Introduction to the podcast and guest

Hashimoto's is an autoimmune response that affects everyone in the world. It's a precursor to the Parkinson's, the shaking disorders, which we test for.

Uh, it's it, is a pre-cursor, uh, to, um, Alzheimer's for instance, 50% of all Alzheimer is caused by the auto immune response. I discovered how to reverse it in my clinical trials on 2,200 people over three years on peer review, published, FDA approved.

I have all the approvals and we found out how. The first place that it goes to is the digestive tract. Their digestive track has a negative feedback back into the brain.

So it causes problems with the functioning of the. As well as the, as well, it's the digester track. And of course it keeps on getting worse and worse.

If you don't fix it, it costs six years of the average life expectancy. We have a very, very simple method of reversing Hashimoto's. Welcome to the To Curious MD podcast.

I'm Dr. Ali Ahmed. And I'm Dr. Surya Ravan. With the wisdom from holistic, alternative, and these conventional medicines, we are here to challenge the status quo.

We're curious about the connectivity and complexity between diverse fields of knowledge as it relates to consciousness, chronic illness, mental health, resilience and beyond.

Learning more about art and science of healing, or listening to stories of extraordinary healing. You're in the right place. Let's dive in. Welcome to the Two Curious MD podcast where medicine is more than science.

It's story, art, and connection. Today, we have a special guest who is Darrell Turner. And Darrel Turner is a founder of NiTech Medical, And he's an international lecturer.

I just learned more about where he lectures kind of all over the world. His passion is towards assessing thyroid, adrenal, iodine, hormone health. And we're going to really explore the importance of thyroid health.

I particularly am interested in focusing on thyroid, health from an international expert and researcher, Dr. Daryl Turner. So welcome to our podcast. Dr Alia, thank you for letting me explain why your quality of life matters and how we can make it better.

Yeah. Well, what led you first? And tell us a little bit about your background and your career in thyroid and hormone health and how did you kind of come to this place where you're at right now?

Sure. I was born and raised in New Zealand. Um, I live in America.

Dr. Turneru2019s background and thyroid testing approach

Uh, patients would come in and we'd run the blood tests and had all the symptoms and would have to say, "I can't help you," even though they were symptomatic because their blood test appeared to be normal.

I thought, you know what, there's got to be a better way because I want to help these patients. They called in. I said, I can't help you. And they called back out again.

So I decided to investigate the old fashioned method of looking at thyroid. That was the speed of the reflexes.

When I was young in the 1940s and 1950s, my doctor used to sit me on his table and hit my knee with a reflex hammer and he would judge the speed of it.

When a baby was born, when all babies were born they used do a thing called a heel kick test where they'd judge to speed the response to a heal kick. In other words, it's tightly correlated with thyroid that the reflexes, and we all learned this in medical school, speed up and slow down with Thyroid function.

So I decided to develop a modern way of testing the speed of the Reflexes which I was able to do. I started with the Achilles where there's a lot of research papers in and around the Achilles and the speed of the reflexes and thyroid is very tightly correlated and then I moved to the brachioradialis for ease of use.

So I developed a device called a Thyroflex that actually tests the speeds of neurotransmitters in your brain which, as you know, the brain has a major, or plays a, major impact on thyroid.

I tested the speed of the reflexes and of course I sped up the amount of calories that you burn per day because the thyroid controls a little energy engine that, that actually produces the, your energy.

And if you don't have enough thyroid, you didn't enough energy Tell us more about how this correlation occurs in your device and how you actually make that correlation.

I'm very curious. But first I'd like to, that's one question, but I really want our audience to understand kind of what you're speaking to. How does one assess thyroid function conventionally currently?

Thyroid function up until the mid 1970s was excess with the speed of the reflexes and these symptoms. In the 1970's the medical societies went over to blood.

Let me tell you about blood. According to Sir Dr. Richard Baylis, head of the endocrinology society in Europe, he stated a few years ago at the Endocrineology meeting that the TSH, T3, T4, 3D3 and 3d4 are not valid for determining thyroid function.

He then went on to say the only thing that is valid is the speed of reflexes and the symptoms that. Patients tell me about. I definitely want to highlight that patient symptoms are very much under-reported and often ignored when we're thinking about thyroid health.

And yes, I do agree with the idea of catching the labs at the right time. It's almost like we wait too long to catch those. When those labs are considered abnormal, it's almost too late and it is more retrospective.

This is my opinion of thyroid function has already been affected by the time that we are able to see the laboratory value being abnormal. Because I agree with you that thyroid is a master controller of the body.

Yes. And there's subtle ways it may show up in symptoms. As you described in reflex assessment, and you're absolutely right, one way to assess neural health is a good neurological exam and checking reflexes is very vital and how often is that done.

So there is definitely evidence to say that we're missing the symptoms, we are not testing for symptoms or even the subtle symptoms and we rely conventionally on laboratory data, which is by the time you get it, it's already too late.

So tell us how your thyroflex works. Yeah. How does your thyroid flex work when it comes to making that? Sure. I'd just like to reinforce what you just stated there.

Your thyroid is what we call the grand central rotation of all of your wellbeing. It controls so many things in your body. And number two, thyroid is hereditary.

If your mother or father has it, nothing you've done wrong, you will automatically inherit it. Whether it is picked up in time or not is another story.

Excuse me. The speed of the reflexes is what we learn in medical school. You learned it I learned, but they covered it very fast. It controls every reflex muscle in your body, including your heart.

Your heart is your largest reflex muscles. If you have a slow pulse weight, it's not because you're extremely fit. It's because of your low thyroid function and vice versa.

Um, that means that there's a higher probability that if you have tachycardia or palpitations, it's giving you the heartbeat or rapid pulse rates for little birth spurts that you haven't autoimmune disorder.

So based on that knowledge, I developed a machine. that could simply test the speed of the reflexes. The patient fills out the questionnaire, which includes questions such as, are your feet cold?

Are your hands cold, tip of your nose cold. Are the outer 30 of eyebrows missing? Do you have two lines around your neck? There's a whole lot of questions and of course for our for our female patients, it controls the estrogen and progesterone.

And of course I made sure that my daughter, thyroid was balanced so that she did not rule the house when she went to puberty. So because it control the estrogen and the pro gesterones and also controls your weight as well.

Symptoms, reflexes, and limitations of blood tests

In other words, totally controls how many calories you're burning per day. The patient fills out the questionnaire, The questions are straight out of my androgynous handbook.

If you score more than eight on the questionnaire, we test you. That's the basis for the testing. The test is four minutes. We test the speed of your neurotransmitters.

In one easy test, these tests are speedy reflexes and your resting metabolic rate. we have the answer concluding put in the patient data in four-minutes.

So we know whether to dose you or not or titrate you if necessary. What are some of the most overlooked symptoms of thyroid dysfunction? It's pretty easy.

As soon as I shake a patient's hands, if they've got cold hands I suspect that they have a thyroid condition. That's the obvious one. The second one is a weight gain.

I can't, pretty hard to see, but from here downwards, from head down to the tops of the legs, the weight keeps on going year after year. A little bit of hair loss is quite obvious.

The outer third of eyebrows is quiet obvious, puffiness underneath the eyes. So there's some obvious signs besides a lot of more supple thighs. For instance, a hypothyroid patient cannot walk in a straight line.

They walk to left or walk the right, which means they'll bump into furniture or doorways. What's wrong? So there's a lot of symptoms that are caused by thyroid function.

Some of them easy to spot and some of the patient must tell you. In other words, the body gets slow, low and slow. For instance, constipation, because it affects the brain, depression, anxiety, they're all triggered by low thyroid functions.

Yeah, definitely I think of the thyroid as the, I call it the airport control, the control center. Yes. You do this, you do that, but the master kind of controller of body temperature, metabolism, energy distribution, assessing where does energy need to be mostly conserved or utilized in that way.

Okay. Can I explain a little bit? You're exactly right. The energy center to put into layman's terms, the engine of a car needs energy. There's petrol or gasoline to make it fire.

It needs water. and it needs oil to make it work smoothly. Your mitochondria is the car engine inside your body. It has all the cells and for them to perform, they need thyroid, D3K2 and iodine iodide.

If you don't have those things, three things in balance, your energy production or energy output is not gonna operate same as you having a six cylinder car and operating on three cylinders.

Why do thyroid disorders affect women more? That's what I see and that's kind of what the data reflects on, that women are disproportionately more affected.

Get asked this question a lot. It actually affects as many men as it does women, but women talk to each other, right? They talk, have a coffee, they talk about their menstrual cycles, and talk We're, we're all tough heroes.

We don't talk about anything like that. So women are more aware of their bodies, plus they get menstrual cycles as well, which is, uh, control by the thyroid.

They get to talk to about these things a lot more openly than what men do. Men, if they start to get rapid heartbeats, have chocardia, they're not feeling good, low on energy, They clamp up.

Right. I get on the phone, hey, come over for a cup of coffee and we'll talk about it. Woman, our female patients are a lot more open to talking about her.

So it only appears that it happens to more women than men, but it is hereditary. In other words, I'm a genetic DNA specialist. That's what I delve into in this path that I go down, especially with autoimmunity.

genetic defect. If the gene is passed on to your children, then it doesn't matter if it's male or female, they're both going to have the same genetic defects.

And by the way, if you have it, Dr. Alia, which I can't tell from the other side of the world, but your brothers and sisters will have Well, we do have, you know, I think there is an effect on migration, when dietary or stress levels change.

I do see that certain times conditions that weren't really prevalent in one area of the world and then patients move. due to either change in weather or the environment or even to the circadian rhythm.

Location, stress, nutrition definitely has an impact on thyroid health, but that's in general as well. What concerns do you have in just relying on TSH, a thyroid stimulating hormone?

which is a way that we test in conventional medicine. We test the TSH as a screening to see about thyroid health. With just testing that alone, and there are many places that only rely on TSh.

And if that's normal or abnormal, action is taken only then when it's abnormal. But there's some concerns around just relying on one laboratory way to assess thyroid Don't forget what sir Dr.

Richard Bayliss said, none of the blood tests are valid. You can't, you can rely the 18% accurate. So what I do is 98.5% and therefore the just not valid, I mean that, that is why so many people end up in the, in, the club as I call it, are the subclinical hypothyroid club.

They have all the symptoms, but their bloods don't match. So we do not rely on blood for that. We do rely And we will act on those blood results. But blood is hereditary.

And talking about different cultures, for instance, 18% of everyone in the USA has Hashimoto's. In India, where I've just come from two days ago, 60% percent of the population has hashimoto autoimmune, and that is due to the diet.

In other words, lack of iodine. Iodine is the main trigger. If you were born and inherited a thyroid condition, Lack of

Iodyne triggers an autoimmune response.

And, um, if you, I, you know, II was vegetarian myself for 23 years. Um, and that is why I got cancer and my wife got. Oh, now both of us are cancer free.

Why don't you tell us a little bit more about Hashimoto's disease? Hashimoto's is an autoimmune response that affects everyone in the world. It's a precursor to the Parkinson's, the shaking disorders, which we test for.

Alzheimer's, for instance, 50% of all Alzheimer is caused by the autoimmune response. And it's called the slippery slope of auto immune responses, going down to MS, MG, Gillian Barr, it just, the list goes on and on.

Hashimotou2019s, autoimmunity, and treatment protocols

Hashimoto's I found out, I discovered how to reverse it in my clinical trials on 2,200 people over three years on peer review published FDA approved, I have all the approvals around the world, and we found out how to reverse it.

In other words, the first place that it goes to is the digestive tract. The digestive track has a negative feedback back into the brain. It causes problems with the functioning of the brain as well as the digestive tract.

And of course it keeps on getting worse and worse. In fact, if you don't fix it, it costs six years of average life expectancy. We have a very, very simple method of reversing Hashimoto's.

painful, it takes us one and a half years, but we pull you out of the brain fog, the digestive problems and all the cascade of autoimmune responses that you do not want to go down.

And may I add on is another category called Hashytocicosis where you have Hashimoto's and Graves and in that we do a DNA test. So it's within your DNA and we an RNA intervention in the case, which is a look at all complex.

Yeah, I mean, there definitely appears to be a cycle of function changes in the Hashimoto's kind of spectrum of how that presents, whether it's low functioning thyroid or high functioning, thyroid dysfunction.

I often see patients with Hashimoto's and their antibodies are elevated and then you treat their stress, their depression, or whatever is triggering that autoimmune response, the immune system.

So the question that I have is, tell us a little bit about First of all, testing, as we want to focus on your thyroflex, how it would pick up, you know, the variation of the thyroid, high functioning, low functioning.

And then a comment on, your body's own way of self-treating kind of that thyroid dysfunction once the source or the root cause of thyroid disfunction is determined, whether it's stress, nutrition, or all the combination of Yes, we always address nutrition and exercise.

In fact, all of our autoimmune patients automatically go onto a paleo diet. It's from the day of the first discovery that they have auto immune is exercise and diet plays a major role.

If it's stress, say we use music as well to modulate the brain waves and we have to address the sleep. Addressing the thyroid alone does not resolve a thyroid problem.

It involves sleep, the iodine iodide, distress modulators and the adrenals. So they fill out the questionnaire for all of those things. If they score eight or more on the questionnaires, we test them on their thyroid.

machine, which tests the speed of the neurotransmitters, the reflex time, and the resting metabolic rate. But if they have tachycardia and or palpitations, we automatically run the TPOAB and TGAB, that's Hashimoto's and Graves' tests.

If they score more than 13… And those are just the antibody testers for our audience, so they know. That is the

antibody test. That's great. Uh, and that's, that how we pick it up.

And we was very good at picking that up and then if they score more than 13 in the stress, the cortisol part of the questionnaire that automatically triggers an RT3 test, reverse T3.

We have really easy protocols for all the above, but if they have Hashimoto's and Graves, that triggers a DNA test and we do an RNA intervention. Most of these interventions and treatments run concurrently with any other treatments that you're giving the patient because this is addressing the core hormones and it's sort of quite separate from the whatever else you're treating the patient for.

I hope that answers your question. Yes, it answers one part. And I'm very curious now, because I've got another question, cause I was always very. Show us, do you have the device?

Is there some way you can kind of explain to us kind what this device testing, is it just a reflex hammer? Or is that more technical than that? We get the arm.

We have a plunger that comes down and uses a reflux. It's called a thyroflex. Yeah. And it's a four-minute test. We have about 800 centers around the world that do the testing.

And if your office wants to put one in, that's okay. But you're in California, correct? Yes, I'm in Califonia. I was very curious to see this. Famous centers there that test it, like the Hall Center, Dr.

Prudence Hall, Kent Althoff, just to name a few. Yeah, we have centers everywhere. And then you, so it picks up the reflex response. But isn't that…

You can dose and titrate straight away. There's no need for blood tests because they're not valid. Simple. Unless they are autoimmune or… Okay. What role does iodine play in thyroid health?

I've been waiting for that question. Thank you. Eye diet is vitally, vitaly important, not only to make the thyroid work, but to actually lower your risk of breast cancer, uterine fibroids, the thinning of the uterus lining, that's the endometriosis, cysts on your ovaries and affords a man prostate enlargement.

We have an iodine testing machine as well, called a thyroid iron, and the iodide knocks one of the T's, there's something called T4, comes to TSH, then it comes TRH, T SH, t4.

You've got to knock one the ions off the t to make it into t3. It goes on a sideways move, this is going to go on the vertical move. But the I2, the iron, knocks the ion off the T to start to make it into a usable form.

Be freed up for intercellular use and that is where the hormone D3 comes into play. Yes, so iodine is used to convert from T4 to T3. It's absolutely essential if I, if anyone is on thyroid, you've got to be taking iodine.

It is as simple as that. Otherwise it's like the car, an engine car in the engine, in a car. Um, You've gotta have oil water and, uh, and gasoline to make it work.

Same with the thyroid medication. You're going to have, be able to convert the T4 into a usable form of T3. which with the hormone D and the iodine iodide makes it freeze it up for intercellular use, which is called free T3.

Are we seeing an increase in iodine deficiency in the world? In India, for instance, it is severe. And I talk about India because I've just come from there, but anywhere there's a vegetarian diet it's severe because there is no iodide.

Iodine deficiency, supplementation, and thyroid health

in the diet. According to the World Health Organizations, most countries are now iodine deficient. Iodine used to be in our diets in a form of seafood.

It used be on our vegetables and fruits. With intensive farming, it is no longer there. So an iodined salt will not do it. You're going to really take an Iodyne pill now.

And what are some misconceptions about iodine supplementation? How can you do it safely and make that assessment first and then the supplement recommendation?

Um, we have an iodine testing machine, but you can do it symptomatically to start with, because we know that 98.5% of the people around the world in America, actually, are iodide deficient.

You look for the two lines coming right around, the neck, that's the goiter lines. And you get the tongue out and you see scalloped along the side of tongue.

The tongue is slightly thicker than normal. That's some of. Let me see if you. but turn your heads by it. Yes, you actually have it! I have an escala, I think.

Yeah, yeah you do! Wow! because iodine enlarges the tongue and pushes it against the teeth. But we have an iodide testing machine. All of our bigger clinics do a pre and post, which is a urine iodides test for sufficiency, deficiency, followed by a saliva test to see if you're up taking the iodines that we give you, because bromide, fluoride and chloride can stand in the way which you find in your breads and your water.

Yeah, very true. There are some other, I guess, elements that interact with iodine that prevent absorption of iodide and fluoride. Fluoride, you mentioned fluorite, correct, which is in toothpaste.

A fluorine, yeah. I use a fluorid-free toothpaste, for instance. And I try and do everything fluoride free, yeah, and bromide-free. So you mentioned the sources of iodine being seafood.

Is there a deficiency in iodide in seafood? I'm an avid seafood eater, you know, eater. I love seafood, how much iodines would you say is in, if you have a high intake of a healthy Mediterranean style diet with plenty of seafood Well, the most healthy intake of iodine is in Japan, where the incidence of breast cancer, uterine cancer ovarian cancer and prostate cancer is extremely low because they take an average of 2.2 kilograms of fish a week.

And out of that, they get an averages 13.3. Milligrams of iodine. We asked you to make a supplement, 12.5 milligrams of Iodine which according to the research by Abrams Fleischer et al and put into practice by David Brownstein, which we have continued on with, seems to be the right amount of iodines for daily consumption.

Not forgetting that iodines flushes out of your body every single day. So you must do it on a daily basis. But about 12.5 milligrams is a good intake.

So if you're eating a Japanese diet, you are spot on. If you not, You may need a little bit more iodine. Yeah. And I do want to relay the importance of assessing.

The thyroid is so critical of an organ, I would say, in the body and has an effect on the, not only the circadian rhythm, the hormonal cycle as you've mentioned.

That's why we address sleep. And motility, gut motillity, absorption, you know, again, sensitivity, environmental sensitivity. You mentioned mood and cognition, focus.

I mean, it's just a central and it centrally located. So it is right here for our audience. Right here. and it does tend to get enlarged. When you have iodine deficiency, we call it a coiter, but by that time, it's obviously too late, I would imagine.

And it tends to shrink or involute as well. There's cancers that can also develop in the thyroid. So there's several areas that it comes under attack, being a very critical organ under stress, under, as I mentioned, nutrition.

Tell us more about how thyroid dysfunction can affect fertility, pregnancy, hormonal, menopause. Absolutely. First

of all, your thyroid, if it's not in balance, and this is hereditary, it is not your fault, affects your estrogen and your progesterone.

In other words, the first thing that shows up is your menstrual cycle is 28 days. It might be 27 or 29 or any other days other than exactly 28. If it's not 28 days, 28 ways, you have a thyroid problem that's affecting your estrogen.

And of course your progesterone means that you should not be getting any clotting. You should, and your menstrual cycle should last for three days. A good bit of spotting before and afterwards.

That is the, that is just on the menstruary cycle side. If your thyroid is not right, and this is why up until 1900, only 30% of the people had thyroid disorders is now 80% is because it was very difficult for a menstruating woman to conceive.

If they did conceive the high probability of having a miscarriage, which was really, really stressful on the entire husband and wife relationship and she may have one, two or three miscarriages.

And then finally, if a fetus does stick past the first trimester, high probability of a premature birth with all of the problems of having a pre-mature birth.

Your question is spot on, Dr. Alia. Thank you. The thyroid plays a critical role in the estrogen progesterone and the ability for a woman to conceive and carry to full term a viable fetus.

So not only that, the iodine, which you just mentioned before, Uh, the female patient must have enough iodine, that's 12.5 milligrams of iodide to wire the brain correctly and increase the IQ of the child.

Similar to the folic acid that we discovered many years ago that used to cause a cleft chin, hair lip, clef palates, which I deal with, by the way, I volunteer in a place called Bangladesh.

I do them free of charge, nasal passages, spinal bifida. from lack of folic acid, the same with lack in iodine. Yeah, I would say folate acid. Yeah, folate acid.

Thyroid effects on fertility, pregnancy, and future diagnostics

I'm from a different country, so that's a B vitamin. But just the same as that folic acid is essential for a pre-pregnant woman, preconception. So is iodine because it increases, we're able to increase the IQ of an unborn child by 10 to 12 points.

Um, they actually, with the combination of the right amount of thyroid and the amount, of iodine, we have, are able to have a healthy fetus, a health baby with increased IQ, which makes a difference for their baby's entire life.

And it gets rid of all the ADD, ADHD, all alphabet soup of problems that, uh, that an unborn child may have to face from a simple lack of, um, iodide.

Yeah. And of course, they also are going to have their thyroid functioning a lot better. Yeah. Well, this sounds very exciting. And I'm going switch gears to really ask you questions about the future of thyroid assessment.

What advances in thyroid diagnostics are you most excited about in the next few years or in a next decade? DNA. I think that we'll be able to pick it up from pre-conception.

This is what I'm excited about by doing a DNA test and creating the problem before the fetus is born into a child. That is, that is why I am excited. I do a lot of DNA testing now.

And there's a definite genetic pattern, not only for the thyroid, but in the autoimmune component. And of course we are looking for certain things like the interleukins, the CA, there is a whole lot of.

Yeah. edit markers that I go and search for that tell me the story of how I can help the patient. But I think that eventually we'll be able to reduce the 80% down into a far more manageable number, or commence treatment from, similar to what they do now, when they did the KIK test, where you had got to commence a treatment form birth, but a lot easier, because the current method of doing the blood prick test is not going to tell them anything.

But the DNA tells you the whole story. There's no… Definitely, I think we have the ability to do that even now. and just putting it into application.

What changes or what message would you, since you are a speaker and you travel the world and have lived across many parts of this world in the planet, what would like to see changed in healthcare education or for healthcare professionals related to thyroid education?

Number one, thyroid balance gives you quality of life. If you want your patients to have quality your life, which is what we as doctors want, right? You've got to stop using blood.

It's been well proven. There's a brand new research book out going into all of the major teaching hospitals around the world by a very good friend of mine called Dr.

Dietrich. um, from Germany and, uh, he, s- he states categorically, they have proven mathematically, not statistically, that none of the bloods are valid.

And the only thing that is valid, He mentions me in his book, This Big Thick really hard going book, not for the casual reader that the only way around it is going back to the basics of testing.

We want to give back quality of life. My message is if you are suffering from cold hands, constipation, or the myriad of symptoms, which you can easily look up and most women talk about anyhow.

Then go and seek help from a testing center that actually tests the speed of the reflexes. Um, some old doctors know how to do it visually. Otherwise, um, you should really be tested on the thyroid flex, which is 98.5% accurate and, and it's fully approved.

Well, I'm going to ask you some rapid fire questions. So you can ask me the question and you give me your first response. That'd be great. It's a new thing we started at 2K7D.

What's the most misunderstood thyroid myth? Blood tests. Most common symptom patients ignore? The brain, being cold and the brain not functioning properly, tired and exhausted.

Most important lifestyle intervention for the thyroid. Diet. Biggest mistake practitioners make. Using blood. Yeah, one lab marker clinicians rely too heavily on.

I missed a question. One lab market that clinicians or doctors rely to heavily. At TPOAB. one thing every patient should ask their doctor. Ask me my symptoms.

Doctors don't anymore. They don' have time. One prediction for the future of hormone medicine. Uh, natural by identical is the only thing that worked.

We've proven it over and over again. That's got T1, T2, T3, and T4 and not synthetic T. And before we close, we always ask our guests, since we are Too Curious MD.

I am one of the MDs here, but the other colleague is not here today, Dr. Surya Raman. So that's why we go by Too curious, But we're also TOO too curious.

Yes, I read that.

Rapid-fire takeaways and closing remarks

What would be a question you'd like to ask the audience or for our next podcast or something that you're curious about? I'm really serious about auto immunity.

I love to do one just on autoimmune alone because 18% of your patients have auto immune. They're struggling through life. Their life is deteriorating and I know what to.

Do. So thank you for being here. If somebody wanted to learn more about your product, your work that you're doing and listen to any of your talks, where would they be able to listen Alia, thank you very much for having me on your program.

I thoroughly enjoyed it. And this whole message is about regaining your quality of life. True, really. And it can be done. I think that's the most important message that I'm getting, that we can look for it earlier.

We don't have to wait until we fall off the cliff to fix something. You can actually intervene earlier, and what I learned also is that paying attention to those subtle symptoms like your tongue, like the temperature sensitivity.

And things that often don't get asked. And also, you know your body and listening to your bodies because it has the answers and it's giving you a signal to pay attention to.

So paying attention earlier rather than later makes the biggest difference. Nutrition is key. Of course, I also learned about iodine and the importance of iodide in knowing how deficient we are, largely due to the way we're living and our sources of food that we were getting and also the less of that exposure that would have naturally.

Thank you very much. So thank you for being here. Okay. As beautifully summed up, yes, thank you very much for inviting me on Dr. Alia. Thanks for joining us on the Two Curious Andy podcast.

We hope today's episode inspired you to ask new questions and explore fresh perspectives. we challenge you, to us those unasked questions that you're curious about in your medical practice, condition, health and wellness.

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