Podcast Intro and Botox Warning

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That's just my opinion. And people will argue me on that, and that's fine. But I know what it's doing and I know what the trade offs are. So for me, it's not a question of if this will happen to somebody.

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Welcome to Vitality Made Simple. This is the podcast that equips you to feel better, look better, and to enjoy better relationships. Now, if you've ever wondered about the potential side effects, short term and long term of the injection of botulism toxin, This podcast is for you.

We have an AI world expert. I want to introduce you to Gretch. Elizabeth. Welcome, Gretch. Hi. Thank you so much for having me. This means a lot. I love to do this.

This means a lot to me because you're someone I so highly respect. You're. You're so brave. You're articulate, you're smart, you're compassionate, and you're dedicated to the truth.

We've never lived in the time that that was so important.

Gretch's Story and Initial Reaction

And, this the information that you're going to share today, I really think can potentially save the lives of many, many people. So, so we're going to talk about Botox first, and there's a lot of other names.

This this topic, came upon my radar about five years ago. So I started seeing some, some things that troubled me, among my, in my profession and, So, Gretch, tell us what got you interested.

Introduce yourself. Let our audience get to know you have a wonderful family of listeners that will fall in love with you, like I have. Thank you so much.

So, yes, I'm Gretsch. Gretsch Lizabeth. Or as my parents call me, Gretchen, but to most, it's Gretsch. And I got into this line of work in a way that was entirely unexpected.

And so my formal, education is in teaching. I'm a formal for former high school teacher. And while I was on maternity leave from teaching, my sister went in for a one time treatment of Botox or botulinum toxin A, and she had that treatment done to her forehead.

So we call these, 11 lines or the glabella area. So she had a treatment there and was really excited about having it. She went over the lunch hour with a friend of hers, kind of on a whim.

It was on her radar, but not on that day. So her friend Sarah said, hey, I'm going to get my Botox. You should come

with me. Let's let's go do it together.

And my sister's name is Heidi. And Heidi said, oh yeah, yeah. That's right. Yeah, I'd like to do that. It's I've been wanting to do it. I've been waiting to do it.

I she thought she was going to do it with me. Her sister. But she decided just in that moment to go for it. And so she went and had a very small treatment.

So we look at these treatments in units and in and, and in the unit scale, it was considered quite small and I remember three days afterwards she waited three whole days to tell me, which is crazy because we're really close.

We live in the same city. We've grown up together. We've just been together our whole lives. And she waited three days to tell me. And she. I'll never forget that moment because she sent me a car selfie.

And in that moment, she sent me this picture where she looked like she was glowing. And she said, guess what? I did just like that. And I was like, what did you do?

I could kind of tell in that photo that she sent me that she she looked really beautiful. Her face was glowing and she seemed very happy. And she said, I did it.

I pulled the trigger, I got Botox, and I was like, call me right now, missy. We have a lot to talk about because I wanted all the details, of course, and it was on my radar too.

So I want people to know that I was considering getting it as well. I just, you know, I was on maternity leave and I was going to wait a few months, but I had a consultation actually set up for a few weeks, you know, after my sister's appointment to go learn about it.

And so, in that moment, we just talked about it and I was like, wow, did it hurt? This, that, it that. And she was super excited. But little did she know, that three day moment that just two more days later that she was going to fall down with really serious side effects that at the time presented either like a stroke or heart attack.

So it was really scary. And I can totally launch into the progression of symptoms and what that looks like if you're interested. Yes, we are interested.

Okay, so she was in the bathroom and she was doing her hair. She had just finished, straightening it and she felt this sort of wave come over her where it went from her toes all the way up to her head.

Kind of like like this. And one side of her body felt, tingly. And then it went numb, and she got tunnel vision. So her vision started to kind of go in and out like this.

And she said. And in her ears, there was an auditory, like, something auditory happened as well. Kind of like it went, wow. What? Like this? Like a noise.

And she said she fell down to the ground. Her heart started racing, and she thought that she was having a stroke or something. Was seriously wrong. And because her heart was racing so much at the same time, she's like, well, maybe this isn't a stroke.

This could be a heart attack. What's happening to me? Fortunately, she had her phone in the bathroom and she called my mom. And my mom, you know, came over.

She would have called me. But have you. You know, I was in my last trimester and getting ready to deliver just a couple weeks away or not couple four weeks away from delivery.

Well, we weren't sure. My due date was kind of like, when does she do so?

Severe Side Effects and Medical Dismissal

2 to 4 weeks away. And so she called my mom first because she knew that she could get there probably faster than me. And my mom came over, found her on the ground, kind of slumped over, and my mom has EMT training.

So my mom does have a background medically, and my mom determined pretty quickly that she was not having a heart attack and that it wasn't presenting like a stroke either, but something was seriously wrong because my sister couldn't talk.

She couldn't form her sentences. She was stuttering. She was sweating. She was just not all there. And my mom said, what have you done differently? You've done something different, you know, trying to troubleshoot.

And Heidi uttered, well, I had Botox a few days ago, and my mom's very words were, well, that was very smart. Let's take you back to the doctor to find out what the heck is happened here.

Something is seriously wrong. And so my mom got her out to the car and took her back to the provider, which was the one of the very best dermatologists in the city where I live.

Super well known, you know, had a very big practice and got her in right away. And the doctors response was very empathetic. He said, you know, it appears as though you may be having a reaction of some kind.

However, I don't think it's from the botulinum toxin that you had. I think this is that your, experiencing anxiety as this toxin has taken effect. Excuse me? I'm losing my voice. All of a sudden, it as this toxin has taken effect and it's doing what it does in the body physiologically, you're having an an anxious response to it.

So he said, I'm going to give you something to take home with you to calm your system, and you should be fine and in just a couple days and not to worry about it.

But the problem was, was that she was not fine in just a couple days. In fact, she got worse and she then experienced difficulty swallowing and inability to hold her head upright and severe muscle.

Muscular weakness. That then took her to the emergency room. And then she went to the emergency room and she reported her side effects there. And they said the same thing that the doctor said, this can't be from the Botox.

We've never seen this before. We think you have anxiety. And then they sent her home, which put her on this really long health journey to try to figure out what happened in her body that lasted not just weeks, not months, but years.

It was very dramatic. Well, she was, unable to work for a year and a half. Correct? That is correct. She was. How old was she at the time and how many units did she have?

Yeah, she was 36 years old and she had 33 units. Oh my goodness. It's it's unbelievable. This this came upon my radar. About five years ago. I was speaking at a women's dental conference, and, I spoke, of course, on gut health and poop and, talked about the importance of dental professionals, addressing early inflammation because of how it impacts the body before it impacts the teeth.

And then the next speaker, Gretch, was talking about Botox and, I think I'd been very naive before that, just about the, popularity maybe of it and the the whole lecture was a was about how much money you can make in a really short time in a dental office.

As a dentist, as a dental hygienist. Because people have to keep having it done, you know, it's something every 3 to 5 months, the money, the money was staggering.

And I left, sort of feeling numb about my profession. I mean, I at that point, I was 35 years in, I'm now 40 years in as a dentist. And and it was shocking to me because, you know, our whole, our whole, intent is to do no harm.

It's to help people. And nothing was mentioned in that lecture about the black box warnings. So. So please inform our listeners about this, because it's way bigger than we can ever imagine.

It really is. And so before I talk about the black box warning, you mentioned something that I want to touch on. You mentioned how this was presented to you in kind of like a trade show type scenario.

Is that actually it was actually a continuing education class. So it was a scientific, venue, okay, of of licensed dentists and dental, female dental and dental hygienist.

Yes. And it was presented as wow, everybody needs this. Yes. You need to be doing this. No risk. Wow. Yeah. And I've heard I've heard that story echoed from others.

And it always really surprises me how, you know, this is presented. And it's it always is presented in, in that way and that how this can, you know, double your rent of you owe your revenue or triple your business and these kinds of things.

And then I wanted to take that one step further. The other thing that then has been echoed to us is that when when, practitioners then say, hey, yeah, I want to do that.

We understand that they just go to a course, a weekend long course to become certified, then to administer the product. And these courses, you know, they pay between 1200 and $2200 to attend.

And it's, you know, a weekend long course maybe, you know, 5 to 6 hours the first day and another six the second day, and then they leave that course being certified to then, purchase the product and start using it on their patients the very next day, Monday, even if they wanted.

And so the amount of training that has been given, and sometimes with no hands on experience, is just not enough.

Black Box Warning and Consent Issues

Considering the warning label that this product has, which you're right, it's called a black box warning label. And that is the strictest label that our country, the FDA, puts on a product basically stating that the use of this product may cause severe life threatening side effects, disability, or even a fatality.

And so that label came out in 2009. And so it didn't begin with the product, which is always very interesting to me. So this product was approved first for a final spasm in 1989, which is abnormal blinking of the eye.

And then just a few years later in the early 2000, like 2001, they then approved it for cosmetic use in the forehead area only, and kind of the cross area here around the eye. And, I didn't have that warning label, but what happened was a lot of people fell very ill, and even there was some fatalities.

And so there was over $600 million, in litigation against the manufacturer for, for these severe side effects, you know, which is in fact botulism. So in 2009, the FDA said, hey, you know, this product has to have this stricter warning label to warn the public or to increase the informed consent about the product.

But the problem is, is that it didn't begin with it. And so there's several years in there where the narrative was born that this product is completely safe.

And unfortunately, that narrative has just carried through all the way until today, 2025. And we're still hearing that from emergency room physicians.

And the highest level nurses and doctors said it's completely safe and it's not true. Well, what are people getting when somebody shows up to have this procedure done often in a wellness clinic?

At least around here, that's how it's, advertised. What kind of warnings or what kind of, what are they told? What do they sign? Yeah, it's a really good question.

And I can tell you that there is no universal, requirement on what somebody signs, and I, I've been doing this for a long time now, and so I have seen hundreds of informed consent or consent forms from our group members.

I always say, hey, what you signed, do you have a copy of that? Could I look? And they're all they they're all over the place. I've seen the exact black box warning label shrunk down into the tiniest print.

It's 54 pages long, and then they transfer that onto, you know, a paper printed out, and it's so small that who's ever going to take the time to read that?

And really, the real risks are outlined until the very end, page 53 and 54, where it presents the risk of botulism. I've also seen watered down versions of it where it says, oh, the most that could happen is that you may experience a little bit of bruising, you may have a headache, and then the entire consent form focuses on aftercare.

You know what they should do when they leave the office. And so they're really just all over the place. And that is one area where the team that I work on, is really working hard to do it.

Improve the legislation, and lobby. Right. These, these groups, FDA and the CDC to increase the regulations there with that paperwork in itself, because unfortunately, it's just all over the place.

So people, get side effects, not just from short term, you know, immediate use, like, like what happened to Heidi, but, tell us about people who say, I've been using this for years.

Yeah. And think they're in the clear. Yeah. And that happens. I'll tell you, it's one camp or the other, and you never know what camp you're going to be.

My sister suffered catastrophically really early on on day five. We've had other people come in who know something is extremely wrong, and they haven't even left the office yet.

We've had people fall off the table and hit their head. We've had people get it, get themselves out of the car and then know that something is seriously wrong.

And then we have people who are weeks in and sort of have these weird things happen to them, and then all of a sudden they have a cascade of adverse effects that they can't ignore anymore.

And then we have people who use it for years and are fine until all of a sudden they have that one treatment that pushes them over the edge. And so what I can tell you about this neurotoxin, when it's introduced into the body, is that everybody's body is going to react differently.

And it also depends on whether or not it stays in the peripheral nerves within the muscle, or if it migrates outside of that area. That makes a difference.

And then also the toxin, just because of what it is and its mechanism of action, it has a summation effect or accumulative effect in the body. And so 1st May be okay for even ten years.

And then all of a sudden the body hits this point where it can't have anymore and it's like, nope, can't do it. And then they experience severe adverse effects.

I'm from the camp, of course, understanding what this neurotoxin is doing in the nerves and in the body that I believe it belongs nowhere in the human body under any circumstance, ever.

That's just my opinion. And people will argue me on that and that's fine. But I know what it's doing and I know what the trade offs are. So for me, it's not a question of if this will happen to somebody.

It's a question of when.

Long-Term Risks and Toxin Migration

Now, I appreciate your perspective because I'm in the camp with you and, you know, being, probably a chicken, for needles. And then also, it just didn't make sense to think about putting a toxin in our bodies, as, you know, integrative medicine practitioner.

We want to detox. Now, the mechanism of action involves, atrophy or, add the muscle. If you use it long enough. Right. The muscle actually atrophies. So what happens to, adding Botox to an atrophied muscle?

It's a much greater risk of migration or toxin spread. So that's one of the ways that this toxin may migrate throughout the body is that when a muscle uses it over and over again, it's paralyzed because that's the mechanism.

It causes chemical denaturation of the nerves. And this action actually causes muscle paralysis. And when we paralyze the muscle intentionally over and over and over again, it becomes more widespread, of course.

And then the muscle, when it receives the neurotoxin again, it just can't hold it. It leaks outside of the muscle and it migrates into unintended areas.

And that's just one of the ways that that this may happen. And people unfortunately don't realize that. And in the paperwork for the product, the patient safety warning label, it talks about muscle atrophy being a counter indication for the product use.

So here we have a product that intentionally causes this. But after a period of time it becomes its own counter indication. That doesn't really make sense does it.

No. And I don't know for sure. But I would think, Gretch, that, you know, when, someone sees this atrophied muscle, it's like, add more to it. You know, it might even, you know, okay, you had 40 units before or whatever, and now you need 50.

I don't know, they're not. And they don't notice. I think it's because most people who regularly use it, they sort of overlap that. So they go back in and into the 3 to 4 month time, where they probably only have experienced a little bit of movement back.

And so they're never fully going back to baseline. And most people won't go fully back to baseline for a really long time because the body brings or restores muscle movement by sprouting and growing new nerves that are able to function properly.

And that takes time. New nerve growth doesn't happen overnight. I know they say 3 to 4 months, but we're seeing that that's really not the case. That new nerve growth growth happens over a longer period of time.

And so it the more you use it, the riskier it becomes. Wow. You know, and what great news it is that there is new nerve growth. I mean that gives hope to anybody listening who's like, I didn't know.

So you've talked about I mean, folks, Gretchen's information is incredible, and you've talked about how, this toxin in the body can, contribute to the reactivation of things like Epstein-Barr, Lyme.

And that's very logical in terms of just toxin load. You know, we think about this toxin bucket we all have, and we want to keep it empty. Please tell us what you've learned in that area.

A lot. And it's because I've seen it happen to many people. So my sister, unfortunately had this happen to her, where a few months in, she developed, a condition called it's not Epstein-Barr.

Oh, it's on the tip of my tongue. First she had Hashimoto's thyroiditis. So this toxin elicits an immune response in the body. And then she developed that autoimmune condition with her thyroid.

And then after that, she had, the condition, like it's on the tip of my tongue. I can never. Oh, I got it. I want to say it right. CMV. Oh, yeah. Yes, I, I don't yeah, yeah.

Yes yes yes C-word. I'm like, is it Cito or. Yeah, yeah or meglio virus. I know, I'm not seeing that. Right. So see me for sure. And that is in the same camp as the EBV and some other others.

And so we see that happen because the immune system gets very triggered by the use of this neurotoxin. I mean, this neurotoxin is extremely lethal. And of course, you put it into the body and your immune system is going to react.

And so we have people who develop these secondary conditions, you know, whether they're those those virus retroviruses that are more dormant, even varicella.

That's another good example. Or autoimmune conditions like sore chins and lupus and MCUs. And there's a whole long list, as you know, of those. Yes. And and you know, the Botox.

The botulism, a toxin is, so resistant to heat. I mean, I grew up, my dad worked in a warehouse and would bring home, like, big cans, you know, of food.

We had to be so careful, you know, we would have this extra food, but we didn't want to get botulism. But some of these products talk about it being a purified protein.

So that seems to make people think, oh, well, this is not botulism. Tell us about that. Yeah, it's really frustrating. It's part of their marketing. And they talk about that.

It's purified in order to intentionally mislead the public into thinking that because it's purified, it's somehow better or different from naturally occurring botulinum toxin A that you would find in a, in a canned good.

But that's not the case at all. Of course, this neurotoxic protein goes through a process in the lab. In order to purify it for use, it has to or can't be used.

Purified only means that the neurotoxic protein that's in Botox or Dysport has gone through a process to make it contaminant free. All you have in that dose is pure botulinum toxin, a, so that purification isn't making it clean or less toxic or more safe.

It's actually just making it 100% pure as in lethal. This close as you can get to what you would find naturally occurring in a canned good. And you're right, it is extremely resistant to heat.

And that is how this neurotoxin forms. They put it through a process that's without air in a low acidic environment.

Immune Effects and Purified Toxin Myth

Right. And over time this neurotoxin grows and it's the same thing in a canned good. Wow. It's it's crazy. Thank you so much again for being here. I want to talk about the emotional impact of, of Botox because, you know, on vitality might simple.

We talk about it's all about relationships and, you know, we're designing and with a lot of nonverbal communication and, we have a new baby granddaughter and she's about a month old, and she's already.

I mean, I can tell she can. She can see, you know, these these smile, love lines that I have. And she's reacting to, expression. So. So what have you seen?

I know that you've seen so much, Gretch, because I, I watched your Instagram and am amazed by people who have experienced serious side effects in this area.

So tell us about that. I've seen a lot, and it's difficult to talk about because I do look at the bigger picture of what this means. And when you bring up children, it does have an effect.

I but I believe this neurotoxin has an effect on, on people's children and their development. And so, you know, when a person is not able to mimic the facial expressions of another, it does change our emotional regulation and how we relate to people.

And this is kind of been sort of a buzz topic in the social communities the last year or so. But what people don't realize is that the research early on, all the way back in the early 2000s, was showing that botulinum toxin does this.

Or, you know, in studies and so there's a whole collection of studies that I encourage people to go back and read. And I have my notes here. So the one that I think is really good is that they did a study where they found the link between facial feedback and neuronal activity in very specific parts of the brain.

So in the amygdala region or the limbic, you know, circuitry area. And that this when we applied botulinum neurotoxin and induced the the innovation that we found that the facial feedback is in fact influenced that it modulates it.

And so this is really interesting. And then researchers went on to do studies where they showed people, respond to photographs, emotional photographs of people in pain or experiencing anger or any number of different emotions.

And then they, you know, did MRI scanning to see what was happening in the brain. And they actually could see, you know, differences there versus the group that didn't have the botulinum toxin.

And so we are seeing that it changes the person's ability to, to not just regulate emotion, but to relate to emotion in a normal way. Because when we can't make those facial expressions ourself, there's a link there.

It's fascinating. And there's a lot more that needs to happen in this area of research. But, you know, this manufacturer believes that this is a good thing and that we can use this to market this product for uses like depression or other anxiety type conditions.

And so I think that that's what they're gearing up to do in the future. I mean, we know it goes into the brain and we know it affects things in this way.

Yes, it has to. I mean, anything that's injected is going to impact the whole body. As I sort of as I started researching this years ago, I've compiled research.

So I will have that focus on my website and also get some of Gretchen's to add to it. It's just a free tab that I have of of research the, the thing about it is that it probably happens pretty slowly to people, so they don't realize this disconnect, that they start to feel, there was a as I was researching it a couple of years ago, I found an article that said things I wish I'd known about Botox, and it was this list, but it was totally a propaganda piece.

One was, my husband doesn't know when I'm angry. And I was like, oh, I want my husband to know when I'm angry. That's the whole point of, you know, communication.

That's that's part of communication. Is this, of sensing each other's emotions. But they were placing that as a good thing. Yeah, as a good thing. And then we have to think about it again.

Like our our children are our grandchildren. And and if they, if their mom, you know, and, or their dad perhaps can't show emotion on their face, what's the long term impact of that on our children?

And that's what keeps me up at night. Because, you know, of course, I go take everything to the dark place and, and worry that this could be very damaging.

And, and I guess time will tell. Well, we'll learn eventually. Now, I think it is an even a deeper, message, which is what are women thinking? I mean, to me, this is here I am, you know, 66.

So I've seen a lot in terms of, of, of women, gaining a voice. And I'm not at all a women's libber. I am just, highly, highly interested in communication and relationships as related to physical health.

Emotional Impact and Facial Expression

And, women are believe they're not good enough. Women are somehow thinking that having birthdays is a bad thing, and they need to be looking in the mirror all the time and critically criticizing their own God-Given features.

What is your take on this this mindset? It's begins very early, very early on. And, you know, it's it's the way that we're raised. It's the way that our mothers spoke about themselves.

It's cultural. And this goes back to the beginning of time. And so really what it is is it's it's ageism and other cultures, obviously, you know, view aging, in a more positive light.

But where I've grown up in the United States, it's definitely looked at as a very negative thing. And it makes me sad. Now that I've seen what this neurotoxin does to people, I can tell you that universal across the board, every person that I've been in contact with that's touched my life in some way that suffering would rather feel good, and their body than look good.

And and unfortunately, it's not until someone goes through the trauma of losing their health do they realize that those fine lines, those wrinkles, really meant nothing in the first place, and that wasn't what was important?

But that's a lesson that everybody, unfortunately has to learn on their own because it requires a heart change. So I say that the use of cosmetic injectables boils down to a matter of the heart.

And so it's different for every single person. It is. And that's why it's so essential to to hear from you, because there's nothing worse. As a clinician, than seeing somebody with regret in any area and they'll say, oh my goodness, Debbie, why didn't somebody tell me about, you know, fill in the blank and, and I'm starting to see some of these side effects here.

I'm seeing things like, eyebrows that are kind of, you know, crooked because of the muscular atrophy. I'm seeing some of these fillers that have migrated to other parts of the face.

And, you know, they're there to stay. So, so it is very, very concerning. And I don't want to see people regretting and being sad, you know, wasting their life wishing they had not done something.

I would challenge every listener to think of somebody they really loved. As a child. I thought of my grandmother. I called her mama, and she was just, you know, wrinkled up like, you know, I mean, the most beautiful person I can think of.

And, you know, we have to redefine beauty, right, Gretch? We have to. And we have to look at it as our beauty evolves. It's not the same when you're 22 as when you're 42, or when you're 62 or than 82, and that's okay.

It's not meant to be. And I saw your real that you put up yesterday. I need to share that today. I meant to do that. But where you talked about how kind of your philosophy and how you earned, you know, these lines on your face and that you didn't you didn't want to erase them.

And so this requires a change in our mindset, a reframing to see that those lines actually show something completely different. It's not that they're showing our age, it's that they're showing our best moments, our happiest

times, our saddest moments, and our memories that make us who we are.

And like you said, you think about your grandma and she was beautiful to you. The last thing you were thinking about was the lines on her face. You loved that about her and I tell that to people.

When I see people's faces that are natural and move, I love that about them. And I'm like, it's a pity to me. It makes me sad to think that people would want to erase that because they actually are very meaningful.

And and it's like, what have you done in your life? Let's have a conversation. Let's talk about your life. That to me is how we built human connection.

And so it does. It just makes me really sad to think that there's millions of people walking around with those stories removed from their physical self.

Yes. And your skin is gorgeous. I want listeners to know that we get married a lot. We can have. Yes, we can have pretty skin. We want to take care of our skin.

It's not at all about that. But, you know, as we think about metabolic health, there's no way that these injectables make anybody more metabolically healthy or filled with more vitality.

One thing grids. You know how you know how you eat something will come on your radar, and then several times it pops up. Well, when that the continuing education class happened, then then, you know, like two weeks later, I'm at, getting my hair done and sitting there and looking at the people magazine.

And, this article was in there about, Justine Bateman, who had written this book. Face, I love her. Yeah. Oh, I love her. I would recommend, wouldn't you recommend this book to people?

She's wonderful. Just talking about, the lies that people have have consumed and made part of the fabric of their being. But at the end of this book, she tells a story about these two young girls sitting in a cafe, and they're seeing some older women over there and they're like, oh, look at them.

Are those are those bags under their eyes really theirs? Wow. Like like they were they were seeing it from a different perspective. Like it had changed from being, oh, beauty is this plastic face that doesn't move to.

They were seeing it as, oh, look how her forehead moves. Isn't that gorgeous? And I mean, this book was so much fun to read, I love that. That's wonderful.

I have a copy of it. I have to admit, I haven't read the whole thing yet. I haven't gotten to that story. Well, you are you you out today? I'm gonna be like, I'm gonna go pick up that book today.

You have your own stories. It's written in a really easy, it's like little vignettes that are 2 or 3 pages long, and.

Aging, Beauty Standards, and Regret

And it will tell stories, where people have not, you know, felt good about their lives. So they are doing this, trying to make their life better, and and it doesn't.

So, there's just such freedom in, in the truth that you are presenting to people, you're fearlessly presenting and oh my goodness, I can't thank you enough. So.

So what does somebody do, Gretch? If they if they see as they start to, they start to recognize maybe a side effect now. I mean, it might it might be brain fog, right?

It might be a few muscle. It might be anything that they're just going, where is this coming from? Yes. What resources are available for those people?

Yeah. I'll tell you in a little earlier on you talked about connecting those dots. And so that's one thing I want people who maybe are your listeners that are using this product and they, you know, seemingly fine to realize and to keep in mind that sometimes this narrow toxic protein poisons the body really slowly.

And so, you know, you might just be waking up at night or having brain fog, like you said, or, you know, certain foods you're not tolerating anymore, or you're getting headaches or you're feeling fatigued or just weak, weaker than normal.

You don't have the stamina that you used to to go back and to think about, well, yeah, I am using this neurotoxin that by definition is the world's most lethal neurotoxin.

So lethal we have to dose it in millions of one milligram. Okay. This is such a tiny amount. There's thousands and thousands of reports of people who are suffering from it.

And to just really think about that, is this what's causing me to feel not 100% like myself? So I would tell those people to join our online support group because nothing helps people connect the dots and to learn more then reading those firsthand accounts from people of what's happened to them.

And our group has been going for a decade now. And so and we have 40,000 members. And so you can imagine the numbers of of stories that we have in there, just thousands and thousands for people to go through, and then also to visit our website talks safety.

That's top safety.com. And we have a ton of resources there. We have education centers. So whether you're someone who may be suffering, whether you're a medical provider who gives the product or administers the product, or you're just someone who wants to learn more about it, there's a center there for you to learn more.

And then if you are someone who develops severe side effects, we have all of the emergency resource information there as well. So I would tell people to look at our website, join our support group, follow along with us on social media, and then follow along with our friends.

Really, because I think the use of injectables again boils down to it being a matter of the heart. And when we surround ourselves with like minds, with people like you, Debbie and myself and others who want to do this in a more healthful way, and we see aging as being beautiful and not something to fear that it just makes it so much easier.

So follow those accounts. Surround yourself with those like minds, because it's it's really fun to do and it's empowering. It makes you feel good. It does. It comes back to relationship.

Greg. It's, that's what you do so beautifully. And you don't shame anybody because these, these, side effects are very underreported. I've heard you say maybe 1% to 10% are reported.

Is that still accurate? That is still accurate. So it can be, very tough on people to admit it. That too, nobody wants to admit that their favorite beauty treatment is actually causing, you know, poisoning in their body.

Nobody wants to admit that. Well, no. And people just go up to people say, oh, you know, you look great. So they get reinforced all the time. So maybe we can start the trend of, wow, you've been smiling a lot.

Look at those smile lines. Look at that look. They're beautiful. I love that about you. We want to change that well, and to compliment people with meaningful compliments.

I mean, I've said this on another podcast that I was on, it's really easy to say, hey, I like your shirt or hey, you know, you're, you know, physical to focus on the physical things that we see, but let's compliment people on the deeper things like, hey, you know, you, Tom, you know, you had that situation at work that you told me about.

And I think you really handled that well. I learned something from that. So if that ever happens to me, I'm going to

be thinking about the story that you told me and how you handled that so well.

You know, any kind of things like that that have a deeper meaning, meaning where we're complimenting people's character attributes that I think is something that we just need to do more often to help.

Gretch, thank you for that. I you're welcome. That well, thank you so much for that because we are so inclined to just be trite. And that requires more thought.

That requires a deeper relationship. So you'll see that one on my Instagram because I that is that is fantastic. Thank you so much. You're welcome. Anything else that our listeners need to know today?

I mean, I would hope that we can revisit this in 6 to 9 months. This is so essential. Anything else that you want to add? Let's see here.

Resources, Support, and Closing Remarks

I mean, there's just so much I think one thing I would like to add is that the Never Talks page is designed to be a resource to, and that if there's something someone, reads on there and can't find the citation for or you have a question, reach out to me.

I'm very active. I get back to messages and if I don't have time, I have team members that are in there that are willing to get back to people. We will connect you with the research.

That's the most important thing. Like, I'm not making things up here when I, you know, cite statistics or I say certain things. It's because I've read it in studies and then I've also then seen it happen in real life, anecdotally.

So we see that this is in fact happening in real time. And so a lot of people come to the page and, you know, they can't find something to ask. I will connect you with the information, whether it be by email or comment.

I just don't want people to be lost when they're going through all 500 posts of ours, because there's a lot there to go through. It is. And it can be kind of emotionally draining when you can't make some of these.

For me, seeing these young mothers at a soccer game and they're talking about how they're emotionally disconnected from their children after one, you know, one dose of Botox and they're they're just, you know, heart sad that they are wondering if they'll ever get back their, their life.

So, so no, no, that listener's this is the site is something to really, taking doses. Take it taking doses. It is hard to see people suffering. And I've struggled with that too.

And especially because most of these people, especially the ones you see on the page, these are people that I have worked directly with and have built a relationship with, and I know their entire story and what they're struggling with in real time.

And I have to take breaks too. Because it's heavy. It's really heavy to see someone at their worst moments. And that's what we do. That's what our team members do. That's what I do.

We sit with people when they're at their lowest because unfortunately, there is no cure for this. So when this happens to people, when this neurotoxin goes south in the body, there is no magic pill that you can go pick up at the pharmacy to fix it.

And even the lifesaving measure antitoxin is not given. It's so rare that somebody can go into the emergency room and be approved for that. It only happens in cases where a fatality will result without it.

And so we've only seen this happen. I've done this, like I said, almost nine years now, and I can name five people that I had no relationship with that were given the antitoxin.

Just five. That's it. And so that's how rarely it's used. So that's what I want people to know. If this neurotoxin goes south, you are fending for yourself.

It's very difficult to treat the secondary conditions and the symptoms of mild to moderate to severe botulism. And we see that all along the spectrum.

Oh my goodness. Well well thank you again Gretchen. Welcome. And thank you listeners, for joining us. You know, Vitality Made Simple is all about relationships.

Ultimately, when do you feel good? You have more to invest in the relationships in your life. When when we're at the end of our life, we're going to look back and we're going to be talking about the people we loved and the adventures we had and living out our purpose.

We're never going to be thinking, oh my goodness, I had, you know, a little crow's feet or I had, you know, something around my mouth. No, we're going to be thinking relationships.

So thank you all for listening. Thank you for sharing. Join Gretch, on Instagram. It never talks. Is that also Facebook? Gretch, I'm not on on facebook.com.

Slash never talks. Never talks. And then, top safety is the website which is loaded with incredible information. And join me on Instagram. Having fun there and share this with anybody that it might help.

This is not to be judgmental, this to be informative and to help people have live without regret. Blessings. Until next time, thank you for tuning in to Doctor Talks.

We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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