How Too Much Iron Wrecks Hormones and Longevity Transcript

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Hey everybody, Dr. Rob Silverman here, Proven Health Alternatives. I've got a superstar in the area of iron deficiency and iron overload, Doctor Christy Sutton.

Dr Sutlon, how are you today? I'm great. Thank you for having me here. Oh, I am excited. I mean, as we were talking off camera, here's your book. Let's go right out.

The Iron Curse. Wow. Great read, 600 references. Uh, i do a lot of blood labs and the first thing I realized was I don't know enough about iron. Number two, after reading your because you argued that iron imbalance, particularly unrecognized iron overload, is a silent epidemic wrecking havoc on health.

The interesting thing was that it's not just iron deficiency, it is iron over load. Take the football and run for first down. Let's go. Iron is this extremely important topic for our health, yet all of the cells need it.

We need for energy. Um, we need that for brain. And we needed it for life. Yeah. Most people are not in a healthy level of iron. Their range for iron that they have is not a health level.

And that's largely because it's overlooked by clinicians and clinicians that are running the labs. Either the Labs are not being run properly or they're being dismissed because the ranges are really kind of outdated.

When you get a range for a lab, for an iron-related lab it goes off a bell curve and that bell curves comes from taking thousands of people and looking at their lab ranges and saying, okay, this is kind of the range and we got the median here.

The problem with that is that if you thousands people then the reality is most of those people are not in a healthy range And they're likely sick or they or have some underlying problem where they are not in a healthy range for iron.

You could do the same thing for, you know, blood sugar.

Introducing Iron Balance and Lab Ranges

And so the more important thing is to look at, OK, if we take thousands of healthy people, women and men. and look at the range that they should be in, then that's a completely different number.

That's more of a functional range. And most clinicians are not even running these important labs to identify when people are too low or too high. Then they often get dismissed or just not mentioned or overlooked or poor advice is given, which doesn't align with the reality of what the patient needs and is going through.

And the nice thing about this topic is that these are not exotic labs that are expensive to run. These are easy-to-run, inexpensive labs for issues that aren't largely easy to fix.

You just have to properly identify it and diagnose it, and treat it. I think this is one of the most overlooked and missed opportunities in healthcare right now.

And it's a small dollar topic that if you fix it could have huge gains in health care in the long run. I agree with you. So to extrapolate, bottom line is the ranges that we're seeing that are deemed normal are based on normal ranges for unhealthy people.

We've got to get ranges based So for men and women, and of course, healthy people in ranges in different stages of their life, correct? So a 20-year-old girl is gonna be different than a 60- year- old woman who's already gone through menopause, men is going to be differently than women et cetera.

Right. But yeah, I mean, the functional ranges, you can still kind of have the function range for where somebody should be, but at the end of the day, You have to keep in mind like maybe a pregnant, woman is not going to be able to get in that same functional range as like a 50 year old man.

But we can still aim for that functional rage rather than just saying, well, you're in an okay range. So which begs the question, what are the appropriate ranges?

Yeah, so multiple important labs to look at. That for iron levels, the most important lab to Look at are a ferritin and iron saturation, and then you need to Get a CBC, which will give you your red blood cells and hemoglobin and And the two ranges that I have like the most to say about are the ferritin and the iron saturation.

So ferretin is number one. Ferritine can get high when your iron levels are too high. It's also an acute phase reactant. so it can high with inflammation, with cancer, With infections which cause inflammation.

Which is why we have to also look at the Iron saturation and CBC to kind of know what's going on. um but ferritin can get low when you don't have enough iron so um really the range for ferritan i don' ever like ferratin to be over 100 and ideally i like it more like in that 50 to 100 range 75 is kind of like a nice sweet spot but the reality is that these things are going to change a little bit with everybody in their life and from person to person so but if we're really kind very acute or a real functional range, then I think that 50 to 100 is a good place.

And in my opinion, you know, and there is some research to back this up. My opinion once you're over 100 on that ferritin, Then you need to get text checked for the hemochromatosis genes because so often, especially in women, if you get that fair 10 over one hundred, than they likely have a hemorrhomatosus gene.

Um, and then now there's more likely to get high into the 200s, 300s 400s 500s 600s. And there was a good study where they showed that when ferritin was, uh, they looked at 200 to 600 range and the people who had a ferretin over 600 were more.

Likely to die of all cause mortality. Um. Two decades before the People of Ferreton of 200. Okay. So that's like huge. That's heart attacks, cancer, everything.

So this one stupid marker that like $10 to run and most doctors are not running. You know, I see this all the time. People that they've been diagnosed with cardiovascular disease and you know liver problems and their underlying problem is that have too much iron and the doctor's just not ordering the ferritin or they're just kind of dismissing it.

Ferritins is really important and I like that range, 50 to 100. I don't like people to go over 100, even men. Although I'm a little bit more tolerant about men being slightly over 100 just to kind of be realistic.

But there is also research in my book that I think is really important that shows that if you have a ferritin over one hundred, you're more likely to die from COVID or get long COVID.

Because iron is important for infections and is like kind fertilizer for infection.

Ferritin, Iron Saturation, and Hemochromatosis Risk

And your immune system can get suppressed by having too much iron. That's a great point, because having written a book, Immune Reboot, everybody knows I have a long COVID protocol.

People didn't realize that ferritin was elevated in many instances of long-COVID. Now, I'm going to play the devil's advocate. I want to the consumer going-to-the-doctor's-advocate.

Iron is only love, and it's woman's problem. It doesn't happen to men. And women never get too much iron stored, i.e. ferreted. Would you like to tackle that one for us?

Yeah. So I would call those myths that are not based in reality. Now, myths are often in existence because there is some level of truth behind them. Because if you look at the majority of women and the minority of men, then those statements could be true for the maturity of people.

But this idea that it never happens is a dangerous idea. So most women are lower in iron than men. However, women, especially women with the hemochromatosis gene, one or two genes, are still at a high risk for developing too much iron hemerchomatosis, iron overload.

And that can happen at any point of their life. My colleague, her five-year-old daughter, We diagnosed her five-year-old daughter with hereditary haemochromatosis and it was causing a lot of neurological problems severe neurological Problems and They only got better once that iron was brought down and I talked that I talk about that story in the book and It's like a very Unbelievable story truly, but her daughter who's five, you know Once her daughters starts menstruating her risk for having too much iron is gonna come down But still, if you have those hemochromatosis genes as a female or a male, then you can go too high.

And the reason that women are typically lower in iron is because of menstruation and childbirth, because those two things are huge iron drains. They are relentless and they go on for, it feels like forever, for women.

as far as the menstruation. Menstruation can vary so much from one woman to the other, as for as how much iron and blood they're losing. Because if you have a really heavy period, you can just lose a ton of iron.

In other words, if your have really light one, then you don't lose very much. So menstrual childbirth are key. Now men, men typically, they are going to be higher in iron, That's just if you take a thousand men, they're going to be higher in iron than a 1000 women.

Having said that, there are men out there that are low in Iron and though and that's the situation where you need to really do some digging because you can't just write it off as menstruation and childbirth.

You know, now you to say, okay, what's going on here? Look at always look at the diet. Is this person a vegetarian or a vegan? Are they not getting? you know, an adequate amount of absorbable iron in their diet that contribute to low iron?

Are they on an acid reducer drug, acid reducing drug which will decrease iron absorption and everything else? Do they just have low acid because of stress or whatever, autoimmune disease?

An ulcer, do they have a GI bleed? you know, these are common things that can cause men and women to get low in iron. They just often go unchecked or undiagnosed period, but especially for men, because it's harder for man to go low on iron than women because they're not menstruating.

So if I see a man that's low and iron, I'm like, oh, we need to do some digging here. And especially I think it is always good to have those hemochromatosis genes because sometimes I'll see a man that's low in iron that has a hammer chromatosis chain and I'm like, oh no, no no this is not statistically likely to happen, you know, there's something off here.

So that is a warning sign, low iron in the man is the warning or tending some sort of other health conditions because you're basing everything like I do on root cause, which now I would like to refer to as root causes resolution.

So lower high iron could be a root of something. Well, I wouldn't say the lower higher iron can be the root caused, but it can also be. The symptom, so like the group cause could, be like malabsorption, like you are not absorbing iron or it could.

A haemochromatosis gene or there are some genes that can make you low in iron, What is the root causes like how far deep you want to get on this root cause, but the lower can be the cause of health problems lots of Health problems, you know.

Focus at low iron has focus issues and lower IQ and just a lot of different things, whereas it can also just be. not just the symptom, but the root cause of various other problems.

Regardless, we've got to be checking it. I'm going to talk about symptoms that are deceptively diverse in that high iron may manifest as fatigue, joint pain, depression, heart disease, diabetes, even Alzheimer's type symptoms, and many more.

So we have certain symptoms of low iron, and high iron. So there's still many myths, like you said, and you're trying to dispel the myths. Now you keep using the term hemochromatosis.

Well, that means too much stored iron, correct? And you talk about the genes. I've got the jeans written down. And I know you have them committed to your heart, but I think the overall idea is there are three genes and people maybe test for one or two and they don't test all three and therein lies the rub.

Or they just don t test any. Most people are not getting tested for these genes, And OK, so you live in New York. OK. So. New York has a lot of immigrants that came from Ireland and Europe and the Northern European, especially the United Kingdom and Ireland, that population is where these haemochromatosis genes originated.

And so like the Irish potato famine that caused a million people to leave Ireland. Okay. I can't remember the exact number of people that died there. I think it was a million people died in Ireland during that famine.

And then a billion people left Ireland because of that family. A lot of them came to America, came New York. So there are a lot hemochromatosis genes in America especially in populations that are Caucasian and have You know, Irish last names or English United Kingdom last name.

This is a red flag like look at people's last. Look at the color of their skin. And you can see, are these people at a higher risk for hemochromatosis or not?

But most people are not looking for these genes. The advent of these direct to consumer genetic testing companies has really been pivotal in allowing people to get this information Without using a doctor and for that reason more people are getting these genes tested but they still understand what they mean okay.

And that's not really how the system should work like you shouldn't have to go outside of your doctor it's okay to do that and necessary often. But the reality is that like the medical system needs to do a better job Not just here, but even like if you look at the United Kingdom So their medical systems should be checking everybody for the haemochromatosis genes.

Hemochromatosis Genes and Genetic Testing

They have the highest rate of haema chromatosus genes in the world and 65% of the Irish population has one or more haemer chromatosus gene and They should be checking everybody at birth for these genes, but they're not.

And so what they what their getting instead is they are getting people that get in-stage liver cancer or bipolar or depression or joint pain or diabetes.

You name it, it can cause all these issues. It can kill you literally because iron, if you get too much iron in your body, then it's toxic. and your body doesn't have a lot of ways to remove that iron other than blood loss.

So you build it up and it becomes toxic and they'll kill you. Let's take the next step into the genes. What are the jeans mean? Meaning homozygous, heterozygos, stuff like that.

Lets geek out. All right, so everybody, spoiler alert. We're going to go geek on everybody now. Go for it. Okay. That's great. Not a of the people are willing to ask me to like ask these really detailed questions.

So there's three haemochromatosis genes, okay? So they all start with HFE, and then there is the C282Y, which is most intense of the three, like that's the most likely to cause you to have haemachromatosis because that causes you absorb more iron than the other two.

So the c281Y is like, I call it the heavyweight. It's like the Heavyweight Champion gene. And you can get one of those from one your parents, or you get two, one from each parent.

So, you're going to get 1 from every parent, either you are going get like a normal gene where you aren't at a high risk for haemochromatosis, Or you will get a haemachromatosus gene, and the C282Y is the HEAVYWEIGHT CHAMPION.

If you have one, then you'll be at higher risk of haematosis. If you get two, you're at a very, very high risk for developing hereditary haemochromatosis, which is where you have too much iron.

There is this myth that if you got one gene, that means your heterozygous, then you are not at risk of haemochromotosis. You're just a carrier. And I call that the carrier myth.

It's a serious problem in healthcare right now because there's lot of doctors that were erroneously taught that if you have one haemochromatosis gene you're safe, you are just a carrier and then their patients, they dismiss the patients as being safe because they are carriers and that is not doing a service to anybody.

These people are getting completely I'm dismissed and missed. So, but if you have one haemochromatosis gene your heterozygous if You have to your homozygos.

Okay. Now, the C 282 wise the heavyweight champion that the middleweight Champion is the h six 3d. So you can have, you know, one or two of those. Those genes are the most common of all haemochromatosis genes, the H6 3D, they're the common because they are oldest.

They originated the oldest in evolution. And they also originated on like the landmass of the northern European area, probably like around Spain or so.

And because they originated on a land mass rather than like an island, like United Kingdom islands, they wish the C282I or more like from the islands of United kingdom most likely that The H6 3D was on the landmass.

So people were allowed to migrate throughout Europe and even into like Asia and the Middle East. And for that reason, those genes are the most common.

Um, and you will see them some in the middle East, um, much more so than the C2A2Y. But having the H63D one or two will increase your risk for haemochromatosis.

Um, especially if you have two, one is not as bad of a risk, but it can cause it. Uh, like my daughter, for example, she's 11. She has one H six three D that she inherited from my husband.

And, um, She actually, Um. she is 11, growing really fast. So she actually needs iron. Like I'm giving her iron because when I checked her ferritin, it was lower than I wanted it to be.

And so I'm giving her iron, but I am watching her levels because I know that, you know, she could go too high. It's not a super high risk with that genotype, it can't happen.

Now, as she gets older, then it's more likely to happen, so. And then the third gene is HFES65C. And we don't know quite as much about that gene as the other two because it's newer as far as being included in the haemochromatosis genes.

It's thought to be much rarer, although I think we need to do more research to really get a clearer idea because most of the studies, we're not looking at that as gene, as where it is in that world.

So I just think that we just need No. Okay. This is a hemorrhomatosis chain. It's not as high of a risk as the other two. it's like the lightweight champion because it increases iron absorption, but not much as other.

So, you can get one or two of those. You could be heterozygous or homozygos. The other thing, the last thing I want to kind of say here before people lose their attention on me, kicking out is you.

Can get, um, one of like one, heavyweight champion and one are the light weight champion. or one of the middleweight champion and one in the heavyweight champions, it can be any of those combinations.

So you could get one or you can get two. And if you get to it, can it be the C282Y and the HF63D, or it could be that Hf63d and S65C, so middle weight, lightweight.

Those people that get 1 of 2 different champion categories, They're called compound heterozygotes. So they're heterazygous from two different genes, types.

It has been sad. About 25% of our outcome is based on our genes. Genes are not your destiny. The environment loads the gun, the environment fires the guns.

How does that pertain to just what we talked about, to genetic mutations? Yeah, so I think that's a really good question. It's huge as far as there are very few genes that actually cause diseases, like, period, 100%. Most of the time it's like it can increase your risk or decrease your rest.

The main genotype that is at a very, very high risk for hemochromatosis is the homozygous 2C282. They almost always are going to develop. If you have two heavyweight champions, they almost all always develop hemerchomatosis.

However, not always because environment plays a role. So like, for example, I have a patient that has 2 C28 2Y genes, she is low in iron for environmental reasons.

Okay, so you have to look at the environmental factors because the genotypes, all they do is they increase your iron absorption or they decrease your ion absorption.

But if there's no iron to absorb or because you're just not consuming it or you are not absorbing it, or your just

losing so much blood for one reason or another, then you can still be low regardless of your genotypes.

In fact, the reason that these genes are so common, and they are very common is because iron division anemia has killed so many people in the past that, these jeans were like evolution's answer to that.

And if they were not helping us to be able to have more babies, which is really the bottleneck that evolution works through, then they would not exist.

But women dying of iron-deficient anemia leading up to their childbearing years or during pregnancy or delivering due to blood loss or malabsorption or whatever is a huge, huge evolutionary bottlenecked that has killed lots and lots of women.

And these genes protected people from dying of low iron. And that's why they exist so much today. It's just now we live in a different world. Now we're in the world where foods are fortified with iron and you can go to McDonald's and get iron rich beef, which is a great source of natural iron.

And people are living longer. So it used to be like if you lived to your 40s, you were like an elder. Now people are living older and so they have more time to collect more iron.

They're living into postmenopause. So now we're not menstruating anymore. Now we are more likely to get high in iron, now, we have, you know, vitamins, a lot of people that are taking iron and they shouldn't be.

A lot people should be taking Iron and their not. The genes are part of it, but they are not the whole story. Some people will have genes where they're more like to be low in Iron or they don't have a haemohormatosis gene at all.

And they're high on iron because maybe they are on like a carnivore diet. Or I see this a lot these days, people that are a on carnival diet and they have the hemochromatosis gene and don't know it and have undiagnosed iron overload and just traded one health problem for another unintentionally.

Now you can get these tests, the specialized functional medicine test is not something typical that somebody can ask for at LabCorp Quest, correct? We're talking about the genes?

Right. The genes. Oh, this is such a good question. Thank you for asking that. Okay. So most of the patients that I've diagnosed with hereditary haemochromatosis, I am getting it through their 23andMe data.

And I'll run their or other genetic tests. I don't care if it's 23 and me or not. 23AndMe is the main one that people have done. That's just the one I'm referencing.

all three of the hammer chromatosis chains at this point in time, but they only tell you about the two main ones, the heavyweight and the middleweight champion.

They sequence the lightweight, they don't tell about it, sometimes they sequence it but then they've gone back to where they sequenced it again. And so then I'll take that raw data from 23andMe and I'll run it through the genetic detoxification report, which is the report that I created.

And that will tell about, that'll give you all three haemochromatosis genes and it'll you like MTHFR and on methylation and all these other things. So, and even if you did the Ancestry only 23AndMe, you can still get a health information by running that report.

Most of the people that am getting genetic information from It's from like direct to consumer 23 and me.

Why Iron Became a Personal Mission

And that's actually how I diagnosed my husband with the humor chromatosis gene when I was writing my first book, I realized like, oh, this is why my has been has high iron and I keep telling him to donate blood and He has

this haemochromatosis gene and like, okay, I'm reading about this, and I am writing about it, learning about and why is this doctor not?

What's going on here? So the haemachromotosis genes are available through Quest and LabCorp, but I have to, this is, so glad you asked this question. Do not run the haemochromatosis genes through Quest at this time.

Run them through LabCorp, because Quest only sequences the two haema-chromotosis chains. Labcorp sequences all three. Having said that, if I order the hemochormatose genes for my patients, granted I have a cash-only practice, even with a discounted lab company, it costs them almost $400 to do those three genes.

where if they can go to like 23andMe and get a $100 ancestry kit and run it through genetic detoxification for $30, now I just got those three hemochromatosis genes plus so much more for a hundred and thirty dollars.

Does that make sense? It makes a lot of sense and you know in a world where Insurance does not cover anything. It's just insurance so you don't go broke per se.

That's a great takeaway. Now, you alluded to your husband. I read your book and we talked about it before, so let's have full disclosure. You said something about your husbands health that no other doctor did and that really is what started the wheels turning for taking the next step into the iron curse and really delving in.

And it just really exemplifies how so many people in our world, if you will, this functional medicine, functional nutrition world. It's something that happened to themselves.

A family member. I mean, a patient, it's a life-changing event. So if could, could you fill in some of the details on why iron became your thing? Yeah, why I'm now called the iron queen by some people.

Yes. So that, that story, you know, personally, iron was on my radar before my husband, because I really, the story starts with me having Crohn's celiac part of my intestines removed and complicated reasons for having to really watch my iron levels.

And because, I tend to be low in iron, And for me, it's like I'm fighting this battle to be higher. And like, I can't wait until my menstrual cycle is gone, because it just making that battle higher, harder.

So iron was on my radar as soon as I got out of practice. I noticed when I started practicing, when got to school, like occasionally I'd see somebody with a height fair, and I was like," I don't really know what to do other than go donate blood." And I didn't dig into it and ask, do you have the jeans or even know about the genes?

But then I got married and my husband brought home some lab tests that showed that he had high ferritin, high liver enzymes, red blood cells, hemoglobin, iron, all these things that were red flags to me.

Like, oh, this is bad and I think you need to donate blood because your iron's too high and it's messing up your liver because one of the organs that's most sensitive to Iron damage is the liver, in fact.

It's not only often the first damage, but it's tremendous increased risk for liver cancer in people with undiagnosed hemochromatosis, like 200 times increased risks.

So it is really important to pay attention to those liver enzymes as a red flag. I would tell my husband to donate blood, and he would periodically do it, then he just kind of stopped listening to me as much the further we got into our marriage, just because, you know, That's what happens, I think, sometimes in marriage.

And so then I start writing my first book, the blue one, The Genetic Testing, Defining Your Path to a Personalized Health Plan book. I'm writing that book and I learn about the haemochromatosis genes as an important gene to include in there, and then my husband has one.

Then I realize, oh, this is why my needing to donate blood and high red blood cells and hemoglobin and himatocrit

and ferritin and iron and liver enzymes.

And so his doctor that is ordering these labs is not saying anything about it. They are not seeing anything. We're just ordering the labs and giving them to him and you know, everything's fine.

Um, and then, um, finally we go to the gastroenterologist because now he's had like a prolonged period of his liver enzymes being slightly high. We go to the gastroenterologist without the referral from his PCP.

You know, we just decide we need to get another opinion. And so we go the to gastroneurologist and I give the gas neurologist like the full workup, here are the labs I've been running on my husband that show the problems.

Here are labs that his doctor was running that showed the problem. here are his genes and I just, you know, I think that the iron is causing the liver problem and the gastroenterologist kind of listens to me and then goes through their normal steps and The steps they take are they do like an ultrasound and they say okay mild fatty liver You're a little bit overweight you need to lose some weight and you Know drink less and he wasn't really drinking and He wasn' really eating a lot of sugar or anything and Then they said he said um, and them they ran this test that checked for a autoimmune hepatitis which is where your immune system attacks your liver and destroys your where we go down this rabbit hole and it was actually a misdiagnosis.

And so the gout neurologist said, you need to take this drug for a year and then your antibodies to your liver will go away and we'll recheck it in a here.

I'm like, okay, this doesn't make sense. Why would we wait a years? So then a couple of months after being on that drug, I've rechecked the liver enzymes.

I re-check for the autoimmune hepatitis. A re check the iron stuff and the Autoimmune Hepatitis antibody is gone. His liver, enzymes are still high, going higher.

The iron levels are getting higher, you know, he still has high red blood cells and hemoglobin hematocrit, which is all common with hemochromatosis. And I sent it to the doctor and I said, hey, here's the lapse.

You know, I rechecked this autoimmune marker and it's negative now. And the doctors says, oh, okay, false positive. It wouldn't go negative that fast.

I'm going to refer you to a hematologist. genetic issue where you make too many red blood cells. So I'm like, okay, so we go to the hemochromatosis and I gave them, you know, all the information and we got to hematologist.

I said we'd go the hemochromotosis, my apologies. We go hemotologist, we give them all information, and the haematologist is like hereditary hemerchomatosis.

That's it. Easy. So then they treat it, okay, you know, like he, a lot of the stuff gets better. His liver enzymes come down, his iron levels come, down his red blood cells come.

Down. his testosterone comes up a little bit because high iron can cause low testosterone because it damages the testes and the brain and pituitary gland.

And so, but in this, when you're treating like a spouse or like anybody, kind of, Take a large breath of tests and you just say, I'm just I don't know what's going on.

I just going to test a lot of things and see what going. And so one of the labs that I was running when we were going through this experience was I. Was running like DHEA and cortisol and they would be sometimes slightly high and then they go back down to normal and I After treating the haemochromatosis, the only things that wouldn't go back to normal was the DHEA and the cortisol, which the hematologist thought were going to go to back normal once the stress of the hemochromotosis was gone.

And so then we go the endocrinologist and You know, I give the endocrinologist like the full history and everything and I've kind of wondered about my husband having too high of cortisol and maybe even like a Cushing type issue in the past.

And the Endocrineologist is like, it's not Cushings because his blood sugar is normal and he doesn't look like somebody with Cushings. So, okay. Four months later or whatever he's like having brain surgery for cushing with disease because he has a pituitary tumor that's causing him to secrete too much ACTH causing them to have cushings.

And so the reason I tell that part of the story is because Haemochromatosis damages the pituitary gland and it causes a lot of DNA damage and can really damage your pitutary glands.

There's certain parts of the body that are like high risk for iron and the Pituitari gland is one of them. So I don't think, you know, I, don' have a time machine and I can't go back and like prove that the haemocromatosis caused the Pituatory gland, but I think it's an important thing to note.

I think that my husband, had he had lower iron and higher antioxidant levels, likely wouldn't have that pituitary tumor that caused him to have Cushing's.

Iron, Longevity, and Hormones

I also think it's a good cautionary tale of that was a really formative experience for me because I was still a pretty young clinician and I didn't really have, you know, that as much confidence and going through that experience, I realized like, Oh, Like, I know more than I thought I did, and these people know way less than they thought they did.

I agree that I think that iron is overlooked. It's, you know, considered in many instances just a marker. And I'm really sorry about your husband's plight.

Of course, he's really fortunate to have you there. Again, the backdrop to how you became the iron queen, as you said, love that. is a family member, of course.

So I'm gonna switch gears. I wanna speed you up now, I warned you. And I know you're from Texas, and I from New York, couple of big states, but we're gonna do it in what we call the rapid fire New york minutes.

Let's get going. Longevity, the insightful conversation of 2025 has been since February of 2023. Some longevity markers that I usually share, a POE status.

ApoB status, LP little A, C-reactive protein, maybe even RBC. Would you say that it would be fair that Rob should put on his lecture circuit, iron and ferritin, as longevity blood markers?

Yes. I would do ferretin and iron saturation. Ferritine, I already told you about how a ferratin over 600 increases your risk of takes two decades off of your life versus a ferritin over 200. I told you about how ferretin increases your risk of long COVID and death from COVID.

And if you're doing that ferratin, then you need to add the iron saturation because If your ferritin's high and your iron saturation's over 45, then you have hemochromatosis.

And now you just diagnose somebody with a condition that is going to decrease their longevity that's easy to diagnose and easy treat. So yeah, I would add those two for sure.

That'll probably add like $20 to the whole longevity panel. that question easily attainable. You made a comment about high iron decreasing testosterone.

Can't get away with that, with everybody here wanting to take TRT, et cetera. Yeah. can you give clarity to that?

Yeah, I'm glad you asked that. Okay, so not only does high-iron decrease testosterone by binding to the testes, iron will go to testies and the gonads, and it also will cause infertility in women and men by damaging the ovaries and testes.

So then you don't make as much testosterone, but high iron will also cause low testosterone and hormone problems in men and women because it damages the pituitary gland and the brain, which are ultimately what control your hormone levels.

Why this is important, not only because low-testosterone is bad for your health and longevity, because a lot of men or women are diagnosed with low testosterones, And then the problem the reason they're low in testosterone is because they have too much iron Okay, and so but often they'll be given testosterone without having their iron levels checked and Then what happens is when you take testosterone That'll increase your iron absorption and it'll also help you to make more red blood cells and hemoglobin hematocrit and If you don't diagnose the root cause of the low testosterone, then the treatment for what you diagnosed as low-testosterone will make the cause worse.

Does that make sense? It makes a lot of sense because most of the people go to the doctor and they test just total and free testosterone, do different ratios.

They're not looking at blood sugar. Then out looking, uh, doing a detoxification now looking a gut health, they're looking an iron. Once again, the body's all interconnected.

It's a great point. So here's another one for you. I have high iron, I've high ferritin. What food should I avoid? Well, shellfish are really high in absorbable iron.

Beef, red meat is really highly absorbible iron, the foods that like, it's not as important to avoid iron rich vegetables because iron-rich vegetables have the non-heme iron which is not absorbble.

So the top ones would be shell fish and beef and bison, but Once your iron levels get normal, then you can add those back. And there are certain supplements you take or certain things you do while you're eating those high-rich foods.

You could drink green tea or coffee around that meal, which will decrease iron absorption. Or you could take supplements that bind to iron and lower iron, like curcumin or green-tea supplements.

I kind of go through all the supplements they can bind iron in the book, but that's a couple of them. There's Well, I'm happy you mentioned that I am an avid coffee drinker.

So, for me to recommend to my patients for absorption of iron, do they take the iron supplement in the realm or in same time frame that they consume their coffee or do you take it separate?

During or like an hour before the coffee, it can decrease their iron absorption from that iron supplement. If they take it, if they drink the copy before, It's not as much of a problem because the coffees gone through by the time the foods there.

Curcumin, the most accurate ingredient in turmeric. My understanding is it blocks iron absorption or decreases iron adsorption. True or false? True. So it chelates iron, and it's really a valuable tool for decreasing iron absorbtion.

If you use curcumin for inflammation, then you can unintentionally cause low iron. You really need to know what supplements are affecting iron period.

help people to not go high in iron that have a propensity towards going high. But it also will be absorbed and then it'll go and it will bind to the iron, that's stored in your organs and pull that out.

Because a lot of people, they get haemochromatosis and they iron stored like in their brain and their liver and the spleen and pancreas and joints. that is harder to treat, but if you take the curcumin and other iron chelators that

can go and like bind to it, then you can rescue those organs from that iron overload in the tissues.

Alphalopalk acid, the only antioxidant works with the water in a fat part of the cell. Tell me its effect on iron. It binds to iron and lowers iron, yeah, it's like curicumin in that regard, But it also has other things like it is really good for blood sugar and neurons.

Yeah. So iron balance. has a very health-promoting feature. Yes. We didn't even really go into low iron. Can I just briefly do that? Yeah, let's do it.

Let's go. OK, so low-iron is- You mean anemia, low ionemia. Yeah. So low irons can cause iron-deficient anema. But not having enough iron, whether it's just iron deficiency or iron deficiencies with low red blood cells and hemoglobin, which is iron efficient anemone, regardless, not have enough is really a problem for a lot of people, especially women and children.

And so like about there are studies that have shown that 84% of children with ADHD had a ferritin under 30. And if you gave these children 80 milligrams of iron a day, then it would dramatically increase, improve their symptoms of ADHD and decrease their severity.

So there's a lot of kids out there because you need iron to make dopamine. And you don't have dopamine, you can't focus and your brain will not develop.

Pregnant women that are low in iron, Their babies can have a lower IQ like significantly lower like five to 16 points lower just because they were low in iron and that carries through the rest of their life.

Okay. Because they didn't have enough iron to make all those dopamine to the dopamine which creates the synapses. and builds those neural networks. And if you don't build those networks in utero, then you know, you do not have them.

Also you need iron to create myelin sheaths. So you cannot have a healthy brain. This is why low iron will cause restless legs and sleep problems and anxiety.

You are not getting enough oxygen to your brain, not to mention it will cost fatigue and a lot of different issues.

Low Iron, Testing, and Practical Takeaways

In some ways, the low iron people are almost harder than the higher iron. People often because with higher, iron, people, it's like, okay, remove blood diet, um, supplements that usually works pretty well, pretty fast.

But sometimes these low, Iron people is like they have some really complicated problem that's causing them to be low. And I are not always, but sometimes, and sometimes they're much harder.

But low iron is significant and I don't really, I never like ferritin to be below 30. I really ideally like it in that 50 to 75 range. Yeah, it's funny that we spend so little time on low-iron and everybody talks about anemia.

and we really spent a lot of time on hemochromatosis, high iron. So I do want to ask you a few rapid fire questions. My buddy always listens to my podcast in Geneva and he's like, Rob, I want some tangible things to take away.

Here we go. I'll give you in the power of three. You've probably said it before, but what three tests should he take when he goes through his primary care physician?

Okay, so ferritin, the iron panel, iron panels gonna have TIBC, UIBC serum iron and iron saturation. So that iron is one test. Ferritine is usually ordered separately.

That's all iron related stuff. And then usually they're already doing the CBC. I'm not gonna say that, but you have to have that with your iron labs to know what's going on.

So I would say then the next one would be a CRP because any time that you're looking at ferritin, it's also important to look at CRPs because ferretin can go high because of inflammation.

You don't want to be misled by a high ferratin that's inflammatory driven. And if you have that CRPS high, then that can explain part of why the ferrate is high at least.

three best foods for iron balance. Well, it depends on if you're trying to go higher or lower. Give us both. Okay. So if your trying go lower than any type of like coffee and green tea, I talked about that.

If you trying lower calcium rich foods are great for binding to and lower lowering iron and like by the gases rich foods like oatmeal and stuff that'll bind to iron in lower it as well.

If you're trying to go higher red meat like beef, bison, shellfish, those are going to any you know even chicken has turkey has a little bit of iron it not as much as the beef and byson but animal products.

This is why vegans and vegetarians struggle so much with low iron because they there's not enough absorbable iron in plants. D3 K2, yes or no for iron balance?

I say yes. Some people would say no. So I am just the fan of people having a good D 3 K 2 period, like regardless of if it's iron balanced or autoimmune or whatever.

But to me, I see a low D three K two is like, a low-hanging fruit issue that just, we can fix this and this is gonna make your body healthier in general while we try to put out these other fires.

It doesn't have the strongest effect, I think, in one way or another on the iron per se, but it does have a large effect on inflammation and your immune system.

And so many people with high iron have these chronic infections, so they need to have plenty of D3 to protect them and they have higher risk for cancer, Yeah, I just would say as a blanket statement, everybody needs to have healthy, adequate D3K2, regardless of high or low iron.

Gut health and iron, where's the preparation? I could teach a whole class on this. Well, you know, high iron will cause leaky gut, can cause food allergies, could cause autoimmune issues, and can causes infections.

So, higher iron can really cause a lot of gut problems. gut problems can cause a lot of low iron issues because of malabsorption or GI bleeds. Um, so, uh, gut, the gut and iron, if somebody has low, iron especially, you have to look at the guy.

And if someone has high iron then it can really damage the gun as well. So we, we kind of always have, to be looking at that guy in my opinion, exercises effect on iron levels, exercise lowers iron level.

Yeah. It will exercise will increase HEP, sit in, You're burning, you're using more iron up. Yeah, but increases Hepsodium, which decreases iron absorption.

So if you exercise a lot, it'll cause lower iron, Which is why, I see a lotta professional athletes that have these hemochromatosis genes. Because when you exercise a lot, you're on a higher risk for lower levels of iron.

And so that haemochromatosis gene helps you to have a little bit of extra iron so you don't get low. Then they ultimately stop exercising when they retire, they don t exercise as intensely, and then they often become too high in iron because now they're not exercising as much and so their stores are not going down as quickly.

Is that exercise, is it cardio, weight training, just cardio? Yeah, more cardio. So weight trading positive for iron levels? It will decrease iron absorption.

Okay. Yeah. But everybody needs to exercise. If you are exercising and you're low on iron, you have to take more

iron so that you don't get lower. last thing i want to ask you what's this thing with iron and vitamin c i hear about it all the time could you uh yeah so uh vitamin C increases iron absorption So if you're trying to increase your iron levels, then take vitamin C with it.

If you have high iron, than you need to be careful about not taking vitamin c with iron rich foods because then you'll absorb more iron with those foods.

And then just don't take, people with hemorrhagmatosis need be to careful overdoing vitamin. C they can usually get away with that. They just need take it separate from food and not super high dosages, like maybe a thousand milligrams or something max a day.

You were right. We're going to need a part two because it's still not on cover. So it has been my pleasure, Proven Health Alternatives. The Iron Queen, we did it.

Christy Sutton, Rob Silverman, always yours in health.