Introduction to Women's HealthSpan Voices

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Modern intervention by putting a woman on bed rest, monitoring their blood pressure. I mean, there's a whole lot of things that modern medicine can now do to keep her fetus viable.

And that is why the incidence has increased and being passed on hereditarily through the mother or father and into the children, grandchildren, et cetera.

Have you made it past menopause or are you going through it now? I'm Dr. Pat McShane and on the Women's Health Span Voices podcast, I'll guide you through the menoppausal transition and beyond.

helping you to thrive in this powerful time of your woman. Hello and welcome to Women's HealthSpan Voices. I'm Dr. Pat McShane and I have the honor and privilege today of having Dr Daryl Turner with us.

And he is trained in clinical research. His doctor is in Clinical Research and he has a Hormone Specialist. He'll be able to tell us a lot of the various things that he perfected over his career.

and he's still involved in patient consultations. In fact, after our interview today, that's what he is going to be doing. So he has worked a lot in thyroid disease as well as in other hormonal diseases.

Very good to have you with us, Dr. Darrell, today.

Thyroid Disease in Women Over 50

Thank you very much, Dr. Pant, for just inviting me and for spreading the solutions out there. And there are solutions to your hormonal problems if you look in the right places.

I'm going to give you some of those answers. Thank You. Before our interview, I was curious about the incidence of thyroid disease in women over age 50. And it's estimated that it affects about 20% of women.

So this is a very, very common issue with a lot of people. Many women I'm sure don't have difficulty finding good care and they may easily find resolution of their symptoms, but many others may not find that.

And one problem is symptom crossover. So often a woman will go to a physician's office with a set of symptoms that could be just her menopausal status.

It could thyroid disease, it could low-grade chronic illness of some other type. is probably a good jumping off point for you to start to tell us the clinical situations that you have found to be the most common where your expertise or the systems you've developed may come into play.

Dr. Pat, the very first thing that we get a patient to do is to tell us what their symptoms are. Most doctors don't have time to ask the patient, to run through a long list of symptoms.

Our patients answer a questionnaire and the symptoms out of my endocrinologist's handbook. And if you score a

certain, for instance, if your score eight or more on the symptom survey, you are by definition subclinical hypothyroid.

The incidence of being hypothyroid is actually a lot higher than 20%. We find that of that 20%, 18% have an autoimmune disorder as well. So the treatment protocols are quite different.

But some of the symptoms are cold hands and cold feet. As soon as I shake a patient's hands, I know immediately, as they've got cold hand, cold, feet, that they have a thyroid disorder.

And of course I also put my hand on the tip of my nose if it's cold and then they'll have thyroid disorders. The other symptoms is the outer third of your eyebrows are missing.

You've a little bit of hair loss up here. Two parallel lines around your neck. Uh, your weight distribution between here and your hips tend, it tends to increase every year.

The thyroid controls how many calories you burn and you're body is slow and slow. In other words, constipation, the, uh, The thought process, depression, you still process slows down.

You can't answer questions as fast, not only depression. but a lot of other brain complications with having low thyroid function. And it's easy for us to detect.

According to Dr. Broderbarnes in their books and Dr Terry Hurtog, the number one and number two leading experts in the world, they postulated in there books that about 80% of everyone I went up from 20% in 1900 to 80% today has a thyroid disorder.

Don't forget that thyroid is inherited. So there's nothing, nothing you've just, you have done wrong. And we have confirmed after we are now approaching patient number 3 million through all of our clinics around the world that focused on thyroid.

and we had confirmed that it is about 80%, everyone that assess it, have the symptoms, low reflexes. It's low risk and low-risk but a bullet rate.

Symptoms and Clinical Screening for Hypothyroidism

And if they have all those, and then they may have a thyroid problem. What's the hypothesis about why the prevalence is increasing so much of the background number of people with thyroid disorder?

Because of modern interventions, we are able to keep the fetus for a, in the first trimester viable where you had, if, you have a thyroid disorder in 1900, You had a miscarriage, one, two or three mis-carriages.

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And that is why the incidence has increased and being passed on hereditary through the mother or father and into the children, grandchildren, et cetera.

Once it's in the family, Dr. Pat is in that family. Yes, as a fertility specialist, that was, you know, day one, we would test people's thyroid and if they were even subclinically low, We would place them on a low dose thyroid hormone replacement regimen.

And then as soon as they became pregnant, we would increase it because we know that the requirement for

thyroid hormones does rise in pregnancy. So I can hear a lot of what you're saying and the idea that we've been preserving pregnancies that might not have ever come to birth or survived through the birth process by our current practice of medicine.

So that's very, very interesting. Yeah. And the risk of other autoimmune diseases seems to be rising as well, probably from other toxins in our environment and so on.

Yeah. Sure. I can answer that if you want. The incidence of Hashimoto's has remained about 18% through most of the world. But for instance, in India, where I do a lot of work is 60% of everyone has autoimmune.

Autoimmune disease is triggered by low iodine. So you're born with low thyroid function and combine that with iodide over a period of time. You don't necessarily have to develop it, but there's a high probability, a higher probability that you will develop a disease called Hashimoto's and Hashimoto's are In my clinical trials on 2200 people over three years, I discovered, and that's why I'm on the World Wide Action Circuit for, on how to reverse Ashimoto's disease, not just cure it, put it into remission, but absolutely totally reverse it.

You don't want to, as you want us, you to eliminate Hashimoto's because being an autoimmune response, it goes to your digestive system, feeds back to you brain.

And there's a whole lot of like you double your chance of getting Alzheimer's. you get all the Parkinson's like shaking disorders. It goes on and on. So it's best to stop it in its tracks as soon as possible.

and we do have a solution for that. And you mentioned that you have hundreds of clinics around the world that are following the various protocols that we're going to be talking about today.

I don't recall the number 600, I think you told me. About 800 clinics. 800, sorry. Yes. They have the testing machines and use my medications, yes. Okay.

Uh, so tell us a little bit more about the cure for Hashimoto's if you're willing to do so. Sure. I'm happy to. As I said, Hashimoto's is nothing that you've done wrong.

You just happen to not have enough iodine. A fairly large percentage of Americans don't get enough Iodine in their diet. We used to be able to get it out of our food sources.

like our fruits and vegetables, but the oil, sorry, the earth is now depleted from those critical minerals. You can get it out of seafood. Seafood is not the primary source, as you know, seafood, which I had last night, for instance, has become a bit of a luxury, and we try to eat it as much as we can.

The, within the mitochondria, the lack of iodine triggers and, uh, triggers a autoimmune response. It can either do TGAV or TPOAB, TPA, TPOB, which is Hashimoto's is the most common, and you end up with an auto immune disease.

We have a solution which, uh, which we discovered in my clinical trials and it would take, it takes as an average of one and a half years to reverse the patient to where they are totally symptomatic free and free of autoimmune.

And the treatment involves various kinds of thyroid supplements, is what I recall from some reading I did of your other materials. Yes. When we treat a patient, we'd treat the core hormones, which is sleep, adrenals, because they have a major interplay on how thyroid functions.

Why Thyroid Disorders Are Increasing

on a number of different levels and the way we use the different thyroid medications switching between natural by identical and synthetic, we are able to, were able make the immune system operate in a way that we wanted to.

operate in conjunction with something called LDN and a few other little tricks we have have up our sleeve to like

high doses of vitamin D to modulate the immune system to perform the way that we wanted to form over a period of time.

For instance, my wife had Hashimoto's and today there's no trace of it whatsoever. And we're approaching patient number 500,000 up a million that we have now reversed from autoimmune or from the group.

I should say the grip of auto immune. Just to back up a little bit, the populations of the world that are unlikely to be eating seafood are where the highest prevalence of, of Hashimoto's is, as I recall from my endocrinology training a while back.

So where they just don't have seafood in mountainous regions, for example. Yes. If people are wondering. Yep. And that, Dr. Pat, that is why. The, uh, the incidence in India is so high because on a vegetarian diet, there's nothing wrong with a vegeterian diet.

If they take an iodine supplement, but without iodide supplement they end up autoimmune. Yeah. The salt that I grew up with on the table at home in Chicago was iodine containing as well, and I wonder if people backing off on their salt intake or eating more salt from restaurants and fast food may not be getting the iodines supplied salt, that one would get if you buy the blue box with the Iodine attached to the salt.

Yep. Yes, the iodized salt helps a lot, but as you know, we all use designer salts now, pink salts and… Yes. There is no iodine in salt and this is put in basically.

Yep, yep. Maybe back up a little bit and tell us if the average person is tested for thyroid disease, what is involved in that and then what that's not picking up that your protocols are more likely to correctly diagnose.

Okay, I'd love to talk about that. In the 1940s and 1950s, right up until the mid-1970s actually, the speed of the reflexes were used. As you know, Dr.

Pat, we were taught in school that the slow up and slow down with thyroid function. Just for our audience, that might be when somebody tapped on your knee or gave a quick little jerk to your ankle to see how your body reacted to that.

Absolutely correct. Yeah. Yeah, good. Sorry to interrupt. That's okay. So in the 1940s and 1950s, when I was a young boy, my doctor used to sit me on his table and hit my knee.

Exactly what you said. He'd just as speed in my reflexes. You and of course you're in this field when a baby was born. They did a heel kick test, not a heal prick, a kick just to speed up the reflexes.

Reflexes are very well correlated with thyroid. It's called the Waltman's effect. And that was used up until the mid 1970s when they decided to use blood.

Now it's been well proven that bloods are only 18% accurate. According to Sir Dr Richard Brayless, head of the Endocrinology Society in England and Europe, he stated a few years ago at the endocrine society that none of their blood, be it TSH, T3, T4, 3T3 or 3 T4 are valid for determining thyroid function.

Hashimoto's Disease and Autoimmune Thyroid Care

And he went on to say the only things that are and the speed of the reflexes. That's a fairly clear, concise statement by our own endocrinology societies.

And so what I did is I simply took the information And I use modern technology to measure the speed of the reflexes and the neurotransmitters speed as well as the rest of metabolic rate.

And what we call a thyroid reflex again, it's now been used approaching 3 million people and around the world. It's a very fast, accurate test and determines the thyroid function within four minutes.

What blood is good for is autoimmune and reverse T3, RT3 and TGOAB and PCAB, but not for determining thyroid function. Interesting, interesting. So if someone has symptoms that evoke or findings on the physical exam, as you said, the cold hand, a cold nose, sluggish reflexes, you would recommend that they have this test to determine their thyroid function rather than the blood test that's typically offered in a clinic or a doctor's office.

Is that correct? That is correct. And there's been many papers written on why blood tests are not accurate. But the very latest one is out of Germany by Dr.

Rudolf Hauner. They have just written a very thick textbook proving mathematically, not statistically, that any of the blood test are valid. That's going viral.

through the major teaching universities throughout the world. And actually mentioned myself in there as well, saying that I do reflex tests. But reflexes are really coming back to the basis of medicine as it was 200 years ago.

The reflex is the best way to determine thyroid function. My guess is that this is falling by the wayside as we depend more and more on blood testing and also telehealth.

I've asked some of the physicians in our core of experts who are doing exclusively tele-health, don't you miss actually being with the patient and seeing how she is essentially?

They tell me that they can find what they need to know from careful questioning, lengthy questionnaire of presumably symptoms and lifestyle behaviors.

So just a word of caution that sometimes the physical exam is the trump card in the clinical interaction. I'm an old-fashioned doctor. Me too, obviously.

I like to see the patient. Yes, in the face-to-face. After the first time, for you, I presume you test the response of reflexes to the dosing of the thyroid hormone that's being used to determine whether you're in a proper range or not.

Is that correct? That's correct. The thyroid reflex is 98.5% accurate. Not only can it identify whether you're hyper or hypo, and within our questionnaire is reverse T3, TBOAV, TAV.

But also we're able to titrate you to exact dosage. I was able take the guessing game out of how much should I put the patient on, which we all used to have to guess at.

Yes. And now with this machine, it's very accurate. You start them on one point, you retest in 30 days. The average patient is on the correct dose after 90 days and it makes the symptoms disappear every single time and the quality of their life totally turns around.

They have a big smile on their face. Thyroid is so pervasive. I mean, I don't know what percentage of the cells in our bodies, cell types respond to thyroid, but I bet it's a very large number.

It's critical to cellular functioning for so many different organs. Maybe switch gears and talk about high thyroid. Thyro, toxicosis, Graves' disease, and so on.

We've been talking mostly about low thyroid Graves is a lot lower percentage, about 1%. We estimate of everyone who has autoimmune and Grave's, you can pick it up in the bulging eyes.

It has a tentacle. has a bulge in the eye, so as soon as I see a patient's eye bulging, I know that they possibly have autoimmune Graves. Grave is T-G-A-B, but you gotta be very careful, because some patients are called Hashitoxicosis.

In other words, they're both Graives and Hashimoto's. So you can't use the Graeves protocol by calming the thyroid down, and treating it.

Testing Thyroid Function with Reflexes

And you can't use the Hashimoto's Protocol because they could have a tachycardia event. Sorry, rabid heartbeat or skipping of a heartbeat. So, number one, the blood test determines whether you have Graves or not.

Straight Grave, out of all the patients, of the millions of patients we haven't had to do one partial ablation on one single patient. which is quite amazing.

Unless of course there's thyroid cancer, but we're not talking about that with Graves. And it's really, once we calm the thyroid down and keep out of control for the rest of the patient's life.

The Hashytocytosis is when you have both Braves and Hashimoto's and we have to develop the DNA test. Because we know that it's rooted within the within your DNA and so within within DNA.

And we do a DNA, we find the root cause of where the problem is and So we do a DNA test, we get down to the root of who the person is, and we identify with the DNA and do an RNA intervention.

Okay. Anything, any other disease states that we should be covering here today? Reverse T3. Go for it. So, as I said, when we balance the thyroid, we have to balance asleep, the adrenals, and of course the reverse T3 is a function of adrenal exhaustion.

So when the SIRID is not acting properly, we know that it's possibly reverse T3 problem, especially if the TSH is suppressed. If it is below, say, 0.5, then we suspect reverse t3.

We run a reverse protocol or blood tests we have special protocol to fix the reverse T3. It's fairly simple for us but we're usually out of it in 30 days but it not only involves medicine Dr.

Pat, it involves The way we modulate the brain with music, it involves another set of hormones that we use in another medication we manufacture called bioadrenals, as well as the patient modifying some of their impacts on the way stress is affecting them.

So as a combination. of approaches, but most patients, we have pulled out a reverse T3 within 30 days. Good. We haven't talked about lifestyle here. Almost every podcast that I do, there's a lifestyle component.

Absolutely. And I'm wondering if there is one in the thyroid space as well. You've said several times, it's nothing that you did. It's your genetics or it is your iodine or something of that nature.

But are there things that lifestyle does impact on the thyroid? We don't say anything if you're just straight hypo or hyperthyroid, but we do say a lot if your reverse T3, Hashimoto's, Braves or Hashotoxicosis.

The very first thing that we did is we put you onto a Paleo diet. Number one, number two, you must exercise a minimum of 20 minutes a day. And that is, is the minimum that you should do is brisk walking.

If not more, which of course we're all supposed to be doing for any number of other reasons. So, but, yes, fine. Yes. Yes, so that's the that and then of course with with adrenals and sleep, uh, we we ask the patients to listen to a binomial style of music where we where We can't when we alter the brainwaves between beta and alpha into theta and so That is some of the tools that we use outside of playing medicines in certain certain, certain situations.

As you know, a lot of our menopausal woman or perimenopause will have sleep issues.

Graves' Disease, Reverse T3, and Treatment Approaches

We have amazing things to work with sleep, but our medications can only do half of what has to be done, the other half has been done by the patient taking affirmative action.

For instance, sleep, you've got to sleep in a cold room. You can't be warm. Uh, are you going to have a hot shower? You've gotta have the room blacked out.

Yeah. And if you can watch TV for at least one and a half hours before you go to bed, we can read in bed. Are you gonna, You got, to make sure that you have hot showers, hot baths.

before bed, there's a whole lot of things that we tell our patients to do besides giving them natural bioidentical hormones to help them to sleep. The primary hormones we use are GABA, valerian, passionflower, 5-HTP and melatonin.

And the big one, of course, to relax, I think we'll try mag that relaxes the brain and the muscles, but that will only do half the job. you Dr. Pat, the other half has to be done by the positive action of the patient.

Like, for instance, as simple as eating the smaller meals earlier. Don't get a bit full stomach. So they're all part of our treatment protocol for sleep.

And sleep is a major, major problem, not only with our menopausal or perimetroposal woman, but even, I'm finding even a lot of young children now are having problems with getting eight hours and 10 minutes of sleep a night.

Yeah, social media, cell phones, yeah. Anything else that you think our menopausal audience should know about thyroid disease or anything else for that matter?

Yes. Yes, yeah. I deal with the estrogen, the estrogen, progesterone, testosterone. We actually, we actually make the natural by identical testosterone, estrogen progeterine and the thyroid controls your estrogen and your progenitor.

So if your thyroid is out. The estrogen and progesterone cannot be imbalanced. If you're going to balance the estrogen or progeterones, you got to get the thyroid right first.

Sometimes with our young patients, not necessarily, but our, our uh, young girls going into puberty who want to rule the house because their hormone is not right.

We simply balance a thyroid and that actually makes the estrogen and pregesterin balance out beautifully. I have a daughter. Well, she's now 45, but I made sure that she did not rule our house.

So I made sure her thyroid was balanced and I didn't have to touch her estrogen, progesterone, testosterone. With our older female patients going into menopause and menipause, we make sure that they do a thyroflex test, be balanced with thyroid, and then we go on to their estrogen progeterones testosterone, I prefer either the urine or the saliva to the blood test, but that's up to, that is up the practitioner.

Lifestyle, Sleep, and Hormone Balance

But I'd prefer that because I think that it puts my patients at a lot less risk. And then it's fully straightforward to use a natural bioidentical hormones, which do not have any risks, unlike a synthetic to get their hormones exactly where they should be.

We take them back to be age of a 44 year old woman. Yeah. And it slows, it's slows everything down. In fact, we practice the practice. We, want you to keep your menstrual cycles as long as, long, as possible and catch you in perimeter pause, all the better.

Oh, please. Yep. Wonderful. Well, this has been a fun episode to talk about things that from a relatively different viewpoint, but that affects so many people.

And I encourage our audience to, if they're not happy, If they are not finding good success with the treatment of their illnesses, with their thyroid in particular, or with their symptoms that seem pretty nonspecific and haven't been

diagnosed or treated properly to seek out a different approach perhaps.

So thank you so much for this great information and for your expertise. Thank you very much. For allowing me on your show. May I tell your patients how to get in contact with us?

Absolutely. Please do. Nitech. N-I-T-H-E-M-D-A-C-L-G-O-N. That's NITECHMEDICAL. COM. If you're on the YouTube or the Doctor Talks videos, I think that information will be in the show notes.

But if you are listening on Spotify or any iHeart, now you have the link. So thank you so much. Take care now. Dr. Pat, i enjoyed talking to you and you did ask the right questions.

Thank you. Excellent. Take care. Bye bye. If this episode spoke to you, please share it with a friend ready to take charge of her health. And please leave a review.

It helps more people to find us.