Hemochromatosis & Iron Overload: The Silent Epidemic Eluding Doctors With Dr. Christy Sutton Transcript

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Introduction to Iron Overload

Welcome to the Thyroid Pharmacists Healing Conversations podcast. I'm your host, Dr. Isabella Wentz, your thyroid pharmacist. Today, we're going to get into a topic that can affect as many as 20 million Americans, but it's very much under-diagnosed and underreported, yet this can really destroy your life and your well-being.

This hidden toxin can lead to symptoms like fatigue, pain, liver disease, mood changes, diabetes. This topic is very near and dear to my heart because actually my husband was struggling with this and this is iron overload, also known as haemochromatosis.

This is something that can wrap people of their lives slowly, insidiously over the course of many years, and many practitioners, it's not really on their radar.

They're not testing for it. Many people go on for decades without getting a proper diagnosis. Today I have Dr. Christy Sutton joining us. She is an expert on hemochromatosis.

she's a chiropractor who's interested in asking why health problems happen and finding the safest and least problematic solutions. She's the author of The Iron Curse and Genetic Testing Defining Your Path to a Personalized Health Plan.

She created a genetic detoxification report and teaches us about using genetic lab testing and a good history to create a personalized plan for people to take charge of their health and to avoid health landmines before they go off.

Dr. Christie, thank you so much for being here with us. It's so wonderful to have you. Thanks for having me. We were just chatting before this and I was trying to figure out exactly how many people have hemochromatosis in the United States.

I know this wasn't really on my radar, but a lot of people with Hashimoto's have low ferritin. So this is something that I'm constantly testing for. And oftentimes, they end up with very low Ferritine.

This is a sign of anemia, and this comes with its own set of symptoms and complications. But every now and then, I would get a person who would have elevations in their ferretin levels.

sometimes to the high where a hemochromatosis might be suspected. And of course, this topic is near and dear to my heart because my husband was diagnosed with iron overload and hemichromatosis right after we had our first son.

This was something that really, really impacted him. He was when it was somebody that went from being like very athletic and running marathons to all of a sudden having trouble waking up in the morning, having pain all over his body, have insomnia, kind of some irritability and anxiety and mood changes.

And of course that happened to correlate like right after our son was born. So I was like, where's my husband that wakes up at 5 a.m. when I need him to take care of our baby?

And one of the things that also happened is it ended up it being an exacerbating factor for inflammatory bowel disease. Now, we have seen the stats where it's like 1 in 200 people have hemochromatosis, but how many do you think are actually affected?

Well, like we were talking about before, it is hard to say because most people are not diagnosed. Um, but the only, so of the people who actually have haemorrhoidosis, only like 10 to 20% of people that actually hae hemorrhidosis get diagnosed.

Um. Which is not a good percentage when this is really an easy and expensive stage to diagnose for the most part. So. I mean, if you look at the stats of we were talking about, they would say about a million people of America.

I can tell you that that is grossly undercounting the actual number. I think it's probably closer to around 28 million. There is a study that I have in Ironhurst that is really great study because they look at the number of people that are diagnosed with hemocrobatosis and then they looked at 10,000 people globally.

and they see if they have the haemochromatosis genes. And then they realize like, oh, most of the people who are diagnosed have very like worse genes for haemochromotosis.

Then there's all of these other people that have less less problematic, but still problematic genes that are not getting diagnosed.

How Hemochromatosis Affects the Body

And if you look at the total number of people that have hemochromatosis genes in America, it's around 30% based on that study. In certain populations, that's higher, and low in others, like, is less common.

Those genes are much less prominent in the African and Asian populations. It's most common in Caucasian populations but I mean, you see it with every ethnicity.

Like my receptionist is from Honduras and she has a hemorrhomagesis gene. You know, patients that are from Lebanon and they have hemorragic genes. And they're like, first generation Americans from London on.

And so because the Caucasian, like Northern European population of people with these genes, where they originated, came and traveled throughout the world, these chains are everywhere and all different ethnicities.

They're just more common in Caucasians. The Caucasans are going to be at a higher risk. But Caucasions are also at higher risks for Hashimoto's, I believe.

I think that's true. I thinks that is partly because they are at higher risk for having celiac gene. Yeah, it's very interesting. And I think when I was researching hemochromatosis, I saw that people like Irish and Scottish ancestry had the highest rates.

I believe those are also some of the higher rates of celiac disease. Is that right? Is there a connection? Yeah. Yeah so the high percentage of people that have hemechomatosus are the same people who are highest risk for celia.

Okay, so Ireland's the highest of all of the, you know, United Kingdom, Ireland, all that, British area. Ireland is the very highest. As much as 60% of their population has a hemochromatosis gene.

And they have like the most intense form of hemodromptosis because they C two eight to watching was just the most likely to cause hemocarmatosis chain.

And that's really common in their population, partly because it originated in a Celtic Viking ancestor that was. in that area and having once, you know, babies thousands of years ago, but also because the Irish potato famine took that gene and made it even more common in the population by killing off some people about it.

because if you arrange for a famine, it really helps to absorb more iron because there's less nutrients in the environment. So people who had these genes that allowed them to observe more irony were more likely to survive this famine that killed a lot of people, over a million people.

And then what happened was over a million people left Ireland because of that family, and those took them to America. And they brought, it would mean recombatosis, she's with them.

So this is one reason we have so much in recomotosis in America, But yeah, and Ireland very high, Scotland very hot. You know, all of those England, Wales, Northern Ireland, very, these are islands that are kind of inbred genetically.

I know there's some influx, more influcks now than there used to be with localization and everything, but they're for a long time. County and branch nevically.

Is there an island and then the celiac gene. I think over 40% of people in Ireland have a celiac gene, and that's actually pretty common as far as that percentage for all of the United Kingdom.

And, you know, Northern Ireland, Wales, Scotland, England, but the celia gene is really common through all. So are the haemopharmatosis genes. just the Irish population is the highest risk, which is why it's called the irish curse, but which just good to know because what I found useful clinically is when I'll have a patient that comes in with an Irish last name and they have this kind of interesting health history, like, well, I've had, you know, high liver enzymes, and I don't eat sugar, because I need to eat less sugar and drink less.

let's look at your labs. Let's order anxiety pills that nobody's ordered before. And then it's often that they have hemochromatosis that's destroying their liver and your brain and their heart and they're pancreates.

So, and this one's so excited that you're talking about this with your people to follow you is because it so easy to diagnose and treat and prevent And if people, the problem is people are not getting diagnosed.

Yeah, and it's really, really interesting and impactful. You know, you talk about ethnicity. This is something that I oftentimes ask about my intake forms too, because a lot of times we might have different variations of how genes express themselves or perhaps the environmental factors.

With Ireland, I know the interesting you brought up the potato famine, how it potentially increased the rates of hemochromatosis and there is a school of thought and I can't necessarily verify it, but they talk about higher rates hypothyroidism in that population as well because of that famine because It helps to be hypothyroid.

When you are in a famine, it helps you survive, right? And so a lot of the survivors end up with kind of skewed genes when we have these kind-of world events like famines.

Now, people, hemichromatosis is like a big word, and it sounds very rare and exotic, but it's so, so common. I think that's the point we want to drive home.

And it can cause a lots of symptoms for people where their bodies might be falling apart, but their doctors might not be kind of connecting the dots. Could you go through some of the symptoms that lead you to believe that a person might have hemochromatosis so that they can pursue further testing?

Yeah, so it's a really good question. And here's, I'm gonna give you the short answer first and then I'll give the long answer. The short answers is like, name the symptom and I can tell you how that connects to haemochromatitis.

Because it can affect every single cell in their body. However, it affects more, some certain cells more so than others. So the cells that it affects usually the first and the most is the liver because the livers where a lot of iron is stored.

And so the lever is and you know, it's a good place to first get hit by too much iron because that's the big like storage unit for iron. So the body, if you have chemochromatosis and you're storing too much iron, then your liver is going to get damaged and that damage can look like, well that's, you know, that damaged to look a lot of different things because your livers involved in so many different thing.

So it could show up as high liver enzymes. Some people with chemo-chromatosis never have high-liver enzymes, Liver damage can cause fatigue that can cost decreased ability to detoxified.

So maybe like decreased tolerance to alcohol or toxins or those kinds of things. Severe liver damage, you can start getting like yellowing jaundice, but hopefully you catch it before that.

It can you know, fatty liver and so that's more iron affecting the liver. But iron also really likes to damage and affect the pancreas. So that can cause diabetes, insulin resistance.

That can look like blunt sugar roller coasters and everything. Iron also likes really affects the brain, the whole brain. Especially the anterior pituitary gland.

so that it can like brain fog, fatigue, Bitholar, depression, really just about any mental illness, but it does increase the risk for Parkinson's, even schizophrenia.

Because everybody's kind of unique in how they present because everybody is unique genetically and environmentally. But the brain is definitely a big part of it.

how your body is affected. And because iron tin affects the anterior pituitary gland, it can really then affect your formable levels, meaning like it, can affect, your height because you're not making as much growth form, or it could affect you adrenal glands, making you low in adrenal, usually it's low and adrenal.

My husband's an anomaly there. My has been, he had a nine-nose hemochromatosis, and I think increased his risk for stimulated and fueled, can develop being a pituitary tumor that caused them to make too much ACTH.

And then he developed too many cortisol. That's a bit of an anomaly, that doesn't happen a lot. So, but also, you know, your pituitary gland controls your estrogen, progesterone, testosterone.

So you can have low testosterone, low pro gesterol, and low estrogen. Decreased ability to detox by these hormones. You can damage your thyroid. It can damaged your ability make TSH.

in the tertiary gland, but iron also likes to damage the thyroid, causing autoimmune thyroiditis, Hashimoto's thyroid itis but also just regular old hypothyroid just because it damages the ability to make that work for me.

IRL still really likes to damage the heart. So anything that damages the harp is going to cause you vascular energy type of issues, because the joints causing joint pain.

I can go on if you want me to. But I mean, it affects like every cell in your body. It'll cause it, you'll get iron deposits that cause you to produce more melanin in your skin, causing like a bronzing.

That's why people who came with chromatosis are called bronze diabetics. I don't see a lot of this because most of the people that I diagnosed like it's early before they're really severely ill.

But yeah, the bronzing, bronze diabetics, is hemocarmatosis because you get diabetes from the iron destroying your pancreas. And then you got this like darker skin from your body making melanin.

So I might have missed some of the other symptoms of hemochromatosis, but oh, I'm sorry. I skipped the GI issues. Yeah. So what happens, this is important for you and your husband and a lot of people out there.

Iron, it affects the gut in many different ways. It affects that gut and the immune system because iron feeds infections. So if you have infections that you can't get rid of because you don't have all this iron feeding them, then that can affect the gut, or you get infections pretty much anywhere else in your body.

Testing and Diagnosing Iron Overload

But also iron suppresses, in a way, suppress the immune system, which is important for bad health. And it can also, air can store in the lining of your intestinal lining, when you're swinging half too much higher, your body will start kind of storing it in places.

In one place it stores it, is in the intestinal lining, and then you ultimately, it becomes really inflamed and increases your risk for leaky eye, inflammatory bowel disease, irritable bowel diseases, It can also cause pretty much any autoimmune issue, which there's so many auto immune gut connections there.

So there is that piece. And then it can not only damage the liver, but the livers what makes bile and so it damage your bile production. That's not as common, more so you'll see like kind of just gas dryness or kind like inflammatory bowel disease type issues.

Yeah, it was really devastating and also fascinating because we were living a very clean lifestyle. My husband and I were working out. We were eating organic foods and just really being mindful of reducing toxins.

in our home and very proactive on our health and we were doing some blood work for I believe it was like life insurance. We were kind of getting our ducks in a row before the birth of our first child and the thing that kind let us down the rabbit hole was that he had elevated liver enzymes.

Okay, why are his liver enzyme so high? what is going on there. And then we tested for hepatitis and all of these other things, which he didn't have. We ended up figuring out that he had really high levels of ferritin.

Then shortly, as we're going through this process, I was pregnant, he ended being diagnosed with inflammatory bowel disease. We all ate some lettuce that was like probably should not have been eaten.

But the lettuce and the bugs that were on it were caused him a lot more symptoms, and that kind of led to the onset of inflammatory bowel, which, you know, essentially the iron in his system was like fuel for whatever pathogens there were, right?

What are some of the labs that people should be asking for if they suspect that they have iron overload or hemochromatosis? I want to rephrase that question.

I would say, what are the labs that people should be asking for, period, if they just want it to be healthy. And these labs will tell you if you have hemochromatosis, and it's an inexpensive.

You basically need an iron panel, which includes, or should include, a TIBC, UIBC serum iron and iron saturation. And the most important out of those four for the iron panels is the ion saturation, because if your iron's saturation is high, then you have a lot of iron in your body.

And you want to always get the iron-statue ratio with the ferritin. So the ferritin, if you have a iron saturation over 45 with a high ferricin like in the women, technically it's over 200, or if men technically, it gets over 300. Really, I like it to be lower than that in both men and women.

But that's just me crossing, you know, being a little bit more 8 over 10, 10 in a functional range. If we can just stick with the ranges that the labs give us, if we just want to like not be functional and say hey let's just attach people that are like more obvious, then iron saturation over 45% with a ferritin over 200 women, sun elaborators are 150 for women and a high ferretin usually that's over 300 in men.

then that will diagnose hemorrhormatosis, period. OK? So that's an important little clinical pearl. It's simple and inexpensive. Like, guess what? Most people are not getting the really inexpensive labs that I just mentioned.

And these are just not exotic, sexy stuff. This is like, wait. your daughter needs to be ordering these. And if they give you a hard time about it, like give another doctor, okay?

And then, so the iron canal and the ferritin, and then the CBC, the CDC is almost always ordered by doctors just

because that's like no part of normal labs that they do.

So you don't have to really worry about that, but the the CVC with the Ferritins and iron saturation, that what you really need. Most doctors are already ordering the liver enzymes as a part of the comprehensive metabolic panel.

So, I mean, that should be included too, but if you, what usually happens is what you just described. What you described was a loved one has high liver enzyme and the doctor doesn't really know why and maybe kind of just passes it off or kind of dismisses it or whatever.

And then you don't get to the crux of why this is happening. So yeah, for the listeners, if they take nothing else away, they just make sure they get that iron panel and the ferritin and those stockers are not ordering those.

Like you'd be amazed. I mean, Patients with like, you know, their concierge doctor and their, they're fancy, expensive, $7,000 health work out that they get at wherever often does not include what I just mentioned, the $20 iron panel.

And those iron panels, there actually included on most insurance companies. and for people who have high deductible plans, They can often self order them for you know, dollars, sometimes 20, 30 dollars.

So this is something that's very accessible to you. And I also want to mention just because you tested your iron panels and ferritin and it was normal once doesn't mean that it's going to be normal.

I know we're going to get into the different types of genetic hemochromatosis, but there's also a bit of an expression. You might not have it as a child, and if you're a woman that's menstruating, you might have iron overload.

Can you talk about some of those pathways, how this can develop over years versus just like you have the genes, it doesn't mean you are going have on day one?

Yeah. That's an important thing to talk around. And I also want to mention that with those labs that I just mentioned, the iron panel, That'll help you diagnose if you have anemia, iron deficient anania, which, you know, if have a low ferritin or labs that range on that iron hail, then that can tell you that you don't have enough iron, in which a lot of people don.

Like you're pretty pregnant right now. You're probably pushing your iron reserves. Most pregnant women end up low in iron, which is why even women that had haemorrhematosis genes all often have to tell them they hate.

you needed to take, like women that have been donating blood to like lower their iron because they have diagnosed haemorrhomatosis, get pregnant. And then it's like, okay, time to iron.

We're like whoa, that seems wrong. It's is like nope, you're pregnant and you just worked through a lot of iron, so women tend to have a lower risk for haemorhormatosus premenopausally because they're menstruating or childbirth.

And I think we all know as women that that is a serious drain on your iron reserves. Like it's so common for women to be diagnosed with anemia of little iron because of just the bleeding every month and the pregnancy is the worst for iron reserve.

which is an important topic that women need to be watching really closely because having healthy iron levels while you're pregnant is really important for field development and healthy brain development.

Genetic Types and the Carrier Myth

And it's been shown that when men who are really low in iron during pregnancy, their child is gonna be the higher risk for having like a significant lower IQ.

just because they were so iron efficient during the primacy. So I think it's just really important that we all watch the stuff closely. And I know when I was pregnant, I didn't feel like my OBGYN was really like on the ball with iron piece either as far as like I feel like I was having to order a lot of lats myself to make sure I wasn't getting low on iron and like taking iron before they told me to take iron, and those type of things.

But, so yeah, women are at a lower risk just because men are not giving birth to babies and they're not menstruating, okay? There might be some other environmental factors there too, like, you know, men tend to, I would say maybe eat a little bit more meat than women, typically, so that can be an environmental factor.

Women, I'd say, are a bit picky about their diet often. You often see more eating disorder-type things in women which can cause more neediness, low in iron.

But genetically, if you have those same chromatosis genes, then you still need to watch your iron levels really closely. And I have seen a number of women who did become high in an iron and have hemochromatosis during their travel during years, and that can affect your fertility.

I forgot to mention that. But undiagnosed hemodromitosis can cause infertility because it can cost women to have ovarian damage and pituitary damage, testes damage so they have lower testosterone and lower sperm count and more unhealthy sperm out so uh this is something that everybody needs to do more closely um but once women are host menopausal then they're more likely to get hemochromatosis, high iron levels, because now they are not bleeding every month.

And this gets often missed because these are women that at one point in their life were told to take iron and their brain They have a glow iron constitution, and so it kind of catches them off guard.

But the body changes dramatically with metaphors and that's just one of the many things that can change. men and women need to be watched closely. And I did want to mention, I feel like, you know, in my book I write about this young girl, my colleague's daughter, Harper.

She allowed me to write it about her. But her daughter Harper was diagnosed with hemochromatosis, hereditary hemerchormatosus when she was five. So she's diagnosed her hemechomatose when he was 5. It was causing all this neurological damage, like serious neurological damaged and like immune stuff.

And she finally got diagnosed because just her mom ordered the labs. And then they went to the pediatrician, and the paediatrician was like, yes, you're right, but I've never seen this before.

And referred him to a pediatric hematologist, which was, it's really hard to get him with a hemotologist if you are a pediatrics chemo-pharmacologist patient, just because doctors are so busy with blood coquineas and blood cancers.

And so she had a really hard time getting in and she'd get in, and it was like overly dismissive, disturbing story that you can read about if you're interested in.

But the reason I wanted to talk about that is because, you know, there is this mindset that like kids are safe and they're really not like, kids can get high in iron too.

Now, when they are really little, they'll less likely to get higher in the iron just because they have a high calcium diet. and calcium binds to iron, making you less likely to count high in iron.

But once you get on that, once your down to a normal diet that's not high calcium, that iron level can go up and creep up, and it can get high pretty fast, but you have the right genes.

It's really fascinating. You know, you bring up genes and pregnancy and just everybody really should be testing their iron panel. Even children, definitely women of childbearing age, older women and every man.

When I was pregnant with my son, we kind of started doing this deep dive into my husband's liver enzymes and we discovered he had hemochromatosis. I like, what the heck?

Because at the same time, I actually taking iron supplements because I wasn't emic during pregnancy. And we're like, can you, like what is going on? And, you know, we were cooking with cast iron skillets and my husband loved to eat red meat.

And I wondered, is it a lifestyle thing or is genetic? So we ended up doing some genetics testing and there are actually a few different types of hemochromatosis genes that people can have.

He ended up having type IV, which is less classical. And it was actually, interestingly, moving to C-level helped to resolve that. But I was hoping you could share the different types of hemochromatosis that you might have and which ones are perhaps, you had mentioned some of them are more aggressive types.

Um, and, um, perhaps what the carrier myth means. Yeah. Okay. So the most common type of haemorrhematosis that I'm familiar with as far as like a clinician and seeing patients and diagnosing it is type one hereditary haemeromatosis, which the, that's the common types.

With that specific type, there's three haemopharmatosis genes, the HFB C282Y I mentioned, it's like really common in Ireland. And then there is another one called H63B that is also very common, you know, in the northern British, you know, UK, but more common in like the Northern Europe, like landmass part, basically like Portugal to Ukraine, and then even Russia, where people migrated.

And then the last of the HFB is the S65C, which is a little bit less common, hasn't been included traditionally, up until recently. There's still, like, if you get a hemochromatosis genetic test through plex diagnostics, they don't even test for that third S65 teaching.

We get it through LabCorp. They do. 23andMe just recently added it back. So if we do 23AndMe, then they'll check for all three of those, but they only report on the two most common, the C282i and the H63 unique.

I created a report called genetic detoxification. That gives you the third haemogramatosis gene. If you want to know if you have it. So that's the type one.

Type two is also genetic, which is geo-vinyl. There's different genes. Those are the HJV enhanced genes, I don't see as much of that, so I'm not expert on diagnosing it, but you know, basically you're talking about, you still can diagnose these labs that I just mentioned, the iron cannula for your 10, and it's just different genes that are contributing to it.

And then type three is a different gene called the TFR2 gene. And again, like that's not the one I see the most. So I'm not an expert on it. Um, and then take four, which is what your husband had, Which is the very important, um, that the different genes and basically they just get too much iron in the blood that is trapped in themselves.

If you really wanna like weed out and see which of these genes you have, there is a free test called CheckIron that you can run 23andMe or Ancestrion.

And they will tell you, they run for all four of the genotypes. tank 1, tier 4. And so that's a great resource if you've done ANSIOS 3 or 22 and me, because they'll look for the three HFE genes and then the HGV and a half gene, type 1 tech 3 tech 4, 1 2 3 and 4 okay.

So that is a resource for anyone that wants to like really figure out if they have any of these genes. And then the, but like I said, the most common one that I see in his hereditary hemorhormatosis, type one.

And the second most commonly thing that i see is non-hereditory hemorrhematosis. Which is where people don't have any of these hemopharmatous genes and they just have high iron because They're usually men that have just been eating a lot of red meat, and maybe they're on a cardboard diet, or maybe their not on cardboard diets,

they've just eating red meats.

And they just have nemochromatosis. Their iron stops over 45 and their baritons hide. And you've got to treat them like, hey, McCormick is this patient, because at the end of the day, that's what they are.

They still have the gene and they're easier to retreat because they don't have these genes like biting the tie. But even with the genes, you can still treat and make this a very manageable thing.

That's not a big deal. You just catch it. Okay, that's really fascinating. So people can have purely genetic cases of hemochromatosis and they can also have cases that are a little bit genetic that get expressed under certain circumstances and then just iron overload from just getting too much iron in your system.

And typically is that from red meat intake that you see that? I live in Texas, like you, and we don't have high iron in our water here, but there are rainy parts, at least where I lived.

And I'm not on a well anyway, so it doesn't matter. But there is a lot of places in the country where there's a ton of iron on the water, it can really create a serious problem.

So that's the other thing. But I don't see as much of that here in Texas, but like Grand Wharf, Carolina, West Virginia, Idaho, that you're just going to check your water and know if it's high in iron because that could be causing weed to be too high also.

Yeah, and definitely, you know, we think of iron as a nutrient, but it's very toxic when we can have too much of it, right? So, just like sugar, like glucose is something that is a nutrient that we need.

Too much it. We get diabetes, neurochromatosis, iron is the nutrient we needed, too we came from our justice. What is your take on the carrier myth? Can you talk a little bit more about what you mean by that?

Oh, yeah, I'd love to. I think I invented the term carrier map. Um, pretty sure I did. A broach chapter about it. That's my claim to fame, that's probably your time.

But like, this is an important idea. So there's, you know, about 50% of what we learn in school, medical school or whatever health school you're in is wrong.

Okay, so the problem is like we don't know what was wrong or what's right.

Treatment Options and Lifestyle Support

And with hemopharmatosis, there's this myth that's taught in schools and still taught schools that if you only have one hierochromatosis gene, you're just a carrier and you are not going to develop hierochromitosis that you safe.

And that's just like a misunderstanding, basically. That's a mis terminology. They're misusing the term carrier, because term carriers really describing a gene where you have one gene and you're not going to get that disease, but if you had two, you would have, okay?

If you one, your carrier. There's not a lot of genes that you can be a carrier for. Like I'm a career for PKU, which is a genetic disorder that's really rare.

I have one gene and it's a problem, but if I had two, like when I would have this horrible disease, period. With haemochromatosis, you cannot have two genes and not develop haeochormatoses under the right environmental situations.

Or you can have wine gene and develop urochromatosis underneath the right environmental situations. The more common thing that happened is people have one hemorrhagmatosis gene, and they have undiagnosed hemorragmatosus because they just didn't know, or they they had a doctor that says, oh, you have won, your fine,

don't worry, God, because you only have 1. You're a carrier.

And then they kind of get led down this just totally the fallacy pathway that they have their business going down, because it's just gonna cause them to have potentially more health problems.

So that's the carrier rats. You have one gene. That one, gene doesn't mean you're gonna get hemorrhagesis. It doesn' mean that you are not. it just means like, you need to be monitored for the rest of your life.

which really all need to be monitored, like our iron needs to monitored every year, period, because it's important for our health. So now that one thing that is important to know is that like, If you only have one lymorhormatosis gene, you are in the largest percent of the population that has lyrhromatosus genes.

So if you have 1 gene then like, that's really common. What's less common is to have 2 genes, it's just that the 2 gene people, people who adhere to one from their mom and one for their dad, they're called homozygotes.

They're much more likely to develop haemorrhomatosis because they have two. whereas the one gene, heterozygotes, they have an increased risk that it's not as high, but there's so many of them.

And this is just such a common geodime that they really may have a large percentage of the population of human chromatocic patients. So it's interesting, because I think a lot of times people and practitioners focus on genetics.

And yeah, you have this myth that if you're a carrier, You're not going to express the condition. But what you are saying with hemochromatosis, is you don't actually need two hemechomatoses genes.

You just need one of them and still your likelihood of hemerchomatosis goes up. Everybody needs to be watched and doctors need, clinicians need to better at knowing like the simple facts of one hand diagnose, how to figure out why, and how treat.

And all of those things are very doable. I feel like even sometimes, you know, with the face of like high iron and high ferritin, some doctors might just kind of ignore it and might be like, Oh, you're not a female or whatever.

Why is that? I think we actually had some labs that showed elevated ferritin and some iron studies, but we ended up taking them to a few different people before we got recommendations and a path towards feeling better.

Yeah. I have a couple of different reasons why that happens. Ferritin goes up with inflammation, so it can be an inflammatory. It can go up because you have too much iron or because your have inflammation.

But if you're looking at the iron saturation and the rest of the ion channel, that'll get a CRP in there for inflammatory markers. So just take a gesturing patient and talk to them and maybe do an exam and figure out, hey, or you're inflamed or not and if you have too much iron that is going to create inflammation period but if have inflammation in your body then that the body is really smart okay body's so smart and it knows that if and you have maybe an infection, then the way that the body deals with it is it says, we're going to get all of this iron out of the blood because we know that iron is like fertilizer for infections and we are going get this out iron of a blood and were going kill off this bacteria or whatever that's needing this Iron.

And so temporarily what that looks like on labs is the ferritin goes up because the iron goes into storage, into the storage room called ferretin, and then like the blood iron, the serum iron and the ion saturation goes down.

And that's just, that a knee and inflammation, like that simply you have inflammation that is driving that ferratin higher. So, but if you have an iron saturation that's like, you know, in the high 30s or 40s, or 50s are 60s.

Or some of these people are like in 90s with a high, if we have a higher saturation like that with the High Ferritin, like you now that person has too much iron in their body.

That's not a pure inflammation response. We need to dump some iron situation. Um, and so like that's not that

complicated, but I feel like That's a big problem in Spain this um, And I think it's just a lack of education and awareness because Like so many things like once you kind of tease them through it.

It's like, that sounds that Complicated why didn't I like miss that for so long? When it gets missed like the the reason that I became like such a you know, um nerdy expert on this is because my husband had problems.

Like, you know, You got arrested because your husband's like, they get kicked out sometimes that personal experience to kind of dig in and learn about things that they're obviously not teaching, doing a good job teaching in school.

I don't remember learning about haemohormatosis in the school, I remember about ferritin, high ferretin can be bad, and sometimes you donate blood to get the ferrettin lower, but I didn't really understand the extent of the diage.

So there is also, I think, an issue where doctors don't understand or know, like even if they see that ferritin, Often it's like, I know this is a problem, but I don't really know what to do.

And that's the, that sounds like I'm making that up, like that a real thing, okay? And what you need to is you to figure out on why is this baritone high and then fix it.

So you're gonna need get your inflammation down, And or you know, get the iron down through blood donation, diet, lifestyle, supplements, all of those things.

And I think it's important to note, like, you can have both inflammation and iron overload, right? So, just because you have inflammation, and you're working on that, sometimes you could still have the iron overflow that you need to treat.

With my husband, what he found to be really helpful was therapeutic phlebotomies. And this is essentially where you donate blood. and get rid of excess iron that way.

Are there additional interventions? What are your recommendations for people with iron overload? Do you recommend therapeutic phlebotomies? You tell us more what they are and are there are additional things you might recommend?

Yeah. So, therapeutic Or even just therapeutic phlebotomy is basically like the same as donating blood. It's just being done therapeutically to help you with your health problem of having too much iron or too many red blood cells or whatever.

And it's a therapy to healthier career health. The same can be accomplished to whole blood, blood donation. It's just some people cannot donate blood.

Like my husband, he went to the hematologist and they just took out blood like after hemotology office when he finally started getting treated for haemochromatosis through them.

um but you could have done the same thing in a blood donation so um and some people can't donate one and that's okay because you can still have blood removed therapeutically um, and then they just dispose of the blood so if you have some reason why you shouldn't don't make blood like don' t go donate blood just because it's good for you but bad for the recipient like if do you need to have black removed but nobody needs your blood here's the problem with it then have a doctor write a prescription to have the blood removed.

There's a lot of ways to do that. You can go to a hematology office. And you can also just go To your local blood donation center website. and download a therapeutic phlebotomy form, or if you're on testosterone treatment, there's a testosterone-treatment form because when you take testosterone, it increases iron atorption, but it also makes you make more red blood cells and hemoglobin cannot go for it, so your blood gets thicker and then you have more lignitic clot and some serious health problems.

So, there's these forms where you can have this hereditary haemorrhagmatosis form where even have blood removed Without if you can't donate blood and you just have to go and make this form filled out and signed by your doctor And then you couldn't have blood removed like as often as they described it could be Every couple weeks it can be every six weeks.

It could me every you know, eight weeks, whatever and Really? Like I I don't want to sit here and say oh, I recommend therapy because it's a treatment like um, Some treatments are good when they're used properly by the right people, but the same treatment could be bad if used improperly for the wrong person.

So like some people can actually have too much iron with their anemic, like they have low red blood cells or leukemia and you don't want them to be having blood removed because they are already anemic and they just have too much iron while they're an anic and if you have blood removed like that's going to make them even more anidic.

So there's no one way to address this. Having blood remove is a powerful, wonderful tool that is the easiest, most effective tool. But there's so many other ways.

So diet can also be a powerful tool. I may not go through all of this in the book and in my Iron Criss workshop, but I'll try to kind of give you the highlights.

The things that are going to make you highest in iron are like rag meat and shellfish. because those have the highest absorbable iron. Eating iron-rich vegetables is not gonna make you high in the iron because that iron is hard chokes work.

That's non-neem iron, so it's not really that high of a risk. There are foods that can make your lower in iron like drinking coffee or tea with a meal will lower your iron absorption.

Eating like a lower animal protein diet is gonna increase, cause you to be lower in iron. Exercise, so like lifestyle, exercise is going to decrease your iron levels.

Sonally, sweating, you can even sweat out some iron, it's not a huge amount, but you know, every little bit can count. There's supplements, I actually use the supplements a lot with people because It's just another tool in the toolkit and there are certain things that those supplements can do that are really beneficial for patients and I think this is an area that's being underutilized in healthcare right now.

So people that have iron overload when they have too much iron in their tissues uh it can be really hard to get that iron out of the tissues and the supplements can actually go in and find you that i are to the tissue and actually pull it out which can really be beneficial for the issues because now we're not just getting out the flood we like we are actively going into the Tissues to chelated out.

So the supplements that are good for that, Arcilamerin, it's an iron chelaider, curcumin is an Iron cheliaider and alfalfa acid, iron, chlaider. All of these things.

There's a bunch of other ones that I talk about in the book and the workshop, but Iron chelators are really crucial. And then there's other supplements that actually can decrease your iron absorption.

So you're just less likely to absorb iron, which is really critical if you have this genetic propensity to overabsorb iron. Quercetin and berberine will decrease iron adsorption.

Vitamin C will increase iron production. I think like we live, we're living in kind of an exciting time in healthcare because there's like this movement to get to the root cause, I'm sorry, excuse me, to like the route cause of health problems.

And I don't think there is really a better example of that than what we've just been talking about with the Hebrew apoptosis. Yeah, absolutely. So there's so many different ways to support that with my husband.

Initially, he was doing blood donations, but I think he is like maybe coming into frequently or something to that effect where they were like, okay, you actually need a prescription.

for it in order to make blood more frequently. I think that's how he ended up going the therapeutic route. Then I remember looking at those liver enzymes that were really making me nervous personally.

So I was researching some of the supplements that could counteract and we utilized milk thistle, which is also known as silmarin, and then curcumin. That was part of a comprehensive protocol that really helped him to feel significantly better within just getting the blood donations or phlebotomies and taking a few of these things, we were able to get his inflammatory bowel disease under remission.

He was sleeping so much better. A lot of the pain sometimes went away and the liver function normalized. The liver enzymes normalized, and so we very grateful to find this diagnosis and dial things in a little bit.

Long-Term Risks and Resources

One supplement that I had a question about, we never used it. We figured out that the elevation was a big issue and interestingly, went on vacation to California for a few weeks and a lot of his symptoms vanished.

So we found research connecting the two, um the iron overload with um living at elevation because you have you make more red blood cells when you're exposed to hypoxia in the mountains which are beautiful but you know basically we decided to try living.

At sea level and within three months his iron and um ferritin levels normalized his studies normalized without any kind of phlebotomies or anything like that but I was looking at IP6.

Have you used that with your clients as well? Because I know that can chelate iron, but that could also chalate some other minerals. And I'm curious if you use that or not.

I personally haven't used it a lot with people. There is some research that supports it. And I think honestly the reason I have it is because I already have like kind of the tools and the toolkit that I really like that there's a lot more research on that shows that they work.

There's just so much research showing that curcumin and apple coke acid and all the things that mentioned before and have in the book. I'm not a guest ID6.

There is a little bit of research. I just don't think it's as strong. You don' think you're going to hurt yourself. Everybody wants the maximum banks and their buck and the minimum pill count, right?

That's everybody's goal, I want to take the fewest pills and I wanna spend as little as possible. I don't think IPv6 is the best way, but I'll have the problem of doing it.

So once that will make that I've been using more lately. that's interesting is lactoferrin for people that have like higher levels of iron saturation.

And especially if they have gut infections, because lactofarin is really a great enzyme for binding to iron in the gut. The anion system actually uses it to bind iron the guts so that you take it away from refractions.

So like, if somebody with haemohermatosis gets like a gut refraction, that's a great thing to have around for them. And you know, they are at a higher risk for foodborne illnesses.

Like Vibrio vulnificus, I'd probably just slaughter that pronunciation. But that bacteria, it's like the bacteria that you ever hear about people that died from eating undercooked shellfish.

that's that bacteria and people that have hemochromatosis are much more likely to die from foodborne illness and

not bacteria. That's also the same bacteria that causes the flesh-needing bacteria you hear about people who go to the ocean and they get this infection.

It's the Same bacteria, and I haven't seen a study on this, but I think it's true. I flushing bacteria at the ocean, you should probably get tested for haemorrhomidosis.

Because there's a lot of people in that water swimming in the same water that don't get an infection, and you're at a higher risk for that specific bacteria having your carnivore if you have to rush higher.

Yeah, it's interesting you mentioned that because I feel like we all ate this like bad. It was like a romaine lettuce 2018. There was this big controversy with it causing a lot of foodborne illness, but it was my parents were visiting and I believe my brother and his wife and my husband.

We all eat that same salad, only he got food poisoning from it. And there was another time we were on vacation where he got food poisoning as well. And I didn't get it.

We ate the same meal. It just leads you to think about, well, what is going on in your body that's creating this environment? Anybody with chronic gut conditions, inflammatory bowel disease, chronic infections, this is something really, really important to look into and consider.

Even if you've had your labs done with your doctor, I do encourage you to pull them out and look at the numbers yourself just to make sure that nothing was missed because they could be missing that.

Well, yeah, like also look for what's not there. And that's where it's really important to have a trained eye. I'm sure you have this experience often in a clinician like you're like, OK, yet the patient says every year was fine.

Can you, okay, great. Can You send me, can you bring me the labs that you are referencing that are fine? Yeah. Okay. And then you'll get them like, while they didn't really run it that much, one, and there's like two things that I'm not fine that they did mention.

So yeah. there's just so many different angles. And I don't wanna like over-emphasize the long piece, but that is the way you diagnose it and so other things.

Yeah, so it's important to have somebody like you that's trying to really look at these things and say, hey, okay, let's at least run these locks and understand what they mean.

Definitely. I think people always need to review their own labs, too, just to make sure human error doesn't miss anything. Any long-term consequences if somebody has had, let's say, iron overload for quite some time and they're getting the therapeutic phlebotomies or blood donations?

Perhaps their ferritin levels are within normal and their studies are coming back. Are there any long term effects that we need Diabetes, brain changes, so on and so forth.

Yeah. So there is an increased risk for diabetes, liver cancer, all of those things with hemorrhematosis. The risk is the highest when it's undiagnosed and untreated.

Your iron stores get the higher the risk, the lower your antioxidant levels get, higher are the risks. the risk gets much lower if you get diagnosed, get treated, Get your iron stores into a normal range, your antioxidants up and get on those supplements that I mentioned, which are all antioxidants that also help to pull the iron out.

And then just kind of healing up whatever order was yet. So like for the liver, Um, you know, just still American, but also, um, You know like cut out alcohol and, uh, make sure your blood shippers guide.

Cut out Tylenol, Lutathione, and all of these things can really decrease the risk for liver cancer. And then look at maybe like if the triglycerides are too high, because that can happen with hemochromatosis, and that could be a

sign of happy liver.

And if that's the case, then there's still great ways to try to lower that, like phosphatile folate and things like that. Thank you so much for sharing that.

And I think it just drives the point home that I the standard medical approach, conventional medicine, might just be the blood donations, right, when you have hemochromatosis.

But there's also a whole lifestyle approach that we want to utilize in combination with that as a complement, and also just to improve the outcomes when have this connection, because it can lead to long-term issues if you're not properly supporting your body.

a book. Can you tell us more about the name of the book and where we can get that and connect with you and find out more? Sure, yeah. So I have two books, but the one that is about iron is called The Iron Cook.

And that focuses on hemochromatosis. I also spend a lot of time talking about anemia and iron disorders in general. And getting to the kind of the root of why this is happening and the environmental genetic factors that go into hemostasis.

I talked about some other genes in there too. My curse book, I take a deeper dive into war genes, but that's like a whole other story, more genes that we are not going to talk about today.

So yeah, the Iron Curse is my book about iron overload, hierogromatosis, iron disorders. And then I also had a workshop that was me teaching, going through most of the information in the book, just, you know, kind of in a different format, where more, um, had clinical pearls and case studies and things like that.

And then, and both of those are ironcurse.com. Wonderful. I'm going to put the link to the book here in case people wanted to check that out and we'll go ahead and add that into the show notes.

Thank you, Dr. Christy, thank you so much for the work that you're doing to help people around the world. I really appreciate you taking the time to educate us about this topic and taking time the educate the word about the important topic as well.

I really appreciate you and everybody listening, I hope this conversation has been helpful on your healing journey. Until next time.