



The Ultimate Resource on True Gluten Free/Grain Free Diets, Recipes, Diagnostic Testing, and Lifestyle Guidance

Gluten Free Society Interview Series: [Specific Carbohydrate Diet](#)

Dr. O: Hi. This is Doctor Osborne with Gluten free Society. Today, I have the great fortune to be speaking with Jordan. Jordan is someone of an expert in the specific carbohydrate diet, which many of you have been emailing and asking questions about. I thought I would go to one of the great sources the diet so we could get a lot of answers for you.

Jordan, how are you doing today?

Jordan: I'm doing very well, thank you. I am so grateful that you had me on today. I think we're going to have a lot of fun.

Dr. O: Agreed. Tell me a little bit about yourself and your blog and how you got started in looking at Celiac Disease and gluten sensitivity in the specific carbohydrate diet.

Jordan: Yes, I'd love to. Back in 2004, my mom who had stomach problems her whole life—she had a laundry list of health problems that I'm sure many of you can relate to. She actually found out she had cancer in 2004. Quickly, the cancer took her life from her in 2005. That was a really difficult time in my life.

It was emotionally devastating to go through that and watch my mom. I was a freshman in college at the time. To watch her go through that just didn't make sense. It didn't make sense why she was so sick for so long and why she had cancer all of a sudden when she was seemingly relatively healthy.

Shortly after that, I started to have stomach problems. I didn't really understand it at the time. I figured it was stress related. I was still in



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college, a very challenging engineering college. It was pretty stressful. We were having a lot of pizza and beer on the weekends to chill out. I attributed it to that and didn't think too much of it.

It didn't take long for me—probably an additional nine months—for me to really understand that all of a sudden, I was taking a box of Immodium AD a week just to get through classes.

I actually discovered it by going through my budget. I was going through my budget and I thought, "Holy crap. I'm spending all this money on Immodium AD." It turned out that I was actually having diarrhea, sometimes ten times a day.

At this point, I really understood that I had this coping mechanism, and I was very sick. I started the process. I made the call to my doctor and made my first appointment.

Keep in mind this is the same doctor that my family had gone to. The same doctor that my mom had worked with. A year later, they still hadn't figured out what was wrong with me. My first diagnosis was IBS. They gave me a prescription for Metamucil. They sent me home to have some Metamucil and then told me I'd be all right. Obviously that made things a whole lot worse.

My health continued to deteriorate. I was fatigued. I was exhausted. I could hardly go to class. I was sleeping in class. I couldn't handle being in college at the time and working really hard. I was having diarrhea a ton. I had weird problems like my knees hurt all the time. I was achy. I was having headaches and brain fog. I didn't sleep very well.

I finally went in to the gastroenterologist and demanded that they give me a colonoscopy. I had, at this point, been in the Google Death Spiral forever. I thought I had Crohn's Disease or ulcerative colitis. I had no idea what was going on.



Based on my pleading, she agreed to allow me to have an upper endoscopy and a colonoscopy. We scheduled it.

I went under and got the procedures done. As soon as I came out, she was right there waiting for me. She said, “You don’t have any signs of ulcerative colitis. You don’t have any signs of Crohn’s Disease. Everything looks just fine. I sent some samples to the lab, but other than that you’re just fine.” I’m like, “Whoa. Wait a minute. How could I be fine?”

A few days later, I’m right back to having diarrhea ten times a day. Of course, about three to four weeks later—I didn’t get a call. I didn’t get anything from her in terms of a follow up. I got a pamphlet in the mail. The pamphlet in the mail was something titled “Living the Gluten free Lifestyle.” It had a sticky note on top. It said, “Hey Jordan. I got your lab results in. You have Celiac Disease. All you need to do is eat gluten free and you’ll be fine.” This was written on a sticky note, on a folder full of pamphlets about being gluten free.

I thought, “Whoa what is this?” I looked it up. I learned all about Celiac Disease and gluten free food. I had this whole mourning process that I think we’ve all been through, mourning the loss of being able to eat pizza whenever we want to.

I was committed. I said, “This is okay. This is an answer to my problems. I have something that I know is wrong with me now.” This process had been going on for a year and a half. I was very grateful to have a solution.

Quickly, I was really depressed. I ate gluten free really strictly for two years. I was fanatically strict. I was almost like a paranoid schizophrenic about gluten, to a certain degree. I stopped eating out. I made all my own food. When we travelled, I took a cooler. When we got on planes, I took frozen food. I was fanatical. I was too scared to eat out.

I was almost angry and suspicious at my wife all the time. Maybe she contaminated my food somehow. I was always thinking I was getting



gluten. I imagined that there was gluten everywhere on my countertops that I just couldn't get rid of.

I was constantly having diarrhea still. I did not get any better. Literally, I got no better. I was Googling everything. Anything I could try. I went soy free. I went dairy free. I went corn free. I did everything free that you could possibly do, that I could imagine. I found parasite cleanses. I tried all of these things and nothing got me better.

That brings me to the summer of 2009 when I stumbled upon this specific carbohydrate diet in a book called *Breaking the Vicious Cycle* by Elaine Gottschall. I read the book and I thought, this kind of makes sense about why I'm not getting better. She talked about small intestinal bacterial overgrowth. I thought that made sense. She talked about things like removing complex sugars. She talked about things like removing all grains. I thought, "This is interesting."

At that point, I was ready to give up. This was my last shot. Because I was willing to try one last thing to get better, I went off and tried the specific carbohydrates diet for seven days. I was really strict about it.

I actually follow an intro diet and this is amazing. My diarrhea stopped in seven days. Finally, after years and years and years, my diarrhea stopped in seven days.

I'm not going to tell you that I was cured or anything like that, but it was a relief. I was like, "Wow. I have my life back. This is great."

I say that's when I started my five year experiment in reversing Celiac Disease. Here I am four years later. That's kind of how I started the specific carbohydrate diet.

It wasn't too long after that that I got my best friend, Steve Roy. We went to college together. He had a lot of problems with IBS. I had him start the specific carbohydrate diet, and he got so much better from his IBS



symptoms. We were like, “We have to help people. We have to help people with this.”

At the time, Elaine, the author of the book, had passed away. We started SCDlifestyle.com. We started helping people. We wrote a book on the how to do it. We found that there was a lot of misinterpretation. We found that some people got better and some didn't.

We wrote [our book](#), and we started helping people. We've been doing that ever since, for the last three years. It's been a blast.

Dr. O: That's great. What a story. It sounds like so many of the stories that I hear on a regular basis in my clinic. By the time a patient's come to me, they've been through 15 different specialists, they've tried every diet known to man. It sounds like you were able to piece a lot of that together.

Tell me about the specific carbohydrate diet. The biggest question I get asked is what is the difference between that and a gluten free diet, your standard gluten free diet being wheat, barley, rye, and sometimes oats, depending on who you read. This is a big question so feel free to take time and elaborate. What are the differences?

Jordan: Yes, that's a really great question. If you want to get into the science of it, I answered it in depth in a blog post that's really controversial. It has over 34,000 shares on Facebook; it's called The Toxic Truth About Gluten Free Food and Celiac Disease.

The main point that I bring up, and I've done a lot of research since Celiac Disease since I've gotten better and since I've started helping people. As you probably know, most of the research suggests that 40% to 60% of Celiac Disease patients don't get better on a gluten free diet.

I actually have right here on my desk a letter that I got from the University of Chicago Celiac Disease Center. The first sentence says, “It's now recognized that more than 40% of Celiac Disease patients respond poorly



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or only partially to gluten free diets. That was exciting for me to see in writing from a formidable university that I support.

To get back to your question, the research that I did basically looks at how if people are following a gluten free diet, why are they not getting better? I started looking at what the gluten free diet typically looks like.

What it comes down to is that the gluten free diet generally, because most of us are used to eating a certain way, we try to—I'm totally guilty of this too. I tried to craft my gluten free diet to be exactly the way I used to eat.

Instead of eating pizza, I ate gluten free pizza. Instead of eating cereal, I ate gluten free cereal. Instead of eating beef stroganoff, I had boxed gluten free beef stroganoff. I had gluten free beer instead of regular beer. Everything was the same, it was just gluten free.

When you're talking about a standard American diet, you're talking about typically low fat. You're talking about really high amounts of processed foods. More carbohydrates than we might see on a diet like Paleo.

Essentially, what we're looking at is I present a lot of research in that post that suggests that things like most grains are toxic, especially to people with Celiac Disease. We know that grains have protein called prolamine, which gliadin gluten is part of that. That's wheat's prolamine. When you look at the other grains, they all have a prolamine of their own.

To a certain degree, the most common difference that you'll see when you're looking at the gluten free diet versus a specific carbohydrate diet or even a Paleo diet is the removal of all grains. We're removing all grains, including corn, rice, and oats. We're also removing soy. We're also removing industrial seed oils, like canola oil, rapeseed oil, safflower oil, sunflower oil—all those things come out.

The one thing that's really important to talk about is removing complex sugars, especially high fructose corn syrup. Conventional table sugar and



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high fructose corn syrup are probably the most common things that people talk about when they talk about sugar, but it's removing those two things.

I briefly want to make a point to distinguish between Paleo and SCD. We look at the SCD diet as a little brother to Paleo. When we work with people that are dealing with digestive diseases or autoimmune diseases like Celiac, we are saying: We suggest that you start with a diet like SCD, which is more restrictive than a Paleo diet. As you heal, you can graduate up to a full Paleo diet.

A Paleo diet includes starches, like sweet potato or potato, taro, things like that. As you heal, you can tolerate those foods more easily. In my example, it took me a few years of following a more restrictive specific carbohydrate diet until I could graduate to a full Paleo diet, which I'm on now.

Those are most of the common differences. As long as we're using the standard gluten free diet as essentially modeling the standard American diet but everything is gluten free, the most common thing they're talking about removing is cereal grains, soy, industrial seed oils, and sugars. That goes for Paleo or the specific carbohydrate diet both.

Dr. O: I didn't hear you mention anything about dairy.

Jordan: That's a great question. I don't recommend dairy for anybody with Celiac Disease. The reason being is that if you've read any of the research by Dr. [Alessio Fasano](#), who is one of the most amazing, cutting edge Celiac Disease and autoimmune disease researchers in the field right now, he's basically proposing that most autoimmune diseases begin with a leaky gut. That's kind of the ground zero of autoimmune disease. He calls it the [Leaky Gut Theory](#) of Autoimmunity.

We know that if our guts are leaky, that proteins are leaking into our gut and we're having reactions to those proteins. It's really common for me to work with people with autoimmune conditions or Celiac Disease



specifically—even myself—where you're highly reactive to dairy products because of the casein protein.

Even people that are trying to eat things like ghee. Ghee is technically 99.9% free of casein, they still react to ghee. I'll be honest. I'm four and a half years into this process, and I'm doing really well. I feel amazing. I'm the healthiest I've ever been. I still can't tolerate dairy.

We typically see that people have the best result if they don't eat dairy, especially in the first 30 days. More especially if they don't eat it until their symptoms are relieved. Once their symptoms are relieved, they can reintroduce dairy using what we call a four day rule where they try it for four days and leave everything else the same and see how they feel.

My only caveat to that is we [never recommend dairy](#) that has lactose in it, the lactose sugar. We always recommend dairy products that have removed the lactose. That would be like ghee, aged cheeses, dried-curd cottage cheese, or even fermented yogurt, the 24 hour yogurt that you make yourself. All of those things are lactose free naturally, but they do contain that casein protein that I was talking about.

Dr. O: Basically, it's a transition of first heal, then try to introduce things subsequent to that. Make no other changes. If you find you're tolerable to it, then eat at your own will within reason. Otherwise, continue to omit it.

Jordan: Yes. That's a great summary. I think, in general, one of the things that I'm pretty polar about and a lot of people don't appreciate is I never recommend that people with Celiac disease try to eat grains again in their lifetime. I won't personally ever do it. I'm personally following a full Paleo lifestyle for the rest of my life because I think that's the most healthy diet that's going to support my wellbeing. I plan to live to be 120, so that's my goal in life.

Dr. O: That's an admirable plan.



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Jordan: Thank you. I don't personally believe that, based on the research that I've read, that eating grains is part of that. I think that's one distinction that I wanted to make in terms of healing. As you heal, I would encourage you to graduate to a full Paleo diet and use things like starches. Sweet potato and potato are really great for repopulating the probiotic and good bacteria in the colon. I think those have a place, once you've healed.

I think it's important, but again it's all about your personal choices.

Dr. O: I would agree never to attempt to introduce grain again. I like to use a diabetic analogy, here. A person who develops diabetes, which from my experience have three big foods that can really cause diabetes. Grain is one of them. Sugar is one. Dairy is the other. Why would you restrict your diet to get healthy only to add the thing back in that made you sick in the first place? It's kind of counterproductive to intelligent thought and to maintaining the health that you worked so hard and worked out of your diet in such a traumatic way to try to correct.

If you think about it, there is the emotional component to that. Let's say a person makes their family gluten free or they go gluten free and their family gives them a lot of trouble. Relatives give them a lot of trouble. They push themselves to be gluten free despite what everyone in their family is saying or contradicting.

Then if once they get healthy, they go back and eat grain. If they get sick again, all of their family members are going to have seen them eat grain and they're going to say, "I thought you could eat it." They're going to have to go through that whole recreation all over again, which is sometimes what I see clinically in patients that decide they want to jump off the wagon, so to speak.

Jordan: That's a great point. I think that's part of the problem, too. When we first make the transition to gluten free, it's easy to do it in a standard American diet format like I discussed because it's easy to say, "I can make these



same things that my family's used to eating. I can make them gluten free. Maybe they won't even care. Maybe they'll like it, too. Gluten's pretty bad, I hear, so it kind of makes sense for my whole family to be gluten free. Maybe they'll be healthier and we can all keep eating together." That's typically what I see.

That's what I went through with my family. I have two children and a wife, as well. It just didn't work out well for us. I didn't get better. They were saying, "We're eating this stuff for you. It's not that great. You're not getting better. What's the rub, here?"

I think now that we're all on a Paleo diet, it's completely different in the sense that I have healed. I'm healthy. I can eat pretty much anything on the Paleo diet except for dairy, which is debatable whether that's Paleo or not. I won't get too deep into that.

Now that my whole family eats Paleo, everything is wonderful. People are so healthy in my family now. My kids are healthy. My kids are healthier than other kids. It's just amazing to see how well everyone's doing and how good everyone feels and how my son will turn down chocolate from other kids and things like that. It's pretty fun. I'm glad you brought that up.

Dr. O: That's awesome. That brings up a point. If we take the time to educate our children, they are capable of making intelligent decisions as well, even when faced with something when you're not around.

Jordan: It's tough, as a parent. I try to follow the 80/20 rule in that way, I say if there's social pressure in a situation — for me, gluten is 100% off limits because of the genetics that he has. In general, if we're talking about a piece of candy or something like that, I try not to worry about it too much. As long as it's gluten free, if it's in a social situation, I just say 80% of the time he's eating Paleo. He's never eating gluten. So I'm okay with that.

Dr. O: Yes. I think that's a good point. That's one of the biggest stresses a lot of people have, going out to parties and being in a social environment, being



a social setting. They feel so restricted and so handcuffed that if they don't have an outlet here or there, they completely dive off the wagon.

Jordan: Yes. We actually have a little class on traveling and social life and parties because people were asking us to help them with it. I think for me, my point of view has always been, "I'm going to go to this party. I'm going to bring my own food. It's going to be okay." It's actually going to be great because two years ago, when you invited me to the same party I couldn't go because I was having diarrhea so bad I couldn't leave my house. Now, I feel great. I'm happy. I'm fun to be around. I'm actually going to be the life of the party because I'm so happy and I feel great. It's all worth it to me.

That's the point of view that I try to show people that they can have when they go to places and go to parties. You have this new healthy point of view. It can be one of the most attractive and fun things for everybody at the party.

Dr. O: Yes, since it's not what you can have, it's what you've achieved by not having it.

Jordan: Yes. It's a choice. I'm choosing this over choosing that because I feel better when I make this choice.

Dr. O: You've mentioned several times that you have classes or that you help counsel people or guide people in the right direction. Tell me a little bit about that, about the services that you offer.

Jordan: I think the best place to start is our book. If you're a person which has been on a gluten free diet and you're not getting better and you're really, really sick, the specific carbohydrate diet in the way that we present it can help you heal rather quickly.

We have a three day intro diet that you can jump on. The three day intro diet helps you dramatically reduce inflammation using anti-inflammatory



foods. Then you can go from there and transition into a diet where you begin to expand your diet over time.

A lot of you have heard of an elimination diet. It's almost like a reverse elimination diet where you start with this intro diet. You reduce inflammation as quickly as possible. You begin to introduce new foods that are easy to digest, that are anti-inflammatory. They're easy to pull nutrients from. They support you in healing leaky gut and cooling inflammation.

Our book is really a package to help you do that. As you heal and you begin to see your symptoms diminish and you get more of your life back, you can continue to expand your diet. We do have meal plans also that are going to support you. I think that's probably the best place to start.

Dr. O: You have a guideline that people are able to follow and navigate this SCD and be more successful as a result.

Jordan: Exactly. We'll put a link in the notes for our interview. If you need to find it, it's SCDlifestylebook.com. Or you can go onto our blog at SCDlifestyle.com.

In general, I would encourage you to review my Celiac series. If you go to SCDlifestyle.com, there's a big blue bar. It says, "Reverse Celiac Disease." There are quite a few articles in there that can help people that have Celiac Disease, specifically. We're talking about the right foods to eat, things like needing vitamin D. There's some really great content there. It's all research-based, so it's all based off of extensive research that I've done.

I really enjoy sharing it with people because my goal is to create a resource that I was desperate for four years ago when I was Google searching for hours until 3am. I was writing my will. I was doing all these things and I just couldn't explain what was happening to me. I couldn't find an answer.



That's part of why your work is so impressive to me. I wish I would've found your work four years ago. I'm so grateful for what you're doing, too. I think that's where we can work together and help people have those resources that I wish I would've had so long ago.

Dr. O: Amen to that. If I could say, what are the top pieces of advice that you would give to somebody? Let's say it's somebody who doesn't have your book in hand, they're just listening to this podcast. What are the top three things, changes that you would have somebody with Celiac Disease who is not responding. What are the top three things that you would have them do right now?

Jordan: That's a great question. The first thing I would have them do is eliminate all grains. That's the first step. Some people need to ease into it. It might be that it's like, "Today we're going to start and we're going to have a grain-free dinner. Next week we're going to have all grain-free dinners. The week after that we're going to have grain-free dinners and grain-free lunches." That final piece that people find is the biggest sticking point is doing a grain-free breakfast that final week.

Maybe it takes you four weeks to eliminate grains from your diet. I would say if you're on gluten free diet and you're not getting better, grains are the first thing that have to go.

I'm going to stay on food for now. The next thing after that would be to eliminate complex sugars. You can use things like honey if you need to. I wouldn't use any artificial sugars. I would eliminate table sugar and high fructose corn syrup as quickly as possible.

You and I both know that small intestinal bacterial overgrowth is really common in people with autoimmune conditions. People that end up on a gluten free diet typically have SIBO. If you keep eating that sugar, it's just going to keep feeding that small intestinal bacterial overgrowth. That's one of the keys to major diet changes.



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The third piece of advice I would recommend is probably to get a full blood panel and see what nutritional deficiencies you have. It's so common for people with Celiac disease or autoimmune disease that they're not digesting properly. They have low stomach acid. You'll find that in blood test results they have low B12. They could really use a B-Complex.

If your Vitamin D is really low, it promotes inflammation and leaky gut. Those are the two things that we're fighting against. If I had to say there was a three-headed, two-legged disease monster, it would be leaky gut, inflammation, and what I just talked about, small intestinal bacterial overgrowth, commonly referred to as [gut dysbiosis](#). That's like the three-headed monster. Low Vitamin D is one of the worst things you can have for feeding those three monsters.

If I had to summarize, I would say eliminate grains, eliminate sugars, and do whatever you need to do to make that happen. If it takes two months, fine. If you can do it cold turkey, great.

Work with a skilled practitioner. What you're doing, Dr. Osborne, is wonderful. We know a lot of people that do functional medicine that are great, too. Getting a good practitioner that can test your blood, that can test your adrenals, that can test all your body systems and understand what's going on and what needs to be fixed. In a lot of cases, diet alone is just not going to be enough. That's probably a good summary.

Dr. O: Very well said. I would agree with absolutely everything you just said. I think that hopefully the people listening will be able to go out right now and take impact with that. One of the things that I do in my practice is I don't consider gluten to be any different than grain. Period.

All grains have forms of gluten. Really when we are truly talking about gluten sensitivity, we're talking about all forms of grain. I would say I 100% agree with you on [eliminating all forms of grain, including corn and rice](#),



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which are two of the most common ones that people will seek those gluten free alternatives for.

As opposed to eating differently, they want to eat the same. They'll buy pizza crust with rice. Or they'll bake their bread with corn, rice and sorghum, or other forms of grain.

Sugar's not good for anybody, no matter how you look at it, not processed and refined sugar. Really, if a person would just be willing to make even those two changes, they may not see a full turnaround but they're definitely going to see an improvement.

Coming back to your third point, which is that vitamins and minerals efficiency component. It's hard to heal when you don't have what your body needs. When your body is so broken and damaged from years of inflammatory exposure to foods you shouldn't eat, it's hard to dig out of that hole. Sometimes it's helpful to know what it is you're lacking or missing so that you can put that back in the equation and help your body recover faster.

I couldn't agree with you more. That's very good advice.

Jordan: Thank you. I think it's really powerful to look at. If you've ever seen a picture of what villous atrophy looks like, I have one in my post "The Gluten free Lie." I think it's really powerful to look at that picture because when you look at that picture, you'll see that the little fingers get completely destroyed. If you were to ask, "How are those completely destroyed fingers supposed to absorb nutrients?" it's pretty easy to see that you should probably get some blood work done and see what you're deficient in, then supplement until you can heal those fingers back, which can take some time.

Dr. O: It can. I see usually six to 18 months to recover function to its full capacity or to its healthy status, maybe with improvements all along the way there. To really be able to allow the stomach or the intestines to heal properly,



produce their own acid, intrinsic factor, enzymatic production to be re-regulated and normalized, it really can take that long. It does, I think, for a number of people, provided they get the diet right, provided they're not cheating all the time.

Prolonged recovery for many people happens just from stepping off the wagon, even on small occasions. When you're sick, it's different from when you're healthy. I think when you're healthy, your body's more resilient. You're going to be able to tolerate a mistake here or there a lot more readily than if you're still sick and you're just cheating on a frequent enough basis to maintain that inflammation status.

Jordan: Those are two really powerful points. I want to touch on them quickly because I've seen it so many times myself.

The first is supplementing with Betaine HCl and [digestive enzymes](#) can really help a lot of us with autoimmunity or Celiac Disease. It's so common that we have absolutely no stomach acid production. I had little to none when I got tested.

I should preface that to say that a lot of people that switch to a Paleo diet or a grain-free diet or an SCD diet or a Gaps diets or Weston E. Price, anything that's more high-fat, high-protein, and low carb, a lot of times it's awful for them. They don't digest very well. They feel nauseous and sick. Maybe their diarrhea's still really bad, they have floating stools.

This is because this is a huge shift and you have really low enzymatic production, really low stomach acid production, and you need those two critical things to be able to adjust to this diet shift.

If you're someone that tried to change to one of those diets I just mentioned and it failed miserably, typically the most common thing to do is to get Betaine HCl or just do some low stomach acid testing and verify first. Digestive enzymes can really help as you transition to this new diet and make that change. I think it's really powerful that you brought that up.



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When you talked about cheating, it's really fascinating to talk about the science of leaky gut. What they're finding with people with autoimmune or Celiac's Disease now— Dr. Alessio Fasano's work is pioneering in that area. There's a particle called zonulin. Not to get too technical, but zonulin really has a huge impact on leaky gut. The more zonulin you have, the more leaky your gut is. That's kind of what gluten plays with when it gets into your gut.

What they're finding is that Celiacs have almost a zonulin sensitivity. If they already have more zonulin than the average person, even someone that's not eating gluten is more susceptible to leaky gut, they're almost super hyper-sensitive.

If you were to cheat on a Saturday night and have some pizza after you had a little too much to drink at the bar, that little shot of gluten that you had that one night which just seems like a little bit, but it can make you have leaky gut for up to eight months after the one cheat. It can take eight months for your immune system to calm back down and for your leaky gut to restore.

It's really important for me to make it a point to people to say, "If you make a cheat decision like that, it may not seem like a big deal in the moment, but it can have a lasting effect for almost a year."

Dr. O: A common question I get asked is, "Am I at square one if I cheat?" My answer is always, "Just don't cheat because nobody really knows for sure just how far back it can take you." I've seen it put people in the hospital. I've seen some people shrug their shoulders and move on. I think ultimately, there are too many factors to count from one individual to the next to be able to answer that question definitively as a generic answer to everyone.

Again, why would you do what made you sick in the first place? Why would you believe it's not worth it? Especially where you're coming from,



which is Celiac Disease, severe diarrhea—the classic symptoms, which are quite devastating and quite life changing. Why would you ever want to go back there?

I know many people go on a gluten free diet as a generic, “I want to be healthier and this is the popular thing to do right now.” Maybe they’re not gluten sensitive. Maybe gluten’s not good for them anyway, but maybe they’re not having an autoimmune disease reaction.

I think leaving those people aside, the person who’s had the diagnosis of Celiac Disease who knows severe autoimmune disease — maybe it’s not even Celiac. Maybe it’s Hashimoto’s thyroid disease or Type 1 Diabetes, or Rheumatoid Arthritis or any of the other big hitters that can really create a disabling lifestyle. Why would you ever risk that? It just doesn’t make sense.

Jordan:

That’s a great point. To that point, it was something that wasn’t an issue for me. I never had the urge to cheat. I was like, “I am never going back there.” In fact, I was probably too far on the other end of the spectrum. I was afraid. There was no way I was going to eat out. I very rarely have eaten out in the last six years. It’s because I’m so afraid of what might contaminate my food, and probably too much so. I’ve never had a problem with urges to cheat.

I’ve had a problem with urges and cravings to eat more of things that are not cheats. For example, if I were to eat a handful of raisins, it would be hard for me to stop with the raisins. But they’re not something I’m worried about. Whereas I don’t have an urge to eat pizza or something like that.

Personally, I’ve been wired in a way where it’s never been an option for me to cheat. I still have that same craving and urge problem, so I can relate. It’s always with things that are okay for me to eat, just eating too much of them.



Dr. O: Right. It falls back to the old rule: anything in high enough amounts can be toxic to anyone, regardless of whether it's good for you or not. I think two things we can take away from what science knows to date is that people that eat 20% less than the government recommends and people who maintain muscle as they age live 20 years longer. That comes back to food, quantity size, and portion control.

Jordan: Well said.

Dr. O: It's really been great having you on. We're going to have to do this again in the future. I think you probably have a lot more information that we just didn't have time to get into that we could touch on and help other people with. Let's plan on doing that here in the near future.

Again, if somebody wants to get a hold of you, that's SCDlifestyle.com.

Thanks so much for taking the time out of your busy day to share your knowledge and your insights with us. I really appreciate it.

Jordan: It's been my pleasure. Thank you for having me on. I'm really excited to have you on our podcast and get into more of your clinical experience, because that's so valuable and so fun to talk about. I look forward to having you on. We'll be doing that in a few weeks.

I just thank you for your work. I really respect what you do. I'm so grateful that you're out there doing what I wish I would've had available to me back years ago. Thank you.

Dr. O: You're welcome. Thank you again. Happy New Year. Have a great afternoon.

Jordan: Thanks. You too.

Dr. O: Thanks.

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For more information about the SCD and to pick up a copy of Jordan's book, (specific carbohydrate diet) [go here <<<](#)