Introduction and Guest Background

Welcome back everybody. So great to have you here. And it's also really great to have our friend Kendra Perry with us today. And she's going to teach us about hair tissue, mineral analysis and the course that you can take in there to up your game quite a bit actually.

And Kendra is a functional nutrition practitioner. She helps up and coming health coaches grow the practice using and implementing the hair tissue analysis.

She's the creator of the TMA Expert Training course, and it trains your health practitioners on how to interpret HTML like a pro, and confidently use it to guide your protocols and transform people's lives.

Obviously, that's what we do. Again, there's also an online business strategist, and she's on a real mission to end health coach poverty. Yay, Kendra.

She's the creator of the Health Coach Accelerator method and the Profitable Groups system that helps coaches build big, badass businesses and scale their income with online group coaching programs.

And we're going to be talking to her about all of that when she isn't Tamina about minerals or business. And that kind of thing. You'll find her scaling the mountains.

She lives, way up in Canada and on a mountain with her snow and mud, things like that. All good stuff, right? How are you doing today, Kendra? I'm doing awesome.

Reid, how are you doing? Thanks for having me. Doing fantastic. Thank you. I'm on a mountain, too, but mine's in Southern California, where you get sunburn if you don't wear a hat when you go out.

Yeah, I get it. So, you know, I actually, you know, from Canada, as you know, and, and, I know it's very beautiful there. So good on you. So let's talk a little bit about your background first and tell us, you know how you got rolling along in this in this area and, cause I've known you for a long time and, but I want you to share that story with folks, and then we'll talk about your course.

Sure. Yeah, absolutely. And so, really, it all kind of started when I had to get knee surgery. I was trying to be a professional skier at one point in my life, and that was kind of what I thought my life was going to be.

I thought I was going to be going on all these fancy ski trips around the world and getting paid and getting sponsored and, one day at the end of the ski season, when I was training, I kind of jumped off this cliff at the end of the day, when I was probably a little bit tired.

I should have probably been going home and I totally blew my knee out. And at the time, in Canada, health care is a little bit different, but you have to wait a long time to get things like MRI's and appointments with surgeons.

I had to wait quite a while and I rehab my knee pretty well, and so I actually thought it was fine, and even the surgeon thought it was fine. He was like, oh, you probably just have a slight tear of the meniscus.

No big deal. He got me in for a scope to go clean up the meniscus, and once he was in there, he realized that I had no meniscal damage and my ACL was completely in shreds.

That's what he chose for his words. And, you know, if anyone listening to this calls a skier, they know that like, an ACL injury is kind of a big deal.

Has like a couple years recovery. And so I knew it was going to be a couple of years. I'll be skiing again. And, you know, at this point I was in my, you know, mid to late 20s, which is, you know, starting to get old for skiers.

So I kind of realized in that moment when I was lying on that hospital room, I was like, this is kind of over for me. And at the same time my profession was forestry.

So I used to just kind of hike around the mountains and bush and lay out, cut blocks for logging operations and that sort of thing, something that you also need your need for.

So I was like, okay, I don't know how I'm going to like, work. I'm not going to be a professional skier. So I kind of didn't know what to do. And, you know, I ended up having to go on unemployment insurance and medical unemployment and all this because I just didn't have any other skills that didn't involve using my body.

So I decided that, you know, I'd been pretty interested in natural health. I had my own, you know, experiences with my health. So I was like, okay, maybe I'll start a blog.

And so I started this blog called Crazy Happy, Healthy and thought I would be a blogger, but had no idea what I was doing, did not make it work, did not make any money from that.

And then actually, around that time when I was realizing that blogging wasn't going to happen for me, I heard you on Sean Clarkson's podcast. I think it was called Underground Wellness.

Yeah. And, yeah, it used to be one of my favorite podcasts. And so I was like, wow, that sounds so interesting. Maybe that's what I should do. And at the time, I wasn't even really thinking of it as a career.

I was more just thinking what could help with my own health. So I signed up and then I was like, oh wow, I could make this a career. And so that's what I did.

Kendra's Health Journey and Discovery of HTMA

I did the program, became a health coach, and then after about five years or four years health coaching, I transitioned over to helping practitioners, you know, build their business and understand their tissue mineral analysis, because I saw a gap there and thought they could use help with that.

Yeah. Fantastic. Thanks for the plug. And, but it's true, you know, like, we've helped a lot of people launch. You know, this isn't, just about take one course and and there you go.

You know, you got to go out and use it, and you went out and you did it, and you were successful health coach. And then you got really creative, you know, and expressed yourself in a, in a really cool way.

And I'm so glad that you're teaching because we need to expand the health space. We need to expand functional health coaching. And it will be, soon, especially in, you know, today's world when it's so toxic.

I'm not going to use the name of that one little toxin. It. So that that little nasty bug that's gone viral on the internet, you know, but, it's so interesting, you know, that, you found this path in this way.

So, what made what kind of made you pick the estimated hair tissue? No, no, it's a fascinating test. We do use it. It's. I think it's a great foundational test to use.

And you can troubleshoot with it. You tell us your background, like, wait, wait, how did that come about? Sure. Yeah. Well, it was actually, my own health that kind of brought me to it because, you know, as a part of the FDA and course, you work a lot on your own health.

You run these labs, which is great. And I'm so grateful for, the work that I did on myself because it really cleaned up my gut and helped me in so many ways.

But there was one symptom that didn't really go away, and that was this fatigue. I had this really deep underlying fatigue and it just wouldn't go away.

I'm a very active, outdoorsy person, like I need a lot of energy to do the things that I love to do. And so, you know, maybe if I just, like, lived in the city and, you know, went to the gym every now and then, I would have been fine with the level of energy I had, but I just wasn't, you know, I was like, I need a lot of energy, so I want to climb all these mountains.

So I started seeking for other things, and I came across and I'd actually done an a, when I was a student because it used to be something that was offered, like back in the day.

I think there was someone offering it at the time, but I remember I did one with my mentor and I thought it was really fascinating, and I remember being really excited about it.

But I think, you know, obviously there's a lot going on with the course. I think I got sidetracked and never really thought about it. So I had remembered I'd done that course and I was like, oh, well, maybe I should relook at that.

But when I started looking into that test, I realized that there wasn't a lot of training on it and the couple courses that were available while they were valuable, and I learned about kind of how to understand it, none of them were practical.

There was nothing like, what do you actually do? Okay. So I get that there's all these issues and mineral imbalances and metals, but how do I actually fix this?

And that information was really lacking. So that sent me on like a two year obsessive path down pub. And you know, I hired a few of the experts in the field and just I really wanted to learn it.

I became very obsessed with it. And once I actually implement it on myself, that's what actually shifted my energy. That nothing else had done. So I started to see a lot of value in it.

I was like, you know, I think this is a really good foundational test, and it's also very cheap, which is very cool because I think a lot of people's, I guess, objection to functional coaching, health coaching and lab testing is that it can get expensive.

And I just thought, this is so cool. It's like $51 plus it helped me so much. So after, you know, learning so much about it, I started having some of the FDA ends actually be like, hey, like, are you going to make a course on this?

Like, what are you going to teach this? And so I was like, okay, I guess I should make a course. And that's what I did. And then I launched that, I guess about two years ago or a year and a half ago now, and it was a huge hit to so yeah, we're a bunch of learn freaks, you know, we we like yeah, we never stop.

And you know, I'm so glad that you did, you know, we've kind of created with our course, almost a cottage industry people, just new things, you know, and, so it's wonderful.

And I know it's been very helpful. Tell us more about what is hair tissue mineral analysis. It's hair and tissue and mineral mineral analysis. But you really just click hair right?

Yeah. Exactly. So basically, the hair is kind of made up of minerals and metals, right? It's all these elements that sort of make up the hair. And so by looking at the hair, you can actually get a really cool representation of what's going on with minerals inside the body.

And because it takes, you know, we're looking at about an inch and a half of hair. We take it from the base of the skull. So it's really, you know, it's more recent growth.

And because of that it usually takes about, I guess, maybe 3 to 4 months to grow that amount of hair. So we're looking at this average of minerals over that time period, which is very cool because if you look at, say, blood testing or urine testing, it is sort of a snapshot in time like you taught me, but with the blood we kind of get this longer term average, which is very cool.

And something that, the original researchers of me learned was that minerals don't deposit randomly in the hair. They actually depend on, deposit very specific patterns.

And it's the patterns that help us understand, the different types of the body and the different, metabolic situations and sort of what we need to do in order to balance the minerals.

And what was that important? Why do we care about minerals? Yeah. So minerals are I like to call them sort of the spark plugs of the body. They're involved in pretty much every chemical reaction in the body, either, in some way or another.

Either they are the enzyme themselves. They are part of the enzymes. They are the catalysts. They do all these various things. And so if your minerals are out of whack, if you have too much of one mineral or maybe not enough of another one, then it's actually going to affect all these very basic processes in the body.

So for example, with the thyroid, our thyroid ratio on the TMA is the balance between calcium and potassium. And that's because as the thyroid slows so does the buildup of calcium.

The calcium will start to build up in the body. So you'll end up seeing this higher calcium. And with potassium. Potassium actually, enhances the sensitivity of the cell.

So if you have low potassium you can have all kinds of thyroid hormone. But if it's not sensitive the cells aren't sensitive to it and it doesn't really have the effect.

So we can kind of get a lot of interesting information about glands like adrenals, thyroid, the nervous system, that sort of thing. And you know, when the minerals are working, then we are detoxing properly.

We have good energy, we have good focus, we sleep well. And so that's really, the point of running the panel is to get those minerals in check so that the body can just run like it should know.

Are we are we talking just minerals that come from food? Is and is that where most of these minerals come from? Just from your diet. Right. So you not only have to be eating good food with a lot of, you know, nutrient dense food, but you also have to be breaking it down, absorbing it. You know, you have to really good digestion too.

Does it show up anywhere, or is it sort of just a quantitative. This is lower. This is. Yeah. So yeah. So exactly. So we get minerals from food and water for the most part.

But and yeah, we it is really important that we are getting those minerals which we know is, an issue because our food quality isn't like it should be.

And, we also want to have the digestive processes and the absorption. But what's interesting with minerals is that they compete with each other or they help each other.

So they're synergistic, they help each other or they're antagonistic and they kind of push against each other.

How Hair Tissue Mineral Analysis Works

So sometimes the reason why you might have potassium deficiency, for example, is it because you're not consuming enough potassium, it's because you have too much calcium or too much sodium, something that actually competes with it.

So we're really looking at that balance. And that's kind of what shows up. It's like the unique the individual minerals don't matter as much as sort of the ratios and the balance between them.

Because if my potassium is good but I have calcium through the roof, then I know that that potassium is not being utilized properly. So, you know, I know doctors say they check for, potassium and sodium and things like that.

What's the difference between this and what they're testing? Yeah. So typically with, doctors, they're going to be using blood testing. And blood testing is really great for a lot of things, but I'd say it's not the best for minerals.

Just because you're getting that sort of just moment in time and it's not really accounting for maybe a day when things are going to be a little bit higher or a little bit lower.

So you're not really getting that average. And then with certain minerals, potassium and magnesium, which are incredibly important minerals, they're considered intracellular, which means that they actually exist inside the cells.

So they're like 99% within the cell. So when we're looking at the blood values for magnesium, potassium, we're really only looking at at 1%. So I'd say it's not very telling.

We'd rather we actually should be looking at the hair because the hair is actually a cellular representation of the body, because the hair is just dead cells.

So that's how we are looking in the cell versus looking at the blood. Yeah, I guess the blood would probably be like maybe the last day or something, because it's an average do of sorts, but a much shorter, shorter sort of time period, which is, like you say, not be useful or certain things, just there's not going to be an iPhone in the blood.

From what you said. So you mentioned thyroid, you know, calcium, potassium. What other patterns are there? Like what would you else would you look for?

Because there's lots of directors you wouldn't use TMA to diagnose, you know, hypothyroidism. It's so, so give us some more patterns and tell us more how.

Well, it's a different type of interpretation, you know? Sure. Just about weakness. Yeah. So, we're kind of looking for, I guess three sort of primary patterns when we look at the tests.

And usually I can just take a quick glance and nine times out of ten, I can tell what pattern it is. There are, always more complex tests that don't quite follow the regular pattern, but we're basically looking for metabolic types.

So we're looking for a slow metabolic type versus a fast. And when people are, a slow metabolism, what happens is they tend to have slower activity of adrenals and thyroid.

And when there's less adrenal activity, you get less of a hormone called aldosterone. And the primary role of aldosterone is to retain sodium. So you get this lower, slower adrenal function.

You get this lower level of sodium. And then you get this slower thyroid function which will affect potassium. So you get these lower levels of those two minerals.

And what's really interesting about sodium and potassium is they are the primary solvents of the body. So they help things dissolve. And they actually have a really big effect on calcium and magnesium.

So when sodium, potassium are low, calcium, magnesium can't really dissolve or stay stable in solution or really get to where they need to go. And so with calcium, calcium actually belongs primarily in the bone.

So when there are low sodium potassium calcium can't get into the bone. So you get this buildup in the soft tissue. And the hair is actually a soft tissue.

And so is the joints, the bones, the organs. But the bone is not a soft tissue. So you get this high calcium coming up on to me. And it doesn't mean the person is consuming too much calcium.

It just means that likely they have too low of sodium potassium to actually put calcium where it belongs. Same goes for magnesium. It doesn't get where it belongs and it tends to build up as well in the hair.

So what you have is this high magnesium and calcium and a low sodium potassium. And that is in essence the slow oxidizer profile. Calcium magnesium really high.

And then sodium potassium really low. Now with a fast oxidizer. It's completely flipped. Because you have higher speed of adrenals and thyroid, therefore you have higher levels of sodium and potassium.

And because they are the primary solvents, it's like they over dissolve the calcium and magnesium. So then you get this really low calcium and magnesium, and your fast oxidizer types tend to be really like fired up.

They're really like jittery wired. And it's because they're lacking those calming minerals that are calcium and magnesium. So those are kind of the two primary patterns.

But there's also like a transition because people move between those two depending on what's going on. So the transition is when all the minerals are kind of low and they're all kind of the same. And we call that a for lows.

So coming back to your question about thyroid. So with your your slow oxidizers, they tend to have more sluggish thyroid. Now I wouldn't diagnose hypothyroid with that.

I mean I would never diagnose, but you can actually it's cool because you can actually look at time with blood tests for thyroid and actually get an idea of what could be going on, because if you see that it's the same, if you see that you have, slow thyroid in the blood or like low T3 or something like that, and then you have, you know, that high calcium potassium ratio, which indicates low thyroid.

It tells you that while likely the thyroid is slower than it should be, but if it's totally opposite. So for example, let's say you have low thyroid in the blood and you have a sort of hypothyroid presentation in the hair, it tells you that something's wrong with cellular permeability, like it's overly leaking into the cell.

So the reason why it potentially is high in the blood is because it's excessively leaking into the cell. And just keeping in mind that the whole point of anything being in the blood is to eventually end up in the cell, like we need those hormones to affect the cell, right?

It's more like end stage. Now, if you have the opposite presentation, you could have high, thyroid hormone in the blood. And then you have this hypo presentation in the, in the cell.

It tells you that there is something wrong with permeability and maybe there is a lack of permeability. Right. So things aren't moving as they should across the cell.

So I think it's good information to have, especially if someone is taking something like thyroid glandular is like a desiccated thyroid or some sort of thyroid medication, because I see a lot where people have low thyroid in the blood and it's high in the cell, and then they take a thyroid medication and they actually makes them extremely hypothyroid worried because they have that leaky thyroid presentation.

So it's interesting to see that. Yeah. And then but disorder does just a tiny bit on the fast and slow metabolize or oxidizers. How's that useful? Where would the health coach put it to use?

What would the recommend or, what's actionable? Yeah. So when someone's a slow oxidizer, they're really lacking sodium, potassium, and they have sort of this bio unavailable, level of magnesium and calcium.

So with that, like, the whole point is you got to get the calcium down with a slow oxidizer, because when calcium is building up in the soft tissue, it's not a great situation because calcium is very sharp.

It's very aggravating. So if you have a lot of calcium building up in, joints and muscles, you're going to have a lot of joint pain. I've actually seen that a lot of joint pain can be resolved by getting someone out of an excessive slow oxidation state.

And so with that, we need to make the calcium more bioavailable, which we do so by giving something like potassium, sodium and magnesium, which you would do with diet, but you could do with supplements as well.

Sometimes we recommend footbath, so people can absorb those minerals transdermal if they maybe don't tolerate them, because basically, you know, when the calcium is more bioavailable, well, then you're going to have stronger bones, because when it's out of the bones, people tend to have, very brittle bones.

And then the joint muscle pain. Yeah. So you would change their diet part of it and then with those. Yeah. Yeah. Exactly. Yeah, I would especially with potassium because you can't supplement with enough potassium.

You need like 40 700mg in a day. And, you know, it's hard to tolerate over like 1000mg in supplemental form because, well, most you just can't get that in a supplement.

Metabolic Types, Stress, and Thyroid Patterns

You'd have to take probably like, 40 capsules a day. So food is really when it comes to slow oxidizers. High potassium sodium foods are actually the best way to support that.

Yeah. And that's what we like to hear. You know, the person can just sort of live live themselves back to to normal, so to speak, you know, no. So, you know, we talked about therapy for so but so is there and I know you mentioned though does John two, which is actually an adrenal hormone.

It's a mineral. From the adrenals. And when you're under a lot of stress, you're probably going to get a reaction in the aldosterone and the mineral cortical, which how does it play out.

You know like if you are stressed like from stress. Yeah. So there's a few like, very obvious stress patterns that we see with each TMA. One is sodium, right.

Because the stress goes up. So there's aldosterone. And that's going to in effect raise sodium, which is something that is a part of the stress response.

As sodium goes up you get that higher heart rate, higher blood pressure. You know, just kind of increased metabolism. So that can be an early sign of stress is that the sodium is quite high. Now.

It can also be a sign of inflammation. We see it go up with a lot of inflammation in the body as well. So there could be a couple different things going on.

So you always have to sort of cross-reference with your health history in your client to try to figure out why that sodium is looking high, but, you know, over time, I mean, you can burn out the sodium source in the body if the, body is just continually stress pumping out aldosterone, increasing the retention of sodium, like your sodium stores can get sort of depleted at some point.

And that's where you go into that later stage of stress where you actually start to see sodium quite low, and it can be quite bottomed out. And so with really low sodium, that usually indicates stress and just an imbalance in general between sodium and potassium.

That can actually, indicate stress as well. The sodium potassium ratio is actually called the stress ratio. And when it's inverted which means it's low, which means you have a lot of potassium to sodium, that's actually a very sort of burnt out state.

Typically people with that, they they feel really exhausted. They don't sleep well, they don't have good stomach acid, they don't have good digestion.

They are have a likelihood of having chronic infections, that sort of thing. Okay. That would be good to know. What what what, you mentioned people being sort of jittery and and Type-A kind of a thing, which is more, you know, we

consider more of a personality.

I know there's always a chemical basis for everything. Yeah, we're talking about that. Can it can you I mean, if it does metabolic types, can it sort of tell you a personality B personality.

How's that involved. Yeah I mean that's a good question. And it's cool because when, you know, when I was working with clients, sometimes they think I was like reading their mind because I could tell so much about their personality and how they responded to stress.

Now you're fast oxidizers. So that's fat people who have very low calcium, magnesium and the higher sodium potassium. So their thyroid and adrenals are fired up. Right.

So they are tend to be very Type-A. And it's interesting, I have a student who works with, high level CEOs, and she says all her clients are fast oxidizers, which is which is actually a really rare pattern.

It's only about 10 to 20% of the population right now. So it's definitely more prevalent in those people who, you know, typically do have those more Type-A personalities.

And so with them, yeah, they tend to be, you know, more Type-A, more stressed out, more anxious. They tend to have a hard time falling asleep. They too tend to feel more jittery.

They tend to push themselves. And I feel usually the fast oxidizer, they they sort of burn themselves out at one point. So a lot of people, they were fast oxidizers and then they, you know, it's like all that kind of excessive energy that's not sustainable.

They take that as having a lot of energy. And then it kind of they take it too far. They extend themselves too thin, take on too many things and then eventually burn themselves out, and they end up in slow and when slow oxidizers, they tend to be, they tend towards more depression.

They tend to have kind of like a lower energy personality. They tend to maybe not have a trouble falling asleep, but they tend to have trouble staying asleep.

They kind of have that type to insomnia. So there's this very different sort of presentation in between the slow and fast oxidizers. And when you're talking about sort of physics, you're talking about the rate at which they're able to burn fuel for energy.

Right. Their cellular rate of oxidation. So people yeah, a lot more protein and fat for instance, because it's a slow burning fuel versus your, your, you know, then that would be your fast oxidation.

So I think they need to slow things down. Slow down. The rate is that is that what you use it for. Like again trying to find the application of why that's important, you know and and.

Yeah. Yeah. So and I just I should say it upfront, I use the words metabolism and oxidation kind of like yes they're the same thing to me. So sometimes I'll call it metabolic type or metabolism or oxidation rate.

It's kind of all the same thing. But yeah you're exactly right. Like when someone's a fast oxidizer they are really fired up. So the metabolism is over.

You know, overactive. So they are going to do better on slower burning fuels like fat. Right. Whereas a slow oxidizer they need they need quicker burning fuels.

And if they do something like fat, which is slower burning, then it may not be the best for them. You know, and so you kind of have to test because sometimes in the end, you just need people to be eating whole foods, you know what I mean?

And it's just enough for them to be to be eating whole foods. And you don't get too picky with what they're actually prioritizing because you just want them to be eating healthy.

But definitely someone who's a slow oxidizer would probably crash on a keto diet if they did it long term. And I've seen that a lot versus a fast oxidizer.

They may actually be someone who'd be able to do a keto diet, maybe a little bit long term and actually thrive off of it. Yeah, no. Another thing I know that's really important is, metals and Eastman's have metals.

So let's talk about that part of medicine that. Yeah, I think, you know, seeing, you know, Mercury or something could be pretty or copper, you know, tell us about, metals.

Sure. Yeah. So metals with, to me are definitely I mean, it's a great test for metals, but only for the metals that are excreted through the hair. Right, because metals are excreted through different mediums.

Urine, stool, sweat, blood. Right. There's different ways that we see these different metals. And not all of them are excreted through the hair. You know, an example would be thallium.

Thallium is not it's on the panel. And it's funny to me because it's it's just not excreted that way. So it's always zero. Yeah. It's always at the same level.

So I don't even know why they have it there. But you know, so it's a it's a great test to look at that. But with all metal testing I mean you're only really going to see what you're actively excreting.

And with people who have slow metabolism, they don't tend to be poor eliminators. Right. Their metabolism is slow. Everything's kind of bunged up so they don't move metals very well.

So typically if you see someone who's excessively slow, then you don't actually see a lot of metal excretion and it doesn't mean it's not there. Right.

There's a good chance it is there. It's just being sequestered because metals get stored in a lot of places in the body. You know, lead likes to get stored in the in the bone.

Mercury gets stored in the brain and it can take a lot of effort to actually move those metals out of the body. So oftentimes you may not actually see the metals come up until you've restored that person's metabolism to some degree.

So sometimes on the second or third retest, when things are getting a little more balanced, suddenly the metals shoot up right. And it may not mean that they just got exposed to that.

It may just mean that they're finally able to start detoxing those, metals out of the body, which is really interesting. And the other reason this might happen is because minerals and metals are very similar.

We think of the periodic table, right? They're all just elements on the same periodic table. So they also have relationships as well. So when you're mineralized the body and you put these minerals back into the body, it actually helps the body naturally let go of metals because the body actually uses metals in place of minerals.

When the minerals aren't present, which is really fascinating. So lead and calcium are a great example. If the body doesn't have good bioavailable calcium to build bone, it'll actually use lead.

Lead does some of the same things that calcium does. Obviously it's toxic. Obviously it's not as good, but the body survives and it does what it can. So you know it will use what it can.

And sometimes it does have to use metals. So re mineralized really actually is a natural and gentle detox. Now with fast oxidizers sometimes you see they're excreting metals much faster right.

Like sometimes on a first test they're dumping metals just because they're better eliminators. But I've noticed that if people are really excessively fast, they actually have the same problem as slow oxidizers in that they're poor eliminators.

So, yeah, again, it's not with any tests, with urine, with blood, with stool. We can only really see what the body is actively excreting. And I personally think we should assume that we all have metals to detox.

Yeah. Body's pretty good at sequestering some of these harmful things and storing them. And, as you mentioned, different methods of excrete, you know, is the test.

This is an odd question I just thought of. Is it adjusted in any way for the, ease of, you know, excretion to the hair, like, if something just. Or that goes right to the hair and that's excreted through hair.

Is it test adjusted for that because. Oh, is that one would always look high, right. Because you're good. You know, it's for that. And I never thought of this question before until now.

And it might not be relevant question.

Metals, Copper Toxicity, and Detox

You know, it's a great question and I actually don't know the answer. But now I'm going to have to go find it, which is great. I love it because I'm I'm actually not sure about that, but you know, I don't know if I'm not actually sure if there are specific metals that like there's definitely different excretion rates, but I don't know if there's like one metal that just like only gets excreted through the hair.

Yeah, I just saw no question, because I studied lab work extensively. And, I think that like the calibration on the equipment and how does it, you know, how do you with the scales involved and things like that.

So it just occurred to me from it's just a lab rat question. It's probably not all that important, you know, because you're using this thing to be very applicable.

You know, it's supposed to help the coach. Understand their client better. You know, it it has to tell you something about a person. So tell us something about a metal.

And what does it tell you about a person like copper for instance. I know copper's not necessarily all bad. You know. Does it seem like something you'd want in your body?

But your body can survive without copper. So tell us about that. Yeah, it. Yeah. Covers a really interesting mineral, because it can kind of almost act like a metal.

But it's also very necessary for the body. And so basically with copper, you know, I kind of call it like a Goldilocks mineral because too much and it's really bad but too little.

And you're kind of in the same situation. And, with copper, it's really fascinating because copper is again, like a metal where you don't always see it.

And there's this phenomenon called copper toxicity or, sorry, hidden copper toxicity where it's there, but you don't see it. And unfortunately, a lot of people have copper issues.

I've actually found this to be a very, very, very big issue for women, and I believe men too. Now, when I was health coaching, I wasn't working with men, so I didn't see it as much.

But in some of my students, they say that they see it almost as much in men and even children. Okay, so copper is really fascinating because, the way it leaves the body is through bile and through binding to a, transport protein called so rula plasm now.

So really plasmas is made by the liver. But the adrenals also help in this. And if you have poor liver adrenal function then it can actually affect the ability of copper to leave the body.

So there's that this whole chronic stress can really play into this copper toxicity. But another big thing is actually birth control. Because what's interesting is minerals and hormones can also have relationships.

And estrogen and copper have a sort of a synergistic relationship. So copper actually stimulates estrogen production and estrogen enhances the retention of copper.

So if you're looking at, the pill, the patch, like all these hormonal forms of birth control that have synthetic estrogen, that actually increases copper retention.

And unfortunately, a lot of women are taking these these pills, these medications for decades sometimes. Right. So a lot of what I ended up doing in my practice was helping women recover from copper toxicity after they had been on birth control.

And copper is really fascinating because it's also called the emotional mineral it will store in the brain. After the the liver stores are too full, it'll end up going into the brain where it causes a lot of emotional issues.

It really fires up adrenaline. It can cause like depression. It can lead to sort of suicidal ideation, emotional breakdowns, like really feeling snappy, like often women, you know, they're like, fine, one second and then the next second, they're like, flipping out about something that's not even a big deal.

That's actually really common when someone has copper. It also leads to this really, really deep fatigue. And the reason for that is because, copper is involved in the electron transport chain, which is needed for sort of mitochondrial energy.

But when the body has too much copper, the reason it has too much copper is because it can't move. It can't move the copper. So the body is toxic, but it's deficient at the same time because it can't move it or utilize it.

So women or even men with copper toxicity will usually identify with symptoms of both high and low copper, because they kind of have both situations going on.

And because like in order for someone to be good at moving copper, they need to have really strong liver, adrenal and thyroid function. And when that's not present, it doesn't show up.

So a lot of times people will have copper toxicity, but you may not see it for like eight months. Like me personally, I had that was part of my issue.

That's what was causing my fatigue, so severe copper toxicity. It took me about almost a year of balancing my minerals before I started dumping it. It can just take a really long time to get there.

So with my students, we have a little assessment. I think we have 13 different markers where, you know, if you see certain mineral presentations that kind of like you tick the box, we never really know until we see the body actively excreting it.

But copper will raise calcium. It will cause magnesium loss. It'll raise sodium initially and then that will deplete over time. It also lowers potassium.

So a slow oxidizer profile, in essence can be an indication of copper toxicity. But we have to wait for the body to be ready to move it. That's fantastic.

So, tell us, what your students experience. I mean, do they all run at Eastman themselves? And, you know, tell us what makes your course different. Let's talk about your course a little bit.

Sure. Yeah. So, I mean, the biggest thing that makes my course different is the practical application, because as I mentioned in the beginning, there's a very, very little information on what to actually do and like, what should you recommend in terms of diet, what should you recommend in terms of supplement lifestyle like that information isn't really available.

So my course is very practical. Right. So my students, we I basically give them a guideline of what they should actually do in terms of supplementation, diet and lifestyle.

So that definitely sets it apart. Now I don't have students run panels, but we do encourage them to do it. And most of them are running them on themselves.

And then of course, you know, starting to run them with clients. So with the course we really focus on the support. It is a bit of a complex test, like it takes looking at it enough times and seeing enough cases in order to for it to kind of finally click.

Usually people feel overwhelmed, overwhelmed, overwhelmed, and then suddenly it clicks. So within the course, I make sure there's lots of case studies.

We have lots of support, with Q&A calls and, in our community with me, I have a couple, practitioners in there who help me and we just really make sure we're there to support everyone and, you know, give them the help they need with their client cases, because it does take time to really understand how to use it.

Yeah, I believe it. And of course, support is critical. I still do support calls every week. Of course, you know, we'll with the mentors we have, we have so much, so much support and our own Facebook group and things like that.

Well, what's, the duration of the program? And is it something you can do online, or do you have to be there, you know, you have to show up for classes or how does it work?

Yeah. So up until this point, we've run it as a live, class that takes about six weeks, and we've I've only been running it a few times a year now. I'm changing the structure now because I do want it to be always available for anyone to take.

So, you know, if you did it at the pace that I recommend, it would take you about six weeks. But for obviously for cleaners, they could probably binge it in a couple weeks if they really wanted to do that, or they could take more time if they needed that.

So the way we're running it now is, is anyone can sign up whenever they want, and then get access to our community and our support calls, regardless of when they say no.

Yeah, yeah. Okay. Well, that's pretty fascinating. What would be the goal of your your course, you know, certification? So, yeah, what we, we give a certification at the end, just basically a course completion.

Certification. Which, you know, they can utilize to, you know, I guess street cred. Yeah, put on their wall and that sort of thing. And, you know, the goal is, I, I really do believe this is a really valuable test.

And I believe it can help thousands, millions of people. So we want to get as many trained practitioners as possible so that they can get out there and help people and also have something to add into their toolkit with some of the other labs that they might run if they're an FDM.

Well appreciate that a lot. And you know we've, we've, you know we talked before I started recording about the purpose of this event and we're really trying to you build, build up the whole field of health coaching and separate the professionals from the sort of hobbyists, and they're all welcome of course.

And we need lots of both probably. But, you know, I cater more to the professional as I think you do, because you get that business course to, besides teaching a course, what else do you think we should be doing to provide

leadership in the in the health coaching world?

Yeah. Well, honestly, I mean, from my perspective, it's helping them build their business because I think health coaches are so talented. They are they and they're so needed, especially now.

Right. I really do believe it's time for health coaches to step up and be leaders because people are sick, right? And people are just getting sicker. And I really think the key to global health is more educated health coaches.

But if they can't build their business, then they can't get the visibility and get in front of the people who they can help. So that's really, you know, in my opinion, that's how I want to provide more leadership is by, you know, giving them the business skills that actually helps them not only be health coaches, but be like health entrepreneurs.

Course Structure, Coaching Standards, and Closing

Get out there, get in front of the people and help those millions of people. And, that's that's a beautiful thing, too. You're leading by example because you're you're good in business, too.

So what do you think the standards should be like? Are you, I'm not really excluding a lot of people, but we have we have people that have to they're kind of forced to drop out because they can't handle some of, our course, you know, but, we find that out as we go to.

What do you think the top standard practices for professional health coaching should be? What are the standards from your point of view? Yeah, I mean, I think with health coaching, I mean, most importantly is to stay within your scope of practice, right?

To, to do what health coaches do and not try to be something they're not. Right. I think I think health coaches often compare themselves to, you know, doctors and that sort of thing because we're maybe doing similar things.

But I think it's totally separate. It's totally different. What they offer and what we offer is, is completely different. And so I think we really need to stay within that health coaching scope.

And then the other thing is just really coming from a place of service, right. Like we're here to serve people. We're here to help people. And I do think that really again, it's a good standard of practice, and it does separate us from other types of practitioners.

Like we really do care about the client and we're there to be of service to them. Yeah, yeah, it kind of makes us, I like what you said about our backyard.

Of course, you preach it very heavily. Not only do we preach it, but we help define it. What is our backyard and what is, you know, anything to do with the medical diagnosis?

Not our backyard, but we have so much, sometimes even more of an effect on a person, by being their health coach. Because we understand all the anatomy, physiology, biochemistry and such.

And yet we're just coaching up the natural health of the what, you know, love lowing, health to be restored as we coach up all these functions. Any other, traits, separate and professional from a, a, this is the last question from a sort of hobbyist.

Yeah. Well, I mean, I would say, like the difference between someone who owns a business and someone who has a hobby is is the commitment, right? Like, I think if you're going to have a business, you have to commit to it.

You have to treat it like it's a job means you show up every day for it like it's a job. Personally, I live on top of a mountain. I have no neighbors.

Like nobody really sees me. But I show up every day. I do my hair, I put on my nice clothes and I go to work, you

know? And so I think that's a big part of it.

I don't just show up when I feel like it. I show up every day because I'm there to serve my people. So I think, you know, when you have a, when you have a business and not a hobby, you are committing to it fully.

You're deciding there's no other option. You're not like, oh, well, I'll do this for now, and then I'll see how it goes. You're like, I'm making this work and there's no other option, and you're showing up and being consistent like it's a real job.

Yeah, it's so true. I've worked out of the house now for the last 12 years or so, and, I used to go to the clinic every day, and I would just go to work here every day, and, you know, it was a separate place.

And, you know, I live I live on a mountain as well. And with not a lot of neighbors like Dr. Bell doesn't ring much, you know, that's a either. That's a good thing.

Yeah. Well, fantastic. I really appreciate you, being in sync. You're doing such a great job and are really proud of what you've accomplished since we met all those years ago.

And, you know, we could, tell people a lot of stories about hanging out at the conferences and things like that, but, this other, I think, fantastic thing about the health coaching world that we're, we're, you know, fostering and that is getting together at these places.

We this year, of course, we've had, conferences shut down. Was supposed to be in Canada. It sets in Patels. We're supposed to be in Austin, Texas at Paleo Effects and a couple others.

Any camp is next weekend. You know, and we're just doing it virtually. No, but pretty soon I'm really hoping, I'm kind of expecting that everything's going to be open up for our conference.

You know, instead of another conference. We've just open it up to just health coaching conference. And, I think by fall, we should all be able to hook up and meet again doing that.

So for I hope so. Yeah. Yeah, I think so. No, there might be another epidemic right behind that. You know, we don't know what's going to happen next year, but there ought to be a window in there where we can all get together and hangout and learn and share and have a good time.

Thanks so much for being here. And for folks. You want to, go ahead and purchase the the passes so you can own these recordings? Well, that's on the air here, you know, and, because otherwise it's not going to be available.

And, we're going to put all of Kendra's stuff into the show notes so you can get in touch with her. And I'm sure she'll be very supportive if you want to take the time.

Course. And, thanks again for being here, Kendra. It was a real pleasure. Yeah. Thank you so much for having me. Good job.