Introduction to Thyroid Health Series

Hi, I'm doctor Kelly Halderman. I'm a former medical physician and author of The Thyroid Debacle. I'm now devoting my life to education, research and biotech because I realize we need educated people to bring us cutting edge information, especially when we find ourselves with a diagnosis such as hypothyroidism.

When I was practicing allopathic medicine, I myself became very sick, bedridden with what would be diagnosed as Lyme and mold infections. Along my health journey, I was also diagnosed with Hashimoto's thyroiditis, a condition I was told that could only be managed with medication.

Well, I'm here to tell you that there is more than medication to help you, as you will learn through my powerful interviews with several functional medicine practitioners.

There are tools that will help empower you to take charge of your health. Join me today as I interview leading doctors, naturopathic specialists to uncover the most useful health insights for you.

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Hi everyone, this is doctor Kelly Halder and welcome back to Doctor Talks on our series on thyroid health. Today we have an awesome functional medicine doctor joining us doctor Thomas Santucci.

Welcome. Doctor Santucci. Thank you so much.

Doctor Santucci's Medical Background and Autoimmune Triggers

I'm just so happy that you could be here today. You do some cool stuff. You've always been my go to for really cutting edge therapies. And your mind. I just want to tell the person who's watching right now.

Doctor Santucci is a genius. I know he. He literally. His mind works so fast, and you process things so fast, but you're so articulate and you're able to take these.

So you are such complex ideas. You know, biochemistry and really teach them well. So I'm excited because a lot of the things that we hear about, you know, from, you know, helping our thyroid with different, different nutritional supplements, there's a lot of, pathophysiology that goes into that.

And I'm happy for us to be together today. So you can kind of walk us through that. So thank you again. I would like to start off by, talking about you talk about your practice, how you got into medicine.

What are you what are you doing over there on the West Coast? Well, it turns out lots of things. This all kind of started when I was in a car accident, so I was in a head on collision with a truck, and, pretty serious, you know, 100 mile an hour combined thing.

Broke my neck, broke my back, broke my hips. Everything. So I became an orthopedic specialist as a result of that. Had lots of things nobody thought was going to be fixed.

But as a side, effect of all that, I ended up with three autoimmune diseases. And this was 30 years ago. So 30 years ago, if you were a white male and you had three autoimmune diseases, they assumed you had Aids.

And so I was like, I don't have Aids. I had a car accident. So that prompted us to kind of put our mind around the whole chronic, acute, autoimmune, contribution.

And what we noticed is that thyroid was first. And so everybody starts with thyroid because it's a primary neuroendocrine system. So I had a car accident that actually turned up my thyroid.

Well, if you look at the literature, about a third of the people who have bad, traumas have thyroid problems. No one's looking for those connections. So before I was a doctor, I was a strategic planner.

So, we would do equations with 5000 variables and doctor land. If you do four things, you're all fancy. So, we just were like, are you telling me these things aren't connected?

So I made this neat chart mostly for myself initially, and it's a chart that has thyroid and the beginning part of it. But it also has neurocognitive problems.

It also has rheumatoid changes, muscle problems, skin things, lung problems, peripheral neuropathy, GI issues, and blood. And what we realized or with a theory was and now it's been exonerated ten years later, 20 years later, is that all of these are the victims of an autoimmune disease.

And so we're very much in the business of what can you do about it? It's good to understand things. Etiology is wonderful. You know, isolating variables is wonderful.

But really fixing patients is way more wonderful than that. So we really got it down to what's causing these things. And so we made a list, 22 things of the triggers that caused autoimmune disease.

And a lot of this is on the Functional Medicine Institute. A lot of you know, we have similar kinds of breeding in that. So I did all the functional medicine courses for ten years.

So every single one of them and I'd fly to LA and I'd learn something. And I did all of a gut biome. And then, you know, then I learn about the liver and then I learn about immunity and whatever the thing was.

And no one had put it all together. Medical research was a lot of correlating the multiple heads of a hydra. So that snake has ten heads, and I go look at that one, and this one are related.

And I go, of course they're related. They're the same thing. And I would be like, why don't you guys see the pattern in this thing? And you'd say what the pattern was and they go, well, that's interesting, you know? But they didn't do it.

So I made this thing and we really got it down to six main triggers for autoimmune disease. And this is when we're really in the neuro endocrinology we're in the biochemistry.

So and it was food antigens first. So what's happened. You know, why is our DNA different. Why is this new generation so different? Why is the world so different.

And so something happened with the environment. And that's an easy thing to say. And depending on like what your particular event is, some people think it's m have some people think it's quite phosphate.

Some people like me think it's gluten and dairy. So we were doing brain scans on people with neuro feedback and getting 30% better answers. We took people off of gluten.

So 20 years ago, as everyone probably knows by now, the molecules just changed, the food industry changed, and we got the GMO wheat, and we've got the changes and and dairy, you know, the when, when a lot of us were kids, this is my 70th year, which is really strange to me because I'm just not ready for it.

I don't feel 70. I don't think I back 70. I'm noticing other people are getting old. It's a little distressing, but, when people were born. When I was born, a cow lasted about 20 years and gave one gallon of milk a day.

A cow last five years and gives five gallons of milk a day. And I'll just tell you something. That stuff isn't milk. And so

anyone who thinks that they can drink milk is deluded.

It's just not okay. The gluten thing we did 500, had QB1 gene type test, and 498 of them came back with positive antibodies. So this chart is is your own immune system attacking you.

And so in medicine. And it's really interesting. I don't I don't know how we did this to people. We took people with 140 IQ and we told them they weren't allowed to figure out stuff.

So in medicine we labeled things idiopathic. So I hate the word idiopathic means I can't figure it out. And I'm not going to try. And I'm like, no, no, you should totally try, you know, because then you'll maybe fix it.

So we made a theory. It's all a theory because you're not allowed to like, know any of this stuff. So we said it might be food and it was gluten, dairy, soy and that match the testing we could do.

And we would get DNA markers and the number of antibodies and we were hitting, you know, home over time. But it could also be metals. And so metals especially, you know, everything from lead overdose to arsenic, you know, rat poisoning.

We found in people, we found uranium, we found strontium 23 in people, metals leave. A gray brown acetate on the skin, like I usually diagnosed by visual, you know, observation.

And then we ran a metals test, a comprehensive urine element profile, and then we we confirm it. You know, it's all very scientific, but you have to have the instinct and you have to be looking for it.

So from a practitioner point of view, the things I love about what you're doing, Kelly, is that you don't you don't take the simple route. It's not iodine, it's not the rocks, and it's not this part of the five part thyroid thyroid cascade, which we can all do in our sleep.

It isn't some simple thing, and it's not the same for every person. It's whatever your deal is.

Root Causes of Autoimmunity: Food, Metals, and Stress

And so part of the investigation, you know, the root cause medicine thing means there's a big onus on the practitioner to be a detective, which means in the console, you better be frowning.

You better be like looking down and praying to God. And after you find two things, looking for another one, because that's how many things there are. It's not simple.

And this will be I have this canned approach to thyroid. Take this pill that's just so idiotic. And you understand why that is? Because anything you saw on the internet has to be usable across a broad spectrum, which means it doesn't work for a third of the people right away.

And it's bad for a third of the people you know. So we don't believe in that. I believe strongly in a clinical approach. I ultimately think the patient is, in charge and responsible, but with clinical help.

And so I like the teaming up. It's kind of a thing. One of the funniest things I ever saw was a holistic oncologist said, and I have this deep partnership with my patients, and I respect their input.

And as long as I do the ten things that I say exactly the way I say it, it's good. And I was like, that's called you dictating the medicine on this one.

We need a partnership. So I need them to change what they eat, but only after I show them and convince them. Probably a lot of sales and there's a lot of cheerleading.

It's. I'm sorry. You're poisoning yourself three times a day. It makes me sad. I wish it wasn't true, but it is true. So

now your autoimmune disease comes from somewhere.

You know, everything comes from somewhere. We may be too obtuse to figure it out, but it came from somewhere. And it's. These super increases are probably environmental.

And that's just me trying to be commonsensical. So the next thing was stress. And again, we're in the Silicon Valley with patients in New York. They're patients that are, you know, their cortisol the the hormone that creates stress or the control stress are off the chart.

They're really, really bad. So we thought, oh, if you're breathing and you're in the Silicon Valley, then your cortisol is high. Well, we've seen cortisol levels that the next stage is the heart attack and you're dead next week.

So we're like, this is a really serious thing. And just because it's obvious doesn't mean we shouldn't be testing it. So there's a lot of of that kind of thing when we're looking at hormones, we actually start in a men's and women's health clinic.

As part of one of our things, we're doing in my clinic, that advanced region. So when we're looking at it, especially testing like low testosterone, low testosterone is a contaminant outside effect of some of this neuroendocrine stuff going down there, as we know.

And one of the problems with neuroendocrine issues is that you've got three biochem ical wet chemistry systems that interrelate. And even when people can say that, they can't think it because if your stress system, you're never a endocrine systems, your, neuro sexual systems, I'll call it, you know, the, the sex hormone binding globulin and those kind of like, sort of fancy molecules, and, some of the lifestyle stuff are all in, what, one, what chemistry.

And we understand that they interact with each other. We all charge that, show that. And we can we can say it. Pulling it apart is really tough. And so I always thought, you know, I used to have a, an icon in my clinic, like a logo there was an octahedron.

Eight things taken eight at a time. And our job is to go in and go, okay, that one, that one and that one, really the thing that's running the show and my intervention is this.

And it's almost never the same for two people. So when people go, I have the thyroid cancer, I just know they don't, care. I know that they haven't dealt with the individual.

And then at the same time, it can't be your answer. Remember, in biochemistry and functional medicine, you can tell the new people because the guy had 20 things wrong.

They get in 20 supplements. Right. You know, it's just wrong. You know, it's like what's the key. So part of our job is what is going on here. And then what's my most direct intervention.

So in doing this it was really helpful because you get to certain items here. You get to things like peripheral neuropathy and peripheral neuropathy. By definition there's a there's a brand of it or a sub classification that's called idiopathic neuropathy.

It has the word right in there. And it's a weight says we can't figure that out. And I was like, spend an hour and you'll figure it out, you know. And so thyroid the same thing.

So thyroid kind of matches the migration that my clinic took. So, what happened was, you know, we did the ten years of functional medicine, and I'm an advocate.

I love it. But I'm also an advocate of physical medicine. I like orthopedics, I think we missed that in this, in this country. So I developed a model that was physical, biochemical, neuro and energetic or neuropsychological, depending on where you go with that, energy at the top, at the top level.

And what I see is, by the definition or the, the letters behind the practitioners name, they do one of those things pretty well. And what I think is, is incumbent upon us as an informed generalist, but I think we all need to do now is skip over to another person's, discipline.

The what happens. And one of Kelly's and my, great fun stories is we took the advanced neurologic training together, and, we almost got kicked out of it multiple times.

But, you know, we actually learned a lot. And Kelly comes in with a very, very, very strong, pharmacologic, you know, details of the systems open to new information, really clever medical, kind of point of view with the functional medicine.

And then we were adding the functional neurology to it. I was coming in with much more, what's the newest, coolest technology? And what can I do that that leverages me the orthopedics and kind of a non-medical mindset, you know, a problem solving mindset that's much more business than than it is.

There's medical. So, when we were working on the physical exam, our physical exams were just better than other people said we we really did get some stuff that, you know, I've kept to this day.

And I was like, okay, that's one of my fond memories of great medicine. So it doesn't matter where you come from and it doesn't matter what your first education is.

One of the best functional medicine doctors I know is a Sanskrit guy wears a dress. You know, it's like, now that doesn't matter. But in the day, it did.

And. And, you know, he's fantastic. Biochemist. So what happens when you begin to learn a whole other discipline is that you realize that every single discipline has a thing that they think they can't fix, but these other guys think they can, like the acupuncturist, think they can fix a ton of stuff the conventional neurologists don't think they can fix.

Everybody thinks they can fix what conventional endocrinologists think they can't fix, you know, because that, yeah, that's just a funny group. I accept them deep in my heart, but oh my God, I wouldn't want to be one.

You know, it's like, they just have a label. So many things as an addressable that are really pretty strong. You know, they're candidates for therapy.

So going into it, we basically were doing biochemistry. So for about ten years or more we're happy with that. We were testing for antibody responses. We were testing for what are the triggers for antibodies.

We were looking at the deeper cause. We were getting a lot of people well, certainly thyroid, you know, because thyroid says primary system, without energy you can't do anything.

One of my cliches is that, you know, fatigue at a certain level is indistinguishable from depression. I had it in my own. It took me about eight years to fix myself with the 22 doctors.

So thank you, God. But when your energy is at that certain level, even if you don't have a reason to, you will have a bad day. And so a lot of thyroid people are part of the therapy is showing them that there will be a better day.

So sort of shining a light on the emotional part of it. And I used to say, you know, well, you know, and again, my dad was a psychiatrist, so I had enough of that.

Growing up, the biggest joke in our family was, how does that make you feel? Because like, nobody cared. But, now I go, you know, I'm going to do physical, biochemical, neurologic.

You're going to do the neuro emotional energetic part, but I'm going to put you in a position where that's possible. But we definitely think it's necessary.

So it's not like we're discounting any of those areas. So one day I was do we were doing brain scans and neurofeedback. So it was we were doing shag brain scans.

And you know, delta theta alpha beta waves. And there began to be correlations of those kind of results with depression. And we were doing the biochemical testing, and they were all the thyroid patients.

And I was like, thyroid suppressive, you know, and so it's nice when you're doing, brain scans and you actually have those numbers for, you know, in this case, theta waves and beta waves.

And these are just frequencies with the brain that you're measuring with the cap on the patient's head. And it's pretty straightforward. And there's a Baron pattern.

So you get good at looking at it and saying, oh, this person's here, and they're going here. And it's called brainwave entrainment. So if you look at what we're talking about here, thyroid is a primary neuro endocrine system, which means hypothalamus is talking to pituitary is then communicating to a relatively dumb organ.

Thyroid is not your heart or your liver or your small intestine.

Functional Medicine, Neuroendocrinology, and Individualized Care

It just does what the brain's telling it to do. And so why not go to the brain? So we were doing neurofeedback and it was an interesting coincidence. I had a patient that was super sensitive to all chemistry, and we couldn't give her any pill.

We couldn't give her a supplement, couldn't do anything. So I use neurofeedback, but I was testing, so I was testing the thyroid, I did the neurofeedback, and I balanced out the thyroid and if you sort of think about it for a second, that's so obvious.

It's not funny. And yet no one had done it. And I was just like, because no biochemist do neurofeedback, you know, it's like they didn't they didn't, you know, everybody stayed in their little they stayed in their lane.

They did. And they did. So one of the good things, there's a lot of terrible things about being a chiropractor. One is the instant you get the degree, your IQ goes down 50 points and you lose all your friends.

So as a Georgetown University strategic planner, I was really this smart guy and I had to, like, do 6 or 6 years of education to become stupid, apparently.

So, you know, family hid their kids from me, all that kind of stuff for, for a little while. We changed it. But so one of the things that that happens in that world is there's not an assumption that you can do anything with anything.

So long story short, I knew that I had to get other education, so I just kept going to schools and colleges and courses and whatever. So at 30 years I have been to 17 colleges.

I know, I think part of it is a hopeful attitude and a bad memory, you know, like the two things. But we're running brain scans on people and looking at that and seeing what we could do with it.

As as life progressed, we there's a couple things that changed whole industries in chiropractic, the chiropractic neurology changed everything. We now know, you know, 122 nerve pathways.

It's the training that Kelley and I took and it really changes you. You know, you're going, okay, you have this biochemical understanding, but I have a neurological understanding.

And as you speak I can see the neural pathways. You put those two things together, you just know more than other people. Nobody does this. I'm just telling you.

So what I'm in favor of. And the big picture is having these people called in foreign generalist, you know, and it doesn't matter what your initial training is, it matters that you learn something across the board.

Anyone who doesn't think that acupuncturist knows something about energy the rest of us don't know is deluded. Anyone who doesn't think that chiropractors know more about orthopedics isn't paying attention.

Now, I think that we have an opportunity now in medicine because we should all be more efficient, you know? So I think the way I'm talking about it, where you have the person that the person who should make the most money, by the way, is not the specialist specialists make a third more.

And you better believe the kids in medical school know that, I think that first guy that informed generalist can actually figure out what's going on and then hand it off to the little guy who sticks a new heart valve in, or whatever it is that you need to get done is the second guy and said, we got it back afterwards anyway, so when we go into those rooms and it kept happening, oh, we can't fix this.

And I would go, I can and then they'd go, oh, no one understands this. And I said, oh, here, here it is. It's right here. They hate that other room. They figured it out.

And so I didn't do a good job of like communicating that because I was like, it was overwhelming. I'd be in a group with 500 doctors, and two of us thought what I thought.

Now it's getting to be more clear where we're all beginning to realize that there's an answer somewhere. And I think that that's a primary tenet. There is an answer somewhere, and we all have to kind of start with that is the premise.

You know, God wants us to figure this stuff out. Whatever rationale you have to use or you're smart enough to do it, or there's somewhere in the world has that answer.

That's one of mine. So when they said, you know, my left leg will never work again, I was like, really? In the whole world. In Japan, they haven't figured in Western Europe, Germany.

They're smart. You know, like they haven't figured it out. And then usually it took me about two hours of research and I'd figure out how to fix it at lots of times over and over and over.

So all sudden, my progresses. And so we've done neurofeedback and I really I stopped doing that regretfully actually, because I thought, the psychiatrist, we're going to take it over because it's sort of their thing.

They could have objectified a whole thing that's really an art form. And they they could have gotten some quantification in it. And the thing they did.

So I walked away from that and the regenerative medicine came up. And I'm a huge stem cell advocate. Stem cells I have done stem cells on Alzheimer's patients.

I've done stem cells on myself, I've done stem cells on cognitive decline. And members of my family who are now tolerable, you know, it's like it's really fixed.

Some stuff. And, so the stem cells we were doing intranasal stem cells, for cognitive decline, always measuring the biochemistry and fixing, as a matter of fact, reversing the symptoms of thyroid disease.

So we were getting normal TSH because the pituitary hypothalamus was that. So? It was amazing to us because I view, stem cells as kind of a background kind of effect.

It's very, very, very good. We're looking at and independent research, profile and independent research board, clinical trial for Alzheimer's, using stem cells as a primary thing intranasal.

Because think about what a stem cell does. So first of all, you know, if we look at it it addresses this primary

antigen problem. So it addresses the autoimmunity issue.

So people take vitamin D you know D3. So it balances out the cell mediated immunity. I'm sure you've covered this on your show. Cell mediated immunity a natural immunity.

That's so-called stage one. Stage two systems. Well stem cells do it better. So with and this is everything I'm saying has science behind it. It's because it accumulates to this thing that says that's too good to be true.

While making a human body added to cells is too good to be true. Yeah that's true. We are miracles. And you know, I really start with that. And so where miracles are using the same thing, the omnipotent stem cells that can create a human body and all we got to do is fix some stuff, you know, it's like I'm not having a hard time here and I'm thinking, this is a doable thing.

So long story short, we were going intranasal stem cells and balancing out the immune response, and it actually alters the white blood cells to change, to balance out the system, and no matter what.

So you get a let's just use the elements for a second. You get a virus. So virus comes into you. It wants to replicate a million times. You create a million white blood cells.

Who's ever first you either get the cold for, you know, two days or half a day or 12 days, depending on how fast or slow. So cellular reserves ends up being this big thing.

Stem cells replicate themselves and they replicate damaged tissues. They're cytokine directed. And what that means is if something's inflamed, they will go after it and they will stop the inflammation and they will repair the cells.

I, you know, especially being 70, I'm looking at that and going, yeah, repair some of my brain cells. You know, like I'm pretty sure the 60s and 70s are kind of hard on them.

So, you know, I want some more of those. And so we're doing it in disease processes and you can't say a direct effect because nobody can measure it and whatever.

But the person couldn't talk and now they can or they couldn't drive or they couldn't write or, you know, story after story after story. We had so many of those things on our website that basically the FDA made us take down our website because they said we were making medical claims.

And I was like, I'm not making any claims. I'm a scientist. I'm, you know, showing what our patients have said. They still made us take a test that was about eight years ago.

Maybe the environment's sort of improving. It's hard to tell where we are with the politics of the thing. But anyway, so now back to thyroid. So we've got, a situation where we're going to balance out the immune response, which is like really good thing.

Parenthetically, we would take the person off of gluten and dairy, and we would look to see whether any of those other triggers were were in action. So we we think something caused it.

But stem cells are innately anti-inflammatory. So they are going to go in and just put out the brain on fire. A lot of stuff. The Perlmutter talked about, a lot of stuff that we've all kind of had as our background.

I like the background stuff, but I don't like it when people turn it into a religion. Like I don't think, you know, one thing is the cause of everything.

You know, like sometimes when I see how many things are attributed to, like one system, I'm always I'm always like, what about the other four systems?

Like, are you really thing and then individuality nonfat. You know, prebiotics can't help a certain number of people. But you know, some of the people on TV and we're getting the streaming for our Adeline, you know, they're just selling stuff on the internet, you know, whatever.

So the other thing that that happens with stem cells is they're very specific about what they fix. So if you do an IV, let's say of stem cells, you can't say, oh, I would like it to do the carpal tunnel.

Here's my list. Carpal tunnel. And then I would like my eye a little bit better. And then I'd like, for the prestige in my foot.

Brain Scans, Neurofeedback, and Thyroid-Brain Connections

The funny feeling to be corrected. They go do what they do. You don't tell stem cells what to do. And so I sort of viewed it as a general kind of thing, but if I've got a neuroendocrine problem, I assume I don't have a brain stem problem.

I assume I have a pituitary hypothalamus problem, and so far and with no information about how the stem cells are actually working, those are the systems that have been improved and the thyroid cases and bad thyroid cases.

The other thing is, if there was another problem, and one of the things that we understand in thyroid, thyroid is the recipient of trauma. Thyroid is the recipient of other systems failing.

And so I can give the body a bad enough glucose situation. Insulin, glucose, glucagon situation meaning screwed up diabetes and I can mess up the thyroid. It's pretty easy.

You know, it's these are it's a pretty robust system considering how many bad things we do to it. So the stem cells have this way of generally improving all of those things and kind of like a correlation.

So I view it as like a super, super, super strong time. So for my, you know, memory loss patients, the cognitive decline patients, the dementia patients, the Alzheimer's patients, we do it as a background after we do, neuroendocrine and the toxicity, interventions kind of like all at once. So the last thing that that stem cells have as a characteristic, again, they're anti-inflammatory to balance out our immune system.

They replicate themselves that replicate other cells, meaning they repair things as they're anti apoptotic. So which means they kill cancer cells. And that's the one.

There's a ton of research on it. And you know you say that. And yeah that kind of common vernacular. Like five years ago when we first started doing stem cells they were like is it going to grow eyeballs on my right?

You know, like, is it teratogenic and is it going to really do horrible things? And those are valid questions. But the reality is, that they didn't cause any of those problems.

There was 110,000 safe transplants. It's you know, going to the dentist actually has a bigger downside than doing the stem cells. So now we're looking at it and going, what we need to do is to change the environment.

We're having a conversation about probably the most prevalent undertreated misunderstood, neuroendocrine condition called thyroid. And, you know, I'm suggesting and there are people who are just wizards at it.

Some of the people on your show are just wonderful. And the level of detail that they can understand, not just the cascade, but also you know what to do about it, kind of our religion.

But if we added, stem up and common it and I mean to any chronic acute condition, it's going to work better. One of the things that we believe is that everyone has to exercise.

And so we have a lot of either depressive or, disabled is too strong a word, but unlabeled people where they're just,

you know, not really capable of doing very much.

They're walking with a walker or they have a cane or they're just don't want to go outside. And, when we do the stem cells, we notice that there's like a line in the sand where we go, okay, you know, we're going to detox the metals and we're going to fix the diet and we're going to do some stuff by by the end of this month, you're going to walk a mile.

And they're always flabbergasted, you know. And I was like, I dragged my left leg for two years when the thing didn't work. You know, it's like I've done the rehab.

I know how to do this. And it was fun because, you know, they're like, oh, you're worse than me. And I was like, all right. But, you know, this is just a process.

So I think from a practitioner point of view, you know, we get things, especially if you're a, you know, a more seasoned doctor, you know, how can you just, you know, work, smarter, not harder.

And I think that's a mistake. I think we should get our hands dirty. I think we should track the patient visit by visit. I think we should come in and be responsible with the patient for the outcomes.

And I really think that there's kind of a there's it's not a clinical failure, but it's not a sin. But it's not a common we're just missing the mark. So clinically I think we should take responsibility for patient progression.

I think we should measure it. I think we should expect it. I think we should put a plan together that accomplishes it, which means you have to do a hell of a lot more work than most people are doing.

Let's talk. And then the patients really have been programed. I mean I probably spend a third of my speaking time convincing people. It's possible for them to be, well you know, that it's just not part of our, our psyche.

And I was like and I don't I, I make jokes about it. But I was like, you know, do you really think God's plan for you in the last third of your life, you were going to just have a horrible physical presentation?

Do you think that that's natural? And, you know, we look at some of the people and and I'm glad to see it. You know, we're seeing some of the practitioners really being models, you know.

And I was like, you know, if you actually did what Doctor Kelly does, are you do what I do, which is a lot of work to a lot team this status. And there's serious pushback.

And, you know, you know, it's it's there's no, perfect social proof. But this is what I perform at, at this level. And so I have patients now, you know, after all this time they come.

And what are you doing? And you know what? What's the question? What's the new thing in your clinic? And can I do it? And and I'm like, right. But also, you know, I just finished raising teenagers and you know, no deaths reported.

So we view that as a, positive thing, but great work. Yeah. Thank you. It's, turning into a thankful task. It wasn't for about ten years of very, very, very difficult stuff.

Glad to have the functional neurology and the developmental delay courses because, you know, I could save my, my sanity. But at the same time, I'm like looking at it and going, that wouldn't have turned out so good if I wasn't involved, you know, like twice a week with some kind of, a parenting intervention, especially when I wasn't invited.

But I think doctoring needs to be that more. You know, there's way too much indifference. And there's, you know, it's sort of seen as professional to not intervene or not give your opinion or not, you know, kind of get into it with the patient.

And, you know, I treat a lot of borderline, you know, they have neuropathy. But then so what does that mean? It means that, you know, it's another autoimmune disease there, probably other thyroid issue in addition to the things that juice's too low that they're not getting the signals that the, the, the signaling, the glucose, the, oxygen, it's not making it to the feed or the sexual organs and obviously the brain or all peripheral kinds of things and the amount of either I don't understand you or you're making you think too hard or I just don't want to do it.

And you're just like my wife making me do stuff I don't want to do. In there, in that, in that patient base is extreme. We don't back off at all. We're like, no, you know, the last patient was on a gurney.

They're on spine force now, which is a neuro rehab thing that measures and they're at 80%, you know, it can be done. And I think that it's kind of like, well, what do you expect at your age?

Or, you know, we don't really have an answer for that or frankly, you're too much work and I don't want to deal with you. Well, that's a dime a dozen.

I mean, you know, like, really, there's that's just taking the easy way out and, you know, full circle where we started this conversation on the term idiopathic.

Stem Cells for Immune Balance and Regeneration

You just washed your hands and put that label on and you're done. And you walk away. And that may or may not be able to sleep at night because even things like Hashimoto's, you know, we we gave it a great diagnosis.

We gave things, you know, multiple sclerosis. Here's your diagnosis. But I would go home at night and go, doesn't anyone want to know why? Are we not smart enough?

Do we not have any, sort of idea of, like, digging into the, to the things that could cause it, but that's not that's not the paradigm that is not. So if you go to McDonald's, expect fast food, right?

Like you're not going to get anything different. I love that. So so you know, like if we're if we're going to dig deeper and our illness I mean I have Hashimoto's myself now I want to come out and see for some stem cells, doctor.

And sushi. You know, I mean, I, you know, I really do take care of myself. I will say this. I mean, I'm, I'm definitely very well optimized, but I think that what you, you said about the stem cells and, you know, like, gave us a really good basis of understanding the connection with thyroid because we, we tend in out to the world chop things up.

And that's why I think stem cells get, you know, a bit bastardized because it sounds too good to be true. Exactly. And and then you throw it out, you threw the baby out with the bathwater, and we carry on with our with our junk diagnoses and our labeling of, of idiopathic, I mean, I it just makes me want to vomit.

So really the way that you can, can take it all and be, be that, how do you put it the generalist, the, the informed generalist. There you go. The informed generalist.

That's who you want on your team, especially if you're suffering with thyroid disease because, you know, the Patrick model, you're going to be put on synthroid, you're going to be monitored.

Your dose is going to go up. It's just not a lot to work with there. You deserve better. You deserve to really get to the root causes. And for someone who has the knowledge and to literally you just leveled this up, I haven't had any doctor on that's talked about stem cells and really even going into the neuro feedback, you know, I am remiss because I don't use that anymore.

But I think like, boy, that was a very powerful tool. All right, I should go back. But, you know, I think with the with the stem cells in your clinic, especially when you're looking at neurodegenerative diseases because, you know, if you have a diagnosis of thyroid disease like your body, it's in that cell danger.

And you're all that is like the canary in the coal mine, like, hey, let's start digging out. You continue to ignore that. And you and I talked with Doctor Eric on a different podcast about shoving synthroid into a system that's sick.

What do you end up with? Well, there's papers that would say that you're more risk for for a cancer diagnosis. Sure. And, you know, other different mechanisms as well.

I think that this is something where it, it seems that it will move the needle. That's what I'm interested in. I'm interested in having guests on. We're knowledgeable who, maybe talk about things that seem good to, you know, too good to be true.

But they have done their homework. They know the literature. They're doing this in practice. They're seeing these results. They're seeing objective data, and then they get very good reviews, subjective data from their patient saying, I finally feel better.

Like, and that's what we want. Like you said, you cannot do what you have been put on this earth to do. If you are sick in bed and tired. And I just I think, like you, our mission is to to get people to do what they're supposed to do here and not be sick and really help them.

And I like your approach, too, because you're being the definition of a doctor, though, Sarah, to teach. Right. And that is being the person who gives the, the the client a patient.

Tools, lifelong tools. So. Right. And I think one of the things is we have to unlearn some of the things. And I just I was educated by Jesuits and Jesuits believe that, you know, you push hard enough on a rock, the rock moves.

And if not that 2 or 3 or more people to push on the rock, not that it's, you know, an hour job. You know, what is physics? Physics is trying to figure out what's going on, you know, and we're supposed to be in that world.

And so this it got taught and agreed to by a board. And so that's the truth in California. There's massive push backs on that kind of stuff because two doctors just sued the government then basically said you couldn't do that.

And medicine meaning there's no confirmed truth. It's a moving, target. And with especially with our patients. I have an analogy that if you analyze an apple and break it into enough parts, it becomes applesauce.

And so you're right, it doesn't work. And so, there's such a skepticism. I get a thing. I think it was a mis mailing, but I got a thing from AARP. And one of the things it was in, which was rude and weird, but I one of the things I think they did was here's how to make sure you're not being scammed.

And I was kind of like, and here's how to also make sure you never find the answer to something. So I don't think people have to be judicious, careful, wise.

It says that in the Bible, you should be wise, but it doesn't mean you don't do new things. And the whole early adopter curve. I used to think that just by showing other doctors that they were late on the adoption curve, that they weren't getting, you know, a whole segment of people.

Well, and then they would just change once they understood the, the light of the of all that wisdom. And, that didn't work. So, my wife makes fun of me because I can empty a cocktail party by saying a medical cocktail party by saying everybody deserves individual care.

You know, it's just now she's like, can we just get one drink in an order before you polarize the entire group? Oh, that's a doozy. Yep. It's hard. Well, that shouldn't be a weird thing to say.

You know, it should be. You know, we know that we have biochemical individuality. So some of those, those functional medicine, tenants, you know, antecedents, triggers and modulators we like.

It doesn't have to be more complicated than that. Where did it come from? What makes it worse? And what's

making you individually different to it? Because we know you can take a mild poison line up 20 people, three people will not know anything happened, the middle group will be mildly sick and three of them will die.

Well, that's our biochemical cellular reserves. It's DNA. It's, you know, belief systems, it's strength, whatever it is. But they're not the same people.

And so when people, say, you know, this is what we do for that, I'm always amused because I was like, by definition, you're not getting 40% of the people.

Well, they said, no, no, that's it. We're we're at 60%. And I was like, we ran a 95% on that kind of stuff. And and then if you didn't get it right the first time, then you moved out.

Enough of the complicating factors that you that the idea would present itself. And then something I want to throw out. And for the biochemist, the biggest mistake in biochemistry is to assume, like the thing that that was actually wrong and you tested that.

It's not the thing that is actually wrong. Meaning I looked at it 100%. I totally know what you're saying. And that cliche is we leave no stone unturned.

I have seen people say that and miss all the stones, you know, and I was like, I, I think you have to be super humble when you're going to do differentials.

Always assume an x ray. You find one weird thing and go find the other two weird things because they're there. You know, it's just it's a cliche. But in in biochemistry I always get a little nervous when I go, oh no, I got this one.

This is arsenic poisoning. I can see it. I've seen it before. And then I go, oh, shut up, up. Just stop. Because it's it is arsenic poisoning. But it's also something out. Yeah.

And then don't be breaking your arm. Pat yourself on the back that you got the diagnosis because you don't have the diagnosis. Because there's five things wrong with this poor person.

So in my own sad story, I had 22 things wrong with me. My medical records say that I am grandiose self absorbed, crazy, all that kind of stuff. And then when they actually found out that I actually had 22 things wrong with me, the contaminants were all there.

Then I'm a stoic and and I confronted on it, and I just was like, I'm none of those things. I told you exactly what the deal was. You just don't have a model that could handle a person with that many things wrong that, you know, like you're six minutes of of diagnostic time and if that you know, and one of the things that I saw when I got to interview the doctors after I fired 22 doctors in a week, because I realized it wasn't going to get well and I was probably gonna die if I continued that way.

I got rid of them all and I, you know, I'm the son of a doctor, I'm an, I'm reasonably polite person and I'm like I'm doing the exit interview and I'm like, you know.

So I appreciate you putting together a plan. But it's just not working. And it's been two years and it looks like I'm getting worse. And, you know, I'm, I'm an ex marketing statistics person.

So I had this line of the degradation of my health systems in the Harrier dead. And so I was like, okay, I'm, I'm, I'm interviewing. The trajectory was not pleasant.

No. And English scores dismal, you know, like whatever. So I'm having this real honest conversation with a mirror and the guy goes, you misunderstand completely.

And I said, oh, which thing? And he goes, oh, I never had a plan that I thought was going to fix you know. Oh, oh yeah. And I was like, why the hell am I?

And like, I realize they're like, we don't know how to fix what you have. And I was like, I've been coming here once every two weeks for two years and more than one doctor.

So, in business, if you take everything on yourself, you're considered an idiot.

Treating Complex Chronic Illness and Patient Responsibility

Like, the team can always outperform the individual. But in medicine, that's not true. And I don't know whether that's a popular thing to say or not, but the person who has to be the spark plug is the patient.

So I spend a lot of time turning the patient into a spark plug. And just a simple, just a simple ascertain there must be an answer somewhere on this earth that could make me well.

And then what I do is I convince them they don't have anything more important to do. Then they get that, you know, and it's, you know, to this country, another country, merging things.

Prayer don't care. We'll go wherever it is. And this I have a preconceived notion on something that nobody fixes is a terrible beginning position as, as also, this can't be fixed or this is lethal no matter what.

A lot of the oncology patients we have to unlearn, you know, you know, like Kevin Connors basic position is that this is a natural system that has natural, ways that you can buttress.

You know, we worked with him for a while. Well, he's genius and that and that and the offs and the mindset, you know, getting you off that. I'm on a track. It leads to this. Whatever.

I'm, I've seen like, you know, oncologist predict a death day and I've also and pancreatic cancer. We got one that was the person supposed to die in five weeks.

It was 62 weeks when they died. After we intervene now, they still died. We weren't happy. But, a lot of time, they could put a lot of post-it notes around the house of how to deal with life without them there.

You know, it was a much better situation. Yeah. So that's not our job. And then I had a very, a very fundamentalist doctor, you know, say, you know, we're dealing with cancer patient and, you know, I understand my license doesn't let me treat cancer, so I don't treat cancer.

I treat people who, parenthetically, also had cancer. I'm just supporting their systems. But, you know, I walked in and fixed the hormones, and then we fixed the neuroendocrine system, and then we fixed the liver, and then we fixed digestion.

And they're like, what are you doing? And some pretty strong, brain, sort of neuro vestibular, work that makes the person stronger in general. And I was like, I'm delaying this person's death.

And it was interesting because their reaction was that's not your job. And I was like, you and I have a different charter through, I think it is my job and I have six tools to do that.

And I'm going to use all six of them. And it turned out, that was a four stage cancer patient, and she had a crusty accident on her chest. And I was like, terrible. And they're like, you're dead.

And, she's now teaching nutrition courses in Mexico. So she's, you know, and so and that was stem cells. And again, we can't even take credit for that, you know, that we had to say was nutrition and prayer.

But, because the oncologist was just so sure that, you know, the only thing that would work was the chemotherapy, which was killing her slowly. Right? Right.

So it's a miracle. It's nothing that you did in your clinic. Oh, yeah, she did it. It's just a it's just a spontaneous

remission. You got the word. I only do spontaneous remission.

So, Okay. Yeah, I like, oh, I like a spontaneous remission. I think that was. It's a very. That's a clever way of of of talking about what is possible.

Well, doctor Santucci, I could talk to you all day. I mean, yes, you could go back and talk about or allergy in, in our days in that, but I, I really appreciate you going through with your expertise.

For a thyroid patient on how stem cells could definitely help them. If someone wants to get in contact with you in your clinic, how do they do so? Well, a couple of ways.

We keep dancing around the the website thing. So advanced region.com is our kind of latest greatest. So we can't actually say very much on websites these days with the way, things are.

Our clinic number is 488 718222. And you can ask to speak to me. So, I've got this, you know, amazing staff at this point. I have, an MD, a D. O., a couple of nurse practitioners, and really the the medical assistance are the ones that do all the work.

But, I don't do very much work anymore. So I just like, do fancy consults and try to figure stuff out. So I love this kind of stuff. I love the, you know, kind of figure it out.

We are getting more and more in touch with stronger and stronger stem cells. We can do them as active stem cells right now. We can do the knee injections and the now IVs and the intranasal, and I'm putting together an IRB to like, again, do Alzheimer's, because I really think that that's where my passion is going to be.

And I don't want to die without fixing Alzheimer's. It just seems like an obvious thing to do. So, I'm interested in complex acute cases. You know, I, I really like it.

If they've been to ten other doctors and they can figure it out. Because then, you know, maybe we can show we have a particularly good track record in doing that.

You know, I think that one of the things that's happening now is we're going to start to take cases that are kind of proving our point. I never really did research and I never really did politics.

I just tried to get people well. And I think that this stage of my life, is that, you know, beginning of getting a library of people where we can prove, you know, like video.

This was wrong the day they walked in, like, I had a patient that where it's pajamas and crawled on the ground.

Clinic Information and Closing Remarks

He actually kicked out of a dorm. I mean, it was. And and now he's, like, doing he works for some hardware company doing loading or something. I mean, seems completely better.

So but we didn't take a movie of it and we didn't do a case thing of it and whatever. So now I think that we're interested in these kind of cases, then we're interested in communicating these kind of cases.

And I think it's incumbent upon all of us as practitioners to kind of, you know, move the, the, the, the, the, the rock, you know, then we're we're, you know, a thousand canoes going to Hawaii.

And I just want to be on a big boat. So I'm actually looking for collaboration. I'm actually looking for, you know, the old prejudices are gone. You know, like, chiropractors don't hate MDS anymore.

Smart MDS know that chiropractors can be smart, but saying someone is anything like, we all went to fifth grade, right? But you're not a fifth grader.

You've you've learned whatever you've learned. That is really good, very appropriate. And the functional side, I think that functional neurology has to merge with functional biochemistry or functional medicine.

I think the functional Medicine Institute, has to step up a little bit. And there's we don't have a political leadership role. So I'm thinking more and more that I'm going to try to do something like that for stem cells.

We don't even have an association to like do stem cell interest, you know, and get the word out. So I'm looking at those kind of changes and roles. But I still have, you know, an 8000 square foot clinic in Campbell.

So we're where we're interested. And then for the first time ever, I feel good about legacy. And I at one point, I thought I would just, you know, when I wrote my first book on this, I was like, oh, I'd better put this down because I didn't teach anybody anything.

It's just me. But now I've got 4 or 5 people that we are teaching it and they're good at it. You know, and they have both sides of medicine and they're doing it so a person can get well represented medicine in our clinic.

And at the same time, you know, there's, there's specialists who can, can do things in the functional medicine that, that go further than we would go in extreme cases.

And it's, you know, we're beginning to sort of see the community, mature. Right. Well very good. Well, very commendable. And again, thank you so much for your time, Doctor Santucci.

I've enjoyed every minute of this. I'm sure I will be a viewer when this comes on again. Take some notes. But you take care. And thanks again. Thank you. Take care. Kelly.