

[179: Resiliency Radio with Dr. Jill: Gut Check: Reverse Disease & Renew Health - Dr. Steven Gundry](#)

Dr. Jill 00:12

Hello everyone! Welcome to another episode of Resiliency Radio with Dr. Jill. Today, I have a special guest who I have long admired and this is our first official meeting. But you're going to hear all about gut health and why the gut is connected to every single organ in the body. If you're suffering from a chronic disease that seems far removed from the gut—heart disease, cancer, autoimmunity, or inflammation of any type—you're going to want to hear this podcast today because we're going to dive in as to how the gut is connected to all these things. So, Dr. Gundry, welcome, and thank you so much for coming on the show!

Dr. Steven Gundry 00:47

Thanks a lot, Jill. It's great to be here. I love to talk about the gut!

Dr. Jill 00:52

Yes, me too. So, let me introduce Dr. Steven Gundry. He's the founder and director of the International Heart and Lung Institute in Palm Springs, California, and the Center for Restorative Medicine in Palm Springs and Santa Barbara. After a distinguished surgical career as a professor and chairman of cardiothoracic surgery at Loma Linda—one of the blue zones, right?—University, Dr. Gundry changed his focus to curing modern disease by dietary changes. He's the author of the New York Times bestselling books *The Plant Paradox*, *The Plant Paradox Cookbook*, *The Plant Paradox Quick and Easy*, and *The Longevity Paradox*, along with national bestsellers *The Plant Paradox Family Cookbook*, *The Energy Paradox*, *Dr. Gundry's Diet Evolution*, and *Unlocking the Keto Code*, and more than 300 articles published in peer-reviewed journals on using diet and supplements to eliminate heart disease, diabetes, autoimmunity, and many, many other things. We're going to dive into that today. He's the host of the weekly Dr. Gundry Podcast and the founder of the wellness brand Gundry MD. He lives with his wife, Penny, and their dogs in Palm Springs and Montecito, California.

Dr. Steven Gundry 01:58

Montecito, California.

Dr. Jill 01:59

Thank you!

Dr. Steven Gundry 02:01

I know, that's a tough one.

Dr. Jill 02:03

So welcome, welcome! What an amazing career with all those books and the previous career, cardiothoracic surgery. I always love to ask my guests: What was your journey to medicine? And how did you transform into this integrative, holistic doctor where we look at the root cause? Tell us [about] your journey.

Dr. Steven Gundry 02:21

Really briefly, I decided to become a doctor after reading a book in fourth grade in my public school library called *All About You*. I decided to become a doctor that day. I went to Yale as an undergraduate back in the dark ages. In those days, we were able to design our own major. Basically, you did a master's thesis. My hypothesis was: You could take a great ape, manipulate its food supply, manipulate its environment, and prove you'd arrive at a human being. I defended my thesis, got honors, gave it to my parents, and went on to become a famous heart surgeon.

Dr. Steven Gundry 03:13

I eventually wound up in Loma Linda, California, at Loma Linda University Medical School. I was a famous heart surgeon who, among other things, was famous for xenotransplantation, pediatric transplantation, and operating on people that nobody else wanted to. There are a few idiots like me. Back in the late 90s, I was referred to a gentleman who I call Big Ed in all my books. Big Ed was 48 years old. He had inoperable coronary artery disease. He was from Miami, Florida. All of his blood vessels were clogged up. You couldn't put stents in them. You couldn't do bypasses because there wasn't any place to put a new vessel. He went around the country looking for idiots like me to operate on him, and everybody turned him down. I'm on one of those stops.

Dr. Steven Gundry 04:18

He spent six months looking for somebody, and he finally wound up in my office after about six months. I looked at his angiogram and the cardiac catheterization of his heart from six months earlier in Miami. I said: "Look, I don't want to break your heart, but I agree with everybody else. There's nothing I can do for you. They're right." He said, "What you don't know is that I've been on a diet for six months and I've lost 45 pounds." The reason he's nicknamed Big Ed is that he was 265 pounds

when I met him. But he had lost 45 pounds. And he said, "I've gone to a health food store and I'm taking a bunch of supplements." He had brought in a big shopping bag. He said, "Maybe I did something in here."

Dr. Steven Gundry 05:12

I'm scratching my professor beard and going: "Well, good for you for losing weight, but that's not really going to help this. And I know what you've done with all those supplements—you've made expensive urine," which is what I used to believe. He said, "Come on, I've come all this way!" blah, blah, blah. "Why don't we get a new angiogram? Why don't we get a new cardiac catheterization?" I'm going, "Uh, don't get your hopes up... Okay." So the next day we got an angiogram and in six months, this guy reversed 50% of the blockages in his heart. They're gone. And I'm looking at this and I'm looking at the two and I'm going: "This is impossible. I've never seen anything like this."

Dr. Steven Gundry 06:01

The next thing I said was, "Wait a minute, tell me about this diet of yours." He starts rattling off what he's doing. And I'm going, "Whoa, whoa, whoa, whoa, wait a minute! That's my thesis from Yale University about what an ancient man ate." And I said, "What the heck?" So I said, "Wait a minute, let me look at those supplements." I was famous for protecting the heart in a bucket of ice water for 48 hours for a heart transplant. I was famous because I had this concoction of stuff that I would put down the veins and arteries of the heart to protect it. I started looking through his supplements and a bunch of the stuff I'm putting down the veins and arteries of the heart, he's swallowing. It never occurred to me to swallow the dumb thing.

Dr. Steven Gundry 06:57

Why it's so pointed is that I was 70 pounds overweight, even though I was running 30 miles a week and going to the gym one hour a day. I operated with migraine headaches. I had pre-diabetes. I had hypertension. I had such bad arthritis in my knees that I wore braces to run.

Dr. Steven Gundry 07:19

So I called my parents and said, "Hey, do you still have my thesis?" They said, "Yes, it's in the shrine." I said, "Well, send it up to me." I put myself on that program and started swallowing a bunch of supplements that I used to put down the veins and

arteries. I lost 50 pounds my first year and so on. So I started putting my patients, who I operated on, on this program so that they would never have to get another operation. Quite frankly, the vast majority of people, five to seven years later, are getting new stents or new bypasses. I said, "There's got to be a better way."

Dr. Steven Gundry 07:58

After about a year of doing this at Loma Linda and seeing the same results that I was seeing on myself, I said: "Gosh, I've got this all wrong. Instead of operating on my patients and then teaching them how to eat to avoid me in the future, I need to teach them how to eat and I'll never have to operate on them in the first place," which is really stupid.

Dr. Jill 08:23

You're out of a job! [Laughter]

Dr. Steven Gundry 08:25

Yes. At the height of my career, I resigned from my position at Loma Linda. I set up a clinic here in Palm Springs, where I just asked patients: "First of all, I want to tell you I want to take some foods away from you. I want to give you some foods. I want to send you to Costco or Trader Joe's"—there wasn't an Amazon back then—"and buy some supplements. I want to do blood work on you every three months that insurance will pay for. And let's see what happens." I guess the rest is history. But for a career decision at the top of your career, it was a really stupid move. But I kept persisting and my wife said: "This is really stupid, but if we're going to do this, let's do it." So there you go. That's how it all started.

Dr. Jill 09:18

Wow. I love that story in so many ways. First of all, I always say: "Curiosity is the hallmark of genius." And clearly, from way back, you never lost that; you still haven't. That is, I think, one of the things that makes great, not only physicians but great scientists, as we say: "Well, what if?" or ask these questions. If we stop learning and stop asking questions, then we get stagnant, and we just do surgery or do whatever we've been told to do forever. First of all, I love that. That shows what a brilliant person you have always been and continue to be.

Dr. Jill 09:47

But second, I find it interesting because, from my experience with medicine, [and as] we're taught in medical school: "Patients won't change their diet, so why even try?" We're jaded to come out—don't even go there because our patients won't be willing. That's sad because there's so much there. And there are patients who are willing. If we are passionate and we can show the data, it's so powerful. I feel there's probably a better education now, 20 years after I graduated. To me, it's always been sad that our medical education didn't talk more about the patient and diet. At least for me, it was more total parenteral nutrition. That was it, right? TPN.

Dr. Steven Gundry 10:27

It's interesting. I was just recently on Mark Hyman's podcast. His daughter is a third-year medical student. He said to me [what he told her]: "Honey, what are you learning about the microbiome?" She said, "What do you mean?" He said, "What are they teaching you?" She said: "Absolutely nothing. We have not been taught anything about the microbiome." And he went, "Holy cow!"

Dr. Jill 11:00

You would think because there are thousands of articles now, which is a great transition. Let's talk about it because you and I know diversity is king, and that's such a core concept in the gut. Let's talk about that. Tell us a little bit about: Why is diversity so critical in our microbiome? And why does it have to do with the rest of the body?

Dr. Steven Gundry 11:19

Hippocrates, 2,500 years ago, said, "All disease begins in the gut." I've now been spending 25 years trying to figure out how he was right, and he was right. I don't know if you can see it but behind me...

Dr. Jill 11:33

I love it. I saw the beginning; I didn't see the last word.

Dr. Steven Gundry 11:35

"The road to health is paved with good" intentions, uh, "intestines." [laughter] And it's so true. We've only recently discovered that there's this tropical rainforest living inside of us with 100 trillion organisms that, thanks to the human microbiome project, we know are there. We used to think that the human intestine was a hollow tube and that we swallowed some stuff and digestive enzymes, juices, and acid

extracted some stuff and whatever was left over, we pooped out along with a few bacteria. Boy, how wrong we were!

Dr. Steven Gundry 12:21

The part of *Gut Check* that's so exciting to me is that now that we know about these guys, we can individualize what happens with this incredible community. It's like any ecosystem. The more diverse that ecosystem is, the more one species depends on another species. And one species can take over for another species if there is a perturbation in the ecosystem. We now know that the same thing happens in our gut. What's startling, I think, to most people and apparently should be to medical students, is that most of what we thought—we're trained in medical school—is going to happen to us from any disease standpoint is under the control, in one way or another, of our microbiome and our gut. To me, at least, the most empowering thing is that you choose the disease process and can change it by changing the gut. It's really exciting. And no one could have even imagined this—except Hippocrates, apparently!

Dr. Jill (pre-recording) 13:40

Hey, everybody. I just stopped by to let you know that my new book, *Unexpected: Finding Resilience through Functional Medicine, Science, and Faith*, is now available for order wherever you purchase books. In this book, I share my own journey of overcoming a life-threatening illness and the tools, tips, tricks, hope, and resilience I found along the way. This book includes practical advice for things like cancer and Crohn's disease and other autoimmune conditions, infections like Lyme or Epstein-Barr, and mold- and biotoxin-related illnesses. What I really hope is that as you read this book, you find transformational wisdom for health and healing. If you want to get your own copy, stop by ReadUnexpected.com. There, you can also collect your free bonuses. So grab your copy today and begin your own transformational journey through functional medicine and finding resilience.

Dr. Jill 14:37

Right—way back, if we were to listen. It's so true. Autoimmune [disease] is a classic one because 80% of our immune system is lining the gut. It's like Vegas, right? What happens there... Except, it doesn't stay there. It affects the whole body. You, from your cardiovascular surgical point of view, have had a big interest in the heart. Tell us about the heart-gut connection. Are there any specifics there?

Dr. Steven Gundry 15:05

Again, it was Big Ed that made me rethink this. Interestingly, one of the great fathers of heart surgery, Michael DeBakey, whom I had the pleasure of knowing while he was alive, always said that cholesterol has nothing to do with heart disease and that cholesterol was an innocent bystander. How right I think he was.

Dr. Steven Gundry 15:32

I've used the example in another book: Let's suppose I'm an alien sent down to observe what's happening on Earth and to report back to high command. As I'm looking around Earth—we'll choose Los Angeles for an example—I notice that every time there's a car accident, there's an ambulance. I could certainly report back to high command, "I'm pretty sure that ambulances are the cause of car accidents," because every time there's a car accident, there's an ambulance. Association does not mean causation. I think DeBakey was saying that cholesterol was the ambulance.

Dr. Steven Gundry 16:13

Cholesterol basically is, I tell patients, a spackling compound. It's there to spackle potholes that are caused by inflammation. And [I tell them] that inflammation is the cause of the problem. What's interesting, I think, is: Where did the inflammation come from? Well, the inflammation came from a leaky gut. It all gets back to Hippocrates.

Dr. Steven Gundry 16:44

I would have thought that this was put to death—the cholesterol theory or hypothesis—at the American Heart Association this year. Low-dose colchicine, which a lot of people have heard of as a gout medication, is an anti-inflammatory substance. And low-dose colchicine, in maximally statin medically treated patients, produced a 30% reduction in addition to what they had achieved before, just because it blocked inflammation. The other thing that well-meaning physicians don't know is that statin drugs don't work by lowering your LDL or ApoB. Statin drugs work by blocking Toll-like receptors (TLRs), which call inflammation into play—cytokines. We didn't know this initially, but I just had a debate with a very well-meaning cardiologist who just stood by and said, "No, no, no, it's lowering ApoB that is the cause of all this goodness." I said: "That's a side effect. Come on!"

Dr. Jill 18:04

I couldn't agree more. I love that you're sharing that. Interestingly, a lot of the drugs that we've used have their action on the microbiome when we didn't even know it and we're seeing that downstream effect. And what you're describing is this endothelial dysfunction—the lining of the vessels—[that leads to] leaky gut, leaky brain, or leaky blood vessels. All of this stuff then gets that cholesterol spackling that you described. It's really just sticky, inflamed endothelium that draws the cholesterol to try to heal the process. And of course, [it can result in] the stuff you saw with cardiovascular disease. But it didn't start with just elevated cholesterol. So I love that you're describing that clearly. It's so fascinating.

Dr. Jill 18:46

Often, I think the immune system going awry and attacking itself, even on the endothelial level—a lot of it is immune inflammation or autoimmune related. We can track that back to the cytokines. It's so fascinating. One thing you mentioned earlier that I wanted to come back to is that you were famous for keeping those hearts alive for transplants. And you put that solution in there and those nutrients, and then you find out that this guy, Tom... Ed or Tom?

Dr. Steven Gundry 19:14

Big Ed, Yes.

Dr. Jill 19:15

Big Ed. Big Ed was taking these. What are some of the core nutrients for the heart? I would love to know your list of the top four or five things that you think are critical for the heart.

Dr. Steven Gundry 19:26

Well, not so much for the heart. But if I were going to have anybody take a few supplements, and I've talked about this, vitamin D is number one. One of the fascinating things about vitamin D is that it is essential for preventing leaky gut. I go into it in *Gut Check* in more detail than I have in the past. But vitamin D. At the base of our crypts in the microvilli—we can get into anatomy if we want but let's not bore everybody—we have a bunch of stem cells. The crypts are at the base of the microvilli. The reason the wall of our gut is a tennis court in surface area is because we basically have a shag carpet in our intestines of these microvilli. At the base of these are a collection of bacteria and stem cells. Those stem cells repopulate the

one-layer lining of our gut. But the stem cells are critically sensitive to vitamin D. If you don't have enough vitamin D, the stem cells basically sit there and twiddle their thumbs and say: I didn't know there was a problem; what do you want me to do? But vitamin D shoves them into action and [helps them] differentiate. Eighty percent of my practice is now with autoimmune patients who have not done well with traditional medicine or even with traditional treatments of autoimmune disease—biologics—which are transplant drugs, folks.

Dr. Steven Gundry 21:11

I'll tell my patients: "I didn't do a heart transplant on you. What in the ding-dong are you doing on a transplant drug?" That tends to get their attention. The interesting thing is that all of these people have low vitamin D [levels]. We've done a horrible disservice by teaching people what a normal vitamin D level should be. I was taught: "Oh my gosh, once you get above 80 nanograms per milliliter of vitamin D, it's toxic and horrible." That's not the case. The University of California, San Diego, which has a huge vitamin D research unit, thinks the average American should be at 9,600 international units of vitamin D3 a day—10,000 international units! The recommendation is 600. I make all of my patients have a vitamin D level above 100. Quest and Cleveland HeartLab now say 150 is normal. I completely agree with that. So vitamin D.

Dr. Steven Gundry 22:24

The other thing, I guess, gets back to heart health. We're one of the few animals that don't manufacture our own vitamin C. Normally, vitamin C—a fun fact—is manufactured with five enzymes from glucose. They turn glucose into vitamin C. There are five genes that code for these enzymes. We have all five genes, but the fifth gene is what's called a ghost gene; it's turned off. For us new world monkeys and guinea pigs, the fifth gene is turned off. So what? We think we turned it off because we were exposed to large amounts of vitamin C-containing foods in the jungle.

Dr. Steven Gundry 23:20

Glucose is really good as fuel for, among other things, storing fat. It would be silly if you had plenty of vitamin C to waste glucose on making vitamin C. We think that's why it happened. Vitamin C is essential to repair breaks in collagen. Putting on my heart surgeon hat: When blood vessels flex, collagen is the rebar in our blood

vessels, and that collagen gets exposed. If you have vitamin C, you will re-knit that collagen back.

Dr. Steven Gundry 24:00

My friend Bill Sardi, who has now passed from COVID a few years ago, showed that you could breed rats with the same genetic defect as humans where they do not manufacture vitamin C. They will live half as long as a normal rat. If you put vitamin C in their water so that they're drinking their vitamin C, they will live a normal rat's life. He did some fun calculations that would predict that if we had a continuous source of vitamin C, we would live about 252 years on average. Wow!

Dr. Steven Gundry 24:51

Timed-release vitamin C, I think, is another neglected essential nutrient. Luckily, timed-release vitamin C is cheap. It's easy to afford. I have all my patients take 1,000 milligrams of timed-release vitamin C once or twice a day. If that's inconvenient, get yourself some chewable vitamin C tablets and just chew it four times a day. So those are two things that are really essential.

Dr. Jill 25:21

I love it because these are not expensive and they're so accessible for every American and every human being. It's not a difficult thing. It reminds me of my history. I had breast cancer at 25, Crohn's, and Celiac's [disease] at 26. And guess what? I had a very severe genetic impairment of VDR, which is the vitamin D receptor. I look back as I hear you talk. I know multiple things contributed to that, but I am sure one of them was my severe deficiency of vitamin D going into that. And then, of course, chemotherapy caused the leaky gut, which caused my predisposition towards Crohn's to become activated. Now I'm free for 20 years from Crohn's. I don't have it anymore. But as you talk, I'm very much aware of how much vitamin D had an effect on my own health because I was probably severely deficient, not knowing I had that VDR gene.

Dr. Steven Gundry 26:05

Yes. In my practice in Southern California, 80% of people who walk through the door are vitamin D deficient. Everybody goes, "That's impossible! It's sunny all the time." The problem is, of course, that we've been convinced that we've got to cover up with sunscreen and protect ourselves with long clothing. The exact opposite is

true. But quite frankly, you can't get enough vitamin D just by being out in the sun unless you're like Joseph Mercola walking in a speedo for two hours.

Dr. Jill 26:44

Right, [inaudible]. It's so good. And like I said, I love the practicality of this—[vitamins] D and C. It's so simple for people to get. You talk in your book—we're going to talk at the end about where people can get your new book, *Gut Check*—about other cultures and how sometimes they do a better job than Americans at getting the micronutrients and diversity. What are some of the things that you've seen in other cultures or continents that are key to maintaining a healthy gut that maybe we don't do well or that we're just starting to do?

Dr. Steven Gundry 27:13

One of the things that is fascinating to me—first of all, it sounds trite—is that most of these cultures eat food whole. Everybody says you're supposed to eat a whole-food diet, but we forget that the word should be: We should eat foods whole. These people eat a lot of tubers, quite frankly. The other thing that's striking is that almost all of these cultures eat fermented foods—things as simple as yogurts and cheeses. We forget that cheeses are fermented foods. I spent a whole chapter debunking the blue zones. I think they should be called white zones. I'm the only nutritionist who spent most of my career living in the only blue zone in the United States so I hopefully know a little bit about what I'm talking about.

Dr. Steven Gundry 28:12

I have a funny story in the book. When I was recruited to Loma Linda—I'm not an Adventist, but I was recruited—I met with the dietitians. The diet was 50% fat. It was mostly cheeses, yogurts, and eggs. And I'm going: "What the heck? You're killing my patients. I'm a heart surgeon. You're killing them." And they said: "Look, Sonny, we're some of the longest-living people in the world. Why don't you just shut up and pay attention?"

Dr. Steven Gundry 28:51

The other thing that struck me years later is that everybody says, "Wow, they eat all this plant protein!" They eat a lot of nuts. We have nut everything at Loma Linda. But their main plant protein is texturized vegetable protein, TVP. What's fascinating is that it's defatted soy that is extruded under high temperature and high pressure so that the nasty compounds in soy, lectins, are destroyed. And nobody wants to

point out that, boy, the Adventists look a lot smarter than you guys think. They're not sitting around eating tofu. They're decontaminating their lectin-rich food by pressure cooking.

Dr. Jill 29:41

I didn't know that. That makes so much sense. Speaking of food, what is the optimal diet for the gut? What are some of the principles that you would recommend?

Dr. Steven Gundry 29:54

One of the things that I think made a real impression on me is the Sonnenberg team, the husband-and-wife team from Stanford. Everybody knows that prebiotic fiber is important for our gut microbiome. It's what the gut microbiome eats. That prebiotic fiber should be soluble fiber, not insoluble fiber, number one. Soluble fiber. For instance, one of the best sources is Jerusalem artichokes, sometimes sunchokes, or artichoke hearts. Chicory-based vegetables.

Dr. Steven Gundry 30:43

One of the easiest things to find in almost all grocery stores now is radicchio, or what people call Italian red lettuce. I'm shocked that in Italy or France, every salad I think I have ever been given has chicory in it, whether it's radicchio, whether it's Belgian endive, whether it's frisée, whether it's chicory—every salad. And you start going: "What the heck? Why are these guys eating this stuff?" Well, it's a great source of prebiotic fiber.

Dr. Steven Gundry 31:15

But getting back to the Sonnenbergs, they took volunteers and gave them a ton of prebiotic fiber, primarily in the form of inulin, which is in chicory. They looked at their gut microbiome diversity and inflammatory markers, and they didn't see any change. You go, "Well, that's weird." So they took an additional group of volunteers and gave them the same prebiotic fiber, but this time they gave them fermented foods, primarily in the form of kefir, vinegars, and yogurts. It was only with the addition of these fermented foods that they saw that, with the prebiotic fiber, the gut diversity improved and the inflammatory markers went down.

Dr. Steven Gundry 32:08

I almost hate the expression, but it does take a village to get what we need. Most people think of fermented foods as a great source of probiotics, or "friendly

bacteria." They're not. But they are a great source of postbiotics, which are the products of bacterial fermentation. Also, as I talk about in the chapter: Dead men tell no tales, but dead bacteria do. It turns out that dead bacteria are an amazing communication system for our living bacteria about what's there and what they should do. It's just shocking to see what happens.

Dr. Steven Gundry 33:00

So yes, eat fermented foods. All of these cultures eat fermented foods. It's easy to do. My wife and I probably have 10 different vinegars that we alternate. Get yourself some goat yogurt or sheep yogurt, not the flavored or coconut yogurt. And have yourself some traditional fermented cheeses. Believe it or not, parmesan cheese and pecorino are great for you. A heart surgeon is saying that.

Dr. Jill 33:27

Exactly. This is so great! And I love that you mentioned a couple of things as postbiotics. My work on a little bit of gut cardiovascular was that short-chain fatty acids, butyrate production, and those postbiotics are so core to anti-inflammatory. Now we can measure those in patients' stools in some of the testing. But I see frequently that butyric acid is very, very low, and that's one of the most powerful anti-inflammatories. It comes from butter, cheese, and also postbiotics. The other thing you mentioned, which I thought was so profound and important for patients and people to hear today, is that dead bacteria can talk to us.

Dr. Jill 34:02

I've been teaching about diversity and Akkermansia, which is one of the keystone strains that tell if we have diversity or not. If you lack Akkermansia totally, you're going to have less of a mucosal barrier and less diversity in general. For years, you couldn't culture this anaerobe, because it's very hard to culture and give. Now there is a company out there that has Akkermansia. It's dead. It is completely pasteurized. It's a dead probiotic. But their evidence shows that that dead probiotic, as you mentioned, has a powerful anti-inflammatory effect on the body, even though it's dead. So all this controversy years ago—do we take our probiotics with food or without food, and does the HCl kill them?—maybe it doesn't matter because the dead probiotic is still going to have that signal to the immune system.

Dr. Steven Gundry 34:43

Yes. I use an example. We have some rescue dogs and a few of them are male dogs.

Of course, they like to mark things, but more importantly, they like to sniff what other dogs' pee have. And you go: "What the heck? Stop sniffing. What's so interesting?" That urine contains lots of information that they get, and we have no idea what they're smelling. What we now realize is that our living bacteria can read the code on these dead bacterial cell walls and they get information from it. Just because we can't read that, it doesn't mean the bacteria can't.

Dr. Jill 35:32

Wow, amazing. You mentioned that about 80% of your practice is [focused on] autoimmune [disease], which is becoming an epidemic, [with] women four times the number of men. What would you say about autoimmune disease? Are there a few pearls that you could give us here that you give to your patients with autoimmunity related to the gut?

Dr. Steven Gundry 35:49

The good news is that, and I've published this data, within a year, 90%+ of people with autoimmune disease are in remission. They're off their medications, which is pretty doggone good. The first thing to realize is that everyone with an autoimmune disease has a leaky gut, period. Get over it. One hundred percent of my patients with autoimmune disease, whether or not they're eating wheat or gluten, have antibodies to the various components of wheat—wheat germ and gluten—and all the different forms of gluten [and] non-gluten proteins. And I have people who've been gluten-free for 10 years who still have massive antibodies, IgG antibodies, to gluten. The good news is that this goes away. It completely resolves.

Dr. Steven Gundry 36:52

Does that mean you can have it again? Maybe if you go to Europe, where they don't have glyphosate. Here in the United States, I could tell you stories that we don't have time for, but glyphosate is just a disaster for us. It's one of the big mischief-makers in autoimmune disease, and it's everywhere in our food supply, so we get people to give up grains. The only safe grains in my practice are sorghum and millet. They don't have a hull. They don't have lectins. We ask them to pressure-cook their beans and their lentils. We have them throw away their peanuts and cashews. Sorry.

Dr. Steven Gundry 37:39

We ask them to peel and de-seed tomatoes and peppers because they contain lectins. We've had a great run, and that's how people end up in my clinic. It's all in the book. If you've got an autoimmune disease, it is a fixable problem, I promise. Does it take some work? Sure. But the good news is that we'll get you back a lot of the foods that you want. The other thing I think is striking is that a great number of my autoimmune patients react to all forms of dairy and both egg yolks and egg whites. The other thing that surprises a lot of people is that almonds—even almond flour and even blanched almonds—are problematic for a number of my patients with autoimmune diseases.

Dr. Jill 38:36

I agree on all fronts. And it's stuff that is so important, but not many people are talking about it to the level that you are. So thank you. Dr. Gundry, the last question for you. You've done a lot of stuff in transformation and you talked about your journey after your patient. You saw this transformation. What do you feel is the most important key to longevity and health for you personally?

Dr. Steven Gundry 39:01

I think you hit on it early on. One of the things that's interesting when traveling around the world and looking at these long-lived populations is that these super-old people have a mission. They firmly believe that they are there to help their community and help people understand what got them there. I guess it's this discovery.

Dr. Steven Gundry 39:30

I've written a lot of books and my editor always wants an outline before I start writing and I refuse to give her one. She says, "You can't write a book without an outline." I say: "If I give you an outline, guess what? Everything's going to change by the end of the book." "Just write something down and humor me, because I'm not going to approve of you doing this without an outline." And of course, every time I write a book, I go down rabbit holes of discovery. And I don't write a new book unless I've got something important to tell people. I still see patients six days a week in my mid-70s. The reason I do this is that I get to see miracles nearly every day, so that keeps me going.

Dr. Jill 40:18

I love that so much! I'm in the midst of reading a book by Gladys McGarey. I think

she lived to be 106. She was a medical doctor. She talks about a life well lived. The first part of her book is the juice. It's the thing you and I are talking about: What gets us up in the morning? What gives us passion, purpose, and meaning in life? And how do we use that juice to transform people's lives and inspire [them]? Clearly, you've got the juice. I love that. I loved how she said it because, at 106, she was like, "You've got to have the juice!"

Dr. Steven Gundry 40:46

Yes, that's very true. That's very true.

Dr. Jill 40:49

Well, thank you for your amazing work in the world. *Gut Check* is coming out on January 6th, so whether you hear this right before or right after that, you can get your own copy.

Dr. Steven Gundry 40:57

January 9th. Tuesday, January 9th.

Dr. Jill 40:58

January 9th. Yes, always Tuesdays. It's one of the Harper subsidiaries. And on January 9th, you can get it. Where can people find you? Where can they get the book?

Dr. Steven Gundry 41:09

They can get the book wherever books are sold. Please go to your local bookseller. They really suffered during COVID, as we all know, and they need our help. But Amazon, Barnes & Noble, and Target—the usual spots. DrGundry.com. GundryMD.com is my supplement and food company. The Dr. Gundry Podcast [is available] wherever you get your podcasts and on my YouTube channel. If I don't pop up on whatever you're viewing every morning on your cell phone, I've done something wrong, I guess.

Dr. Jill 41:42

I love it. Go follow Dr. Gundry, find his resources, check out his website, and please get the book! This is going to be a game changer for all of you who are suffering from autoimmunity or any chronic medical condition. Dr. Gundry, thank you for taking your juice and making such a difference in the world!