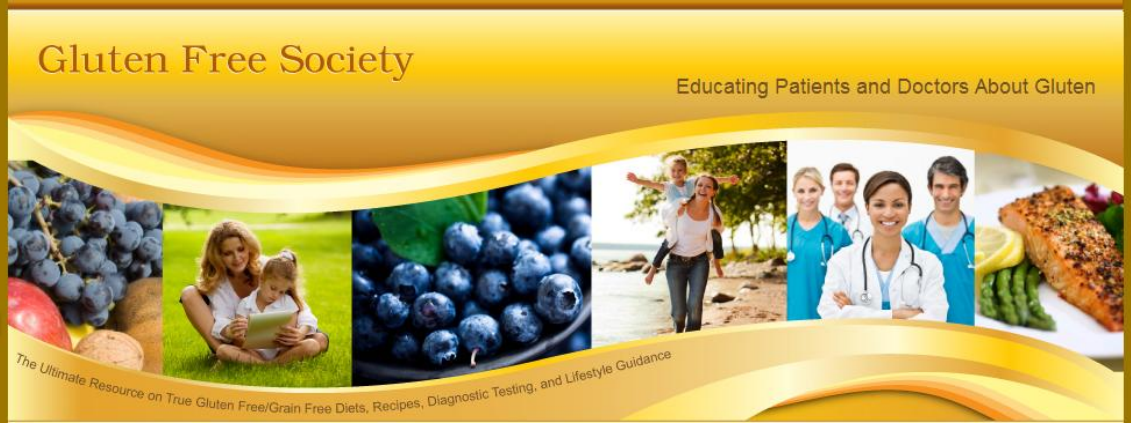
Dr. Rodney Ford
Author of *The Gluten Syndrome*



Dr. Peter Osborne
www.GlutenFreeSociety.org

Dr. Rodney Ford: There's a huge argument in the field about A1 and A2 milk. Professor Keith Woodford, who is working on a book called [Inaudible] in the Milk. This is all to do with one amino acid change in the casing molecule. That tiny little change makes it resistant to particular enzyme degeneration, it means that you can't digest that casing molecule so well, and that's been associated with a lot of autoimmune disease and problems in the future.

So, this another protein and another staple, milk, that has been suggested anyway. He says it causes many illnesses, which are serious, including heart disease, type one diabetes, autism, and schizophrenia. So, if we can't eat our gluten and we can't eat our casing in our A1 milk, then we had better go back to eating fruit, vegetables, not too much meat, fish, and rice and corn. Avoid the gluten grains and avoid some of this dairy that could be causing us trouble.

Dr. Peter Osborne: I wanted to ask you a little bit about corn. I've actually seen about a half dozen studies come out now on maize prolamine contributing to immune damage and antibody production, in some studies equal to that of gluten and other studies slightly less than that of gluten, but nonetheless they're finding it.

These studies were all done in patients that have active Celiac Disease. Are you familiar with those studies? If so, what is your opinion on that?

Dr. Rodney Ford: I am. Unfortunately, quite a lot of people don't get better because they are now eating more maize, because it's a substitution grain for the gluten grains and they can get maize allergy, they can react quite adversely to it, but most of them just get the same symptoms they were getting before with gluten. Then they have to go off maize, so that's quite a big step for them to take.

There are alternate grains and corn, unfortunately is used as a high glycemic food, it's not that nutritious. If you can avoid corn that's probably good, but it becomes harder and harder for people when they can't have these easy gluten free things, but unfortunately of the packaged glutens which aren't healthy at all because they're full of sugar, salt, and fat.

Just because they're gluten free doesn't mean that they're good for you. Gluten free is not necessarily healthy. If you plan to have a cookie made of wheat, sugar, and fat, well if you have the same cookie made of maize, sugar, and fat it's just as bad. We have to be very conscious of what we're eating and we have to think about what we're eating in a much universal way.

Kind of go shopping, get some food, and fill our selves full with the stuff because it's going to harm us and it will kill us. Some people call it culinary suicide, you're killing with your teeth. We have to think very carefully about our food, because our food is the basic platform of keeping us healthy and well.

Dr. Peter Osborne: Thank you for saying that. I feel like I've been saying that for a number of years to a lot of different people. One of the first things that I see happen with the diagnosis of gluten sensitivity is patients will run to the grocery store and they'll buy every packaged food they can find as long as it says, "gluten free."

As you just said, most of these items are extremely unhealthy regardless of the fact that they're gluten free. So, they're not really good for the patient anyway. When you have somebody who is already very sick trying to nurse them back to health through adequate diet and proper nutrition, these gluten free products often times are a crutch to continue them maintaining their disease state.

So, it's good to hear you say that, because it just confirms more so, at least in my mind, that we're on the right track.

Dr. Rodney Ford: Basic diet and it's been called this by lots of people the SAD diet, the Standard American Diet or the Standard Australasian Diet is sugar, wheat, fat based and it's unhealthy. We've see the epidemic of obesity.

Unfortunately, as you say, when some people go gluten free they actually put on more weight and get more obese, because they are actually increasing their empty calories. They're eating more sugar, fat, and corn rather than changing their diet entirely.

It's a great opportunity when you're diagnosed with gluten sensitivity to relook at your diet and relooking at the ingredients to learn. In my clinic I've written books to help people, because they don't know what to do.

I've got a book called Going Gluten Free, How to Get Started and we say a good place to start is bread. You want to replace bread with other foods, particularly fruits and vegetables. They're what a diet should be based on, but when everybody is hurrying and doesn't want to get fresh groceries, which are expensive.

The problem is that in our countries cheap food is seen to be good food, but cheap food is bad food. A cheap gluten free diet is not a good idea. You've got to pay good money to get good food. If you invest in your diet and you invest in your food then you're going to feel better, you're going to save heaps of money on doctor's bills, you're going to live longer, you're going to have more energy and you're going to be more productive and much happier.

So, it's a matter of investing in your food, not just getting the cheap junk food that you can just get a quick calorie fill and then think you're going to be well nourished. People just have the wrong idea about how to eat.

Dr. Peter Osborne: I absolutely agree. You were mentioning before A1 and A2 milk. Can you give me some terminology there? That's not a term I'm familiar with.

Dr. Rodney Ford: It's like these scientists calling things alpha, beta, gamma calling them one and two. The story is basically that about 1,000 years ago there was a genetic change in a sort of animals in Europe, the herd of cows, and their casing was changed by one amino acid. The original gene type is called A2 and the new modification A1. It's calling A1, because it's the first casing that was actually described.

What happened is that most of the European and Australasian, and I think American is now derived from this herd of cows that is now A1, which is the recent. The A2, which is the original, is mostly in other countries, I think especially through the African countries. I'd have to look it up to be absolutely sure.

Therefore, we've got this casing that doesn't get digested properly and therefore is a variable to make antibodies that stimulate autoimmune disease, just the same as growth. I will send you a link for the book with this in it, and it's certainly something we need to take attention of.

Dr. Peter Osborne: That brings up another question then. In the U.S., I don't know how it's done in New Zealand, but I know in the U.S. mostly we feed a grain based with hormones and that's how milk is pretty much derived is through cows that are being fed grain.

Of course, native cows traditionally and genetically are wrought on grass, hay, clover, and other things that they graze or pasture for. Do you feel like this has something to do with why so many people are reacting to dairy as well?

Dr. Rodney Ford: Absolutely. In New Zealand we actually grass feed our cattle in meadows and they're not grain fed, and the dairy herds are fed on grass. So, there isn't the opportunity for them to get gluten into their systems.

When you grain feed animals small amounts of the proteins that they ingest do go through into the milk. There's very good evidence in humans that small amounts of the antigens or food allergens, food proteins that the mother eats if she is breastfeeding they can get into the child and they can cause upset as colic, diarrhea, or failure to thrive. Certainly if these mothers go gluten free or dairy free if that's the problem the baby will get better.

Now, going into cows, the cows will also put small amounts of these food proteins into their milk and therefore dairy cow milk is not necessarily gluten free, because there can be traces of gluten. Some people are that sensitive that those small amounts that come through the cow's udder may upset them. Is that what you've seen?

Dr. Peter Osborne: That's exactly what I've seen. I've actually had a number of patients that come from Europe, they tend to do very well with the dairy in their country, like in New Zealand I guess their cattle are primarily pastured and not grain fed. When they come to the U.S. the dairy tends to create a whole lot of problems for them.

So, I have seen that clinically. I've often times at least hypothesized that we know that gluten will pass through into mother's milk in humans, so why couldn't it be the case as well with cattle. I recently came across a study and I don't even think it's been published yet. I talked to the author and he sent me the study.

They actually were trying to detect gluten in the cow's milk and they were not able to do that. So, my theory is there are other proteins beyond gluten that can contribute to the similar reactions that we see in these patients. I think there's more to the whole spectrum than just gluten.

Dr. Rodney Ford: Exactly. Coming from the food allergy side, I've been doing food allergies for 30 years, it was shown a long time ago in the 1940s and 1950s that there were about 20 different proteins in cow's milk that people could react to and be allergic to, both in the whey side and in the casing side of dairy. Although casing is a problem and although [inaudible] is a problem, there are lots of different proteins that can upset.

Now, when we go for gluten, that's only a tiny section of the protein in wheat. We know that lots of people are wheat allergic and they react immediately to some of the wheat proteins and have wheat allergy. Sometimes gluten can cause an immediate allergy, but it doesn't usually. It usually causes a delayed onset reaction.

There may be other proteins in wheat that we just are unaware of how they react, because the focus has been on gluten and not on the other proteins. It's hard enough to persuade the laboratories to test for gluten antibodies let alone any other subfractions of wheat. We just don't know anything about these wheat and milk protein reactions really.

There's just so much we don't know. Even getting to first base by saying, "Maybe gluten causes more harm than Celiac disease," that seems a horrifical statement in many organizations. So, getting other wheat proteins on the agenda seems a long way away.

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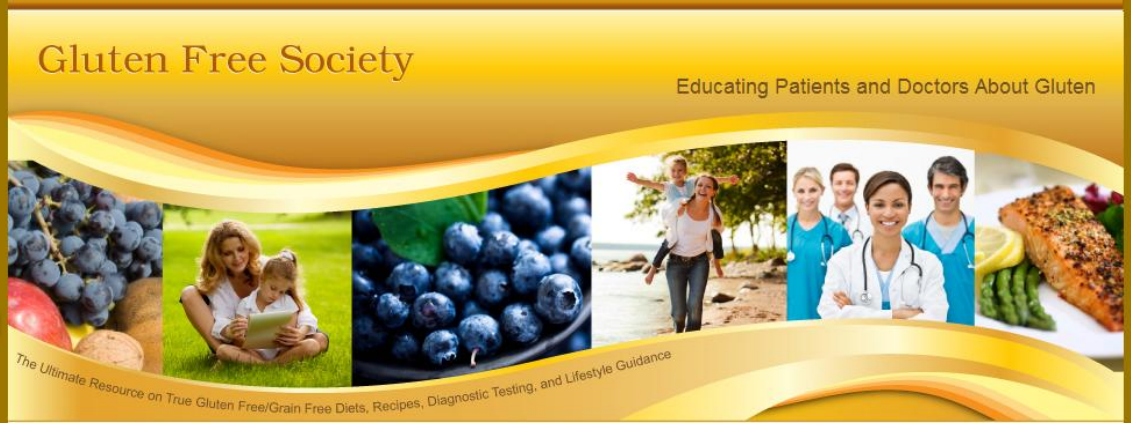

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Dr. Peter Osborne: I would agree with that. I think that we're lucky to have gluten being so well identified now, even though it's not in the forefront of gastroenterology, at least it's in the forefront of the public press. There's a lot of press over it now and there have been a lot of actors and spokespeople come out that are famous that are at least helping spread the word a little bit more efficiently than the medical community.

Dr. Rodney Ford: Absolutely.

Dr. Peter Osborne: For those folks I'm very thankful, because it's made my job a heck of a lot easier. I know probably just like yourself, you've kind of stuck your neck out there to shift the status quo to think a little bit differently or to think a little bit more enlightened, I guess I could say, in terms of gluten and in terms of the impact that it has on health.

Often times it's met with a lot of animosity and it's met with, frankly, just a lot of poor professionalism, at least in my experience.

Dr. Rodney Ford: New scientific information takes a long to be acted upon. The people who are speaking out early on, the early adopters, are always criticized by their peers. That doesn't mean to say we're wrong. Usually, a good idea and a fundamental breakthrough is met with scorn and derision first of all.

So, now that that's happening I believe that there is already a momentum building. The community will not stand for rude doctors saying that they are imagining things and locking them up in a mental home or sending them to a psychiatrist saying they are imagining these things happening to them. I think those sort of stories are terrible.

The whole business of food and health has been looked at in cholesterol. Just to mention about cholesterol. Most people, and it's driven by the drug companies, believe that if your cholesterol level is getting high you should do something about it.

There are very few doctors who would say, "We'll just wait until you have a heart attack and have end stage disease, then we'll do something about your cholesterol." They're going to do something about it early on. They're going to do something early on about your blood pressure. They're not going to do a heart biopsy and say, "You've got no damage yet. We won't act."

I think it's child abuse to see these children who are obviously reacting to gluten, have high gluten antibodies, are really sick and when you do the blood test and they haven't quite got Celiac Disease, and when you do the biopsy it's normal, if you keep these children on with gluten and making them sick waiting for end stage disease before you take them off of toxic, I think that's criminal.

I think we should do a lot more to diagnose these children early and not insist that they have growth failure, have psychiatric problems, have schooling difficulties, have stressed parents, and depressed parents, that we need to treat these children early. Take out the gluten and not make them have end stage disease.

As you can hear from my voice, I get really cranky about this. I think it's completely unjustifiable to wait until they've gotten to Celiac Disease.

Dr. Peter Osborne: Yes, absolutely. I agree with you. That was a wonderful analogy comparing it to heart disease. We're so focused on prevention in that arena, I think more so because we have the medications to treat preventatively more than because our actual concern is there. I think it's more commercially driven.

Dr. Rodney Ford: One more thing to say about the medical practitioners who don't know about gluten tests. Interestingly, I've had a person beginning to work with me and I've been training her for the last year.

What happened is she had never asked for gluten antibodies or Celiac markers on her patients, not because she didn't know about Celiac Disease, but she didn't know how to interpret the tests and she didn't want to look ridiculous or silly when the patient came back the results came in and she didn't know how to interpret them, or what to do about them, or who to send to the gastroenterologist.

Where she had been working for [inaudible] was very long, so she just didn't bother. Now, under my instruction she's doing blood tests on every single patient she sees for gluten and Celiac Disease and she is staggered at how many people have got this gluten syndrome. She has whole heartedly adopted a gluten free diet for herself and her family. Her child has Celiac Disease, I've diagnosed that.

She can now see that over her previous life of medicine that she has actually not served her patients well, because she never thought to investigate things.

To overcome this, I think I told you about the **eClinic**, which is an electronic way of helping people understand exactly what the results of their blood tests are. Most people don't know what tests have been done to them in their medical life, let alone what they mean. I'm encouraging my patients and other patients to know exactly what blood tests they've had done and then get help with the interpretation. I've got an interpretation website and they can put their blood test results into the system and they can get an opinion about what their blood tests mean.

Once the patients, once the community gets the tools to be able to interpret what's been done to them and what their tests mean then they can help drive the whole gluten revolution and we can see at last this education about gluten sensitivity getting through.

Dr. Peter Osborne: That's fantastic. Is there a website that they can go to? Could you say that for us?

Dr. Rodney Ford: I absolutely can. It's my name, **DrRodneyFord.com** and you can find me. If you can't find that, Google me, Dr. Rodney Ford and I'm first on Google. Do /glulten and you'll find me. If you want to write a message or send me information.

There's a YouTube I've just done about that, so look at Dr. Rodney Ford on YouTube and you'll see how the **eClinic** works. Already we've got a lot of excited customers. It's only been open for about 10 days, so we haven't promoted it yet, but we're getting some nice feedback.

Dr. Peter Osborne: Fantastic. It's good to have another tool that we can refer people to use. I want to wrap it up here shortly, because I don't want to take too much of your time. But, I did want to get your opinion on one other topic and that is the research on HALDQ1 and HALDQ3 as being potentially the neurologically associated genes with gluten sensitivity.

Dr. Rodney Ford: That's about all I know about it. These DQ1 and DQ3 genes do seem to be associated with sensitivity. The DQ2 and DQ8, which are associated with Celiac Disease and damage, but some of the other DQ markers are associated with gluten sensitivity. I think there's only one that's not related to it.

I don't know anything more about that. Unfortunately, in our labs in New Zealand they will only do DQ2 and DQ8 and will not do the other genes unless we ask very specifically, and they cost about 500 dollars, so the patients aren't particularly willing to do that. But, it's a research project and I'm very interested to see where this genetic proclivity goes.

Dr. Peter Osborne: I've got about 2,000 samples genetically where we've been able to break down both the DQ Alpha and DQ Beta 1 genes. I just haven't sat down to plug in all the data yet, but we've got the samples, we've got the different disease diagnoses in these particular individuals and I have found a lot of really neat correlation with some of these gene markers.

Just as a side note, I had a little boy, this was about six years ago, a young boy who came in to see me. His mother brought him in to see me because he had juvenile rheumatoid arthritis and he was terminal, they had given him about six months to live. He had a permanent stent put in his arm, because he was in and out of the hospital so frequently.

Along with the story I want to get your take on this. We tested him two ways, we tested his antibodies and his serum for antigluten, but we also tested his stool. If you're familiar with Interolab we used Interolab to test for stool antibodies.

Dr. Rodney Ford: I'm not familiar with that use.

Dr. Peter Osborne: They all came back negative, both blood and stool came back negative. The only thing that really came back with association with gluten were his genetic markers. So, I wanted to ask you. Of course, we took him gluten free and he's doing fine even still today, so the story ended very well, at least so far.

What percentage of patients would you say that you see as you do your antibody testing what percentage of those patients are coming back negative but still respond to a gluten free diet?

Dr. Rodney Ford: That's a fantastic question, Peter. That's where we get into more guidelines and medical guidelines and what is reasonable to do. The first step is to diagnose Celiac's and put them gluten free, and that's not done very well. Most Celiacs have not been diagnosed, most people are not being tested, so that's terrible.

Once you've got to that stage then you want to put people gluten free if they've got gluten syndrome. There's only piece I can see that is useful, it's either the blood or the stool gluten antibodies. A lot of people have these high antibodies.

For blood testing, 10 percent of the population have gluten antibodies in their blood. At my clinic I do tests on everybody and we've got 60 percent of the people who come see me who have a blood test have got high gluten antibodies. All of those people go off gluten and eight out of 10 get better.

Then there are the 40 percent who have negative gluten antibodies. If we did stool antibodies on those half of those would be positive, but we don't have access to stool antibody testing. It's Ken Fine's Lab, the enterolab in Dallas and a wonderful lab and the stool antibody is very useful.

What do we do with the people who are symptomatic, have got negative gluten antibodies? Many of the mothers will take their children off gluten anyway, especially if they are siblings. If they've already got a few people gluten free in the family they put everybody gluten free.

I've seen many, many people with negative blood get better on a gluten free diet. So, the next step for me, which I haven't gone yet, is that anybody with any undiagnosed illness at all should trail gluten free for three months and see how they feel.

It might take longer to get better in someone with rheumatoid arthritis, someone with eczema, somebody with significant neurological harm, they will need at least a year gluten free to feel the benefits of that, or maybe two years. So, we might be advocating a gluten free diet for everybody who is ill. That gets back to should we be living in a gluten free planet.

Dr. Peter Osborne: Yes, excellent point. I have reverted strictly to symptom identification with patients and genetic testing. I've had a number of occasions where antibody tests had come back negative, and of course in those cases it's like pulling teeth to convince somebody to go gluten free.

In my own practice I pretty much strictly stick to HALDQ Alpha and Beta 1 analysis and with the presence of gluten related genes, as well as the presence of disease. My advice and recommendation is typically to go gluten free. I see very wonderful results.

I think even if I didn't test people and suspect the gluten syndrome with them I think I would see the same thing. Fortunately, I'm able to have access to a lab who is able to give me the data on more than just DQ2 and DQ8.

Dr. Rodney Ford: Exactly. What we do, our recommendations currently over the last six months have been despite normal blood tests with your ongoing symptoms and no other diagnosis we recommend a three month trial of gluten free, come back and see us then to tell us how you're doing. Many of those people are getting better. I haven't written that up yet.

The gluten antibodies are only a tool, they're not wonderful, they're not 100 percent accurate, they just give us a guideline for a small number of the population who are reacting to gluten. They haven't been designed especially for this test, but we're using them because it's the only test we have.

I think that there will be in the future much more sensitive and much more useful blood tests or saliva tests or stool tests that are going to be much more accurate and predictive.

Dr. Peter Osborne: I had a question. You mentioned before that of the patients in your clinic that went gluten free with positive antibodies, and correct me if I'm wrong, but I believe that you said 80 percent get better and 20 percent do not.

Dr. Rodney Ford: That's correct.

Dr. Peter Osborne: On follow up with those individuals do you find that there is another food protein that's kind of hanging them up?

Dr. Rodney Ford: Exactly. The next step really is to look at corn, maize, and to look at dairy. I like to give these people a good three to six months on gluten free before suggesting another food is removed, because we don't want to make it too difficult.

I think that concentrating on gluten you get the biggest clinical effect. Then if they're not better we keep on working with these people until they're better. In our clinic we find nearly everybody gets a lot better. Some people aren't perfect, but we have a hugely successful clinic by dealing with these common food allergies.

Dr. Peter Osborne: Do you use additional allergy testing to try to identify things?

Dr. Rodney Ford: We skin prick test everybody looking for immediate allergy. We don't do other IGG antibody testing. Predominantly we're going to find wheat, gluten and dairy intolerance, so they can be done clinically.

The IGG food panels have got exactly the same problem as the gluten testing, some of them are useful and some of them are not. In the end the only real accurate test is going off the food and seeing how you do.

Dr. Peter Osborne: Right.

Dr. Rodney Ford: If they've become very tricky and their symptoms won't go away then we will do a more extensive food allergen testing.

Dr. Peter Osborne: When you do more extensive is that done through IGG or IGA?

Dr. Rodney Ford: Yes, and the patients have to organize it, we don't offer that clinic service. In New Zealand we have to send those offshore to Australia or to America. So, the patients will do that and bring their test results back to see me.

Dr. Peter Osborne: Okay. Wow, this has been a really great conversation. A lot of fantastic information and takeaway I think that people can learn from and hopefully get healthy from. I greatly appreciate your time tonight, because I know it's valuable. If there's anything I can do for you.

Dr. Rodney Ford: I'm coming to the states in June, going to Minneapolis for the GIG, the Gluten Intolerance Group meeting and I'm going to Kansas City in November to the American Celiac Sprue Association.

If any of your listeners have got groups who they would like me to visit we can fit them into our schedule or make another schedule later on. I'd be very happy to come and speak, and come and speak in your town, Peter. I would love to be on the podium with people.

My mission is to tell people about the potential harm of gluten and what they should know about it and what they should be doing about it.

Dr. Peter Osborne: I will definitely make sure to pass that on. I actually have quarterly gluten free meetings here in Houston and we usually have a pretty packed house somewhere between 80 and 100 people usually. Maybe we could coordinate when you're in the states to get a meeting and have you come as a guest speaker. That would be fantastic.

Dr. Rodney Ford: I would love to do that. That's something in me passionately.

Dr. Peter Osborne: Well, it shows by all the books you've written and by all the work that you've done. Once again, I appreciate all that you've done. It's because of doctors like yourself that have really launched me and put me in the right direction to be able to help so many more people. So, thank you for what you do.

Dr. Rodney Ford: Peter, thank you for having me on your show. I've really enjoyed speaking with you and look forward to meeting with you in the flesh one day.

Dr. Peter Osborne: Same here. You have a great afternoon and evening. We'll be in touch soon.

Dr. Rodney Ford: Thank you. Goodnight.

Dr. Peter Osborne: Goodnight.