EXPLAINED: Cholesterol Isn’t the Villain, Your Liver Is the Real Problem | Sinclair Kennally Transcript

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Personal Health Wake Up

The first thing I want you to know about The first thing I want you to know about me is that none of this is hypothetical me is that none of this is hypothetical for me. I had history of heart disease for me. I had history of heart disease in my family. It is very, very serious.

in my family. It is very, very serious. My grandfather was one of those early My grandfather was one of those early heart transplants. It got us an heart transplants. It got us an additional 7 years with him. Before additional 7 years with him. Before that, he had a triple bypass, high that, he had a triple bypass, high cholesterol for years. You know, high cholesterol for years. You know, high cholesterol supposedly runs in my cholesterol supposedly runs in my family, and that was decades ago before family, and that was decades ago before they even lowered the cholesterol, you they even lowered the cholesterol, you know, standard numbers, which have been know, standard numbers, which have been have moved the needle several times have moved the needle several times lower in the last couple of decades. So, lower in the last couple of decades. So, that's an interesting journey as well.

that's an interesting journey as well. If you haven't seen the data on that, If you haven't seen the data on that, it's worth looking up because our it's worth looking up because our standards for what is considered high standards for what is considered high cholesterol versus low cholesterol has cholesterol versus low cholesterol has changed a lot. So, none of this is changed a lot. So, none of this is hypothetical for me, and you got to hypothetical for me, and you got to remember I was really, really sick for remember I was really, really sick for years until I was not going to um be years until I was not going to um be well, that I would, you know, live a well, that I would, you know, live a very, very constricted life, and it very, very constricted life, and it would be about disease management, and would be about disease management, and that I would probably die. Um so, that's that I would probably die. Um so, that's fun to hear, isn't [laughter] it? And fun to hear, isn't [laughter] it? And I'm sure I'm not alone here today, that I'm sure I'm not alone here today, that many of you are walking a very serious many of you are walking a very serious health journey, and it's got your full health journey, and it's got your full attention. And others, hopefully you're attention. And others, hopefully you're here earlier in your health journey, here earlier in your health journey, that you're want to stay ahead of that you're want to stay ahead of everything and um fine-tune, and you're everything and um fine-tune, and you're curious about your body before it hits a curious about your body before it hits a state of crisis. If so, I salute you.

state of crisis. If so, I salute you. That means you're way ahead of most That means you're way ahead of most humans in the developed world because humans in the developed world because we've been so divorced from our own we've been so divorced from our own bodies in our culture that it could take bodies in our culture that it could take us a while to catch on to the fact that us a while to catch on to the fact that our bodies are asking for help. So, our bodies are asking for help. So, that's why I'm so passionate about doing that's why I'm so passionate about doing what we do, is to make sure that you get what we do, is to make sure that you get the information you need to support your the information you need to support your body and to take care of it before it body and to take care of it before it hits a crisis point or to walk it back hits a crisis point or to walk it back from a crisis on your own and maintain from a crisis on your own and maintain your own health sovereignty and not be your own health sovereignty and not be dependent on a system that has very real dependent on a system that has very real limitations. For me, it was very limitations. For me, it was very confusing to discover years and years confusing to discover years and years into my chronic illness journey that my into my chronic illness journey that my liver was overloaded and that I had all liver was overloaded and that I had all the profile of a non-alcoholic fatty and the profile of a non-alcoholic fatty and that actually could be related to my that actually could be related to my serious digestive issues, my energy serious digestive issues, my energy issues, my brain fog and um my food issues, my brain fog and um my food sensitivities, my joint pain all of sensitivities, my joint pain all of that. Um I didn't realize that because that. Um I didn't realize that because liver issues never showed up on my labs.

liver issues never showed up on my labs. So, it's probably why I'm so passionate So, it's probably why I'm so passionate about sharing this information with you about sharing this information with you because that was actually true for my because that was actually true for my husband as well, that he had a severely husband as well, that he had a severely um impacted liver due to his early um impacted liver due to his early exposure to mold as a child and due to exposure to mold as a child and due to his early use of pharmaceuticals as a his early use of pharmaceuticals as a teenager. One of them was Accutane, for teenager. One of them was Accutane, for example. And it's amazing what certain example. And it's amazing what certain prescriptions can do to you and do to prescriptions can do to you and do to your liver and compromise your your liver and compromise your efficiency there, and then it can show efficiency there, and then it can show up in all different systems in your up in all different systems in your body, and your cholesterol is distorted, body, and your cholesterol is distorted, and your liver your skin is trying to and your liver your skin is trying to act as a second liver, and you're brain act as a second liver, and you're brain foggy, or you're having hormone foggy, or you're having hormone dysregulation, and you're wondering why, dysregulation, and you're wondering why, and it takes too long to put the pieces and it takes too long to put the pieces together. So, I see it as part of my job together. So, I see it as part of my job to connect those dots with you earlier to connect those dots with you earlier so that you um don't have to suffer for so that you um don't have to suffer for as long as we did, honestly. For both of as long as we did, honestly. For both of us, we had very, very different-looking us, we had very, very different-looking symptoms, but liver overload was a major symptoms, but liver overload was a major issue for us, and we were able to issue for us, and we were able to resolve our own health issues at the resolve our own health issues at the rate that we did, the deep dive of liver rate that we did, the deep dive of liver work. Doesn't mean that you get to skip work. Doesn't mean that you get to skip the other parts of healing. It's not the other parts of healing. It's not about that, although it is a great about that, although it is a great shortcut, I have to say. Because the shortcut, I have to say. Because the more you work directly on de-stagnating more you work directly on de-stagnating the liver, the faster everything else the liver, the faster everything else can speed up in the body. So, we'll talk can speed up in the body.

Assess The Symptomology

So, we'll talk about that today, too. But here's this about that today, too. But here's this uh a way to assess for yourself just uh a way to assess for yourself just from the symptomatology how much this from the symptomatology how much this resonates for you. You may have lab work resonates for you. You may have lab work that says, "I have high cholesterol. I that says, "I have high cholesterol. I have high LDL. My doctor's concerned.

have high LDL. My doctor's concerned. They want to put me on a statin, or I'm They want to put me on a statin, or I'm already on a statin, but I don't want to already on a statin, but I don't want to be on a statin." I want you to always be on a statin." I want you to always come to the symptomatology first and come to the symptomatology first and pair that with labs and understand the pair that with labs and understand the limitations of each so that you're limitations of each so that you're really looking as holistically as really looking as holistically as possible at your body. And looking at possible at your body. And looking at the symptomatology is free. So, many of the symptomatology is free. So, many of you have already named some of the you have already named some of the issues today that um issues today that um can go undetected for decades as part of can go undetected for decades as part of a liver issue. Somebody already talked a liver issue. Somebody already talked about nausea and heartburn and fatigue about nausea and heartburn and fatigue and gas and bloating. And that's amazing and gas and bloating. And that's amazing if you've already connected that to if you've already connected that to liver issues. It means you're ahead of liver issues. It means you're ahead of the curve. You'll also note that very the curve. You'll also note that very common are histamine sensitivities, food common are histamine sensitivities, food sensitivities difficulty digesting fats sensitivities difficulty digesting fats and the weight issue is very confusing and the weight issue is very confusing because many people struggle to release because many people struggle to release excess weight when they have high excess weight when they have high cholesterol or an overloaded liver or cholesterol or an overloaded liver or both. But actually, some people um both. But actually, some people um struggle to maintain a healthy weight struggle to maintain a healthy weight and get up to a healthy enough weight to and get up to a healthy enough weight to have a resilient body. Um so, either or have a resilient body. Um so, either or could be the case. I know that's really could be the case. I know that's really confusing. That's the way the cookie confusing. That's the way the cookie crumbles, and there's so many factors to crumbles, and there's so many factors to that. You'll also notice that people who that. You'll also notice that people who have liver issues and high cholesterol have liver issues and high cholesterol often have a compromised immune system often have a

compromised immune system which is really interesting, and it which is really interesting, and it makes sense if you remember that the makes sense if you remember that the liver is a plays a major, major role in liver is a plays a major, major role in the immune system itself. Not as an only the immune system itself. Not as an only is it doing indirect things like is it doing indirect things like producing a lot of your lymphatic fluid, producing a lot of your lymphatic fluid, which is an essential part of your which is an essential part of your immune system, flushing out the waste immune system, flushing out the waste and debris from deep in the lymphatics, and debris from deep in the lymphatics, deep in the tissues but also directly deep in the tissues but also directly fighting infections for the body and um fighting infections for the body and um cholesterol is a great tool for that, I cholesterol is a great tool for that, I have to say. It plays a key role, which have to say. It plays a key role, which we're going to unpack today. It's really we're going to unpack today. It's really fascinating when you start to look at fascinating when you start to look at this from a different perspective and this from a different perspective and decide, "I'm going to be my own health decide, "I'm going to be my own health detective instead of waiting for detective instead of waiting for somebody else to say, 'This number on somebody else to say, 'This number on this lab means take this pill.'" You are this lab means take this pill.'" You are so much more complex, and your body is so much more complex, and your body is so much more magnificent than that, and so much more magnificent than that, and it requires an understanding, even a it requires an understanding, even a basic one of your own physiology so that basic one of your own physiology so that you could take control. So, today we are you could take control. So, today we are going to focus on the cholesterol story going to focus on the cholesterol story you were never told, why high you were never told, why high cholesterol isn't always the villain cholesterol isn't always the villain that it's been made out to be, and why that it's been made out to be, and why your liver may be the missing link. In your liver may be the missing link. In this workshop, you'll learn my this workshop, you'll learn my cholesterol and blood pressure patterns cholesterol and blood pressure patterns often reflect metabolic and hepatic often reflect metabolic and hepatic signaling problems as bile stagnation, signaling problems as bile stagnation, insulin resistance, fatty liver, insulin resistance, fatty liver, inflammation and also what what we think inflammation and also what what we think are critical steps to do next. You got are critical steps to do next. You got to remember, though, this is not medical to remember, though, this is not medical advice, and this is not encouragement to advice, and this is not encouragement to make changes to medications. So, please make changes to medications. So, please always consult with your doctor before always consult with your doctor before making changes to your own health making changes to your own health protocol. And I'm not anti-statins. I protocol. And I'm not anti-statins.

Cholesterol Is A Tool

I just want you to understand how your just want you to understand how your body works so that you feel more in body works so that you feel more in control over, you know, how to protect control over, you know, how to protect yourself. We think of cholesterol as a yourself. We think of cholesterol as a tool that the body uses. And so, we want tool that the body uses. And so, we want to ask anytime cholesterol is high is it to ask anytime cholesterol is high is it a problem in and of itself, or is it the a problem in and of itself, or is it the firefighter that's getting sent to put firefighter that's getting sent to put out the fire? We used to call it um like out the fire? We used to call it um like blaming high cholesterol is like blaming blaming high cholesterol is like blaming the plumber that comes to fix the pipes.

the plumber that comes to fix the pipes. There's a problem in the pipes. Do we There's a problem in the pipes. Do we want to ignore the problem in the pipes, want to ignore the problem in the pipes, or do we want to send the plumber in?

or do we want to send the plumber in? It's a good short-term strategy. It's It's a good short-term strategy. It's just an incomplete one. So, we would just an incomplete one. So, we would just want to consider that. And I know just want to consider that. And I know [laughter] that so many people are [laughter] that so many people are confused about cholesterol and blood confused about cholesterol and blood pressure. Like, "My blood pressure won't pressure. Like, "My blood pressure won't budge even though I'm doing all the budge even though I'm doing all the right things. My labs are normal, but I right things. My labs are normal, but I don't feel good. Or statins lowered my don't feel good. Or statins lowered my numbers, but nothing else changed." And numbers, but nothing else changed." And it's because these are often metabolic it's because these are often metabolic and liver signaling issues, not and liver signaling issues, not necessarily isolated heart problems in necessarily isolated heart problems in and of themselves. Cholesterol is not a and of themselves. Cholesterol is not a bad thing. It's a tool. It's

a bad thing. It's a tool. It's a biological tool. It's not a toxin. It's biological tool. It's not a toxin. It's not toxic to the body itself. We have to not toxic to the body itself.

Good Fats Vs Toxic Fats

We have to remember that cholesterol is required remember that cholesterol is required for cell membrane structure, which every for cell membrane structure, which every cell in your body has to have. We want cell in your body has to have. We want to eat healing fats. So, what would to eat healing fats. So, what would healing fats be? Let's call them out in healing fats be? Let's call them out in the chat. Let's teach each other.

the chat. Let's teach each other. Healing fats would be you would do Healing fats would be you would do animal-based healing fats, right? So, animal-based healing fats, right? So, like clean grass-fed ruminant animals like clean grass-fed ruminant animals are a great source of healing fats. What are a great source of healing fats. What else would be a healing fat? Coconut else would be a healing fat? Coconut oil, exactly. Yes, tallow, ghee, oil, exactly. Yes, tallow, ghee, exactly, absolutely. Avocados, yes.

exactly, absolutely. Avocados, yes. Salmon, yes, exactly. Black fat, as long Salmon, yes, exactly. Black fat, as long as it's not rancid, absolutely, Robin.

as it's not rancid, absolutely, Robin. So, if you wanted to do flax oil and use So, if you wanted to do flax oil and use that as a tool, you want to make sure that as a tool, you want to make sure that you're getting that you're getting um cold-pressed flax oil, and it's not um cold-pressed flax oil, and it's not the industrial um ground-up flax oil the industrial um ground-up flax oil because it's going to get oxidized and because it's going to get oxidized and rancid, and there's going to be some rancid, and there's going to be some contamination in there.

contamination in there. So, um that's just something to So, um that's just something to consider. Olive oil, absolutely, consider. Olive oil, absolutely, Christina. Yes, first-pressed, Christina. Yes, first-pressed, cold-pressed, extra-virgin olive oil, cold-pressed, extra-virgin olive oil, absolutely. We just want to be really absolutely. We just want to be really intentional about where we choose these intentional about where we choose these items from. So, it's not all fats are items from. So, it's not all fats are bad. That's not true. The Franken fats bad. That's not true. The Franken fats are hard on the body. The fake ones that are hard on the body. The fake ones that we have made in a laboratory, those are we have made in a laboratory, those are really, really hard on your liver to try really, really hard on your liver to try to break down, and they absolutely to break down, and they absolutely compromise the body's ability to make compromise the body's ability to make healthy cholesterol and also utilize healthy cholesterol and also utilize cholesterol well to build up these cholesterol well to build up these resilient cell membranes throughout the resilient cell membranes throughout the body. And it absolutely is a factor in body. And it absolutely is a factor in how fast you age, in how good you feel, how fast you age, in how good you feel, how much inflammation are you feeling in how much inflammation are you feeling in the body. So, the body. So, that's one key takeaway from today, is that's one key takeaway from today, is take a fresh look at your own healing take a fresh look at your own healing fats. We want to remember that um we fats. We want to remember that um we often get scared away from fat when, you often get scared away from fat when, you know, we start to see signs of know, we start to see signs of cardiopulmonary stress, um you know, cardiopulmonary stress, um you know, liver overload, a sensitivity to fats liver overload, a sensitivity to fats because you might have had a gallbladder because you might have had a gallbladder attack, things like that. Or you just attack, things like that. Or you just don't tolerate heavy meals well anymore.

don't tolerate heavy meals well anymore. That was me for a long time. Oh, I just That was me for a long time. Oh, I just need to eat light. I just want to eat need to eat light. I just want to eat tiny, tiny meals. I guess I just must be tiny, tiny meals. I guess I just must be delicate. No, it was my overloaded delicate. No, it was my overloaded liver, and I just could not keep up. And liver, and I just could not keep up. And so, it didn't feel good when I tried to so, it didn't feel good when I tried to eat heavy meals, but I didn't realize eat heavy meals, but I didn't realize what I needed to do was build bile what I needed to do was build bile faster, thin out the bile, and excavate faster, thin out the bile, and excavate out the bile sludge and yes, the out the bile sludge and yes, the gallstones that had built up over years gallstones that had built up over years and actually decades. And this started and actually decades. And this started to become a problem for me in my 20s.

to become a problem for me in my 20s. The bill is coming due for us certainly The bill is coming due for us certainly earlier and earlier. I like to think earlier and earlier. I like to think about this as um I take a gentle step about this as um I take a gentle step away from genetics because we often go away from genetics because we often go to those first in allopathic medicine to those first in allopathic medicine like ah, it's just your genes. Okay, but like ah, it's just your genes. Okay, but do you have control over your genes? Not do you have control over your genes? Not really, not last time I checked.

really, not last time I checked. Um but you do have control over your Um but you do have control over your diet. You do have control over your diet. You do have control over your stress levels. You do have control over stress levels.

We Require Cholesterol

You do have control over your ability to design your own detox to your ability to design your own detox to build bile faster, thin out the blood build bile faster, thin out the blood the bile, and also to um flush out that the bile, and also to um flush out that junky sludge and gallstones stuff that junky sludge and gallstones stuff that we'll take a look at today. All that is we'll take a look at today. All that is a really long way of saying cholesterol a really long way of saying cholesterol is a requirement. It is not optional.

is a requirement. It is not optional. It's not bad. It's not bad. >> [laughter] >> [laughter] >> [laughter] >> It's a wonderful wonderful tool. We've >> It's a wonderful wonderful tool. We've got to have it for cell membrane got to have it for cell membrane structure. We've got to have fats to structure. We've got to have fats to build up the cholesterol. We just need build up the cholesterol. We just need the right fats. We don't want to be the right fats. We don't want to be scared of fats. Um we also we absolutely scared of fats. Um we also we absolutely require cholesterol for hormone require cholesterol for hormone production. So, everybody who's feeling production. So, everybody who's feeling the pinch with um you know, hormone the pinch with um you know, hormone dysregulation in this day and age, want dysregulation in this day and age, want to remember that we we still need to remember that we we still need cholesterol for those and do not be cholesterol for those and do not be afraid of them. Cortisol, estrogen, afraid of them. Cortisol, estrogen, testosterone, progesterone, these are testosterone, progesterone, these are essential for us to feel strong enough essential for us to feel strong enough to function. We also have to have to function. We also have to have cholesterol for vitamin D synthesis and cholesterol for vitamin D synthesis and yes, you guessed it because bile is my yes, you guessed it because bile is my favorite thing to talk about then favorite thing to talk about then parasites I guess. Well, and mold. Okay, parasites I guess. Well, and mold. Okay, so I have a few favorites.

so I have a few favorites.

Cholesterol Builds Bile

But in bile acid production is dependent But in bile acid production is dependent upon having enough cholesterol to build upon having enough cholesterol to build bile salts. So, bile is made in large bile salts. So, bile is made in large part from cholesterol itself. And part from cholesterol itself. And compounding that with key amino acids compounding that with key amino acids and compounds. You can't make bile fast and compounds. You can't make bile fast enough if you don't have enough enough if you don't have enough cholesterol. And conversely, if you have cholesterol. And conversely, if you have too much cholesterol or your doctor's too much cholesterol or your doctor's saying, "Hey, it's too high. I'm saying, "Hey, it's too high. I'm concerned." What we want to do is concerned." What we want to do is actually look first at bile flow because actually look first at bile flow because your liver might just be overloaded and your liver might just be overloaded and reduced in efficiency. And it's not reduced in efficiency. And it's not going to show that on your liver going to show that on your liver enzymes. And I'll show you that chart enzymes. And I'll show you that chart today so that you can unpack that for today so that you can unpack that for yourself. So, if your body is making or yourself. So, if your body is making or holding onto cholesterol, holding onto cholesterol, it's usually responding to stress it's usually responding to stress not malfunctioning because we actually not malfunctioning because we actually need it for these things. Let's consider need it for these things. Let's consider first where cholesterol comes from first where cholesterol comes from before we talk about how to solve this before we talk about how to solve this problem for ourselves, right?

problem for ourselves, right? Cholesterol, you guessed it, is Cholesterol, you guessed it, is primarily made in the liver. Uh primarily made in the liver. Uh cholesterol synthesis occurs mainly in cholesterol synthesis occurs mainly in hepatocytes, in those liver cells, built hepatocytes, in those liver cells, built via the mevalonic pathway. And via the mevalonic pathway. And production increases under stress, under production increases under stress, under inflammation, insulin resistance, and inflammation, insulin resistance, and toxin load. And also I would add toxin load. And also I would add infection load. So, if you are somebody infection load. So, if you are somebody who is dealing with silent chronic who is dealing with silent chronic infections anywhere in the body, your infections anywhere in the body, your body will use body will use as a strategy it has the potential to as a strategy it has the potential to use more cholesterol to try to support use more cholesterol to try to support and send resources. Isn't that and send resources. Isn't that interesting? It can be a sign that your interesting? It can be a sign that your body is actually fighting off high body is actually fighting off high infection loads. And actually many of us infection loads. And actually many of us as adults are carrying silent infections as adults are carrying silent infections in the sinuses, in the lungs, deep in in the sinuses, in the lungs, deep in the lymphatics, maybe your armpits are a the lymphatics, maybe your armpits are a little swollen or tender to the touch.

little swollen or tender to the touch. Maybe you're carrying a little bit of Maybe you're carrying a little bit of extra weight on the belly and it's not extra weight on the belly and it's not actually all fat. It could be partially actually all fat. It could be partially fat, but might be some extra lymphatic fat, but might be some extra lymphatic fluid stuck there, too, trying to dilute fluid stuck there, too, trying to dilute a stressed-out infected environment. So, a stressed-out infected environment. So, it's just something to remember that it's just something to remember that this is often overlooked until it this is often overlooked until it finally gets to like a really acute finally gets to like a really acute stage. Most of us have like this silent stage. Most of us have like this silent chronic toxin and infection load that chronic toxin and infection load that we're just kind of putting up with. But we're just kind of putting up with. But one of the ways we put up with it is by one of the ways we put up with it is by producing more cholesterol. Or producing more cholesterol. Or conversely, you might be stuck with a conversely, you might be stuck with a higher cholesterol level because your higher cholesterol level because your body's not able to use enough of it to body's not able to use enough of it to make the bile that it really wants to make the bile that it really wants to out of that cholesterol. So, it's out of that cholesterol.

How Cholesterol Builds Up

So, it's important to remember. You also have to important to remember. You also have to understand that dietary cholesterol understand that dietary cholesterol plays a much smaller role in deciding plays a much smaller role in deciding what your cholesterol levels are for the what your cholesterol levels are for the body than liver signaling does itself.

body than liver signaling does itself. Liver signaling is the defining factor. Liver signaling is the defining factor. And your liver is determining, "Hey, how And your liver is determining, "Hey, how high should my cholesterol be?" Based on high should my cholesterol be?" Based on the infections it's getting told about the infections it's getting told about elsewhere in the body, the stress that elsewhere in the body, the stress that it's getting told about from your it's getting told about from your nervous system, the toxin load that it's nervous system, the toxin load that it's interpreting and trying to filter out interpreting and trying to filter out for you. And yes, absolutely insulin for you. And yes, absolutely insulin resistance. So, since cholesterol is a resistance. So, since cholesterol is a main ingredient of bile, we need to main ingredient of bile, we need to understand a little bit more about bile understand a little bit more about bile if we're going to talk about cholesterol if we're going to talk about cholesterol and liver overload. It's like one of the and liver overload. It's like one of the biggest ingredients for bile acids biggest ingredients for bile acids themselves. So, bile acids are actually themselves. So, bile acids are actually also formed in the liver. So, lots also formed in the liver. So, lots happening in the liver here. And what is happening in the liver here. And what is bile for? It is a gross word, but it's bile for? It is a gross word, but it's has so many magical properties for your has so many magical properties for your body. I I hope that you adore your bile body. I I hope that you adore your bile by the end of this and you're getting by the end of this and you're getting curious about how to support bile flow curious about how to support bile flow and build bile faster and release bile and build bile faster and release bile faster faster faster uh because it really is so magical.

uh because it really is so magical. Here's how it works. When you think Here's how it works. When you think about

it and this makes total sense, about it and this makes total sense, your bile is made in your liver from your bile is made in your liver from cholesterol and also other amino acids, cholesterol and also other amino acids, right? And the bile is supposed to um be right? And the bile is supposed to um be formed in these solids as bile salts and formed in these solids as bile salts and then suspended in very delicate then suspended in very delicate chemistry in liquid format so that the chemistry in liquid format so that the bile can pick up toxins that have been bile can pick up toxins that have been processed by the liver and carry them processed by the liver and carry them out down into the gallbladder as out down into the gallbladder as gallbladder holds the bile, perfects the gallbladder holds the bile, perfects the pH, condenses it so that it's really pH, condenses it so that it's really useful and ready to go useful and ready to go to meet the bolus of food with stomach to meet the bolus of food with stomach acid and cool it down so that the small acid and cool it down so that the small intestine can go to work and do its intestine can go to work and do its thing. And of course, the pancreas is thing. And of course, the pancreas is playing a role there. The gallbladder playing a role there. The gallbladder and pancreas meet together with their and pancreas meet together with their secretions right ideally at the same secretions right ideally at the same time. Sodium bicarbonate and enzymes time. Sodium bicarbonate and enzymes from the pancreas and bile from the from the pancreas and bile from the gallbladder. So, bile is supposed to be gallbladder. So, bile is supposed to be in that process carrying out toxins, in that process carrying out toxins, carrying out hormones like estrogen once carrying out hormones like estrogen once it's been, you know, degraded. Um taking it's been, you know, degraded. Um taking out the broken-down histamine once it's out the broken-down histamine once it's been dealt with by the liver as well.

been dealt with by the liver as well. Oh, interesting. Histamine, we'll talk Oh, interesting. Histamine, we'll talk about the that more later, right? We about the that more later, right? We want to get the stuff out of the body.

want to get the stuff out of the body. But if the bile flow is sluggish for any But if the bile flow is sluggish for any reason or congested, cholesterol reason or congested, cholesterol clearance by extension is impaired clearance by extension is impaired because cholesterol making was step one because cholesterol making was step one of this process, right? And if you of this process, right? And if you cannot use enough of it to make enough cannot use enough of it to make enough bile to move out the sluggish stuff, bile to move out the sluggish stuff, move out the toxins, move out the old move out the toxins, move out the old hormones, and clear this junk, well, hormones, and clear this junk, well, there's nowhere for the stuff upstream, there's nowhere for the stuff upstream, all this cholesterol to go. It will all this cholesterol to go. It will build up. Your body will be holding onto build up. Your body will be holding onto more of it. Hey, we got to catch up on more of it. Hey, we got to catch up on this bile production, this bile flow.

this bile production, this bile flow. Let's hold on to more cholesterol cuz it Let's hold on to more cholesterol cuz it seems like we need it. So, it can be seems like we need it. So, it can be considered, I would say the harshest considered, I would say the harshest thing I would say about high cholesterol thing I would say about high cholesterol is that maybe it's a traffic jam. But it is that maybe it's a traffic jam. But it doesn't necessarily mean it's doesn't necessarily mean it's overproducing. I wouldn't necessarily overproducing. I wouldn't necessarily call it a mistake by the body. I don't call it a mistake by the body. I don't think of the body as something that think of the body as something that makes mistakes. I think our job is to makes mistakes. I think our job is to understand at a profound and deep level understand at a profound and deep level to the best of our ability what the to the best of our ability what the body's trying to do and respect those body's trying to do and respect those instincts and try to work with them instincts and try to work with them instead of trying to override them.

instead of trying to override them. That's what stewardship of the body is. That's what stewardship of the body is. That's what naturopathy is. It's That's what naturopathy is.

What Labs Miss Completely

It's stewardship of the body, not trying to stewardship of the body, not trying to override it. So, what standard labs override it. So, what standard labs ranges are missing in this whole ranges are missing in this whole conversation, you know, we're talking conversation, you know, we're talking about normal cholesterol ranges, we're about normal cholesterol ranges, we're forgetting how important it is to use forgetting how important it is to use cholesterol as a signal, "Hey, is it cholesterol as a signal, "Hey, is it time to look at insulin resistance? Do I time to look at insulin resistance? Do I maybe have a developing fatty liver? Is maybe have a developing fatty liver? Is there more

inflammation than I realized there more inflammation than I realized and it's time to take a deeper look?

and it's time to take a deeper look? Um oh, what about thyroid signaling? Um oh, what about thyroid signaling? Hey, because we know when the thyroid is Hey, because we know when the thyroid is slow, so even subclinical slow, so even subclinical hypothyroidism hypothyroidism hypothyroidism means slower bile flow. Isn't that means slower bile flow. Isn't that weird? Because that little trapdoor at weird? Because that little trapdoor at the bottom of your gallbladder's little the bottom of your gallbladder's little bile duct to dump out into the small bile duct to dump out into the small intestines, cute little trapdoor, it's intestines, cute little trapdoor, it's called the sphincter of Oddi.

called the sphincter of Oddi. If um your thyroid is slow, it actually If um your thyroid is slow, it actually tells the sphincter of Oddi to constrict tells the sphincter of Oddi to constrict and also slow down and not be able to and also slow down and not be able to release bile as efficiently as you would release bile as efficiently as you would want to. So, right when you want to be want to. So, right when you want to be the best at letting go of bile, you have the best at letting go of bile, you have a little bit of a struggle to do so a little bit of a struggle to do so efficiently. So, that's really important efficiently. So, that's really important to understand. So, the same cholesterol to understand.

What LDL Represents

So, the same cholesterol number also, we want to add some nuance number also, we want to add some nuance to this, can mean very different things to this, can mean very different things in different bodies as well. So, what in different bodies as well. So, what LDL actually represents, LDL's really LDL actually represents, LDL's really like a surrogate. It's like a measuring like a surrogate. It's like a measuring stick of like, okay, like a barometer, stick of like, okay, like a barometer, but it's not a root cause of health but it's not a root cause of health issues itself. Um LDL particles issues itself. Um LDL particles transport cholesterol to tissues. And transport cholesterol to tissues. And yes, they do increase during yes, they do increase during inflammation. They also increase during inflammation. They also increase during oxidative stress and metabolic oxidative stress and metabolic dysfunction, but they're not the root dysfunction, but they're not the root cause of those. So, it's really cause of those. So, it's really important to make sure again we're not important to make sure again we're not blaming the fireman for going seeking blaming the fireman for going seeking out the smoke. Where is that fire? Let's out the smoke. Where is that fire? Let's go try to deal with it and sort this out go try to deal with it and sort this out ourselves. Cuz cholesterol is bringing ourselves. Cuz cholesterol is bringing key resources to these areas in the body key resources to these areas in the body that really desperately need some that really desperately need some support. LDL can contribute, yes, to new support. LDL can contribute, yes, to new plaque formation, but LDL elevation is plaque formation, but LDL elevation is often downstream of metabolic stress.

often downstream of metabolic stress. So, we often see metabolic stress first. So, we often see metabolic stress first. Metabolic dysfunction, overload from Metabolic dysfunction, overload from toxins, maybe I have some exposure to toxins, maybe I have some exposure to mold snuck in for a period of time, mold snuck in for a period of time, maybe your pathogens are starting to maybe your pathogens are starting to overgrow and getting more distorted um overgrow and getting more distorted um and your microbiome doesn't have enough and your microbiome doesn't have enough key diversity to protect you, maybe your key diversity to protect you, maybe your immune system is struggling to keep up immune system is struggling to keep up with some of those sneaky infections with some of those sneaky infections that can just kind of linger silently in that can just kind of linger silently in the tissues, just little pockets the tissues, just little pockets throughout the body. Those would all be throughout the body. Those would all be good reasons for LDL elevation. So, good reasons for LDL elevation.

Why Lowering LDL Fails

So, that's a really important distinction that's a really important distinction um that we want to make here. Lowering um that we want to make here. Lowering LDL, just pushing that number down, LDL, just pushing that number down, doesn't actually fix why LDL rose in the doesn't actually fix why LDL rose in the first place. So, if we're going to be first place. So, if we're going to be root cause detectives and take control root cause detectives and take control over our own health journeys and really over our own health journeys and really embrace the concepts like we do at embrace the concepts like we do at Detoxination of Naturopathy and really Detoxination of Naturopathy and really root cause resolutions, stewardship of root cause resolutions, stewardship of the body, then we have to

ask better the body, then we have to ask better questions. Why did this rise in the questions. Why did this rise in the first place? Cholesterol alone is not a first place? Cholesterol alone is not a good like barometer of how you're doing good like barometer of how you're doing with your health. It's actually a very with your health. It's actually a very incomplete marker, isn't it? So, LDL-C incomplete marker, isn't it? So, LDL-C is not consistently protective of is not consistently protective of mortality in older adults. We can see mortality in older adults. We can see that extensively in the research. And that extensively in the research. And risk varies wildly based on different risk varies wildly based on different metabolic contexts. Triglycerides, metabolic contexts. Triglycerides, insulin, inflammation, those often insulin, inflammation, those often actually matter more. It doesn't mean actually matter more. It doesn't mean that cholesterol never matters, it just that cholesterol never matters, it just means cholesterol needs to be means cholesterol needs to be interpreted in this larger context.

interpreted in this larger context. Again, I just want to underscore this, Again, I just want to underscore this, I'm not telling you to flush your I'm not telling you to flush your statins down the toilet. Um I'm not statins down the toilet. Um I'm not telling you to break up with your telling you to break up with your doctor, you know, nothing like that.

doctor, you know, nothing like that. Let's be safe and smart here. Um I just Let's be safe and smart here. Um I just want you to understand that there's a want you to understand that there's a deeper reasoning that the body has for deeper reasoning that the body has for each of these markers to potentially be each of these markers to potentially be driven up. And I want you to start driven up. And I want you to start seeing how the dots fit together for seeing how the dots fit together for you. So, we also want to remember that you. So, we also want to remember that when the pharmaceutical companies are when the pharmaceutical companies are trying to sell a product, they're going trying to sell a product, they're going to, of course, present it in the most to, of course, present it in the most beneficial light. That's their job, or beneficial light. That's their job, or that's legally what they're allowed to that's legally what they're allowed to do. We're one of only a couple countries do. We're one of only a couple countries in the entire world that still allows in the entire world that still allows them to do that. But they are allowed to them to do that. But they are allowed to do that here, and so they will present do that here, and so they will present their products in the best possible their products in the best possible light. What does that mean for us? It light. What does that mean for us? It means that we end up getting um means that we end up getting um non-legally relevant terms like relative non-legally relevant terms like relative risk reduction. It doesn't actually have risk reduction. It doesn't actually have any legal standing to say that. So, any legal standing to say that. So, relative risk reduction is what they relative risk reduction is what they often quote when they're talking about often quote when they're talking about statins. And what they mean is um statins. And what they mean is um there's a 50% reduction in the um rate there's a 50% reduction in the um rate of the risk essentially towards cardiac of the risk essentially towards cardiac events. But what that means in real time events. But what that means in real time is that um the risk in populations goes is that um the risk in populations goes from 2% down to 1%. So, we're actually from 2% down to 1%. So, we're actually talking about a 1% reduction. And yes, talking about a 1% reduction. And yes, relative to the number 2%, 1% is 50% relative to the number 2%, 1% is 50% less, less, less, but it doesn't necessarily mean that you but it doesn't necessarily mean that you end up getting saddled with this end up getting saddled with this pharmaceutical are experiencing a 50% pharmaceutical are experiencing a 50% increase in health and safety or a 50% increase in health and safety or a 50% decrease in cardiac events, because decrease in cardiac events, because you're not. This we're talking about a you're not. This we're talking about a 1% shift. That's what the research 1% shift. That's what the research shows. So, I just want you to know what shows. So, I just want you to know what that term means, relative risk that term means, relative risk reduction. And I want you to apply that reduction. And I want you to apply that awareness and that reasoning in those awareness and that reasoning in those you evaluate your health choices. They you evaluate your health choices. They like to do that, and they're legally like to do that, and they're legally allowed to, so of course they're going allowed to, so of course they're going to. So, we want to just be aware this is to. So, we want to just be aware this is a 1% reduction in potential risk in a 1% reduction in potential risk in cardiac events.

cardiac events. And yes, they do have limitations, and And yes, they do have limitations, and every pharmaceutical comes with side every pharmaceutical comes with side effects. We just need to acknowledge effects. We just need to acknowledge that, right? So, even if you want to that, right? So, even if you want to stay on a statin and you feel really stay on a statin and you feel really good about it, um and you think it's the good about it, um and you think it's the right move for you, we also want to right move for you, we also want to remember that they don't restore hepatic remember that they don't restore hepatic metabolic flexibility. That just means metabolic flexibility. That just

means is your liver getting healthier and more is your liver getting healthier and more flexible and more efficient? It It flexible and more efficient? It It doesn't actually restore that at all. It doesn't actually restore that at all. It just pushes the number down on the lab.

just pushes the number down on the lab. It just reduces the amount of It just reduces the amount of cholesterol in the available supply for cholesterol in the available supply for you to try to throw at these problems you to try to throw at these problems that your body's trying to solve. They that your body's trying to solve. They don't increase bile flow, and they also don't increase bile flow, and they also don't increase insulin sensitivity um or don't increase insulin sensitivity um or restore it, and they don't restore restore it, and they don't restore detoxification capacity. We're going to detoxification capacity. We're going to have to do that from a different angle.

have to do that from a different angle. So, whether or not you want to be on a So, whether or not you want to be on a statin or stay on it um as you uncover statin or stay on it um as you uncover these different root cause factors for these different root cause factors for yourself, just remember we're still yourself, just remember we're still going to have to, no matter what, look going to have to, no matter what, look at these other things and tackle them at these other things and tackle them from a different angle. Hepatic from a different angle.

What Liver Overload Really Means

Hepatic metabolic flexibility, bile flow, metabolic flexibility, bile flow, insulin sensitivity, and detoxification insulin sensitivity, and detoxification capacity. It's really important to um capacity. It's really important to um take a more global view of what liver take a more global view of what liver overload actually means. Liver overload overload actually means. Liver overload is not liver failure. You don't have to is not liver failure. You don't have to get scared about it. It's just a get scared about it. It's just a functional capacity shift. It's a state functional capacity shift. It's a state where hepatic input exceeds the liver's where hepatic input exceeds the liver's ability to transform and package and ability to transform and package and eliminate um and, of course, signal eliminate um and, of course, signal metabolically, cuz your liver's an metabolically, cuz your liver's an essential part not just of your essential part not just of your digestive tract itself, in the sense digestive tract itself, in the sense that your liver's helping you to digest that your liver's helping you to digest your proteins, your fats, your carbs, your proteins, your fats, your carbs, literally every aspect of your food, literally every aspect of your food, including the toxins that snuck in on including the toxins that snuck in on there. But your liver's also sig- there. But your liver's also sig- signaling to the rest of your body how signaling to the rest of your body how metabolically healthy, like cellular metabolically healthy, like cellular metabolism. How fast can we metabolize metabolism. How fast can we metabolize things body-wide? How old should we things body-wide? How old should we behave? How much inflammation should we behave? How much inflammation should we have? At a cellular level body-wide, have? At a cellular level body-wide, your liver is sharing really important your liver is sharing really important signals based on its own experience. So, signals based on its own experience. So, in a way, because it's so regenerative in a way, because it's so regenerative and so powerful and such a linchpin for and so powerful and such a linchpin for all these critical processes in the all these critical processes in the body, it's really body, it's really like your first and your last line of like your first and your last line of defense in so many ways. And it's defense in so many ways. And it's regulating your body's ability to regulating your body's ability to understand and um clean up the terrain understand and um clean up the terrain everywhere else, because if your liver everywhere else, because if your liver is blocked, you're going to be slower in is blocked, you're going to be slower in dealing with that in the rest of your dealing with that in the rest of your tissues, because where is it going to tissues, because where is it going to go? Where are all those toxins going to go? Where are all those toxins going to go if they have to be filtered out by go if they have to be filtered out by the liver? We want to consider that and the liver? We want to consider that and and really with fresh eyes look at like, and really with fresh eyes look at like, okay, okay, okay, knowing that, knowing how critical this knowing that, knowing how critical this is as my linchpin, my largest is as my linchpin, my largest traditional organ, traditional organ, um so working so hard for me, and we um so working so hard for me, and we also know it's extremely resilient. This also know it's extremely resilient. This thing can regrow itself in just a few thing can regrow itself in just a few weeks. That's insane when you think weeks. That's insane when you think about it. From just a small portion of about it. From just a small portion of the liver, it can regrow itself in 6 the liver, it can regrow itself in 6 weeks. That's crazy. It's really weeks. That's crazy. It's really interesting when you pair that awareness interesting when you pair that awareness with how persistent liver issues are in with how persistent liver issues are in our lived experience. And it's because our lived experience. And it's because if nothing changes, nothing changes, if nothing

changes, nothing changes, right? If our inputs don't change, the right?

Hidden Causes Of Liver Stress

If our inputs don't change, the results don't change. Let's look at results don't change. Let's look at those major inputs, right? Like look at those major inputs, right? Like look at things like excess fructose, because things like excess fructose, because fructose is the hardest of sugars on the fructose is the hardest of sugars on the liver. I promise, I'm not the food liver. I promise, I'm not the food police. I just want you to be aware of police. I just want you to be aware of the different factors. So, yes, excess the different factors. So, yes, excess fructose and refined carbs. Duh, of fructose and refined carbs. Duh, of course. We're having like an course. We're having like an international reckoning about the way we international reckoning about the way we have been socialized to eat over the have been socialized to eat over the last few decades. This is not a surprise last few decades. This is not a surprise to you. You're smart. So, okay, what to you. You're smart. So, okay, what else? [clears throat] Major inputs that else? [clears throat] Major inputs that drive overload. Oh, yeah, chronic drive overload. Oh, yeah, chronic insulin signaling. Cuz you know what?

insulin signaling. Cuz you know what? When the liver gets overloaded and slows When the liver gets overloaded and slows down in these basic metabolic processes, down in these basic metabolic processes, the pancreas ramps up and goes, the pancreas ramps up and goes, "Oopsies, "Oopsies, "Oopsies, the liver's not there. I'm knocking. I'm the liver's not there. I'm knocking. I'm sending signals, but it's not getting sending signals, but it's not getting them. Those receptor sites are not as them. Those receptor sites are not as efficient as they used to be. I know, efficient as they used to be. I know, I'll start working overtime." But that I'll start working overtime." But that makes a uh chronic flare cycle, too, of makes a uh chronic flare cycle, too, of inflammation. And then we're going to inflammation. And then we're going to have to unwind that together. Yeah, have to unwind that together. Yeah, okay, alcohol in excess, true. That's okay, alcohol in excess, true. That's another major input. You know that. You another major input. You know that. You don't need me to explain that.

don't need me to explain that. Um but this is where it gets more Um but this is where it gets more interesting to me. Endotoxins from gut interesting to me. Endotoxins from gut permeability. Mm, what are endotoxins?

permeability. Mm, what are endotoxins? Endotoxins are endogenous to the body. Endotoxins are endogenous to the body. They are made by pathogens. They are made by pathogens.

So, whether they're itty-bitty little So, whether they're itty-bitty little bacteria or big scary gut worms and bacteria or big scary gut worms and everything in between, um we have the um everything in between, um we have the um ability for these creatures to be ability for these creatures to be producing all the time this inflammatory producing all the time this inflammatory waste. Yes, I'm talking about parasite waste. Yes, I'm talking about parasite poop and pee. That's what I'm talking poop and pee. That's what I'm talking about. Cuz your parasites, your pathogen about. Cuz your parasites, your pathogen overgrowths, your biofilms, all that overgrowths, your biofilms, all that stuff, they are inhaling, they're eating stuff, they are inhaling, they're eating food that really should be at your food that really should be at your table. Parasites, like the definition of table. Parasites, like the definition of them is like they're living off of you.

them is like they're living off of you. They eat at your table first. They steal They eat at your table first. They steal your micronutrients from you. They drive your micronutrients from you. They drive your dietary behaviors, right? And yes, your dietary behaviors, right? And yes, that means they also poop and pee as that means they also poop and pee as soon as they ingest what they wanted.

soon as they ingest what they wanted. So, that material is very, very So, that material is very, very inflammatory to you. It's ammonia, it's inflammatory to you. It's ammonia, it's different aldehydes, different aldehydes, um and yes, um various toxins. Once you um and yes, um various toxins. Once you actually deal actually deal actually acknowledge that, you have to actually acknowledge that, you have to remember that the liver's going to have remember that the liver's going to have to process that chunk, just as if it was to process that chunk, just as if it was a toxicant from any other source. It a toxicant from any other source. It just adds to the load.

just adds to the load. And then we got to consider, oh yeah, And then we got to consider, oh yeah, there's the hormone recirculation part, there's the hormone recirculation part, too, because your liver is crucial in too, because your liver is crucial in dealing with hormones in in terms of dealing with hormones in in terms of converting them, like for T4 to T3 for converting them, like for T4 to T3 for the thyroid. That's happening for the the thyroid. That's happening for the thyroid in the liver. But it's also thyroid in the liver. But it's also about estrogen. Can you break down about estrogen. Can you break down estrogen fast enough and efficiently estrogen fast enough and efficiently enough in the liver the way you're enough in the liver the way you're supposed to? Can you break down supposed to? Can you break down histamine as efficiently as you're histamine as efficiently as you're supposed to in the liver? If you have supposed to in the liver? If you have any issues with that whatsoever, it's any issues with that whatsoever, it's probably not the hormone's fault. That's probably not the hormone's fault. That's at the end of the stream. You go at the end of the stream. You go upstream to discover, oh, it's probably upstream to discover, oh, it's probably those toxins that we're getting exposed those toxins that we're getting exposed to in our food, air, and water every day to in our food, air, and water every day that you did not consent to. That is not that you did not consent to. That is not your fault. You got sold a line, just your fault.

Cholesterol As A Protective Response

You got sold a line, just like all of us, that this food, air, and like all of us, that this food, air, and water is safe. These clothes are safe. water is safe. These clothes are safe.

You know, these building materials are You know, these building materials are safe. And just cuz it's not your fault, safe. And just cuz it's not your fault, though, doesn't mean that anybody else though, doesn't mean that anybody else can fix it for you. We still have to go can fix it for you. We still have to go in and clean up the sludge. And we can in and clean up the sludge. And we can do that by thinning out bile.

do that by thinning out bile. We can do that by speeding up the We can do that by speeding up the excretion process for the liver, excretion process for the liver, returning it to efficiency once more.

returning it to efficiency once more. But in order to do that, we have to But in order to do that, we have to first acknowledge that these were the first acknowledge that these were the blockages. These were the building blockages. These were the building blocks to that liver overload that led blocks to that liver overload that led to all that stress signaling that led to to all that stress signaling that led to distortions and those lacerations in the distortions and those lacerations in the veins in the tissues, the disruption in veins in the tissues, the disruption in the gut lining and indeed every other the gut lining and indeed every other organ lining. What makes a great patch organ lining. What makes a great patch for those problems? Oh, yeah, for those problems? Oh, yeah, cholesterol. Cholesterol is a great cholesterol. Cholesterol is a great patch for those distortions and patch for those distortions and disruptions in all those linings disruptions in all those linings throughout our body. So, yeah, your throughout our body. So, yeah, your plumber's going to try to use that as plumber's going to try to use that as patch. That's okay. We can just start patch. That's okay. We can just start over offloading the stuff at a pace that over offloading the stuff at a pace that feels right for you. This can be very, feels right for you. This can be very, very doable. And so, I just want to very doable. And so, I just want to encourage you as we're talking about encourage you as we're talking about these different factors, when you have these different factors, when you have an overloaded liver, it's extremely an overloaded liver, it's extremely common to feel impatient and brain common to feel impatient and brain foggy, to feel easily irritated, and you foggy, to feel easily irritated, and you might even be directing that at me right might even be directing that at me right now, which I try to take not personally now, which I try to take not personally because all I want is for everybody to because all I want is for everybody to be able to heal themselves, but that's be able to heal themselves, but that's okay if you feel overwhelmed by this.

okay if you feel overwhelmed by this. It doesn't mean you have to do an It doesn't mean you have to do an overwhelming protocol. You can actually overwhelming protocol. You can actually ease into these solutions with gentle ease into these solutions with gentle steps, no matter how sensitive you are.

steps, no matter how sensitive you are. That's the good news. So, just know that That's the good news. So, just know that that's the truth at the end of this.

that's the truth at the end of this. That's that the light at the end of the That's that the light at the end of the tunnel is this is still all doable and tunnel is this is still all doable and it's not too late. And it wasn't even it's not too late. And it wasn't even your fault to begin with. Maybe you ate, your fault to begin with. Maybe you ate, you know, some extra carbs. Oh, well, so you know, some extra carbs. Oh, well, so sue you, you know, like it's not sue you, you know, like it's not >> [laughter] >> [laughter] >> [laughter] >> You should be resilient enough to enjoy >> You should be resilient enough to enjoy that from time to time, that from time to time, None of us are perfect. I'm not the food None of us are perfect. I'm not the food police. I'm not here to shame you for police. I'm not here to shame you for any choices. I just want you to know why any choices. I just want you to know why it might not feel good when we're trying it might not feel good when we're trying to reach for things that used to be, you to reach for things that used to be, you know, um comforting and then realize we know, um comforting and then realize we don't have that capacity to enjoy them don't have that capacity to enjoy them anymore.

anymore. anymore. That second glass of wine doesn't feel That second glass of wine doesn't feel so hot on an overloaded liver, you know, so hot on an overloaded liver, you know, with extra cholesterol. Maybe even that with extra cholesterol. Maybe even that first glass of wine just isn't even first glass of wine just isn't even worth it anymore. Just cuz the way worth it anymore. Just cuz the way you'll feel the next day. And that comes you'll feel the next day. And that comes down to all of this adding up under the down to all of this adding up under the surface. So, we don't want to blame surface. So, we don't want to blame cholesterol and just be like, "Ugh, that cholesterol and just be like, "Ugh, that number's yucky. I wonder why I feel bad number's yucky. I wonder why I feel bad all over here with all these other all over here with all these other things, but there's no relationship, things, but there's no relationship, right?" There's absolutely a right?" There's absolutely a relationship. They're deeply relationship. They're deeply interconnected. They're deeply interconnected. They're deeply intertwined. And the same gentle inputs intertwined. And the same gentle inputs can help to unwind all of this for you.

can help to unwind all of this for you. That's the good news, right? The That's the good news, right? The lipogenesis of fat made in the liver um lipogenesis of fat made in the liver um is actually a big part of this. We're is actually a big part of this. We're going to see impaired bile acid going to see impaired bile acid synthesis and flow when we have these synthesis and flow when we have these major inputs driving overload. We're major inputs driving overload. We're going to see a reduced detoxification going to see a reduced detoxification capacity. So, right when you need capacity. So, right when you need detoxification to be as efficient as detoxification to be as efficient as possible, possible, possible, it's less efficient than it should be.

it's less efficient than it should be. And that's kind of the catch-22 of the And that's kind of the catch-22 of the body, isn't it? Right when you need body, isn't it?

Why You Feel Bad With u201cNormalu201d Labs

Right when you need energy the most to do the repair work energy the most to do the repair work and the detox, you have the least access and the detox, you have the least access to it. All this is to say, labs can to it. All this is to say, labs can easily miss the stuff because this labs easily miss the stuff because this labs that look at toxin overload, the labs that look at toxin overload, the labs that look at slow hormone processing, that look at slow hormone processing, the labs that look at histamine and the labs that look at histamine and histamine overload are not the same labs histamine overload are not the same labs that we run to look at the liver.

that we run to look at the liver. They're all very separate panels and They're all very separate panels and separate modes of thought as well. And separate modes of thought as well. And they're certainly not going to show up they're certainly not going to show up on a basic, you know, blood work panel on a basic, you know, blood work panel where you're going to look and like, where you're going to look and like, "Oh, take a quick look at your "Oh, take a quick look at your cholesterol." It's just It's not all in cholesterol." It's just It's not all in one place, not the way the industry one place, not the way the industry works right now. So, we have to go look works right now. So, we have to go look for it. We have to go grab that for it. We have to go grab that information. Or we can just go straight information. Or we can just go straight to the symptomology and say, "Yep, I to the symptomology and say, "Yep, I know I lived in mold in the past. Yep, I know I lived in mold in the past. Yep, I know I'm more sensitive to fats. Yep, I know I'm more sensitive to fats. Yep, I know I'm not dealing with chemicals as know I'm not dealing with chemicals as well as I used to cuz I get rashy or well as I used to cuz I get rashy or irritated when I'm around those yucky

irritated when I'm around those yucky fake, you know, candles and all that fake, you know, candles and all that stuff. Yep, I'm convinced. Let's just stuff. Yep, I'm convinced. Let's just just give me a liver detox protocol.

just give me a liver detox protocol. I'll just do it and see what happens." I'll just do it and see what happens." So, you can do that. You could do a deep So, you can do that. You could do a deep dive and keep running lab after lab dive and keep running lab after lab after lab, or you can just go straight after lab, or you can just go straight to the bile thinning and bile movement to the bile thinning and bile movement and excavation of the issue. It's and excavation of the issue. It's totally up to you and I support either totally up to you and I support either approach. Um whatever feels right to approach. Um whatever feels right to you. So, here's why labs often miss this you. So, here's why labs often miss this stuff. AST and ALT measure cell damage.

stuff. AST and ALT measure cell damage. So, like what has happened after the So, like what has happened after the fact? They don't fact? They don't measure function or efficiency in the measure function or efficiency in the liver. They don't manage bile flow and liver. They don't manage bile flow and they don't like or current just general they don't like or current just general capacity of the liver to micro or to um capacity of the liver to micro or to um multitask essentially. And you can have multitask essentially. And you can have severe metabolic dysfunction with severe metabolic dysfunction with totally normal enzymes. That was me. I totally normal enzymes. That was me. I was down to three foods. Oh my god, it was down to three foods. Oh my god, it was horrible. I had unlivable GERD and was horrible. I had unlivable GERD and like all that heartburn stuff, acid like all that heartburn stuff, acid reflux, like all of that stuff, all the reflux, like all of that stuff, all the bloating, all of the distress and brain bloating, all of the distress and brain fog around it and like it was a fog around it and like it was a nightmare to navigate what could I eat nightmare to navigate what could I eat in a given day because I felt like I was in a given day because I felt like I was I was going to get punished no matter I was going to get punished no matter what I tried. Did you ever feel like what I tried. Did you ever feel like that like your body's against you? I that like your body's against you? I promise you it's not. It's on your side.

promise you it's not. It's on your side. It wants to feel good, but if you don't It wants to feel good, but if you don't know what the signals mean, it can feel know what the signals mean, it can feel deeply personal. It can feel like, "Why deeply personal. It can feel like, "Why are you betraying me?" are you betraying me?" >> [laughter] >> [laughter] >> [laughter] >> It's very frustrating, I know. So, I'm I >> It's very frustrating, I know. So, I'm I totally get that. I just want you to totally get that. I just want you to understand the science underneath it.

understand the science underneath it. So, labs aren't even checking for that, So, labs aren't even checking for that, right? And ALT, AST, like this is not right? And ALT, AST, like this is not how to measure all this stuff. So, how to measure all this stuff. So, functional congestion is going to functional congestion is going to precede signs of structural disease. So, precede signs of structural disease. So, by the time your liver enzymes are by the time your liver enzymes are elevated, you've already been elevated, you've already been feeling the stress of this for years.

feeling the stress of this for years. It's one of those classic examples of It's one of those classic examples of you don't feel good, but your labs say you don't feel good, but your labs say you're fine. Or your labs say, "Oh, you're fine. Or your labs say, "Oh, they're well off. Um and I'm a little they're well off. Um and I'm a little worried about your cholesterol. Let's go worried about your cholesterol. Let's go on a statin and then let's, you know, on a statin and then let's, you know, we'll keep an eye on it. We'll But wait we'll keep an eye on it. We'll But wait a minute, there's probably a lot of a minute, there's probably a lot of stuff happening under the surface that stuff happening under the surface that you could reverse at home and gently so you could reverse at home and gently so this doesn't keep going in the wrong this doesn't keep going in the wrong direction. Right? So, ALT direction. Right? So, ALT reflects hepatocyte membrane damage. It reflects hepatocyte membrane damage. It does not show bile stagnation, toxin does not show bile stagnation, toxin overload, or mitochondrial dysfunction.

overload, or mitochondrial dysfunction. It's not designed for that. That's not It's not designed for that. That's not what that marker does. We're also what that marker does. We're also looking at AST, right? On a normal liver looking at AST, right? On a normal liver panel. Great, but that's looking at panel. Great, but that's looking at cellular injury. So, like liver, muscle, cellular injury. So, like liver, muscle, heart. Again, very helpful to know, but heart. Again, very helpful to know, but it's not showing you if you have slow it's not showing you if you have slow detox or gallbladder congestion. There's detox or gallbladder congestion. There's no way you could see that from that no

way you could see that from that marker. ALP, similar theme here, guys.

marker. ALP, similar theme here, guys. You can see some bile duct irritation You can see some bile duct irritation when it's become really severe over when it's become really severe over time, time, time, but it's not going to show you early but it's not going to show you early bile thickening or like that sluggish bile thickening or like that sluggish flow. Remember that what earlier we flow. Remember that what earlier we talked about bile acids being suspended talked about bile acids being suspended in liquid form in very delicate in liquid form in very delicate chemistry and how easy it is for those chemistry and how easy it is for those to drop out and get sluggish, to drop out and get sluggish, slow-moving, viscous, and sticky in the slow-moving, viscous, and sticky in the bile ducts once they're exposed to bile ducts once they're exposed to chemicals, heavy metals, molds, things chemicals, heavy metals, molds, things like that that are inflammatory and like that that are inflammatory and distort the flow. That's a bummer, distort the flow. That's a bummer, right?

right? right? >> [laughter] >> [laughter] >> [laughter] >> We can look at total bilirubin as well. >> We can look at total bilirubin as well. And yes, that's great for understanding And yes, that's great for understanding heme breakdown and severe obstructions, heme breakdown and severe obstructions, absolutely, but it's not going to show absolutely, but it's not going to show you slow clinical cholestasis or bile you slow clinical cholestasis or bile sludge. Albumin, similar thing. It'll sludge. Albumin, similar thing. It'll show you advanced synthetic failure, but show you advanced synthetic failure, but it won't show you functional stress or it won't show you functional stress or inflammation in general.

inflammation in general. And PT, similar thing, clotting factor And PT, similar thing, clotting factor synthesis. Um it doesn't show you those synthesis. Um it doesn't show you those early detox bottlenecks. This is what's early detox bottlenecks. This is what's often happening under the surface even often happening under the surface even when your liver labs look normal or when your liver labs look normal or they're slightly off. This is the stuff they're slightly off. This is the stuff that your liver and gallbladder make that your liver and gallbladder make when you have a hard time.

when you have a hard time. When your bile ducts aren't moving When your bile ducts aren't moving um with clarity and ease and flow. With um with clarity and ease and flow. With your bile cannot get produced fast your bile cannot get produced fast enough by cholesterol. So, if enough by cholesterol. So, if cholesterol can't efficiently get made cholesterol can't efficiently get made into bile fast enough and the bile flow into bile fast enough and the bile flow can't flow fast enough down those 2,000 can't flow fast enough down those 2,000 mi of delicate bile ducts in the liver, mi of delicate bile ducts in the liver, dump out through the biliary tree, boom, dump out through the biliary tree, boom, get stored in the gallbladder, and then get stored in the gallbladder, and then flush out into the small intestine.

flush out into the small intestine. That's a really big journey for most That's a really big journey for most bile particles. That's this really long bile particles. That's this really long road. And if for any reason you get road. And if for any reason you get slowed down along the way from slowed down along the way from infections or from toxicants that infections or from toxicants that distort that chemistry and slow things distort that chemistry and slow things down, yeah, you're going to start making down, yeah, you're going to start making some junk. And sometimes it's not this some junk. And sometimes it's not this exciting. You know, you don't always get exciting. You know, you don't always get to see fireworks in the toilet. These to see fireworks in the toilet. These are student releases. Um this is a are student releases. Um this is a client here who was um very unwell. He client here who was um very unwell. He had advanced Lyme and he It took him a had advanced Lyme and he It took him a while to figure out, "Oh, yeah, in part while to figure out, "Oh, yeah, in part that's because my bile ducts got slowed that's because my bile ducts got slowed down so much from living in mold for down so much from living in mold for years and not realizing it." And you can years and not realizing it." And you can see that some of these even look older see that some of these even look older than others. Some of them look softer.

than others. Some of them look softer. Some of them are squishable. See that? Some of them are squishable. See that? Versus other ones look very quite Versus other ones look very quite calcified. Like this looks quite calcified. Like this looks quite calcified, doesn't it?

calcified, doesn't it? That's interesting, right? Most of the That's interesting, right? Most of the stuff wouldn't even show up on a scan stuff wouldn't even show up on a scan because it's not dense enough. It's because it's not dense enough. It's mostly made of cholesterol by default mostly made of cholesterol by default cuz that's what your liver has an excess cuz that's what your liver has an excess of when it is stressed. And it makes a of when it is stressed. And it makes a lot of sense, doesn't it? But like for lot of sense, doesn't it? But like for example, the upper left here, we're in example, the upper left here, we're in excess of bilirubin. Um you know, darker excess of bilirubin. Um you know, darker brown stones can point to some pathogen brown stones can point to some pathogen issues. The green is very common because issues. The green is very common because it's different just different excesses it's different just different excesses of bile salts that don't have enough of bile salts that don't have enough movement and support to flow out. So, movement and support to flow out. So, they get paired with cholesterol to kind they get paired with cholesterol to kind of wrap as a bandage around these of wrap as a bandage around these inflammatory elements like toxins. So, inflammatory elements like toxins. So, these will naturally form in a body at these will naturally form in a body at any period of life, even the WHO any period of life, even the WHO acknowledges that. And I feel like the acknowledges that. And I feel like the WHO is like oftentimes behind and like a WHO is like oftentimes behind and like a very conservative organization, you very conservative organization, you know? But even they say 21% of the know? But even they say 21% of the world's population is going to have world's population is going to have gallstones formed, and over 80% of those gallstones formed, and over 80% of those formed are not really dense in at all.

formed are not really dense in at all. They're mostly cholesterol-based. Okay, They're mostly cholesterol-based. Okay, this is good information for us to have.

this is good information for us to have. I actually think it's a lot higher than I actually think it's a lot higher than that, but you know, it's an outdated that, but you know, it's an outdated statistic. That's okay. We want to statistic. That's okay. We want to consider what these gallstones are made consider what these gallstones are made of because Cuz not just cholesterol, of because Cuz not just cholesterol, right? We started to hint at that. Um it right? We started to hint at that. Um it could be too little bile salts or too could be too little bile salts or too much cholesterol or just sluggish bile much cholesterol or just sluggish bile flow and with this paired with all of flow and with this paired with all of the toxicants we just named. Mycotoxins the toxicants we just named. Mycotoxins from molds, from molds, endotoxins from parasites, all these endotoxins from parasites, all these inflammatory inflammatory inflammatory materials that are like really materials that are like really irritating to the bile ducts themselves.

irritating to the bile ducts themselves. Well, they inflame them on contact. So, Well, they inflame them on contact. So, of course, your liver's going to want to of course, your liver's going to want to bandage that up and try to create a bandage that up and try to create a buffer between itself and its delicate buffer between itself and its delicate hardworking tissues hardworking tissues that are highly sensitive and the that are highly sensitive and the irritant. The problem is then is like, irritant. The problem is then is like, "Okay, I'll deal with this later. I'm "Okay, I'll deal with this later. I'm just going to wrap it in this cooling just going to wrap it in this cooling soothing cholesterol." Oops. Now I can't soothing cholesterol." Oops. Now I can't get this out fast enough. So, it's a get this out fast enough. So, it's a really smart short-term strategy, but really smart short-term strategy, but unless we're using enough bile builders unless we're using enough bile builders and bile movers and stone dissolvers and bile movers and stone dissolvers that we would used to naturally get in that we would used to naturally get in our diet. Bitters used to be a major our diet. Bitters used to be a major thing, right, in our diet in part to thing, right, in our diet in part to help thin out bile flow, like support help thin out bile flow, like support that in movement. That's not really a that in movement. That's not really a thing anymore, is it? So, when we thing anymore, is it?

Symptoms That Signal Liver Issues

So, when we consider like what is next for you and consider like what is next for you and what do you need if you if this feels what do you need if you if this feels resonant, yes, are concerned about your resonant, yes, are concerned about your cholesterol or just wanting to be cholesterol or just wanting to be proactive about your liver or if you had proactive about your liver or if you had any of those symptoms that we talked any of those symptoms that we talked about earlier because about earlier because when you think about it in the when you think about it in the symptomatology, the liver's often symptomatology, the liver's often talking and expressing distress through talking and expressing distress through these secondary systems. Like your your these secondary systems. Like

your your skin rashes that are so frustrating, skin rashes that are so frustrating, adult acne, eczema, rosacea, like all adult acne, eczema, rosacea, like all those could just be the skin trying to those could just be the skin trying to act as a second liver for you, trying to act as a second liver for you, trying to catch up on excretion or acknowledging catch up on excretion or acknowledging the fact that your liver is not keeping the fact that your liver is not keeping up with breaking down histamine fast up with breaking down histamine fast enough because it's so overloaded. So, enough because it's so overloaded. So, of course, of course, you're going to get rashy and histaminy you're going to get rashy and histaminy and flary in that regard. Or, you know, and flary in that regard. Or, you know, your liver isn't strong enough to your liver isn't strong enough to support the immune system the way it support the immune system the way it needs to um because it's overloaded with needs to um because it's overloaded with all these other issues. So, yeah, your all these other issues. So, yeah, your pathogens running wild. You got an pathogens running wild. You got an overgrowth happening of some kind cuz overgrowth happening of some kind cuz you need more immune support to you need more immune support to rebalance that immune response. All of rebalance that immune response. All of those are different reasons for liver those are different reasons for liver overload and for ex- stress to express overload and for ex- stress to express through the skin. And that's just the through the skin. And that's just the skin. Osteopenia, osteoporosis, why skin. Osteopenia, osteoporosis, why would that be? Any concerns about bone would that be? Any concerns about bone density? I always go density? I always go immediately to the gut lining and bile immediately to the gut lining and bile flow.

flow. flow. I want to know all about how those are I want to know all about how those are doing for you because if we can't move doing for you because if we can't move bile fast enough, then we cannot bile fast enough, then we cannot emulsify our fats in our food. So, even emulsify our fats in our food. So, even if you're eating so thoughtfully, if you're eating so thoughtfully, we can't pick up those super we can't pick up those super important minerals, right, those important minerals, right, those fat-soluble vitamins, A, D, E, K. We fat-soluble vitamins, A, D, E, K. We have to have those for bone strength.

have to have those for bone strength. Michael had um a bone density issue. We Michael had um a bone density issue. We found out the hard way from a clean bone found out the hard way from a clean bone fracture. Oof. Just broke off the top of fracture. Oof. Just broke off the top of his femur. Extremely painful from a his femur. Extremely painful from a fairly gentle fall. As I think he was 40 fairly gentle fall. As I think he was 40 at the time or 39 or something. But not at the time or 39 or something. But not that that um old. Like very very young.

that that um old. Like very very young. Should have very strong bones, Should have very strong bones, especially for somebody health obsessed especially for somebody health obsessed that healed himself from chronic that healed himself from chronic illness. That's how we discovered his illness. That's how we discovered his bone density issues and hearkened back bone density issues and hearkened back to his liver overload that had built up to his liver overload that had built up over decades from, again, mold exposure, over decades from, again, mold exposure, early Accutane. So, pharmaceuticals can early Accutane. So, pharmaceuticals can often slow down liver efficiency. It's often slow down liver efficiency. It's just something to know. Doesn't mean just something to know. Doesn't mean that it's not the right move for you, that it's not the right move for you, but um always consider what is a but um always consider what is a holistic plan to support the liver at holistic plan to support the liver at the same time, right? So, those are all the same time, right? So, those are all things to consider. Maybe your liver is things to consider. Maybe your liver is showing up with all this digestive showing up with all this digestive distress or, you know, those fat issues distress or, you know, those fat issues or the temperament stuff.

How To Assess Your Symptoms

That's very or the temperament stuff. That's very real. real. real. When we consider what is the right next When we consider what is the right next step for you, we have to first consider step for you, we have to first consider how acute are your symptoms. Let's just how acute are your symptoms. Let's just check right now from a scale of 1 to 10, check right now from a scale of 1 to 10, your um stress, like your physical your um stress, like your physical symptoms. One being like, "I don't have symptoms. One being like, "I don't have any symptoms. I'm just hanging out cuz I any symptoms. I'm just hanging out cuz I love the body." All the way to 10, "Hey, love the body." All the way to 10, "Hey, Sinclair, my symptoms have my full Sinclair, my symptoms have my full attention. The shape and size of my life attention. The shape and size of my life is exactly the shape and size my is exactly the shape and size my symptoms allow." That's not okay, is it?

symptoms allow." That's not okay, is it? That's a really scary place to be. That That's a really scary place to be. That was me for years. That's also going to was me for years. That's also going to determine how much support are you able determine how much support are you able to tolerate right now if you want to go to tolerate right now if you want to go after this proactively. It's very after this proactively. It's very different that that scale of um symptom different that that scale of um symptom acuteness, like if you're going to acuteness, like if you're going to measure how intense your symptoms are, measure how intense your symptoms are, it's actually very different from how it's actually very different from how motivated you are to feel better. You motivated you are to feel better. You want to be in control, but the style and want to be in control, but the style and intensity of your detox absolutely needs intensity of your detox absolutely needs to reflect how much support you can to reflect how much support you can tolerate. That's a really really tolerate.

Where To Start Fixing This

That's a really really important piece. So, when you go to important piece. So, when you go to design your detox from here, yes, we're design your detox from here, yes, we're talking about fats today and, you know, talking about fats today and, you know, different food insights, very helpful, different food insights, very helpful, right? That's that's just good life right? That's that's just good life support tips and tricks that you can support tips and tricks that you can take away from today.

take away from today. But we also want to be proactive with But we also want to be proactive with designing your own detox and you have designing your own detox and you have different needs than the person next to different needs than the person next to you in terms of intensity and bile slow you in terms of intensity and bile slow or sludge and like bile flow itself and or sludge and like bile flow itself and how to restore that.

how to restore that. You have different drainage support You have different drainage support needs. You have different mitochondrial needs. You have different mitochondrial support [clears throat] needs. You've support [clears throat] needs. You've got to add energy back into a system if got to add energy back into a system if you are feeling depleted before you add you are feeling depleted before you add to your body's to-do list. Otherwise, to your body's to-do list. Otherwise, this is not going to feel good. Menus this is not going to feel good. Menus not going to feel very doable either.

not going to feel very doable either. So, you might need different detox So, you might need different detox system support than the person next to system support than the person next to you in the chat. You might need you in the chat. You might need different binders. And yes, I strongly different binders. And yes, I strongly encourage you to include stone breakers encourage you to include stone breakers in your protocol. And when you consider in your protocol. And when you consider that and how a real detox is built and that and how a real detox is built and why and how all these factors put like why and how all these factors put like play together, play together, suddenly it starts to make a lot more suddenly it starts to make a lot more sense, right, why other detoxes don't sense, right, why other detoxes don't work or they haven't worked in the past.

work or they haven't worked in the past. They didn't support your excretion. They They didn't support your excretion. They didn't actually love up on your didn't actually love up on your cholesterol and say it's not bad. We cholesterol and say it's not bad. We don't want to run away from fats. We don't want to run away from fats. We actually want to embrace fats. We just actually want to embrace fats. We just want to use them efficiently. We want to want to use them efficiently. We want to obsess about bile flow. We want to break obsess about bile flow. We want to break up the sludge, but we want to add in up the sludge, but we want to add in more energy first before pushing a more energy first before pushing a depleted body.

depleted body. How well do you think that's going to How well do you think that's going to work, pushing a depleted body? Spoiler work, pushing a depleted body? Spoiler alert, it does not feel good. It is not alert, it does not feel good. It is not worth it. But what we want to do is worth it. But what we want to do is relax into healing, relax into detox, relax into healing, relax into detox, relax into release. That is what relax into release. That is what actually moves the needle. So, that's actually moves the needle. So, that's the good news. Um so, this is why other the good news. Um so, this is why other stuff hasn't worked. They didn't break stuff hasn't worked. They didn't break up your stones and your sluggish bile.

up your stones and your sluggish bile. They probably used crummy binders. They probably used crummy binders. Um and they didn't replenish your Um and they didn't replenish your missing nutrients. That's okay. But that missing nutrients. That's okay. But that means you get to forgive your body for means you get to forgive your body for not doing so well on that other stuff.

not doing so well on that other stuff. Can we give your body a free pass here Can we give your body a free pass here and be um supportive of it once more and and be um supportive of it once more and be in partnership with your body from be in partnership with your body from here on out because that is the most here on out because that is the most valuable thing you could take away from valuable thing you could take away from today is that decision to be in today is that decision to be in partnership with your body. And you may partnership with your body. And you may not understand what all the signals mean not understand what all the signals mean and how all the symptoms got created and how all the symptoms got created yet, but if you commit to learning them, yet, but if you commit to learning them, I promise you your body will reward you.

I promise you your body will reward you. It is so freaking worth it. It's not It is so freaking worth it. It's not even funny. even funny. >> [music] >> [music] >> [music] >> Thanks for spending this time with us >> Thanks for spending this time with us today. I know these conversations can today. I know these conversations can bring up a lot and I want you to have bring up a lot and I want you to have room to sit with what you learned and room to sit with what you learned and let it land in your own body.

let it land in your own body. If you want more support or you're If you want more support or you're curious about the next step on your curious about the next step on your healing path, you can always connect healing path, you can always connect with me.

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I'm really glad you're here and I'll see I'm really glad you're here and I'll see