

LIVING *Fabulously*  
with BEV

Episode  
#113

# How gluten affects your body

With  
Dr Tom O'Bryan



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## Hello there, I'm Bev

As a well-being transformation coach and bestselling author, I work with women in business who constantly feel exhausted - that's a sign your body isn't coping, and something needs to change.

I've been where you are now... I would drag myself out of bed each morning and fight the need for sleep for the rest of the day yet come 9pm I was getting an annoying second wind! My brain fog was worse than 'Gorillas in the mist' and my mind was scattered, I couldn't concentrate, and my memory was MIA.

I felt dismissed by the western medical system and a realisation dawned on me that if I wanted to be well again it was up to me. I created a roadmap to well-being to help me navigate and that became my bestselling book 'Hope in a Dark Tunnel'.

So now I enable energy on demand for women in business who feel challenged by exhaustion / fatigue and brain fog and your first step is here...

### **Put your health higher on your priority list**

because once you place a priority on your health you're capable of so much more!

Yet it may seem like you've done SO MUCH WORK around your fatigue, exhaustion, fogginess. Perhaps it feels like a bottomless pit, everyone said they could help solve it and no one really did much to help. Not finding solutions is exhausting, and you're already exhausted.

You may have closed the door on trying any new solutions or practitioners. You may skim everything and reject almost everything. It will take something and someone very special that really resonates in a HUGE WAY with your gut feelings.

I'm known for wellbeing transformations - 'rewiring' for healthy habits to create vitality. Connect with me and let's explore how I work to shift you from frustrating exhaustion to having energy on demand to successfully run your business and have a life you love!



## Book in your FREE Energised for Business & Life Strategy Session today

Let's work out how I can help create your personalised approach to well-being, working within your preferences to take the next small step consistently.



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My wish for you is to be Living Fabulously and Living Well!

*Bev*

# How gluten affects your body

Dr Tom O'Bryan

Bev Roberts 1:00

Dr. Tom O'Bryan is with me today. Welcome back to the show. Dr. Tom

Dr Tom 1:04

Thank you so much. It's a pleasure to be with you.

Bev Roberts 1:08

And Dr. Tom, I know lots about you because I follow your Facebook business page, I receive your emails, but tell us more about what it is you do in your work.

Dr Tom 1:22

I read a lot of science. I rarely interact with patients now. I have a whole team that is trained in functional medicine certified in Functional Medicine at our website and my team does consultations by Skype or Zoom with people all over the world. And if they ever have a problem, then they'll come to me I talk to them most every day and get updates. But rarely do I see a patient anymore or talk to a patient

Because I find that I can have a larger impact, if I'm reaching out to the world on every social platform that I can find and every stage that I can be on, although currently there's no stages at the moment, you know, we're all in lockdown at the moment here.

So I just read a lot of science and, try to interpret it into an everyday language and implement So, that people can implement in a way that makes sense.

Bev Roberts 2:35

Yeah, exactly. And that's what I love about you. You're very pragmatic. You do use medical terms, but you explain them well, so that's easy for people who are not medically trained or don't have functional medicine as part of their certification. And previously, we've spoken about your two books, You can fix your brain and The autoimmune fix, but today I want to veer off those two topics.

Why do you believe gluten related disorders are a silent epidemic?

Dr Tom 3:27

Well, it's silent because people don't want to hear it. You know, there are depending on what experts you talk to, there are five stages of change, or six stages of change that the first one is basically denial. You know, I don't want to hear that. And with wheat.

Wheat is the most common food that most people eat multiple meals every day. Toast for breakfast. Sandwich for lunch. Pasta for dinner. Croutons on the salad, a piece of pie, a cookie, a sandwich for lunch, flour in the soup to thicken it up, or in the gravy that we're getting exposure to wheat, most every day.

And if you travel, when you're in the airports, it's very difficult to find something to eat of substance, if it's not wheat based, that our societies are completely dependent, currently on this food source. And so it's become such a part of living on the planet for all of us. I know that you're in Australia and so you know, there's a slang term in the US that I'll use it's as American as apple pie. You know that wheat is just, it's a food for humanity. And we all believe that because it's the staff of life.

We've heard so many terms for it. It's difficult for people. And usually people have to get sick enough. And when everything they've tried hasn't worked, and they're just so sick and the medications are helping a little, but they're still suffering, that then they might listen. And, you know, every disease that we get every degenerative disease, as far as I know, every degenerative disease is a disease of inflammation.

At the cellular level, the cell is on fire. So the question is, is that a brain cell or a kidney cell? You know, is it Alzheimer's or kidney stones or is it rheumatoid arthritis in your joints or psoriasis on your skin? Is it depression in your brain? Or is it liver disease. So is it your brain or your kidneys? And is it gasoline or kerosene, but the cell is always on fire. And the most common source of inflammation in your body, every physician agrees with this, for the general public.

You know, if you live in a house that's mouldy, you're there 15 hours a day, every day breathing and mould. That's the most common source of inflammation for you personally, but for most of us, in general, the most common source of inflammation is what's on the end of your fork. And the most common food is wheat, triggering inflammation across the board for everyone. And people have a hard time hearing this, but well, but it's the staff of life. You know, I mean, it's in the Bible. Give us this day our daily bread. But the next sentence is but forgive us our trespasses, right? You know you read a little deeper into it. But now we know that I'll stop being cute.

Now we know the science is so clear. It's irrefutable. When you read the science, absolutely no one can question this because there are so many studies now, if our doctors read the studies, but they don't have time to read the studies, but it is without question every human. Every time they eat wheat, they get transient intestinal permeability, every human every time. So I want to explain that concept. I'm going to get a little geeky, but so that people understand this.

We have the exact same body as our ancestors thousands of years ago. We've got the same kidneys, the same joints, the same skin, the same brain cells, we use our brains more, so we've developed housing and production of food know that, but we have the same physical bodies. What did our ancestor's immune system have to protect them from? Because the immune system is the armed forces in your body, it's the army, the navy, the Marines, the Coast Guard, the Air Force, it's there to protect you. You know, we call it IGA, IGG, IGE, IGM, different branches of the Armed Forces, but they're there to protect you.

And the most common trigger is what's on the end of your fork when your immune system gets activated. So when our ancestors found something to eat, they pick it up. They'd smell it, always first. Then they taste it and then they'd eat it. If there was bacteria or parasites on it that they couldn't smell because it wasn't rotten meat, but there were too many bacteria. They eat it. And one of the jobs of hydrochloric acid that's made in our stomach... you take acid out of somebody's stomach up, put it on a wooden table, it eats through the wood. But the lining of our stomach is designed to let acid sit there all day long, no problem.

And we have people that have, they've lost the lining of their stomach and they get ulcers and all that there's many reasons why, but humans are designed to have this acid in their stomach. What's the acid there for one of the main things it's there for is to kill any bugs that's in the food that our ancestors ate, because they were just picking up food off the earth all the time cause that's how they lived. So they had to have the acid to protect them and kill anything that was on the food or in the water that they were drinking. Now we have the same body as our ancestors.

But what happened if the acid in the stomach didn't kill all the bacteria that one of our ancestors had on some food that they ate. As that bolus of food, that glob of food comes out of the stomach into the small intestine, right there, right at the beginning of the intestines, as food empties out of the stomach, there are defenders, sentries standing guard there. They're called toll like receptors. And there's a bunch of different types. There are nine types. But toll like receptor four is right there just on the other side of the stomach. And it's designed that if a bug a bacteria that's not good for you came out of the stomach.

That sentry standing garden recognizes it. Says Whoa, look at this alarm, alarm, alarm, and then the immune system in your gut 70% of the immune systems is in your gut, depending on the study, 70 to 80% is in your gut, then the immune system in the gut gets activated by toll like receptor four and starts firing these chemical bullets called cytokines to kill the bacteria. It's a really good thing, we wouldn't be here if we didn't have that. Now, why am I telling you all that? Because we have the exact same body as our ancestor, thousands of years ago.

So we've got those toll-like receptors sitting there just past the stomach in the first part of the intestines. And now the studies are very clear, very clear. You can't argue with that. There are so many studies that have come out from Harvard and many other places, that when you eat wheat, no human can digest wheat completely. And the wheat that comes out of your stomach activates toll like receptor four. Your body thinks you've just been exposed to a bug every time you eat wheat, every single time.

And you get this thing called intestinal permeability, transient intestinal permeability. So let me explain what that is. Mrs. patient, your digestive system is a big long tube from the mouth to the other end. Think of a doughnut, if you could stretch a doughnut out one big long doughnut, that's your digestive tract. It's a big long tube now, when you swallow food, if you could look down the doughnut, you see the foods in the doughnut. It's not in the body, it's in the tube. And the food has to be broken down into really small particles. The inside of the tube is lined with cheesecloth so that when your food gets

broken down into really small particles, think of proteins like a pearl necklace, the acid in your stomach undoes the clasp of the pearl necklace. Now you have a string of pearls and your enzymes act as scissors to snip snip snip snip snip that necklace into smaller pieces, smaller pieces, smaller pieces until you're down to each pearl, the pearl necklace we call that an amino acid. Now those pearls of the pearl necklace, go right through the cheesecloth into your bloodstream and then goes off in the bloodstream.

Your bloodstream is a highway, all it is, is a highway. And the highway takes all of these different amino acids to you know to make new bone cells. This is the raw material to make new brain cells to make new skin cells. That's how we get our nutrients is that the food gets broken down really small. It goes through the cheese cloth, the really small holes of the cheese cloth into the bloodstream. Do you call it cheese cloth in Australia? Okay, so it goes right through the cheese cloth into the bloodstream then your body uses everything.

But when you activate toll like receptor four you get tears in the cheesecloth. Immediately the alarm message that gets sent off there's a bug here there's a bug here starts the chemical bullets that caused the inflammation in the intestines that tears the cheesecloth and it's called transient intestinal permeability. What does that mean? Transient means it doesn't last. It's not a big deal. That's why Mrs patient you have an entire new body every seven years every cell in your body regenerates except your teeth. Every other cell regenerates. The fastest cells are the inside of your nose, the olfactory, but the second fastest cells are the inside lining of the gut, your cheesecloth. Every two to three days you have a whole new lining to your cheesecloth every couple of days.

So you eat toast for breakfast, you tear the lining of the cheesecloth, but it heals. You have a sandwich for lunch, you tear the lining, but it heals. Pasta for dinner, you tear the lining, but it heals day after week after month after year. Until one day you don't heal anymore. Why when you don't heal anymore is called loss of oral tolerance. That's the geek term for it. It means that you can no longer tolerate what's going on here.

And now you've got the leaky gut. And the leaky gut is the mechanism. Once you've got the tear in the cheesecloth, and it doesn't heal these larger molecules that are traveling through the gut being snip snip snip snip snip. These larger molecules get through the tears in the cheesecloth into the bloodstream. They're called macro molecules, big molecules. And they get into the bloodstream. Why is it that our intestines are 20 something feet long? It's because it takes a whole lot longer to break down prime rib than it does a banana. Snip snip snip snip snip takes longer, right, yeah, so you get tears in the cheesecloth. Now these molecules that are being broken down, but not yet they're still too big. They get through the tears in the cheesecloth, the leaky gut, when they get through the tears and the cheesecloth and get in the bloodstream. Now they're in the highway. going everywhere.

And your brain says, well, what's that, that's not something I can use to make a new brain cell or bone cell, or I better fight that. Immune system fight this thing. And then the immune system in your bloodstream makes antibodies to fight this thing. It doesn't matter if it's tomato, or banana, or blueberry or chicken, it doesn't matter what it is, if it's a macro molecule, and your immune system sees this thing isn't supposed to be here, I have to kill this. They have to get rid of this thing. Now you've made antibodies.

And that's the person that does a 90 food blood panel to see what they're sensitive to. And they come back sensitive that 25 different foods and they say, oh my God, that's everything I eat. Well, of course it is. Because you've got tears in the cheesecloth, and these macro molecules. The food's not bad for you. Maybe it is maybe not right now it's bad for you, because you got terrorists in the cheesecloth. And these macro molecules are getting through into the bloodstream, and your immune systems is trying to protect you fighting the tomato or fighting the peach or fighting the blueberry or whatever it is that it's fighting. And that's the cause of inflammation. That's the mechanism of inflammation. So now you've got inflammation on the highway, your bloodstream traveling everywhere in the body.

Now, here's the next part to this that's so important. The antibodies that are fighting that food, whatever food it is, it doesn't matter what food it is, if it got through the tears in that cheesecloth, your immune system is going to fight it.

The way that the antibodies identify what's not good for you and what is good for you is by looking at the protein signature of that macro molecule. It's like it's wearing an orange vest. And the orange vest is just the amino acid structure. And so this antibody is looking for AABCD amino acids, I'm making up the letters for you. And it's going on through the bloodstream looking for AABCD, which might be check in



and oh, look over there, boom, and it fires this bullet for chicken and over there, boom, and it fires this bullet for chicken to fight chicken. In this example. Well, the blood goes everywhere.

Now when the bloods going by the thyroid as an example, the surface of the thyroid facing the bloodstream, is made up of proteins and fats. The proteins are made up of amino acids, the amino acids of the proteins of the thyroid facing the bloodstream, the surface of the thyroid facing the bloodstream includes AABCD. And so the antibodies that are going on the highway looking for chicken everywhere AABCD says, oh, look over there, boom. And you fire a chemical bullet at your thyroid. It's called molecular mimicry. Pretty good geek work. Nice Scrabble word that you can use molecular mimicry, right? But now your body the antibodies to chicken are now fighting thyroid. And you develop an autoimmune disease of the thyroid. Just Google gluten, and thyroid.

So I use chicken an example or gluten and brain gluten and heart, gluten and skin. And look at all the studies that come up and I just gave you a PhD thesis in eight minutes or so that takes years to really understand and all of the mechanisms of what's going on, but the big picture is Oh, that makes sense. Tears in the cheesecloth, and that might contribute to my wife's Hashimoto thyroid disease that might contribute it. Not every Hashimoto patient has a problem with gluten, but about 44% of them do. And when you get them off of wheat, they get better. I mean, the numbers are huge with Hashimotos thyroid, and the same example for multiple sclerosis or rheumatoid arthritis, or psoriasis, or hair loss. It doesn't matter what the condition is. That's why there's over 24,000 articles now published on gluten and how it affects your body.

Bev Roberts 21:58

And so Dr. Tom, that's a real in-depth explanation because I guess it's a systemic impact is what you're describing in the body.

And there's a lot of conversation... like I've been tested for coeliac and then they didn't find anything. So what's the difference between coeliac disease and gluten sensitivity?

Dr Tom 22:13

That's a really good question. Really good question. The way that we learned about all of this many, many years ago 1954, I think, somewhere around there about a problem with wheat. And it's not just the gluten there are many different components of wheat. There's some good stuff in wheat and there's a whole lot of bad stuff. The way we learned about this was that kids in Europe who were really not doing well, young children that were emaciated, their energy was no good, their bones were bowed, their bones weren't developing properly.

During World War Two, the number of kids that were developing with this kind of condition went way down. And some doctors noticed that, well, one doctor in particular was very observant. And then after World War Two, within about three years or four years, the numbers of kids with these emaciating diseases went back up again, after the war. And it didn't happen in a day or a month. It's a few years, but the doctor noticed this, and he said, That's really interesting. What's different. What's different now after the war, that wasn't happening during the war, if anything, they had less food during the war, but there were less kids who were so emaciated and whose bones weren't developing very well. There were less children like that. And then one day he hit on it There was no bread during the war. There was no bread. And so he took some of these children who were looking emaciated and he took them off of wheat completely. They got better.

Because most of these kids, a large percentage of these children were dying at the time. But he took them off a week they got better, a percentage of them got better. That started the whole ballgame. Could wheat really be a problem for people. And now we know now here we are 70 years later, 80 years later, 24,000 studies have been done by research teams and every corner of the planet about the problems with wheat.

And now we know no human can eat wheat without having this tear in the cheesecloth occur. It happens to every human every time you eat wheat, whether you feel it or not, the lucky ones are the ones that get gut symptoms from eating wheat. They're the lucky ones. You can't argue Oh, I pasta last night, I don't feel so good today. You can't argue with that.

If you pull at a chain, it breaks it the weakest link always at the weakest link. It could be at one end, the middle, the other end. It's your heart, your brain, your liver, wherever your genetic weak link is. That's where the chain is going to break if you pull too hard, right? So for one person, the pulling on the chain is inflammation. So for one person, when they have a whole lot of inflammation. It breaks at their brain,

and they can't remember the way they used to, or they've got depression or they just Google depression and gluten. Look at all the studies that sometimes that's the one that's the weak link in their chain. That's where they're going to feel it.

Google gluten and schizophrenia. And you see the many studies that say, Oh my goodness, look at this for a percentage of these people with schizophrenia and some studies, say 14% of them, put them on a gluten free diet and they're off their medications and a few months in the psychiatry, you're saying, I can't believe this, they're back to normal. They're completely normal up their medication. And if they eat wheat, they go right back again, into a schizophrenia state. Because it's gasoline on the fire.

Where is the fire? Wherever the weak link in your chain is? But for every human wheat is gasoline on the fire, and we think of it as gluten and gluten is a protein in wheat. It's a family of proteins, but there are more components in wheat than just gluten. So if you're only checking for gluten, if you're doing a blood test for gluten it may come back negative, but you still may have a huge problem with wheat, because you didn't check the glutenin's, or the gluteal morphins, or the amylase trypsin inhibitors or the fodmaps. So there are many components of wheat don't test for coeliac disease alone.

Coeliac disease is how we learned about all of this. And there are still some gastroenterologist who are still thinking the way that they learned in their textbooks 20 years ago, 25 years ago, thinking that, well, if you don't have coeliac disease, you don't have a problem with wheat. Well, that's an archaic line of thinking. And I used to be very polite about it. I'm not polite anymore, because there are thousands of studies now. And when you tell a patient something like that, that is a certificate for a short life because you're increasing their inflammation wherever the genetic vulnerability is for them if they keep eating wheat, well, I checked your for coeliac and you see you don't have coeliac disease, it's okay to wheat. Nonsense. You have to check them for a wheat related disorder, which may be coeliac disease. That's one manifestation, or it may be thyroid disease, or it could be Alzheimer's, just go to Google and type in all timers and gluten. Yeah, there's like five or 10 studies on that.

Bev Roberts 28:28

And so that that explains why then often the tests don't yield the result. But, you know, I think the body's the best barometer often is when you don't feel well don't stop looking. I think that's the takeout, get the right practitioner to support you to make those changes.

Dr Tom 28:50

May I comment on that prior to your question? How you feel if you say, you know what I don't have access or I don't want to spend, I can't spend the money for the test the right test. Alright, I'll give this a shot. You can't like put your toe in the water, you got to go completely gluten free, completely gluten free and dairy free. And maybe we'll talk about why dairy also. But when you do that, give me three weeks completely gluten free, dairy free completely and don't cheat and then see, and the vast majority of people will feel better, but how you feel is not the most accurate measure of whether the food is okay or not.

Because if the weak link in your chain, like it was for me is my brain. I had elevated antibodies to three different brain tissues. myelin basic protein, when you lose myelin, that's the mechanism of multiple sclerosis. Gangliosides when you have elevated antibodies, the gangliosides, your brain shrinks, and you get non-Alzheimer's, dementia, and cerebellar tissue. And when you elevate antibodies, the cerebellum killing off the cerebellum, those, those are people in their 60s and 70s that can't dance up and down the stairs. And there's nothing wrong with their muscles. There proprioceptors, their feet, how they're planted on the earth, the brain has shrunk so much in the area that controls your muscles. You have to be careful walking up and down the stairs.

So I had three antibodies to my brain. You can't feel when you have elevated antibodies to your brain. You can't feel it. So if your determining factor is well okay, I'll go gluten free for three weeks. I'll try it and you don't feel different. That doesn't mean you don't have a problem for the majority of people give me three weeks gluten free dairy free, the majority of people will feel better. They'll just notice they sleep better their energy's up, their depressions down, the joints are better, they're not having to crawl in the morning to the shower to take a hot shower to get moving. All of that eases up to some degree pretty quickly.

But if you have one of the weak links in the chain, that doesn't give you daily feelings like elevated antibodies to myelin basic protein that causes MS. You may get a false negative by the three-week trial. So I just want to make sure that people understand that because what you really want is a



comprehensive test. So that's most important, but the idea of give me three weeks gluten free, dairy free is a good one. But it's not foolproof,

Bev Roberts 31:54

and I love Dr. Tom, that you say no cheating and that sort of thing. What I've said to my clients is, there's no such thing as a little bit of gluten, like there's no such thing as a little bit pregnant.

Dr Tom 32:08

Right?

Bev Roberts 32:09

Because you do need to do their to allow them the body to heal as well because like you say, if you don't have access to all of those tests, because in some places we don't have access to the same level of testing you do have in the US, we know that wheat is not the same as it was, in the years gone by never mind the environment we're living in.

So there's all sorts of other factors that we're dealing with. But one type of research that I was doing was around gluten and osteoporosis and I'd love you to, because a lot of females who listen to the show, I'd love you to just give us your perspective on gluten sensitivity and what it's link is to osteoporosis.

Dr Tom 32:52

Yeah, it's really common on the bottom line in the Annals of Internal Medicine. They published a paper that said We have no hesitancy recommending that every patient with osteoporosis be checked for gluten sensitivity because it is so common as the cause of their osteoporosis. So I show that study on the screen in my conferences, with 300 doctors in the audience, whatever they say so doctors, if the Annals of Internal Medicine say every osteoporotic patient just needs to be checked for a wheat related disorder, which one are you not going to check? And there's silence in the room. And they said, you know, they think I didn't know that. Wow, really, it's that common. I didn't know that.

Because if you get all this inflammation in your gut, the inflammation in your gut it affects your body's ability to absorb vitamins and minerals from the gut. When you have high inflammation, you have low absorption. So you get deficiencies in calcium deficiencies and strontium and boron and magnesium and the B vitamins, you know, for people with osteoporosis, that the traditional approach is to prescribe bisphosphonates, drugs for osteoporosis.

You know, the sales representative, the pharmaceutical company comes to the doctor's office and he brings lunch for all the staff there so that he gets to talk to the doctor for a few minutes, right. And he shows the doctor the study says, Look, look, our products are bisphosphonates that. Here's the studies that X ray show there's more bone, and the doc looks at this. Oh, that makes sense. Okay, while he's eating his sandwich or whatever, they brought him, okay, then he starts using that medication.

But when you look at the studies that have been the follow up studies comparing hundreds of women that had a particular level of osteoporosis, who were given the drugs, and hundreds of women who have that same level of osteoporosis who weren't given the drugs, the women taking the drugs get the same amount of fractures as the women that don't they get the same amount of fracture. Well, wait a minute, but the X ray show there's more bone on the X rays. Well, yeah, but there's a difference between the bisphosphonates. Build the structure of bone.

Think of scaffolding on a building or think of when you build a house, you know, first you put the two by fours up, you put the frame of the house, bisphosphonates put up the frame of your bones but if you've got this inflammation in your gut and you're not absorbing your calcium and magnesium and strontium and boron, you don't fill in the frame of the house, you don't fill in the frame of the bones. And you build your bones out of balsa wood instead of oak. And if you know balsa wood, you can break it with your fingers. It's wood, but it's very thin wood and it just breaks really easily. You never use it for any kind of construction. Right? That's what happens with bisphosphonates. It builds the architecture of your bones. The X rays are really clear, but it never gets filled in to make it solid. And so many times it's the inflammation in the gut that has caused this osteoporosis. So you have to get gluten out of there, so that you calm down the inflammation so your body can absorb the vitamins and minerals it needs to build strong bone.

Bev Roberts 36:58

Yeah, because I think there's also a fallacy and I was unfortunately on the receiving end of "you need to have calcium supplements" and then I ended up with problems of calcified arteries in my heart. So it

wasn't dealing with the problem instead of gluten free and stop, the inflammation is going on in your body and the leaching of the calcium out of your bones. So that was quite a dilemma for me. So I know a lot of women are in that space. So Dr. Tom, I know that you ran a gluten summit and thank you for sharing that gift with us. So that will be in the show notes for people to go and find out more because we could spend all day talking about this subject, but I wanted to just close with what are your tips for Living Fabulously?

Dr Tom 37:47

Yes, of course. Yeah. The gluten summit, I interviewed 29 of the world leaders. You know, I went around the world interviewed the scientists, and I sat with Professor Marsh, Michael Marsh in Oxford. The guy, if you're tested for celiac disease, the report is Marsh one Marsh to Marsh three. This is March. This is the godfather of all of it. And you hear him talk about non celiac gluten sensitivity. It's really it's a game changer. Hundreds of thousands have watched this. It's free. And we'll give you the link so you can go watch it.

Living fabulously if you want to live fabulously. From a physical perspective nothing has as much impact as building the diversity of your microbiome. The good guys in the gut, you know, you can't keep having a body that's degenerating and expect to live fabulously. That's putting icing on a bad cake. Right?

If there is a mental frame, a way of thinking, to have a fabulous life. It really is. In my opinion, it's a Tibetan word called maitri or maitri. I'm not sure I'm saying it correctly, it's m a i t r i. And what it means is loving kindness and an unconditional friendship with oneself. I read that, and I Oh, yeah, whatever. But no, it actually hit me Wait a minute. Am I a friend to myself? Do I treat myself better than I treat my best friend? And the answer is no.

I was way too critical of myself. I could have done that better. Oh, man. I don't look very good. You know? Yeah, we did Yabba Yabba, Yabba Yabba Yabba every day of my life, you know, but I heard this concept. And it just resonated with me and the more I thought about it, and unconditional friendship with oneself, what does that mean? You know, live your life, be the best person you can be and just recognize sometimes you're going to screw up.

You know, we all screw up. So loving kindness means be kind to yourself, as long as you're not wanting to hurt people, you know, you're wanting to be the best person you can be. And all this stuff happens, and you may bark at somebody, but later you say, oh, man, I really shouldn't have done that. Call them or send them an email and say, Hey, I think I overreacted so sorry. And thanks for your comment and look forward to developing our friendship or whatever it should be, you know, but loving kindness and an unconditional, unconditional I'm my best friend.

One last thing I'll say, everybody who thinks about this is on the path towards enlightenment. We all want to be enlightened. What does that mean? What does the word enlightenment mean? It means lighten up. Just lighten up, right?

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