How Toxins Take Down The Thyroid Transcript

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Introduction and Doctor Kelly Haldermanu2019s mission

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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And this is Doctor Kelly. Welcome back to Doctor Talks where we have a super duper exciting guest, one of my good friend and a colleague. Someone that I look up to that the functional medicine community completely looks up to. He is a rock star.

We have Doctor Gordon Crosier with us.

Doctor Gordon Crosieru2019s background and illness journey

Welcome, doctor crosier. Thank you. It's so good to be with you again. You know, it seems I haven't seen you forever. It's so good to see you. It is. It's good to see you as well.

I know you have a lot of things going on, so I am so grateful for your time today. Doctor crosier, why don't you start off by just giving us a little bit of your background?

Whatever you want to share, with the audience. Just. I mean, I don't think there's a lot of people who don't know who Doctor Gordon Crosier is, but just give us a little background on yourself.

Well, you know, I'll tell my little bit about my story on how I ended up where I'm at. So I was clinical faculty at a major university, and I taught residents and students and, everybody I taught a lot of people.

And I was primarily in women's health care, industry and promoting, rural women's health care for women to be able to get proper health care and proper things, for them.

When I became very ill myself, didn't realize the hour that I was working in every single day was more than fasted. And that mold actually unveiled, a plethora of symptoms in my body which could not be diagnosed by so many people.

I went to everybody. I had to end up diagnosing myself. And I figured out that people don't look at some alternative labs, and they don't look at even critically at the labs that we can get through LabCorp, quest, and other labs.

And I found out that I really had, a mold toxicity. And I also had Lyme, so I had a lot of different things going on, which actually caused my own thyroid people, my own thyroid issues.

I ended up with Hashimoto's because of it. And that's why I'm very adamant about total body health. And that's where I am today. So I moved away from there.

I live in Lake Mary, Florida now, and I have a thriving practice. I educate for, several entities, you know, all across the world. Actually, I've, I've lectured everywhere, and, and I love to educate physicians and people how they can be healthy, because that's my goal is for people to be able to be healthy because that's what we need.

And we all strive for. Absolutely, absolutely. And I think sometimes doctors forget to, to take care of themselves. I ended up in the same boat as you, doctor crosier, Lyme mold, Hashimoto's, no tools in my toolkit.

And so it really puts us on a quest, right? Like, yes, I said, doctor, heal thyself. And then we become a blessing because then we can share stories and share with other doctors, which you do so well.

You not only bring across that message of taking care of ourselves, but you, you know, you also put into the doctor's hands a new paradigm, a new way of looking at the whole body.

And I've been to some of your lectures. I know you were you were rated top speaker at a forum at the World Congress. I mean, there doesn't get me better lecturing is it comes from Doctor Crosier and and I'm not saying that I'm not. This is not Kelly's opinion.

There's just many people who feel this way. And so let's start off let's let's start off about about the thyroid, you know, and with a lot of these chronic diseases Lyme and mold, we're we're actually also very toxic.

How toxins disrupt thyroid function

Right. So yeah, we have high levels of toxicity. Tell me about because you're an expert in this as well. Tell me about how toxins affect thyroid physiology. So toxins affect the thyroid in multiple ways in hormone production and enzymatic transformation.

So transforming some of the hormones to be active hormones, they actually affect in how they are trans ported to areas where they're going to be used.

And then they also affect receptor sites for thyroid hormone. Because we have receptor sites everywhere. But one of the big things that people haven't been mentioning is how the thyroid actually affects the mitochondria.

So the thyroid affects the mitochondria both as a lipid and the protein membranes on the inner side of the mitochondria. If you don't know what the mitochondria is, I call it the powerhouse.

So it's the powerhouse of the cell. It's where 90% of your energy comes from every single day and helps with interpreting the nucleus of the cell. So there's interpretation of your DNA and your mRNA.

So there's interpretation there. And so this is critical that the thyroid work appropriately for that specific issue. But toxins love the mitochondria as well.

So then you're going to have this dichotomy of how these toxins are actually going to interact and cause more of a downhill spiral for a lot of people with chronic diseases.

And so that but you have to look at the thyroid. And that's one of my biggest beefs, with people that are doing toxicology because I do a lot of toxicology, and people that are doing like Sias chronic inflammatory response syndrome, or they're treating people with mold, they're failing to look at the thyroid as one of the causative agents for people having metabolic issues and issues with their overall health.

And we have to look at all of that. And then you have to look at not just the mycotoxins, these toxins from molds, which, you know, a lot of people don't realize that those mycotoxins are actually in antibiotics, but they're actually 92% of probiotics.

So when you buy a probiotic, they think you're doing something great for your health. 90% of them are created on Aspergillus mold, which then puts off these mycotoxins into your body, and they affect your thyroid, these things that are affecting your thyroid.

Have you ever thought that your probiotic could be affecting your thyroid? Well, it could be. You know, I mean, I'm not saying it is for sure, because yours may not be, but, you know, we need to take a look at it.

And so these toxins are everywhere. They're in your dish. So. Yeah, they're in your laundry, so they're in, you know, toxins are everywhere. I test for every single toxin known to man in people.

And it's amazing that pesticides that you see in people are these different things. So I don't just look, even though my practice is primarily one that treats mold and Lyme, I don't just look at molds, I look at other aspects too, because these are the toxins and pesticides, phthalates, plastics.

They all affect the thyroid. Do you see in your practice when you're looking, for toxins? Do you see a specific one or couple? And I'm kind of putting in spot that in your clinical practice that is just overwhelmingly higher in those with hypothyroidism.

And we'll get into Hashimoto's. But I'm thinking like glyphosate. Is there anything that's like just is it or does just depend on like what they're swimming in, you know, do they slather on hair care products and things like that?

You know, it depends on the region they're from. And because I treat people from around the world, and they come to me from everywhere, it kind of depends on their individual area and where they are.

Almost every single person I ever test have glyphosate. Glyphosate are at an all time high. They're actually placed in the seeds of some of our, our plants that we're eating.

Common toxin exposures and antibody increases

Then you're eating those plants. You know, they think it's great because then you push away the other weeds. But they're actually causing harm to our bodies.

So I've seen a lot of people with a lot of thyroid issues, have a high glyphosate. So glyphosate, you know, you mentioned that. And it does actually happen to be the one that I see the most common.

But I have people, you know, that are from the Space Coast here because we're closer. I'm close to the Space Coast that have a lot of the substances that are contained in rocket fuel.

So some of that those things contained in rocket fuel are very high too. And I've also seen some heavy metals, barium on the increase. And I don't understand why we don't really get barium enemas very much anymore.

We don't do that. But barium is at an all time high lately and it decreases your immune system. But it's seeing I'm seeing there was a bunch of people that came to me from Arkansas area that had high barium.

So I don't know. It depends on the area, what thing I'm seeing. But phthalates also have to be a big thing. So okay, okay, definitely. And I'm sure one of the first steps in your practice is of course awareness and elimination of exposure.

There's a lot that that we can do to start chelating, to start pulling that out. But really we have to stop the influx. You know, that's just so I think we don't really talk about that enough.

Especially, you know, in functional medicine, it's like, let's just go right. For the, you know, the, the, the detox protocol in some cases. And they're pulling it's like, let's get a really good handle on the changes we can make.

And I'm sure you agree with me on that. Right. So let's let's talk about toxins and antibodies. Are those toxins

directly causing antibodies to increase or what are you seeing on that front.

Well, actually excuse me. Actually, there's several articles. There's one article was written in 2010. In 2010, there was another 1 in 2017. They both implicated and they actually were proving that different toxins were increasing antibody reactions.

So they had Ottawa immune states, from their in their thyroid from these different toxins. So, you know, and they didn't they said it was a plethora in fact, that one actually, named rocket fuel in it, which it's kind of curious because that's what I've been seeing lately as a top up, because we've been putting a lot more rockets off lately than ever before.

And it's increased dramatically. So we are having a lot of people I'm having a lot of people right now with Ottawa immunity, in their thyroid, from and I think it's directly from rocket fuel because I've been testing them.

And that's what I'm seeing. That's really interesting because I know that some people, they do everything that their doctors tell them to do, and not just allopathic, but functional medicine, meaning they are, you know, changing their diet.

They're really lessening their, their, you know, all kinds of inputs that could cause inflammation, but they get stuck in and everyone's like, I don't understand why your antibodies are so high.

Like, and it's just this quandary. And what you're saying is that we already are people even especially treating, Sears, which you said chronic inflammatory response.

We're focused really a lot on hold and line. Right. Yeah. And so if we're not checking if we're not really and I've seen some of your presentations on the, the in-depth assessment you do on toxins in it is I mean, there's no other it is so important and so key because like you said, I there's a lot of people and in the history of what I've seen that we get stuck.

And it didn't dawn on me. That's why I interview people like you to go really in and dig into those toxins, dig into those panels. You know, we can't just fix the gut and then everything else is good to go.

It's a good start. Absolutely. But being targeted and precise, it sounds like a better, a better, way to get those antibodies managed. Because, again, I've seen people, you know, they're doing everything right, but the antibodies are still high and right.

Your papers would agree. And that's what I started seeing. And these papers actually indicate that. And, and I, I saw it in my own practice.

Detox strategy: reduce exposure before pulling toxins

That's why I had to search out literature that kind of supports what you see sometimes in practice, because, you know, we have to prove scientifically, you know, I like science and I like scientific literature that proves that what we're doing is going to help our patients, because it's, after all, this is to help everybody be healthier.

And that's what that's what it's about. Because, you know, we have we have a love for our patients and we have a love for people to get better. And if you don't look for those talks and you don't get rid of, and you can see results that those antibodies begin to come down as you see toxins come down.

So, it's one of my things that I want to kind of show in one of my next talks is how you see antibodies come down when you see toxin loads coming down, so that it can kind of come down together.

Okay. So I know people are going to want to know some of the strategies that you employ to start to pull out those toxins. I know that it can be really dangerous for people due to this on their own.

You know, kids, you have to be very careful with your precious glomerular and your kidneys, and you have to be very. I wouldn't do this without the help of someone like Doctor Crosier to be able.

So let's talk to a layperson about, you know, your approach, because at the end we're going to talk about how people can find you, but just give us an idea of how you attack.

So number one, when I'm telling somebody to detoxify before I even start to pull these toxins, which the toxins come out from in various different ways.

So you have to use various different means by it. But the number one thing is to stop putting toxins into your body. So number one is going to be diet.

Is your diet clean. And even if your diet is clean, are you washing your foods correctly because there's fallout. On to organic chemical organic foods as well.

So we have fallout of chemicals onto organic foods. And I know because you were at one of my, you know, one of our friend's, vineyards before, and we saw the fallout from the organic grapes on from nearby other farms that were not organic falling onto the other ones.

And we we saw that together. Yes, we did. So so, you know, that's the problem is so even if you're eating organic, which I do recommend, but I recommend that you still wash them, you know, wash your vegetables, wash your fruit, wash everything, eat as organic meats as possible.

And take away the fats because the fats in the meats are going to store toxins. So get rid of those fats in there. I don't like the fats in the meats because that is storing toxins.

So those are my preeminent things. And then I like them to start juicing. Why? Because juicing is kind of a natural way to begin to get your body ready for detoxifying.

If you just start to do a heavy detoxification, you're going to have liver failure, kidney failure, you're going to have heart palpitations, you're going to have arrhythmias, you're going to have all sorts of issues muscles, aches and pains.

It's unbelievable what can happen if you don't do it correctly. And that's the problem is a lot of people don't do it correctly. So that's what I recommend.

And then there are some supplements that some people they can't afford the other treatments. So I give them a supplement plan that they can get that are affordable supplements that can begin to pull some of these things.

It's a slow process, but it can work. Excellent. Yes. And and we're just same page. We're just reinforcing the fact that a lot of people's bodies, especially the people who come to see people like you, they're not ready.

They're not ready for some heavy detox, and some people want to jump right to it. And it's like, no, no, no, that's that's a bad idea. And, you know, you mentioned some downstream effects and I want to jump in to neuroinflammation because that can set off a cascade of neuroinflammation.

Let's talk about autoimmune thyroid and neuroinflammation So there's well, you know that's kind of one of my babies is amazing. I love to talk about neuroinflammation. Why?

Because it is probably the one of the fastest growing disease mechanisms in the United States and worldwide is, diseases caused from neuroinflammation.

There's a direct connection between thyroid and neurological health. And when your thyroid isn't correct, then your cognitive function begins to decline.

But those toxins also can cross some of them more cross the blood brain barrier, and they can cause neuroinflammation on their own.

Neuroinflammation, mitochondria, and cell danger response

But your thyroid can also affect neuroinflammation. So your thyroid by not having remember that correct mitochondrial response versus an incorrect mitochondrial response.

Well that can happen neurologically. And the neurological cells in astrocytes. And so and then and the glial cells so those they can set off an inflammatory response in the cells in your brain that cause more inflammation to begin to be pulled to your brain.

And then it's an ongoing response that we've got to, bring down. So in that case, you have to work at both bringing down the toxins neurologically, correcting your thyroid for correct cognitive effects, and bringing down the toxins that are affecting the thyroid as well.

So you have to you have to it's a triad of things that you have to begin to work on. And it becomes extremely difficult. So you're going to have to do something I call washing of the cell.

So people I'll tell them, okay, so you're going to need to have some fast for tidal colon, which you know what that is. And there's supplements for that.

There's powder forms for it. It's been on backorder at many, many places lately. And I think that's because a lot of people are realizing that and they realize for neuro inflammation and for, specific toxins, that that's going to help in the fatty layers, the cell membrane, the mitochondria, those are both lipid layers.

So lipid is a fat. So you have to make sure that you're washing them, pulling the toxins out and replacing them with the proper fats. The title calling that they need it.

That's one step that they can start even before they come to see me. So that's that's one step that I give people to start because it really does help prevent more damage, but it helps with some of that neuro inflammatory response.

But people are going to understand how much the thyroid plays in cognitive function. So the people that come to me like with dementia, Alzheimer's, they've been diagnosed by a neurologist, or they have affective treatment modalities that they're getting from their their regular doctor, their allopathic doctor.

They, they come to me and nobody's checked their thyroid. And you know what? Sometimes just fixing their thyroid helps them cognitively. And when we do that, and when you see that, they begin to think more clearly and they might not even have very many toxins.

And it's amazing because a lot of those people don't have as many toxins as what you think. A lot of people like Parkinson's. If I find Parkinson's with thyroid issues, they actually have some heavy metals.

A lot of times it's, mercury, so they can have, heavy metal issues that affect them more than other people. So there's different disease states that I kind of look for different toxins.

So what do I think? You know, it's just kind of how you begin to learn, and that's what I'm trying to teach other physicians, you know, what toxins are going to affect which organ system and and how.

So that's my wheelhouse. Very good. So brought up in my mind, the use of flavonoids, some phenols to treat, brain fog, neuroinflammation. People are like, oh, I have brain fog, I have neuroinflammation.

And we look at it like brain on fire. Sometimes we refer to as brain and fire. And what you're saying, and I totally agree with you, is that really you talked about it being a triad.

And so the neuroinflammation is there for a reason. You know, where the knocks enzyme, everything's being set off. And so just the use of I'm not against it, but I'm just saying that it's almost a greenwashing of of medicine.

Meaning we're trying we're taking, you know, natural compounds, but we're not getting at the root cause we're not really not getting at what started this all.

And that makes me want to pick your brain a little bit on the cell danger response. I think that's what you're alluding to when you're talking about the mitochondria and how it's how it's working.

Right. So we have mitochondria that acts one way when the body's in a state of homeostasis. And then we have the mitochondria flip to the cell danger response or metabolism changes the way it functions in cell membranes.

And so tell me a little bit about that. In that context of cell danger response. So well cell danger response is actually anything that assaults the cell and the cell realizes, you know, just for people to understand, I'm not going to go into that.

All that chemical reactions and all that, because there's a plethora of different chemical reactions that can happen. But just for them to understand.

So the cell understands that this is not normal to this cell, and I have to respond in some way. So they produce an inflammatory response to help protect that cell because they thinking if I produce inflammation, you know, that's going to attack that specific thing.

I can develop antibodies. So that's how you that's part of it. How you develop antibodies is because of that inflammatory response from that cell danger.

The cell saying I'm in danger and you're going to produce those antibodies. Those antibodies are going to go everywhere in your body. So once you have one autoimmune disease, I see it just trickle down, boom, boom, boom, boom, boom.

So most of my people don't have just one autoimmune disease. Now they have 3 to 6 different autoimmune diseases and at varying different issues. And that's because of that cell danger response.

It's set off that, you know, that inflammation which developed antibodies, those antibodies began to attack their own body, then turn on themselves, which is kind of what can happen because they can't figure out what they're attacking.

They just now they need to protect themselves and attack. And so that's how it all kind of unfolds in a very simplistic way. Very, very well stated. I think that was a great synopsis of a very complicated process.

Biologically. Robert Inovio, I'll link the paper for anyone who wants to read it, but it's really like what we're seeing when we look at someone who comes into our office.

We're seeing the brain fog, the gut doesn't work, you know, decreased thyroid function. It's like all these things we're seeing. So if we treat those individually and and we neglect what set that mitochondria off, what is it that caused the mitochondria so intelligently?

We were made so wonderfully by God that we were given this mechanism. So it's not stop all the downstream effects back up, right back up in one up to bring a full circle.

One of the the known things to set off the cell danger response is being toxic.

How toxin removal and nutrient support improve thyroid health

Being being inundated with all of these chemicals, which we started off by talking the cell is just in currently the

intelligence is to say red flag, there's something going on here.

And then that, you know, that talks to your point about the papers being published. You see the antibody response, you see the toxicity. So, you know, let's talk about in your practice when you're pulling out the toxins, which you alluded to when you're starting to unload that allostatic load of everything that's pressing down.

And people are so complicated that it can take years to feel better. Right. Because it's, you know, you're you're I think it's Doctor Horowitz. Was it one who said that?

It's like you have 16 nails in your foot and we're taking out two, and you and you might not feel good, but, you know, we're we're plugging away. We're going in the right direction. So.

Well, Doctor Crosier and I share the same diagnosis. And I also got diagnosed with Ms.. And so it takes a while I mean, think of your poor body. Think of those mitochondria.

They're not against you. They are for you again they're divinely designed. I always think there's more, you know, intelligence to my body than between my ears.

And so talk about about what you're seeing in your practice when you start really getting at these root causes and again, toxins being one of them. How does that thyroid function turn around.

You already talked about that a little bit. Going a little bit more in depth than that. Well, so a lot of times when we start pulling toxins and that's why I always try to put them on a plan first.

Okay. You're going to look for the parabens, the poly parabens. You're going to look for all these things and everything the lotions you're putting on your body.

I mean, people are slathering themselves with toxins. Every day I see it. Every day I get a simple olive oil. I put essential oils in it, and that's what I use for my lotion. Why?

Because there's no toxins in that, right? But, you know, that's what I try to get people to do is, hey, let's focus on eliminating news first, because if I don't eliminate them, they're just going right back in, and it causes more of an issue.

So as I start to unwind, people and I start to pull these toxins, sometimes they feel a little bit worse than they did in the beginning. And I have to warn them that that's going to happen.

Because when you're pulling things, you're left with a vacant spot. Your body doesn't really know what to do. So at the same time, I'll pull. Then after that, I'm going to replace with the nutrients that your body requires.

So our body requires nutrients. What do we require? Well, a lot of main amino acids, proper fats, proper amino acids. There's a bunch of stuff. And so we have to replace that as well.

When we replace that, then they can kind of have a little bit of that equilibrium, and then we pull a little bit more. So if you just go in and you start pulling every day, those people end up in the E. R.. Why?

Because believe me, I've seen it. I'm sure you have practice as I've seen it. I've worked at other practices. And I said, that's something I'm not going to do.

And so, when I started my own practice, I said, I'm going to do this gently because that's how it has to be done for the individual. And there's some people that are so such a toxic mess that we have to actually make some of these detoxing agents more in a homeopathic realm.

So we have to actually create them in such small doses that they can begin to pull and not really end up in them emergency room. So because, you know, it's I don't care what it is, they can end up with pulmonary complications,

renal complications, liver complications.

You can end up with a lot of complications. And that's why I monitor people. That's why I want them. I kind of see how they do with the first first line of treatment.

And let's see how you do with that first one. And then up to maybe four treatment modalities. And then let's see how you're doing with that. And then let's kind of see are the toxin loads going up or are they coming down if they're just after for IV treatments.

If your toxin that's going up you have far more toxins than what you thought you had. Oh, right. You know, these toxins love to hide out in that fatty tissue.

Right. And so let's talk to me a little bit about misleading laboratory tests. When people do, let's say they do a urine, assessment for heavy metals or even just, just for run of the mill, you know, like the bpas and toxins.

And they see nothing. Or are they in the clear now? They're probably hiding. So I, I've never seen anybody completely clear the, and, and a couple of people I've seen with very few.

But then what I do is I give them. Okay, I said, okay, let's do a couple of IV treatments and then let's repeat this test and see where you're at. And if you do that, guaranteed you're going to find a plethora of toxins.

So my average person probably has, probably 4 to 8 mycotoxins and they probably have, 6 to 15 environmental toxins. And then some people have heavy metals, some people don't.

It's, heavy metals are kind of one of those things. Heavy metals sometimes don't show up until after you start pulling the other two. And then they suddenly show up because the body was probably like, it's not safe to bring these out.

We're going to keep them harbored in the fatty tissue. And, right, right. So the again, the body's really smart. And so, you know, I, I see that too, with practitioners looking at those tests and seeing a lot of the aforementioned things that you just listed out and then saying like, wow, you are so toxic.

But but when I think about it, could this be a population? Could you see a population where their body is actually doing a good job of of pulling everything that's coming out?

Do you see that? Do you see that? They're just they're systems. You probably don't because you see very, very sick people. But could there be a scenario where those are high because the body's efficiently pulling and pulling and excreting?

Yeah, I do have some anti-aging that actually have had very low ones. So I do have I, I have to offset because this is a very heavy practice with all these chronically, yes, disease people, you know, and they have such chronic illnesses.

They've been the 20 some doctors. They've been everywhere around the world. So some of my anti-aging so that I offset the really complicated people with I've seen a couple of them really their detox mechanisms are really in place and they've been doing things correctly, but they've been eating organic.

Some of these people are in their 60s, like myself, but they were trained from their youth to eat more on the organic realm, to really drink clean water.

Not the polluted stuff that we have. They, and they don't drink a bunch of other things. They don't drink, sodas and all these other things that are putting other toxins into your body.

So those people, those subset of people I've seen have very few toxins, but they still have some. Okay. They still have some. And I haven't yet. I have yet.

I only have one person that I ever tested that didn't have glyphosate in their body. One. Wow. And guess and they were from in Antarctica, right? They weren't from America.

I'll put it that way. Okay. Yeah. There you go. There you have it. Okay. So, you know, I just want to pick your brain. Lastly, on thyroid labs. Now, you and I were both taught in traditional plastic training.

TSA that's going to cover it. You know, that's high reflex reflectivity. You're good. You're I mean, we're on the same page here. Talk to me about how you how you do labs in in your office so I don't care.

So I have all these people. You won't believe this, but I had a patient last week that came to me. They had a TSH of 9.6. Their doctor didn't do anything about it.

Okay, 9.6. Okay. My gosh, do anything about it? So TSH is only going to be indicative when you really have a big problem.

Why full thyroid labs matter beyond TSH

And that was a big problem, right? Yeah. But, the issue is, is that you have to measure your TSH, you have to measure your free T3, your free T4, your, thyroid antibodies, that peroxidase antibody, thyroid globulin antibody.

So I measure all the antibodies I made sure, even your reverse T3 or bound T3, I measure every aspect of the thyroid because it all kind of. If you don't have that well balanced, it's not correct.

And I see some people that come to me and they might be okay on their T4, but their T3 is in the tank, you know. So what's the problem? Well, the problem is an enzymatic conversion, right.

So there's enzyme help with that conversion. Correct. And you know that thyroid as well as anybody I you know as well as anybody you have a book on it, but so so the thyroid is is very critical.

Well, what I find in those people when they, they're okay with that, but their T3 is in the tank is they usually have some form of attacks and that's prohibiting the enzymatic conversion so they can't convert.

So I always have to that. I said, okay, we've got to look here. So this is a test we're going to have to do so. And that's really great. So that's a really great tip because I think the allopathic answer is oh we'll just up your dose of synthroid.

You know, we'll just up the dose and just try and push the system as hard as we possibly can. And you know, you and I are like, no, that's a little antiquated there.

You know, medicine, for all you know, it's good purposes. I think that you're right. I did write a book called The Thyroid Debacle on purpose because I think that we can we can do better.

And you know well as well as I do, there's papers published that say that we're 70 years behind the published data that's in the scientific, peer reviewed journals.

And so, you know, we're just presenting I have 280 references in my book. I'm just presenting what we know and science, but yet you know very well that's where I'm thankful for practitioners like you, Doctor Crosier, because we both rolled our eyes when we when we talked about just the DSH and just the team or, and, you know, the whole.

Yeah, I mean, it's it's not it's not really that hard of a concept to grasp that there's a lot more to thyroid physiology. So I really hope that, that improves.

But we have on the ground right now people like Doctor Crosier who understand this. And you just took it a step further. It's like if you're not converting, we have to look for toxins.

And I think, again, even people who are really good functional medicine providers, that might not have clicked for them. But you're in the research, like every time I talking to you, like I read this paper and I read this paper and they're just Brand-New information and I you know what?

There is a lot of papers that just came out in 2022 and 2021. So, you know, my last lecture that I gave up there, in Boston, I quoted a lot of, papers from 2022.

And, they were like, oh my goodness, I can't believe that you had all these papers that were so recent. Well, you know me, if I don't read so many research articles every single day, I feel like I'm falling behind.

And I still am, because it's it's really hard to stay updated on at all. And now there are so many research articles coming out of Europe that I'm like, trying to grasp for them, because in their research, I think they're going even a step farther than what we are at some of our universities now.

Some of them are really on top of what's going on here. I'm not going to put down what we have because we have a great system, but there are starting to step it up and challenge us that we probably need to go a little bit farther into our research and what we're researching and how we're researching.

So yes, we are 17 years, probably a little bit more behind in what we are practicing. Per se, because we're not even taught that in our residency and, in our medical school yet.

So it's it falls so far behind and then how many people, when they get out of residency, they just don't read any articles anymore. They kind of do the minimal to keep their CMS.

Where, you know, I've done far and above, you know, because I have to I, I have to educate myself further. And I think all of us do that are in functional medicine.

And that's why I like to refer to the functional medicine doctors. But you know what? In Boston they were there were 120 people and 60% of them were traditional allopathic doctors that had never, been to any functional medicine training before.

And it really opened their eyes to new modalities that can be used. And look at this is science. Here's the science here. Let's put our science where it works.

And that's to work for our patients because we want our patients to be well and healthy. That's right. And that's where we need more of you because you are the translation is you are the person who can take those high level concepts from over, even in Europe, and bring them to the forefront and teach them in a way that it resonates with even the doctors who just didn't have any other training.

Because that, I think, is a huge roadblock. It is an enormous roadblock, and it makes me hopeful that there were that many new doctors in in your lectures.

So if you are a patient and tell your, provider to go find a Doctor Crosier lecture, no joke like follow him and get yourself educated and upgraded again, because it's such a gift, what you bring because you know as well as I do in that model, you're seeing patients every 15 minutes.

I mean, you are obese.

Closing remarks and how to contact Doctor Crosier

You aren't like you're there's just not enough time. And so graciously with your time that you're able to put it all together. So you sit you you save an enormous amount of time and you're able to teach.

So I mean, on behalf of, you know, all practitioners, I'm everyone is very thankful for that gift that you that again because every time I talk to you there's this new paper.

This is paper. I'm like, does he sleep? Michelle. Michelle, does he go to bed at night or does he read papers? All night long? So, this conversation has been amazing.

I knew it would be. I knew you would drop some some bombs in there that. Really, I'm taking notes, so thank you so much. How about we finish up by letting everybody know where we can find you, find your clinic and social media and etc..

So I don't have a ton of social media going on right now. I've kind of, you're busy reading papers. I know, and my wife's kind of having somebody else help with the social media, but, so I am, and I'm in Lake Mary, Florida, so it's a suburb of Orlando.

And my phone number is for the office is (407) 732-7668. And just say that you heard on heard me on this podcast, and, we'll try to get some help for you, so.

Okay. Perfect. Yeah, that's definitely, a place that if I needed help, I would go straight to Kroger Clinic for sure. You've been so, so gracious with your time, Doctor crosier.

Again? I know, and now the audience knows how busy you are. So I'll let you get back to practicing and reading and and teaching and creating and, I just wish you a wonderful day.

Thank you. You, too. Have a great day. Thank.