that's going to work. So watch for that.

Mary Agnes:

I'll get all of these things launched by the first or second week in November. It's just a lot of work on the backend to create things. There's technology involved and sales pages and how do we get something to stop when four people buy it. That's been the biggest hurdle. So watch for those things. The $5,000 program is for patients and the program for practitioners is only 3000 where you'll bring your case studies and Dr. Tom will mentor you four personally.

Mary Agnes:

So I think if anybody wants to be part of that mentorship program for practitioners, you should probably write me and let's get you set up. I just put my email in the chat again, because with only four, I thought it was larger, but it's a very small group, the first one. So I want to make sure if any of you want that, that you're included. So that's it, my friends. I can't think of anything else I need to give you. The CGP program, I started to say it with Greta. Oh, you're so kind all of you. The CGP program that Greta asked about with that evergreen link, the discount code, that discount code won't stay live forever. I found it because he did a course in Rome and I was like I know there's a discount code somewhere. So I don't know how long it's been active, but at some point they'll turn it off, Greta.

Mary Agnes:

So I just wanted to say, if any of you are thinking about becoming CGPs ... A chance to watch Betrayal series again, I thought I saw it. You know Jen, I'll have to look for that for you, the link for Betrayal. But I'll send that out. You know what? Maybe I'll send it to the whole community because Betrayal is so powerful and well worth the investment to own it. Just buy the digital version and keep your expenses down. The CGP Program for practitioners, that code is ROMA1000. And I think that'll take a thousand off. And I don't know when it'll end, but what I started to say was if any of you go to buy it and their code is turned off, just reach out to me and I'll do what I can to get you another code for a thousand dollars off. Usually there's one floating around when he's teaching live at events.

Mary Agnes:

Just one last thought on that. If you're looking to become a CGP, which is a certified gluten and auto-immunity practitioner, now Dr. Tom has layered in this whole curriculum around auto-immunity. I think that the sooner you do that the more you can add that to your pedagogy, right? Pedagogy? Your style of

teaching and how you serve patients. So the other thing I want Dr. Tom to add to that CGP program is a marketing class to help you all attract and support your practice. So I think this adds revenue, doesn't detract it. Oh, you're so sweet. Yeah. The extra things I'd like to explore. Yeah, if any of you need anything else, just email me. And if I do not answer, just email me again. I run an agency. Dr. Tom's one of eight clients. So it ends up being pretty busy, but I never want to leave any of you out. So just if I don't respond email again.

Mary Agnes:

If you want to be a CGP, I want to encourage you to take that program sooner than later, because lives are at risk. And sometimes you're the only link to Dr. Tom's brilliance that somebody has. Right? So I think that's it, family. Any of you need anything else you've got my email. I hope you have an amazing evening and a really great week. Thank you so much for participating. I love this program. Obviously next week will not be Monday, as Dr. Tom just said. It's his anniversary. So I will find a new date and get it emailed to us. I'm tempted to make it Wednesday, two days later. So if any of you can't make that live, don't worry, obviously this is recorded.

Mary Agnes:

But I do want to say, oh, one last thing. And then this is it. Last time I had some people come on early before that last final bonus class and give some video testimonials about working with Dr. O'Bryan and taking this Base Hits class. Some of you may have seen those videos at the end of the sales video when you bought this class, I would love, love, love to get some more of those as his marketing director, video testimonials are so valuable. And they really help people overcome that, like and trust hurdle. As much as they trust him, they want to know, is this truly valuable? So no one can attest to that more than you guys. I'll put in next week's email to come on a little early or stay a little late. And if you want to shoot a little testimonial video, I will, on to record it and to support you all.

Mary Agnes:

Thank you everyone. Any of you who want to do that, I'd be so super happy. Those were amazing videos last time, the testimonials. And one of them just, they had everybody on the team bawling. So, just broke us all down to tears. That's it. And thank you so much for your extra time this evening. Email to come with some of this. Some of it will be announced publicly. Any of you who want either that patient or the practitioner mentorship, shoot me a note. I want to make sure I can get you included. And I just love you all. I really appreciate your journey toward better health. I've been on one myself for a long time, and Dr. O'Bryan's been lifesaving to my family and to so many on our team. So I'm so grateful to be an ambassador to share him with you. And I wish you all, I'm going to hang up now. Many, many, many good wishes. Thanks. Bye.