Introduction and Speaker Background

Welcome back folks. I know you've been enjoying this event a lot, and, you're going to enjoy this as much as anything. Doctor Reed, Marie Le Scalzo, she's the founder of the Institute of Nutritional Endocrinology.

She's going to tell us all about that. And she is a course that's going to blow you away. Matter of fact, if I wasn't so busy teaching a course, this is the course that I would be taking.

She is, I'm telling you, you know, known you for a long time. And I'm so glad you're here. And I just want to tell the folks a little bit about your background, and then you can tell them, when I left.

Okay. So she's passionately committed to transforming our current broken disease care system into a true health care system where each and every practice is skilled at finding the root causes of their health challenges.

No, that's. You know, you know, what we need to do is change the world here. Reed was right up at the top of the people doing that by her training program.

She specializes in using the wisdom of nature to restore balance to hormones, with a special emphasis on thyroid, adrenal and insulin, which is amazing.

Her practitioner certification program empowers health and wellness professionals to unravel the mystery of their clients complex health challenges, so they can get to the root causes of health issues by using functional assessments and natural therapeutics to balance the endocrine system, which is the master controller, as you know.

Now, just a couple more things. Doctor Murray is a licensed doctor of chiropractic. She's got very special extra certification in acupuncture, in nutrition, in herbal medicine and heart math.

And she's also a certified living food chef, instructor and coach. And she's trained and certified hundreds of others in the art of using palate pleasing, whole, fresh food is medicine.

I think that means that it tastes good and means it. It's it's a bestselling author, speaker, an internationally recognized nutrition of women's health authority.

And with over 28 years of clinical experience, Doctor Reid Murray offers online courses, long distance coaching and counseling, and transformational life events.

I want to tell you what other people have heard on so far. I one that I personally know is changing lives and changing the world is Doctor Rita Murray.

So thank you so much for being here and I got some questions for you, but thanks for being here. Thank you for having me read and for that wonderful intro.

And with so much enthusiasm and gusto. And I know that you and I are aligned with our, let's just say, our opinion of our current Western medical system and how we can see the future changing and how we are part of it.

And you're a huge part of it as well. Well, I want the folks to know because we have, you know, tens of thousands of health coaches, potentially watching this.

And I want them to know that when I, you know, I teach a program to, you know, and when I reached out to the other people who teach programs, you know, not in a competitive sense, but just like, look, let's just get together,

let's cooperate, let's build this up because we know we need to change.

Well, you're the first one that signed up, you know, and I knew you would. I need you right there. Seen. Right on read. Let's do it. And so thank you again for that.

And you know, you also have a very specialized approach to this thing. So talk about, nutritional endocrinology and your background. Give us a little bit more about, why you decided to do this and where you came from.

Yeah. So I came to it like a lot of folks, from a place of being ill myself and going through that Western medicine process, if you will, of here's oh, here's a diagnosis, plink.

Here's a drug to do the diagnosis. Oh, that didn't work. Oh, here's another diagnosis. And here's another thing to take care of that. And it wasn't working for me.

I turned my health around as I started to explore nutrition in the role of hormones and adrenal fatigue and thyroid issues and all this. And I put together a program for myself and got myself well.

And I thought that was hard. That was hard. I just spent years using my clinical diet, my non clinical diagnosis skills, but my computer diagnosis skills, because that's what I came from, to learn a new hardware software and then try to fix it on me and I it asked to be easier for other people.

And that's when I decided to change my career. And I left my very lucrative job in the computer business back in the 80s, when computer jobs were very lucrative.

Yeah, and I didn't started to do this. That's amazing. And so as I, I was going to say, you started back when, when I couldn't even spell IBM. I started back when we didn't have computers like this.

We had these things called punch cards, and they were a little longer than this. And you programed every step of the computer on these cards, and then you had a stack of them, and then God forbid, you ran into somebody on the way to the computer room and knocked over the deck.

You had to start over because it got out of order, and then you put them into the computer to tell it what to do. You'd wait 2 or 3 days and you get this printout of what?

And then you go ups, you made a mistake. Do this over again. That's when I learned computers. It's it's remarkable.

What Nutritional Endocrinology Is

And they were as big as a house, you know. Oh, yeah. Yeah, yeah. Amazing native. The air conditioned rooms and, so now you have it all in just a cell phone.

A cell phone has more. Yeah, yeah, yeah, exactly. It's all right. Machine back in the day. Yep. I've told I've told this story many times that I built my nutrition practice one of the busiest in the country.

Back at the turn of the century, with nothing but a pager and a fax machine. You know, that was the extent of my my technical ability. Well, now here we get to talk to each other, you know, face to face from, you know, hundreds of miles away and then share that with people over the planet just by a click of a button.

It's it's remarkable, you know, but one thing you and I have in, in our backgrounds is, is like a lot of traditional wisdom. I even mentioned in your, your, you know, your bio that like, it's about wisdom and you don't, you know, I always get that from a computer.

So talk about how you got into the nutritional endocrinology, how that happened. What is it? What is it? So let's start with what it is. So endocrinology is the study of the hormones in the body.

And most people when you say endocrinology, they're thinking an endocrinologist. You go there for a thyroid problem or you go there for diabetes, or you go there when you know you're having trouble with your hormones or your female hormones or something.

And really, hormones control everything in the body. And there's hundreds of them. There's not just estrogen, progesterone, testosterone and thyroid and insulin.

There's way more than that. And they control everything. Our thoughts, the heart, the detox systems, everything. And so when you know how to manipulate, you know, and I don't say that badly manipulate being everybody has choices every day, every moment when you learn how to make choices that keep those hormones in balance, that's when you have mastery.

And that's what I think every practitioner needs to know. And also every body you know, every person that's looking for health needs to understand that to an extent, how their choices affect their hormones.

So that's what nutritional endocrinology is, is how nutrition. And I use the word loosely nutrition. Because nutrition is not just the food we eat, but it's the thoughts we hear, you know, and what we listen to, what we put on in, in our body.

I think of that as nutrition because that's how we then nourish the body or anti nourish the body. It's beautiful, you know. And I know what you mean about the extension on on nutrition because I had to call you know my program something we came up with functional diagnosing nutrition.

But it's really nurturing. It's not just the food you eat which is important. I mean we're made of food. So there be some good ingredients. So let's say we're made of food, but it's nurturing of the soul, the spirit, the mind, the, you know, the entire body and everything.

So I completely get so it's nutritional or nurturing of endocrinology. And yet those messengers that go to every cell, I mean, every cell is regulated by hormones to some extent, right?

I know every cell in the body has a thyroid every day. For instance. Right? That's right. Every cell has insulin receptors, thyroid receptors and some some receptors are specific when we talk receptors just for people who aren't that savvy on that is there's one thing to make a hormone which is like this little messenger, this little male, it goes through the body.

It has to land somewhere and give a message to that organ gland, tissue to do something. So it's really a message to say, here's what you need to do next.

So thyroid is on every on every cell because it's thyroid controls metabolic rate and how we utilize oxygen to create energy. And so we need that on every cell in the body.

Now some some things may not be on every cell in the body. Maybe we don't need testosterone receptors on every cell, but we need them on more than just the testes. Right.

So there's a lot of other places we need them. But there's some hormones that don't actually affect every cell. There's specialized. And then there's some other hormones that are universal that are on all the cells.

And so, how does that contribute or or inhibit, I guess, health and disease. Like what part does it play, so to speak. So the hormones are the messengers, right?

They have to be received. And most traditional medical kind of approaches to hormone balances measure the blood. Is there enough of this hormone. Great.

If there's not enough, let's give more. But they're not looking at the resistance, the receptors that get resistance. We do look at that to be fair, in insulin resistance, right.

Diabetes and metabolic syndrome and insulin resistance. And what I call pre insulin resistance is well it's not diagnosable but it's still happening. And that affects how well the cells will pick up the glucose from from the bloodstream.

And there could be plenty of glucose but not enough and plenty of insulin and not enough gets into the cells were exhausted. But we have high sugar because the cells are going up too much.

I've got enough of that because all the hormones in excess cause damage. And the body is thinking about that is like, I don't want it let too much insulin into this.

So it might stiffen the arteries or it might do right. So the cells are wise. Plus some of the excess is can cause damage to the cells. So every single one time wide resistance.

It's one of the most overlooked issues that I ever see. Oh you're fine ma'am. You've got hair falling out and your skin is dry and your constipated and you're depressed and you've read on the internet.

You just read too much, lady, that that it might be thyroid, but I tested your thyroid and your TSH is fine. Yeah. So you don't have a thyroid problem, you know, and then we educate people about, well, teachers.

And the only thing we have to look at two, three and four in the antibodies. And so some of the docs are actually looking at all that. And they come out fine.

And they're saying you're fine ma'am. No worries. Here's some laxatives, here's some antidepressants, here's some, you know, skin stuff and the person's not getting well when in reality such a big deal is with the thyroid resistance.

And it's not measurable, but it's present. And so many of our day to day activities and and things we do wrong, right? The crap we eat, the stress we have affects those receptors.

So I always tell people, yeah, if you have measurable other things going on in the blood, a thyroid conversion issue or an antibody issue or whatever.

Yeah, we have to address that. But everybody should be addressing the resistance, because you may get all that stuff in balance and still have the symptoms.

So we have to look at what's going to affect those, those receptors and get them healthy. That's not just true of thyroid. That's not just through insulin.

That's true of estrogen progesterone testosterone. And the more we have doctors that are testing those levels in the blood and then giving those hormones without looking at root cause, the more resistance we're getting, because excess of those hormones in the cell is dangerous and the body's protecting itself.

Yeah. Now, I'd like to talk. Oh, God. I could ask you, but where's that resistance coming from? But I think we should establish first that what you're saying.

And this is so true. You know, that the AMA, you know, your your standard physician can look at something and say, well, nothing's wrong with you because, you know, you look, I mean, who hasn't been a doctor who felt crappy or, you know, someone who has?

Hormone Resistance and Functional Testing

And then they were told, oh, you're bullied or it looks normal. You know? So what does it mean? You're symptoms in your head, your tiredness and your fatigue and and you feel lousy, blue said.

You know, you've got, you know, foggy thinking, but none of that shows up on a standard chem panel, you know?

So, but they're not crazy. There is something going on.

And that's where this idea of, you know, function and getting deeper and looking at the root causes come from. So you can be told by a physician nothing's wrong with you.

And there's a there's a ton going on really. Right, right. And when you said, I just want to go back to what you said about the function, the chemistry that they look at when you don't know how to read the chemistry, you don't see that.

But when you look at it from a lens of comparing things and looking at levels of this versus levels of that and, and looking at, well, T3 is T4 and T3 are fine, but T4 is way higher within your quote unquote normal range than T3 is.

So is there an issue there? But also the ranges that they're looking at, most of them are based on a 95 percentile thing, so that, all of us fall into the 95 percentile and you're only abnormal if you're out of that. Yeah.

And when you look around and you look at. Are we comparing it to a healthy population? Is a normal average population healthy where half the people are going to get cancer in their lifetimes and people are dropping dead of heart attacks.

They don't even know they have heart problems. This is not a healthy society. Now, I always tell my patients and my my student practitioners, I say, do you want to be average or do you want to be healthy?

And so we have to look at more optimal ranges, and we have to look at all the different things that play in. And one example, I'm just going to throw this out here because it's a pet peeve of mine.

People will look at doctors used to look at serum iron and say you're anemic or not anemic. They weren't looking at ferritin and they weren't looking at the storage of the iron.

And then you can detect that there's an iron deficiency before the serum level gets low. If the storage form is low. Okay. So some people say forget iron.

Let's just look at ferritin. They're throwing the the bone away. Right. How do we look at to look at both. Because yes in an iron deficiency iron and ferritin are low in an iron excess leading towards possible hemochromatosis or or some other you know, things like that.

Boom. Both of them are going to be high. But what does it mean if iron is high in ferritin as well? What does it mean if iron is low and ferritin is high?

Nobody's talking about it. So I started to dig when I started to see this over and over and over again into various mechanisms. Why isn't the iron getting stored into ferritin when it's excessive in the blood?

Or why isn't the ferritin being pulled into the blood as serum iron when the serum level gets below a certain threshold? What's going on there? And so that's what I mean by functional assessments like looking.

And that's what I teach in my program, is to you to learn how to think, not how to apply a protocol. We want you to learn how to think. This pathway and this pathway, and I don't know and dig and be able to find the research that supports or the biochemistry textbooks that show you the pathways and go, I discovered with somebody who had a very high iron and a very low ferritin, and I started digging.

Melatonin is involved in that conversion of the iron. Another blood, another hormone. Right. And so she went, oh, I just got my bio health whatever panel done.

And my melatonin was low. And I went great. Let's work on your melatonin. Let's look at why is your melatonin low. Because just taking melatonin. Is it precursors.

Is it B vitamins. Is it amino acids. Does that mean it's stomach acid? Well, how the heck did you get from iron invariant to stomach acid? Because we know how the body works and we go backwards through what are all the mechanisms that can be causing it.

So yeah, put her on melatonin. Of course, she wanted to get results quickly. She was having trouble sleeping, but we also wanted to look at what was before that.

Yeah, in the process. That's what I love teaching. And you're a great teacher. You know, you make it so it's so exciting and you bring out the nerd in me.

So yeah, I, you know, I just want to get dig, dig deeper. Sometimes I spend just hours doing research because it's not like I don't have other stuff to do, but it's so interesting.

It's it's actually entertaining, you know, to, to be learning other stuff. And it goes in there. But what you, what you said is beautiful because when.

So if anyone hears from their physician and remember this is someone who has a complaint, you know, they don't feel right. They don't look at something about the way they look or feel that they know is wrong.

If you get told by a physician that there's nothing to see here, go see someone else because they can look at those relationships and the, you know, the whole picture, not just there's nothing out of range here, you know, because you're nothing out of reach doesn't mean there's nothing wrong.

And that's really, really important. And also, you know, functional, practitioners run different labs. They'll look at saliva, they'll look at urine to look at, it's not just what's in the blood floating around, you know, and notes.

Right. Let's talk about this because the opposite could also happen. You could go to a physician and you could give him. Now, listen, we're not picking on physicians because they do wonderful work and have a great place.

And we need to be able to integrate with them when someone needs a physician. But if you have been turned away or if you've been, you know, kind of told, well, your problem sounds like this.

Like, so, you know, there are what are called traditionally reliable clusters of symptoms. So I could go through a cluster of symptoms and you would say, well, Reed, that sounds like thyroid.

You know, they're tired, fatigued, said blue. And they get weight. They can't get rid of their maybe thinning. They have cold or numb extremities. They have constipation for sure, and a couple other things thrown in.

And it sounds like thyroid. So then, you know, the physician would probably say, let me run a therapist and let's say they run it and they do find that TSH is, you know, high and and a couple of hormones there T3, T4 or low.

And then they got I found your problem. That's almost as bad as saying this, you know, because then they go and here's the solution. They're going to write a prescription for the T3, T4.

Maybe they'll get that right and have you come back a while and they'll titrate it and they'll say, well look at that. The papers. Perfect. And yet you the person can say, well, my paper is perfect, but I feel like crap still, you know, and and why is my thyroid low and and what can I do about it?

I'm willing to take responsibility and behave differently if Douglas. And it's just not how things work in contemporary medicine that that makes the medicine.

So let's talk about that when you know, it's it's not a misdiagnosis because, you know, the doctor thinks he's doing a good job and saying, I found your problem.

And here's the answer. Leaving you with like, what if maybe even if your symptoms go away a little bit, they may

come back or new ones will appear. Let's see if you can address the root cause.

Right. So talk about that. Like how do we if someone has low thyroid and you might give something to, you know like ease the pain a little bit. Like there's nothing wrong with your major, but you can't end there.

Right? You can end there. Exactly. So I call it the Band-Aid care versus the root cause. And yeah, sometimes we're going to give you a Band-Aid to help you function while we're looking for the root cause.

But we can't just do that. I always give the example of women with hot flashes, because in the people that we see, a lot of it's women in that age group and it's like, oh, you know what? Flashes.

Oh, it's your age. Oh yeah. Look, your progesterone is all your estrogen. So here's some hormones. And that gets rid of the hot flashes. But why do they have hot flashes.

It's not their age. It's what the state of their body when they get there that it can't comfortably go through menopause which is just a transition period in life.

So with thyroid right. So I go, okay, what else goes? What else plays into it. Do they have an adrenal problem if they've been stressed out or their thyroid receptors being zonked by, you know, excessive cortisol or not enough cortisol.

Is there conversion from T 43 being injured because they have too much stress, right. Too much cortisol, not enough cortisol. Are there some nutritional deficiencies like the soils are depleted in a lot of minerals, plus people, especially by the time they get to be, you know, a little older, you know, out of their 20s and 30s.

But even then, they have problems. They have problems with their stomach acid, low stomach acid, not producing enough stomach acid, taking antacids because they just a horrific meal that caused them to have pain.

Doctor gave them or over the counter you take an antacid interfering with their protein absorption. What do protein absorption. Interference. Well, amino acids, brain chemistry. Right.

What can the B vitamins other than the minerals.

Root Causes, Thyroid, and Adrenal Stress

Right. The mineral all the cofactors. So we always want to go backwards, you know, is there blood sugar ness. Is there blood sugar up and down and all over the place.

And their receptors are messed up. Thyroid and insulin imbalance go hand in hand so much and we can't just address one. You have to address both. So it's looking at the roots and what's their diet like.

What's their stress level like. We go there right from the beginning for everybody to sympathetic overdrive is an underlying cause of just about anything going out on there.

So we have to address that. What are they eating? How are they eating? Are they eating on the run? Good food. But on the run and not getting, you know, slow down and having cortisol levels go up when they're eating and messing with their digestion.

So it's understanding the interplay between all these systems that we can help this person. I have so many people who have come to us, either as through the clinic, as patients, or as practitioners to have their the light bulb go on, you go, oh my God, that's why we've had so many people that finally get help when you actually look for the root cause. And so many physicians say, well, why didn't they teach that in medical school?

I love, I love, I love this because it does. You smile as well because we know how happy people are when they go, well, how come no one else told me this?

You know, how come my doctor didn't go there and that kind of a thing? Now, I want to ask you because you missed something I think is totally critical.

And, it's not just like, you know, a lot. So people might right now listening to this, it might be intimidating. Oh, I have to know all this stuff. All this stuff. It's more of like, well, what are your skills and how do you think talk about that?

Because it's the skills and the way you think that really matter you because you no one can know everything, but you can help a lot of people with the right point of view and the right skills. So.

So what kind of skills point of view are you talking about? Knowing how to reference, knowing how to find the information super important. So it's it's asking the right questions.

I always say everything starts with why. What is the what are the five questions you need to be asking to get a good answer? Why why why why why do you want to keep asking why?

Right. Hot flashes. Why do they have hot flashes? Oh, they're estrogen. And progesterone is out of bounds. Why is there estrogen and progesterone and balance.

Oh. Look, they're cortisol. Where are the cortisol? It's been high for a long time and they've been draining the swamp basically. And all the everything goes towards cortisol.

Why is that happening? Well, they are they have a digestive imbalance as well. So there's some physical stress on the body which is raising the cortisol.

No they're not sleeping properly. And so we just keep asking why why, why. So we get we get to the basement level and then we go okay. Now we have to address these things along the way.

So just keep asking why. And the and you know, you learn that when you are three. Right. You didn't learn it when you were three. You just naturally knew to ask it.

Why mommy? Why mommy, why me, why mommy? And turn finally got. Oh that's why mommy. Thank you. You know that's what we want to do with our our clients, right?

So you have to know that you love the book understanding how the body works and all the inter interactions. I think that's super important to know that we can't just go to, you know, take a weekend workshop on health coaching and learn how to, you know, put together a six month program and, I don't know, teach people how to eat differently.

That's just not that's going to get them started, of course. But if we really, really want to deal with those complex people who have been from practitioner to practitioner, you've got to understand how it works.

You know, understand the biochemistry. You're never going to learn it all. You're never going to know it all. Because I'm sitting there with my books and pulling it out and go, oh, that's how that pathway works.

Or I'm not going to remember every step in the pathway that I have in my head. Oh, let's look at the Krebs cycle, because there's different stages in there that require niacin and other stages that require I don't remember exactly.

Yeah. You know, Citrulline goes to Art. I don't remember what cofactors. I put my book out and I look at the pathway, you go, oh, no wonder their test shows that they have high in this.

They probably are low in B6 or B3 or whatever. But when you learn that how to think that way, how to think in kind of systems. Right. Yeah. And accept and it helps you to be able to figure things out.

It makes a ton of sense. So glad you reminded me, of the and you can put it like this, you know, you have to know the five questions that every kid knows to ask.

Why why why why I mean that, right? The only difference is the answer is not the same. Because when it's kids, you say because I said so. That's why. And that's all you need to know right now.

No, that kids want different answer. And I would actually give them answers. And I actually my mother in law would listen to me and go, he's three years old.

Why are you telling him about macrophages? Because he asked me a question and I did. And the kid got it and said to his dad when his dad was sniffling, hey dad, you need more macrophages.

They get it like you can touch it well at that level. Yeah. As if it was a breakfast cereal. Right. Well dad didn't know it wasn't a supplement. He came to me and said you have a body on macrophages anywhere.

I'm like well it's fine. So it's important to understand the chemistry of the body. You just talked about that a little bit. You know, the biochemistry and things and, and I don't think you can get by without it.

You have to kind of know how things work or know where to go, find out how they work, because it can lead you. Yeah. Because you're going upstream. Well, how do you go upstream like that?

You look at how things work and that includes anatomy, physiology, biochemistry right. Chemistry and then pathophysiology AG like how does it go wrong.

What are all the ways it can go wrong. Yeah it's remarkable. And so now what about, what's become really popular lately. And I went to a, I went to a workshop years ago on it.

I didn't think it's very good, because it hadn't become primetime. But today's pretty primetime genetics, you know? So we've got to know a little bit about someone's genetics.

Right? Yeah, yeah. And you can guess if they're genetics, if you know how it works. But actually, if you get some genetic reports and I don't mean go into 23 me and look at their thing, you going I have a 2.2% increase risk of Alzheimer's.

What does that mean. Right. So we look at genetics specifically as to how it relates to what nutrients this person might, might actually need more of than the average person.

Why do you keep giving this person B6 or taking B6. And it's not working well. You look you can look to the genetics. Why are some people extremely sensitive to petrochemicals extremely sensitive to like exactly.

Exhaust fumes when they're pumping gas in their car? And why are others okay? There are some genetic factors. And what I find with the genetic factors, for me, it helps me to, you know, design a program.

But most of the time it confirms what I already know by doing a history. After being doing this for almost 30 years, I kind of can get that right. But when you look at the look at the genes and say, oh, you better not be pumping your own gas, or you better let the attendant or you better make sure the car is turned off when you're pumping the gas, because the exhaust fumes are you better make sure your car is, you know, the out in the driveway, if it's an attached garage or that you don't close the door to the drive the garage for 20 minutes so it can exhaust out because it's coming in your house like that helps people to see these little subtle changes that they can make.

And when they see it and I show them in their genetics, they'll go, oh, oh, maybe I really do need to get rid of gluten. Those genes over there, maybe I really do need to not eat those McDonald's hamburgers anymore because of the chemicals that my body can't break down.

And it's such a great tool. Although although I don't think you can tell if you they tell you the propensity, right? Like you've got the gene, but you don't know if it's going to express in it.

You know, you don't want them turning on. So what you're really coaching people up on is, is, hey, look, you've got

this gene like me. I have the gene for, colon cancer.

Oddly enough, my dad died of it, and so did his dead. So, you know, hey, that's that's a time bomb. Or, like, you know, a bullet in the gun, you know, but I would I do and have done for years since I first ran that, test, and I probably didn't need to.

I probably should just look at my dad, my granddad. But, you know, I'm not that smart. So I had to run a test, and. And it told me that I had those genes like, oh, and then then you read, you know, what can you do?

I eat zero cold cuts and processed meats and nitrates and nitrates in the things that could trigger that. So I just wanted to clarify that for the listeners.

It's, it's not quite as clear as just, you know, but so again, it shows you those genetic potentials. And some of them can be time bombs, you know. Yeah, some of them can be time bombs. And here's the thing though.

Biochemistry, Genetics, and Personalized Nutrition

Read what you just said. A genetic propensity to a particular disease that just depends on you can turn that on easily. Right. You sit down and eat your salami sandwiches every day and don't take probiotic foods and boom, you're going to have a problem.

But like with something else, the way you turn on or off the gene is exposure. So if you've got a genetic tendency or liver, skip one day two or something, or one, a three or whatever those genes might be, and they actually will control your body's ability to handle a toxin the way that that that is activated is exposure to the toxin.

So if you change your diet, lifestyle exposures so that you're not exposed to a toxin, that you have the genetic tendency to not break down, well, yeah, then you're not going to have the problems related to it.

Right. So it's a little different than a disease propensity. Yeah. It makes it really funny when people look at their gene tests and they go, oh look, I've got the potential for bigger brain or, you know, like they get real happy, but these ones and they think, oh, those I'm going to be they automatically assume like that's that they have all that.

No, that's just potential to you know, that doesn't mean that you're smarter than everyone. Exactly. And that you have to read it. Right. And the way I always explain it so people will go, oh, I have this gene, I'm going to get colon cancer, okay.

Every cell in your body has the genetics to create every other cell in your body. So your hand has the genetics of creating eyeballs. Why don't we all walk around with that?

I would love to have eyeballs on my hands. Quite frankly, that would be nice, right? Oh, look, there's something there, right? But that's not true. But it's turned off and it's turned off by the epigenetics and the epitope and all this other complicated science, which I only partially understand at this point.

And in life only partially understands. But what keeps that turned off is that there's there's this tendency methylation factors and all this. But if there's I, if you're exposed to some nuclear radiation, why do you think, you know, we see like fish developing weird things and they develop sex organs from the opposite sex of what they are, or five toes or whatever.

That's a DNA mutation that could potentially cause us to have eyeballs on our on our hands. Yeah. So so we have to look at it that way. Yes. The mutation and the other thing about genes that I, I think it's worthy to mention to our audience here is that, there's this thing called the nocebo effect.

You know, where because you told me you got the gene for colon cancer. Next thing you know, you're going to get checked out for it. And they're like, well, I'm going to get colon.

And they get all sort of it's you know, we all know what the placebo effect is. You give some a sugar pill. This is for your headaches and their headaches.

Go away or some some weird thing you know. But but the nocebo effect, it's like it's kind of a two edged sword. But for, it is, forewarned is forearmed or something like that.

And I'm glad I took the test and found out where my potential for bad things is. Yeah. The other the other one was about coffee. You know, like, because you can get your genes tested to see if you're a good coffee detox are absolutely. Tip one and two.

I know it well. And here's the thing about that gene. That's 75% of it. There's others that detoxify caffeine, but the CYP one, 82 and 75% of all the caffeine that goes into your body is detoxified by that particular.

And you can be an overactive caffeine metabolize or in under. And it's when you're an underactive one that you have to be really super careful about taking the caffeine in.

But here's the thing that I always tell people about that that gene also detoxifies estrogen. And there's a bunch of metabolites, as you know, from reading Dutch tests, right side of the, oh four is 027 sixteens.

Well, that particular gene is particularly important for detoxifying the force, which is the most potent estrogen for hydroxy a strong the most potent estrogen, which is most associated with breast cancer and other kinds of estrogen sensitive cancers.

But here's what I tell them. You are. You have, decreased. You have an under activity. You have the tendency to have an under activity of that. Every time you drink a cup of coffee, think about your breasts, because you're taking away the liver's ability to detoxify that estrogen and that estrogen.

You're exposed to that all the time because it's just the body reproducing it and detoxifying. So those people really, I just believe, need to get off for coffee.

Me, I don't drink coffee. So I went in there to see what mine is. And I'm a I'm fine with it. So I just let myself eat chocolate, which I like, which is of caffeine, you know?

Yeah. My coffee, but I'm okay with it. I my body handles it well. Yeah. Remarkable. It's remarkable how unique and individual we are, you know, which is going back to some of the lab testing, the idea of treating the paper, not the person.

You know, it's unfortunate that, that, you got to go to, you know, a health coach alternative for this way of thinking that we, that we do, you know, it should be mainstream as part probably what we're trying to capture.

Yeah, trying to make it, you know, look, there's always going to be a need for physicians who are trained in disease process because, things can turn so fast on you.

And I always refer, I refer, do a lot of referrals. Like people come to me and I say, well, I'm a health coach, consultant, you know, counselor, educator.

I'm not a physician. So you need to check with your doctor, make sure that the downward spiral isn't so contracted. That observations I make, you can't be capitalized on because, hey, you're dying.

You know, if you get off a plane from West Africa with a temperature of 105, don't call your health coach. Go to the emergency room, you know, and go to the yard.

But then call your health coach to help you to build back your immune system. But you need the antibiotics at that point that there's definite need for drugs to save lives.

It's just doesn't need to be. It's like we don't need it for a tamale. Yeah, stop the bleeding. And then, you know, do all the repair and rebuilding, restore and engine and and energy and all that sort of stuff.

Well, I just have maybe a little bit more. It's been so entertaining. The time has gone by so quickly, but I want you to talk a bit about your course.

You know, you're a great teacher. You are just so devoted and dedicated and, you have so much fun doing this, which is what it should be. You're a great leader in the field.

Tell us a bit about that. You know, is it for doctors only? Is it for nutritionists health? You know, you know, for everybody? Well, it's not for everybody.

Everybody. But it's, it's a program. It's called nutritional endocrinology practitioner training. It's actually six levels of training in there, and each of them has a set of modules that go together, and you get to take tests at the end of each one.

So you can apply for certification if that's what you choose. It's basically it's for health coaches, doctors, nurses. We have every kind of health professional in there and also people I don't limit it to having had a license already.

There are a lot of people who have been their own personal health coach for decades. They're going on at every summit, they're reading every book. They're learning about how their body works.

And some of those make better practitioners, quite frankly, that people are really good practitioners, but we get them in there. But we do have a screening process, and we do make sure that we the person that's applying isn't like, oh, I'm just so just leaving my job as a, as a truck driver.

And somebody told me nutrition was an important thing. And let me come to your program then it's it's not going to work that way. Right. So it's for people who already have some some understanding and some knowledge, whether it's self-taught or whether it's through one of the health coaching programs or or a certified practitioner licensed practitioner.

And we just take them through a process. Right. And it's a building process. You have to go through the groundwork of how to think. And we do that right at the beginning.

How is energy produced? What what does the mitochondria do? Because everybody has low energy. And we're right away going, oh, you have it's our problem.

Do this or you have a whatever problem do that. We're really teaching you the basics of how is energy produced. And these are all in the in the beginning.

And then how what kind of foods, what kind of lifestyle. So there's a basic building process and that's level one. And then you learn about insulin resistance and then you move on.

And we have a functional nutrition a level which is all the macronutrients, all the micronutrients in minor detail. How does vitamin C actually work in the body?

Where is it absorbed? What interferes with it? What conditions do you need it for? We do that for 27 nutrients or 30 nutrients in the body. So it's a hefty module.

And then what about all these I call them food religions.

Training Program, Book, and Closing Advice

Maybe it's sacrilegious to call it that, but the dogma of this diet's right for you, this diet's right for, you know, you need to do paleo. No, you need to go oxalate.

No, you need to do the, the electron lectin, low lectin diet. What's right for that person? How do you determine what diet program and or what blend of practices that person gets.

So the functional nutrition, but they have to have the basics before they go into the functional nutrition. One. Yeah, I know it's really extensive. And like I said, if I wasn't teaching my course, I'd be I'd be taking your reading right now.

Again. Thank you. Sorry that we have the internal assessments one. And then, you know, the the biochemistry and the anatomy, physiology, all of that's blended into the different levels.

So I don't want to bore you with the whole thing. I could spend an hour. That's good. Well, tell us, tell us about the book over your left shoulder. Unstoppable health.

It's a book that I wrote. It's actually a novel. It's just my. It's not my premier book. Someday. I'm going to actually write it, but this is a book that I wrote to take people through a process, a story of a woman, you know, right around the age of 40, starting to get into the menopausal age and all her trials and tribulations of actually figuring out and finding the lifestyle factors, the foods, the nutrients that she needed.

But it's written in the story so people don't put it down after chapter one. They want to read chapter two, right? Because how many books do you have on yourself, honestly, that you've just like read, skim through the first chapter and then, oh, this is a good book. I'm going to read it someday.

Yeah, right. And I want to go into it all the way. Yeah. This. Fantastic. Well, well, thanks for sharing that. Finally, I want to say, to the, audience that, we're going to put all your shownotes, in things about you so you can reach out directly to you, in the Show Notes summit, and they can go out there now, at right after this is done and also by the VIP access passes to get all the recordings, because, you know, you're not you know, you're not going to watch them all this week.

So you might as well just get them. And then you can, you know, when you have nothing to do on weekends, you can listen to them all and listen to your favorite ones over again.

Now. So, so I wanted to say that. And then last question. What's the top standard practices that all professionals to do? What I've been trying to sort of elevate the, the, the group here and see and get the opinions of leaders like you, and what is the thing that's going to separate you from everyone else when it comes to being a professional versus just kind of a dabbler or hobbyist?

I this seems really basic, but you have to know how to ask the right questions in doing a history, because you can get 90% of what you need, maybe even more, just by asking the right questions.

That's going to help you to determine, do they need labs, what labs do they need, and what further investigate or studies are needed. But what happens in our current system is that, oh, you've got ten minutes with each patient.

Nobody gets to do the way it was taught to traditionally to do a really thorough history and you figure stuff out. I mean, I can figure stuff out usually if I can speak to somebody for an hour and ask the right questions, I can get to the root and then we can confirm or deny whatever it might be by doing testing and looking at other things.

But I think we just need to ask a full history. I had so many people come to me and say as practitioners, oh, I have a new patient and they have hot flashes.

What should I use? Like, I don't know. Yeah, you got to go. Why are they having hot flashes? And you have to ask all those questions. What are they eating?

You know what kind of food allergies might they have? What kind of food sensitivities? What kind of nutrient imbalances, what kind of stressful things are going on?

What exposures did they have right before this started? Right. Real thorough history is so, so important. And it's

underrated right now. It's totally underrated.

And what people want to do instead is just use questionnaires. Now of questionnaires and questionnaires are great. You can get a lot. Yeah. You need from a questionnaire because you've got to record your and records.

But the idea of interviewing asking questions and and and never forgetting this what but what why why exactly and when and when and when like when did this first start.

What was happening right before this restart? So many times people will come up with, oh my God, this whole thing started after my mom and dad got divorced and my mom went out and I had to, I mean, little things like that.

And then we go back to, okay, what was this imbalance that was created, what happened? And it's so important. And that's part of our level one training, is that you've got to learn the basics, because as part of that, how do you think, you know? And I started in 1998, but in, in 2001, I read an article, about stress and how 70, 80, 70 to 80% of all doctors visits are for stress, stress related, chronic stress related things.

And then about 50% of most diseases, you're chronic. Seriously, you know, you're downward spiral into diseases are caused by stress. So you've hit, a big home run with me, and you always do remarry.

Thank you so much for being here. We're going to do this again. Is there anything else we can be doing as leaders to, to, you know, to to establish what we're trying to establish here and, and become the primary. Yes, yes. And it's just speaking up.

Don't hold back. Whatever you are, wherever you are on this process, obviously reading, I've been doing this for a really long time, and you may be just starting out knowing, oh, there's no way.

Don't hold back every single person you meet at the supermarket that asks you about the kale in your in your shopping card, or asks you questions. Every single person you can help people that are who are 2 or 3 steps ahead of and there's tons of people you're 2 or 3 steps ahead of the more you learn, the more you take part in these educational programs, the further up you get and the more advanced cases that you can help.

So don't hold back is my biggest thing, but you can't talk to and it's a great way to sign off. Thank you so much again, duck. Thank you Reed.