Blood Work Misses the Full Picture

If it's above or out of those ranges, then we have a problem. But doctors aren't really looking at that either. So even though those tests might be beneficial, we're not looking at them like that because we're not looking for, do someone have brain fog?

Are they a little bit tired? Do they have IBS? Those tests and the way that they've built them are, are you going to die soon? Yes. or not, and if you're not gonna die soon, come back when you are and we'll do something about that, which is where we live in the sick care system for most people.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Well, Jen, thank you for joining us today. I know the topic we wanted to talk about was blood work, other labs, and what they aren't really showing people.

All the missing links, because I know people that walk into my office, I know part of your story is the same. It's, well, everything looks good. My doctor said that I am the picture of health.

What was your experience with that? Well, that exactly was my story. You know, I have always been a very health minded person. Like even when I was a little girl, we had a garden and I would exercise and I played sports in high school.

And I even studied kinesiology in college and, you know, cut my teeth in the fitness industry to begin with. So I was working in the fitness industry.

I was eating quote unquote healthy. and exercising every day, but I was not feeling great. I really struggled to lose or maintain weight, even with really rigorous exercise schedules and lifting schedules.

I mean, I trained for fitness shows and marathons, and it was still a challenge. And I really struggled with what I now know to call brain fog. Didn't know what it was back then.

I just thought I was tired all the time. And at 25, I was diagnosed with skin cancer. for no reason at all. Nobody could explain it to me. There was no family history.

Like I wasn't an obsessive like son Tanner or anything like that. And it really left me like searching for answers because my blood work came back normal all the time.

Like I would go and get my annual physical done every year. I was a good student, right? And my doctor would literally tell me like, I wish all of my patients were like you eating healthy and exercising.

And so I was like, how did this actually happen? And I'm sure you hear this kind of story in your practice like I do all the time, right? You know, a common thing that walks in is I eat really well and I exercise and I do all the things, why don't I feel well?

Or they're like, what's the next thing that I need to take out of my diet?

Jenu2019s Health Struggles Despite Normal Labs

How do I tweak it with food? And a comment that I make to people a lot is sometimes it's not about what you're eating. Like you need to eat well. You can't just eat junk.

But if you're already eating well, a whole food organic diet that's not full of maybe a food allergy that you have and

by no means am I talking about someone that thinks they have or they react to 30 foods.

I'm talking about like one. Right. But if you're already doing those things, it may not be the food. Exactly. And I love to talk about this all the time because in my practice, I see people who are already doing Whole30, Paleo, Carnivore, Keto, you name it.

Like a lot of these quote unquote healthy diets that are out there, which therapeutically have a lot of benefits to them. And so when they're not getting the results that they would expect from their diet, it's because there's something more going on underneath the hood, which is exactly what was happening for me.

So what I started to realize was that the blood work wasn't painting the whole picture of the body. And there's a lot of reasons why blood work doesn't really provide answers for us that we can dive into detail on.

But ultimately, that led me down the path of functional lab testing. which is really more like saliva, urine, stool-based. It's collecting real-time information from the body, like what's going on in that moment, to help us understand what's happening within the different systems of the body, to be able to track patterns and correlations and find some of those missing pieces to anybody's health puzzle.

So when I did some of that other type of lab testing, which we call functional lab testing or specialty lab testing, I found that I had a very congested liver.

I was not detoxing very well. My hormones were completely dysfunctional and imbalanced, especially like cortisol, estrogen, testosterone. I also had a ton of like bacteria overgrowth going on in my GI tract and the intestinal lining.

And so when you look at all of those elements, it's like, no wonder why it was this perfect ecosystem for something like cancer to show up in my body.

And the blood work never picked up on any of that information. So I think it's not to say that blood work is bad or not useful in some ways, but we also want to recognize that blood work is limited.

It gives us a limited perspective of information. And so we can utilize it to help seek out some answers, but we also want to look at the whole person in the whole picture.

to really figure out what's happening, especially when somebody is doing all the right things, right? Eating healthy, exercising, and doing their best, but still having some challenges with whatever their health goals might be.

And so you're saying blood work, and I just want to clarify this. So you did a physical. So I'm assuming blood work means a CBC, a CMP, maybe a TSH, which is a thyroid test, cholesterol testing.

And if you have a really deep diving physician and a physical, maybe they run a couple hormones for male's testosterone, which wouldn't have been likely ran for you, but maybe some estrogen and progesterone.

Right, right. The key word that you said there was if, right? If you have a good doctor that's doing that, that's going to request those things, which is not generally the case.

Usually the blood panel that you're getting is very like short and brief in perspective because health insurance companies are the ones that kind of dictate what is covered and cost.

And there is an algorithm that they work through to go, we're going to start here based on these blood markers. And what comes up here, then that will warrant approval for running additional lab tests.

So as individuals, we really have to advocate for ourselves and request a more comprehensive panel to begin with, which just from doing that can actually provide more answers than whatever you might be standard, you know, getting at your annual physical.

But to your point, yes, that is what I would qualify as blood work per se, because we do, I know, other blood tests probably in our practice, like food sensitivity testing and stuff like that.

But we're really talking here about that comprehensive blood panel, basically.

Why Standard Blood Panels Are Limited

So you get those basic ones and if you're listening, you can probably pull out your physical right now and look and it's going to say CBC, CMP, TSH, cholesterol is probably what's on there.

And if you look at those markers, their ranges are wide because you can actually get quite a bit of information on that if you know how to deep dive it.

So you'll listen to a lot of content that I put together and I talk about how those ranges are so wide, but if you know what you're looking for, if you see an albumin above 4.6, your body's probably a little bit stressed.

If you see that your white blood cells which break down into neutrophils, lymphocytes, monocytes, eosinophils are out of their normal ranges. That would be 60% neutrophil, 30% lymphocyte, below 5% on both eosinophil and monocyte.

If we're seeing that, then Okay, that's good. If it's above or out of those ranges, then we have a problem. But doctors aren't really looking at that either.

So even though those tests might be beneficial, we're not looking at them like that because we're not looking for, do someone have brain fog? Are they a little bit tired?

Do they have IBS? Those tests and the way that they've built them are, are you going to die soon? Yes. or not. And if you're not going to die soon, come back when you are and we'll do something about that, which is where we live in the sick care system for most people.

And again, sometimes you can run into a really great doc that's doing different things. So it's not all of them. But for you, you mentioned doing stool, blood, urine, saliva, hair, all these different types of testing.

Do you have a favorite test or something that maybe changed your life? Yeah, definitely. Before I add to that, our answer that I want to also just add on, I think thyroid is another really great example of these clinical reference ranges for people because thyroid is so commonly overlooked because of the way that their reference ranges on the lab work is being evaluated.

And just understanding that they're not looking for suboptimal, right? They're looking for that clinical diagnosis. And the most common thyroid marker that is tested is TSH, thyroid stimulating hormone.

And so thyroid stimulating hormone from a standard analysis that has a really wide reference range of 0.5 to somewhere around 4.5. So once somebody gets to 4.5 or above, then they may be lucky to be diagnosed with hypothyroidism, right?

But they could be having symptoms well within that wide range that nobody's doing anything about because they aren't looking at the suboptimal aspect.

So in the type of work that we do with people, we're looking at what is optimal, Where are you actually going to feel your best? So for me, when I work with people, I'm really looking for a TSH that's like 0.5 to 2. That's a significant difference than 0.5 to 4.5, right?

And so just for the people that are listening to this, I think it's important to understand what that objective perspective is there and why there's a gap in getting the right answers that you're looking for.

in order to feel like your best self, essentially. So some of the testing that I did that really was game changing for me that I now love to like, help people get access to in order to find the answers of their, you know, health issues that they're like working on and actually fix them are things like a Dutch test.

which is a urine test that you do. So Dutch is an acronym for dried urine comprehensive hormone test, basically. And it is a beautiful test because it's so easy to do in the comfort of your own home.

And it provides such a wide range of data points. So everything from what's going on with your, what we would call your sex hormones from testosterone to estrogen to progesterone, this in my practice and for me personally was really helped me figure out that I was estrogen dominant.

So estrogen dominance can easily be overlooked on blood testing for a variety of reasons because blood work is really looking at bound up hormone. It's like after it's been metabolized through the body, it ends up in the blood, right?

Versus what's in urine is like what's actually happening, what's active and available right now. So that's one of the gaps there. But also on a Dutch test, we get three different estrogens.

Functional Testing Reveals Hidden Issues

which you don't really see on a blood test, and you really have to work at requesting that information, right? And it wouldn't, if you want to talk about just numbers, it costs a lot of money to get some of those extra estrogens.

Like they're really expensive. From a blood perspective, yes, definitely. So we get more insights about estrogen, but we also get to look at something called phase one estrogen metabolism.

And phase one estrogen metabolism can really show us indications and correlations around detox capacity, like how well is the liver functioning? Because the liver has to metabolize estrogen.

Is there estrogen that's getting trapped in the body? It can also point to correlations to cancer risk, like based on how the different estrogens are moving down the different pathways.

For my husband, it was a huge game changer because it's the indicator that showed him that he was insulin resistant and estrogen dominant. So he also was another one of those like classic stories of exercising, we were eating organic, we were actually gluten-free, dairy-free, all the inflammatory food-free things at this time in his life, yet he was 40 pounds overweight and could not get it off.

So what was happening is he was overeating, or eating too many carbohydrates for what his body can actually tolerate. He actually doesn't tolerate carbohydrates very well.

And so he became insulin resistant, estrogen dominant, and all of this came to light from a Dutch test, basically. We can also see cortisol on there and the cortisol rhythm, which is our circadian rhythm.

So that gives us insights about chronic stress and inflammation, also energy rhythms throughout the day, sleep quality as well too. And remarkably, it has some other markers on there like oxidative stress, different types of nutrients like B12 vitamins and things like that.

I also love some of the neurotransmitters that are on that test also. And, you know, one of the great examples of this is like one of the clients that I just recently worked with, we did a Dutch test with her in the beginning of our work, and she had really high oxidative stress.

And oxidative stress is an indication of cellular or DNA damage, right? So when we have that going on in the body, the cells can't do their job, they're damaged, they're like disabled, or they're limited in their capacity.

And she was one of these cases that had gone to multiple doctors, even multiple functional and integrative

practitioners who weren't able to really like get her past what some of her primary symptoms were.

She had vertigo, tingling, burning sensations, all this kind of stuff going on. So we did this touch test, high oxidative stress. So reduced mitochondrial function is what we could say from that as well, too.

Also, we found parasites. So my other favorite test is something like a GI map, a stool sample test, which as you know, we rarely pick up parasites on a stool sample test because parasites actually live in all these other tissues of the body, which again, when I see that phase one estrogen metabolism on the Dutch test not looking so great, it's probably an indication we got some liver flukes and stuff going on in the liver there, right, from a parasite perspective.

So anyways, to kind of like get to the point here is that, you know, by doing the work with her, cleaning up her body, cleaning up parasites, working on these other things that weren't being picked up on blood tests, her oxidative stress levels came down like 75%. So now her cells are operating at a higher capacity and her symptoms have gone away like 90% of the time.

So we're actually able to pattern and track that her symptoms are triggered when she's around a lot of like EMFs. She noticed this while driving in a Tesla, her symptoms got triggered in a Tesla car and I was like, that's interesting on her way to Yosemite.

And as soon as she got out in nature, all of her symptoms dissolved. And so I was like, well, this is a pretty clear signal here that you've got some EMF sensitivity that's going on related to this.

while you're driving a microwave, you don't feel well. But when you're in nature, you feel good. Yeah, that's a telltale sign. I've definitely ran into a few people that are majorly EMF sensitive, have to move out of cities and live more in nature to help themselves.

And although I can't say that I run into that a lot, it's definitely a thing. It's definitely out there. And I love how you're using functional testing to get information One that is more accurate.

So doing a urine test for hormones, it gives you better information. Blood, although it can be super effective for so many things, it's great for thyroid.

It's good for measuring some levels of inflammation, not all of them, but some of them. It is not going to be the best for everything, and it just makes sense.

Your body operates different tissue types are going to give you different information. So you mentioned cortisol. And one of the ones that was taught to me that made so much sense was, so I said, cortisol is a stressful one, right?

Does it make you stressed at all to get a needle jammed into your vein? And I was like, Oh yeah, a little bit. I mean, some people not as much as others, but I know a lot of people, man, that freaks them out.

Like they're looking away. They don't like it. So if it's a stress hormone, it goes out quickly. If it goes out quickly, could simply going and getting blood work trigger more cortisol into the bloodstream, even just the knowledge of going is gonna start that process, because you know you're getting blood work.

So then why would you get a blood draw for a hormone that is gonna go higher because you are doing an act for the information?

Hormones, Cortisol, and Dutch Testing

It doesn't make any sense. Well, let's also like note here too, that it takes time for that cortisol to even get into the blood, has to be metabolized through the body, right?

So yes, what you're saying is totally true, like that stress of getting blood work done is going to spike your cortisol, but you actually wouldn't pick it up in that blood draw.

Well, but the idea of going the next day, prepping, prepping for a lot of people, like I know people are panicking. Yeah, they're like, uh, I gotta, uh, do I have to do blood work?

And it's like, I'd like to have it, but if you don't have to have it. So just that whole process of buildup for some people is going to change it for them.

Uh, but yeah, getting urine hormones is the only way I'll do it saliva some, um, but not blood. Yeah, it's not. There's certain cases when we do want it though, right?

Because like on a Dutch test, when we're looking at testosterone, for example, if testosterone is low, I will go look at like testosterone in blood, right?

Because we want to be able to look and go, okay, is this consistently happening within blood and within urine as well too? Because again, there are two different lenses into the whole Bound up hormone or what's been metabolized through the blood versus what's actually active and available.

Also looking at sex hormone binding globulin, which is the only thing we can only do that by blood as well. So that could be binding up some of that hormone, making it unavailable.

So there is reason to run blood work. It's just that I think the key takeaway for people is that it's not the only way to get answers. Right. So another great example for people might be like one of my clients that came to me really concerned about her HSCRP, which is for people that is an inflammatory marker.

And it's a generalized inflammatory marker. It's not telling you where the inflammation is coming from. And her HSCRP was seven. which we know is fairly high for somebody, right?

Seven times higher. We like it. Exactly. And she also, this case, she had fibroids. She had uterine fibroids that were so large, she could palpate them.

She could actually feel them. Ouch. Right? And she wasn't getting any answers. Again, she had been on thyroid medication for, I don't know, like 20 years.

Like her thyroid was very unstable. So I ran a food sensitivity test on her, Jamin, and She had 87 food sensitivities, 87. The only thing that she wasn't sensitive to was basically animal proteins meat.

This was the first and only time that I recommended a carnivore diet to begin with. And within a month of doing carnivore diet, she lost 20 pounds without changing her exercise routine.

Her fibroid shrank so much that she couldn't feel them anymore because the inflammation had gone down. And now her HSCRP is under the maximum level. Like it's at a very low level.

It has been stable under there for, we've been working together for five years. Wow. And it has consistently stayed under that level, under one, which is where we want it.

And we also picked up on her Dutch test as well, too, that she was estrogen dominant and insulin resistant. So she had a lot of liver stuff that was going on that we worked on.

And she's been a really interesting case because she was really at that end stage of perimenopause, moving into menopause when I first started working with her.

And so we put her on DaVinci's Estro Benefits. So it has a blend of herbs that are in there that are helping to balance estrogen, also helping to prevent aromatizing of testosterone to estrogen as well too.

And we put her on that to help balance that estrogen, that estrogen dominance. See, she had to clean out the liver a little bit. And six months later, tried to pull her off, fibroids flared up.

So she's very estrogen sensitive, right? And, and then we got her off of it, which was great. Went through the holidays, she ate more sugar and carbs than she would.

And guess what happened? Her fibroid flared up. So now she's learning about her body where like nobody else could give her answers before the blood's not telling.

She was about to have surgery to have these fibroids removed. And now five years later, they're so under control that she's never ever had that surgery.

She's now officially like post-menopausal and feeling better than she ever has in her entire life. She's on no hormone replacement therapy, nothing. And she's doing really, really great because of all this information and these data points that we got from these other lab tests.

And I just want to touch on something. You said 87 food sensitivities. 87. That's a lot. And anytime I see 87, I start going, so your body's pissed. Yeah.

It's attacking everything. So if you're out there and you've had a food sensitivity test and it came back and there was a bunch of foods on there, although you may need to avoid them in the moment.

Like you said, you did a carnivore diet, which I have a whole nother point talking about that for just in a second. just remember there's a reason why your body's so stressed.

And it's not that 87 foods are bad for you in the long run. It's that your body is overreacting to that.

Food Sensitivities, Inflammation, and Carnivore Diet

And what I've also noticed when I ran a lot more food panels earlier in my career, you know what didn't test as an allergy very often? Animal meat. Yeah.

So when this whole carnivore diet rage came in and before that, the vegan rage was going and which I like a balanced diet. I like a little bit of everything.

But what I did notice was plants we use as herbs to modulate the body. Plants can be both very beneficial for you or poisons for you. And the human immune system, in my experience, just observationally, is that a diet that is predominantly only plants I'm going to make some people mad.

It's going to have a whole lot higher likelihood of triggering an immune system than in a diet that is predominantly animal based. And I'm not stating that you should be all animal based.

It's just the fact that From an immune perspective with people with autoimmune diseases and inflammation, sometimes I've seen the carnivore diet work.

I've done it personally for a period of time just to test it out because I was like, this is a crazy diet. People are doing this. I was seeing lab results coming back.

I saw men's testosterone go from 600 to 1200 by switching to a carnivore diet. I'm like, okay. I'm a guy. I'd like my testosterone to be higher. It makes me feel good.

Like, could that work for me? And even as a educated provider, my brain just couldn't wrap around carnivore because I was always taught plants are healthy and plants are safe and do this vegan vegetarian thing and it helps with cancer and all of the things that have been put out there.

But after seeing lab result after lab result after lab result and just keeping an open mind, the carnivore diet can be a game changer temporarily for those who are in a position that it's going to work.

Yeah. I mean, this particular client, she has reintroduced foods and she's not just carnivore anymore. really, really well. But to your point, the actual food sensitivity test that we ran was, it's called the CyRX-RA10.

So it's looking at IgG, IgA, which is antibody production. So that is our, like one of our tools where we measure that immune system response. The immune system is creating antibodies because it's attacking something that's in the bloodstream that's not actually supposed to be there.

And this is where Alessa Fasano and Dr. Karazian have done a lot of their work around autoimmune conditions and something called molecular mimicry and seeing how foods can contribute to and be the result of what we would say is like leaky gut and how they are part of the autoimmune cycle, essentially.

This particular client did have thyroid antibodies as well too, even though she hadn't actually been diagnosed with Hashimoto's, only hypothyroidism. And so we've seen those thyroid antibodies also come down to a normal, healthy level as she has healed her immune system, pulled out these food sensitivities, and got her body back into balance.

And a lot of those plant-based fluids, like part of the trigger of that is that they contain lectins. And when you're in a very pro-inflammatory state, then the lectins can aggravate the immune system even more.

And what's really interesting is I'll see correlations to this also on the GI map. So that GI map is the stool sample test that I like to do in my practice, and there's a marker on there called elastase.

And elastase is looking at pancreatic enzymes. that are being produced. And when elastase is really high, it can actually correlate back to a lectin sensitivity.

So I'll run a food sensitivity test and we'll see this very clear pattern of reacting to foods that contain lectins. And then on a GI map, we'll see high elastase, which is just correlating back to that same data going hey, these plant-based foods that contain lectins are not ideal for you right now, right?

But on the flip side of that, I have also seen people come back reactive to beef and other animal proteins. So my husband is one of these cases again, where we discovered that he was reactive to beef.

He pulled the beef out of his diet and within a week lost five pounds and all of his chronic back pain was gone. completely gone. And now he knows, you know, when we travel or if there's a really good steak on the menu, he might have some beef and he knows I'm going to, if I eat this beef, I'm going to put on three pounds of inflammation.

It'll be gone in a couple of days as well as my back pain. Or, you know, I had another client that was going to the, I'll just say a really well-known functional health clinic in Ohio had been diagnosed with SIBO three times.

Her main health complaints were bloating and weight loss resistance, couldn't get it off. They kept trading her for SIBO and nothing happened. They never ran a food sensitivity test on her or did a Dutch test on her.

So when she did her work with me, her Dutch test showed that she was estrogen dominant again, one of these cases, and she was reactive to beef, which she was eating like five times a week.

And so we pulled those things out. We did that work. She was able to get that back down to her pre-college weights. looked great on her wedding day, felt so great as a result of that.

And now she knows how to work with the foods that are right for her body so that she can function, you know, at her potential and just feel great in life.

Well, yes, unfortunately, beef can be a problem, too. I love my beef from my Midwestern life.

Personalized Testing and Final Takeaways

But I think the key takeaway from what we're talking about today is it has to be specific and unique testing to the person looking for their root cause of whatever is triggering their body.

And it may be more than one cause. But it has to be a non-biased, open look at what could possibly be doing this. And then correlating it back to why they came in, their symptoms, how they're feeling, and just being willing to do that deep dive.

Yeah, I think that what I love people to know is that there is hope. That if you're not getting the answers that you need from one type of test, there are a lot of tests out there to explore, to find the answers that are unique to you as an individual.

And what we want to do is just collect as many data points as possible. to really like be able to see what are those patterns and correlations, not just within the lab set data, but also back to you as a person.

Because if the lab data doesn't correlate back to you as a person, that doesn't necessarily mean that we should chase something or treat it, right? And alternatively, if the lab data comes back and it shows that there's nothing there, but somebody feels terrible, we don't want to just accept that, right?

So what I really think we want people to know is that there is hope. You know, if you're not getting the answers that you're looking for out of your blood work or even other type of lab testing, there are a lot of different tests that you can do in order to collect more data points to see, you know, the patterns and the correlations across these data points for you as an individual.

Um, you know, with my husband, for example, again, you know, genetic testing has been really telling for him. He has a lot of different genetic steps, snips, which explained some of his, um, lowered like detox capacity versus I don't necessarily have those, but some of my genetics show that I'm actually like really sensitive to parabens.

So I can walk into a hotel room and I can smell the fragrance in the carpet and all the other stuff. And he can't write that explains some of those things for us.

but also to know that we have to correlate the data back to the person. And so if the lab work comes back unremarkable, not saying anything, but somebody feels awful, we don't want to just accept that for what it is.

We want to continue to look for information and understand that any lab test is a snapshot in time. And the body is changing all the time, every minute, every millisecond, for example.

And then also if somebody feels really great and their blood work or their lab testing comes back with elevated markers or things outside of range, but they feel really awesome, that doesn't necessarily mean that we need to go chase something.

You know, I mean, I'm one of those people like my metabolized cortisol looks totally tanked on a Dutch test. And I always joke with Dr. Kerry Jones. Like if I had like normal levels of metabolized cortisol, I think I would be bouncing off the walls.

It's normal for me to have low metabolized cortisol and I feel great and I don't need to chase that. We're all spectrum, but in general, we should be able to feel well and enjoy our lives and not be brain fogged or fatigued or in pain all the time.

Exactly. Well, I want to thank you so much for talking with me today. Yeah, it's a great conversation. Thank you for tuning into Dr. Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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