The Healing Power Of Liver Detox: Your Secret To Optimal Health Transcript

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Introduction to Nurse Dosa

Jonathan Mendoza, better known as Nurse Dosa, is nationally recognized as a leader, speaker, educator and advocate in the functional medicine space with a special focus on liver function, metabolic health, inflammation, hormone balance, energy, and personalized supplementation.

His clinic in Austin, Texas, is a hotspot for groundbreaking health and wellness services and has helped thousands of people over the years with personalized lab work, I. V.

infusions, high quality supplements, and educational resources that help people improve their health and well-being. He's also the co-founder of the School of Dosa, an online community that promotes health education as its curriculum.

Students can participate in weekly live online classes, connect with others around the country, and watch previous health recorded classes taught by Nurse Dosa and other guest lecturers throughout his career.

Nurse dosa has been committed to helping people achieve optimal health through education and personalized care. He is a true visionary and functional medicine and continues to inspire others with his passion and dedication to improving the lives of his clients.

Welcome! I am so happy you're here today. I've been looking forward to this interview and you sharing your wealth of knowledge. So thank you so much to be here.

Jonathan aka nurse Nurse Dosa. Thank you Michael. I've, been looking forward to this conversation as well. I love it. Well, I want to lay the framework a little bit and introduce the idea that hopefully some people have been exposed to you, but will dig in a little bit deeper today on the connection between thyroid and liver and just liver.

And overall health wellness resilience to life's autoimmune diseases, inflammation, all of that. And so it's interesting because the connection is it goes both ways, like thyroid issues make you more vulnerable to liver issues, and liver issues make you more vulnerable to thyroid issues.

You know, you obviously know this, but 80% of our inactive hormone, which I talk about all day, every day, is converted to our active thyroid hormone, T3, and our liver and even small impairments of that slow that down.

And then any low T3 puts you at risk for nonalcoholic fatty liver disease. So these two systems are so tightly, tightly integrated I'm excited to dig in and teach people and talk to people about how they can support those symptoms.

I know that the liver is designed, you know, obviously to detox us to help us get rid of toxins. How can we support that process? How can we support our liver?

I think it starts with lifestyle. And most of the time you and I see yeah, you know, patients and clients, whatever we like to call them.

Thyroid and Liver Connection

Want the change to be in the form of a pill or some kind of quick plan. And the hardest thing for you and I both have seen it's, it's behavior change and behavior change is the lifestyle that we're hoping that they can lead.

That will help this whole entire picture. Right. Because if I just look at the stats, 1 in 4 U. S. adults have a fatty liver. Wow. And and and most them don't know that.

And so if you think what a fatty liver looks like, you talked about the impairment and deliver functioning, I find the liver fascinating because the slight impairment could be something like malnutrition.

And and that could affect the overall function of the liver. And, and the liver doesn't get its recognition that it should. And so with looking at autoimmune issues, you think, well how can I reduce inflammation, autoimmune disorders.

Well obviously the liver comes into play, right. Because it makes antioxidants that detoxify the body keep that inflammation down. But it goes so much more than that.

And I love how you opened up with the liver and the connection to the thyroid, because you know about the connection between gluten and, and fluoride and how that blocks the T4 to T3 conversion.

Well, an MT issue in the liver can do the same thing and also alcohol. And so can, you know, processed food and high fructose corn sirup. And we don't look at it the same way that we should.

But you know, when you're looking at overall impairment of the liver, if 1 in 4 people have that fatty liver, it's been building for years, which meant that that right issues were building alongside it.

Totally, totally. And people, you know, could be looking for, oh, well, I'm just going to take a liver support supplement and that'll get better. Or I'll just take a thyroid medicine and that'll make it better.

But again, like it goes so much deeper than that. Right. And so the lifestyle this is where you get to have some fun with it I think because people are coming to you saying, how do I support the liver now?

It's not happening ten years ago, right. People aren't talking about this. So I say, okay, well let's look about let's look at the nutrition that's going into your body.

And so if you look at nutrition, I look at diet and supplements and if you want to get right into it you say, okay, what would I take exactly from my liver?

I say, okay, if I look at the foods, I'm gonna look at foods that are high in like sulfur, you know, cruciferous vegetables come to mind, right? Broccoli, cauliflower, brussel sprouts, which are not necessarily being served in drive thrus. Right.

So you have to go out of your way to cook them at home. Right, right. And then and then you also look at things like garlic and onions. Right, which are essential in a lot of, you know, dishes throughout the country.

And then you also look at tumeric. Right. And I'll just talk about turmeric real quick because turmeric is a spice. And I tend to try to put that in a lot of my foods, especially things like eggs.

And so if I put tumor in with the black pepper, of course I put in the eggs. You, take the broccoli, you take the cauliflower, the Brussels sprouts, and put some garlic and onions.

That whole bowl, which I put it in, is a meal directly for your liver. Wow. And, and and so you think about how, how often should I be eating this. And I say, well, I mean, let's be honest, we probably need to detoxify every day.

We support the thyroid every day. You probably want to incorporate these foods on a daily basis somehow. And that's where it gets a little challenging, because you're going to have to go out of your way to cook the garlic.

The onions, to slice them up. You know, some people are lazy like me. And I say, I just want it all made right. And so then it's like, can I find this in a microwavable package?

The ingredient that doesn't have preservatives? And then it gets a little trickier, because then you really say you're gonna have to cook more of your food at home.

That's really what it comes down to. That's the lifestyle change. Because they will say that is doable. I like those foods. However, I can't eat that on a Friday night when I go to the Mexican restaurant and I say, but yes, you can let's let's change this approach a little bit, right?

Because this is the lifestyle thing you go into. So let's say you go to the Mexican restaurant and everyone's ordering the chips and queso, and you're just thinking, this is gonna help my liver, right?

Chips and queso does not help your liver. I, you know, that you live in in Texas for a while, so you say, okay, well, what do I order instead? I said, well, you can do the chips and walk because up to is wonderful for the liver, right?

This is a healthy fat. And so I really like people to look at their fats, their proteins and even their carbs in a very different light. Because let's be honest, people are not going to stop being tortilla chips, you know, like it's at.

Least not not often. At least not in Austin. Right. It's sort of restaurants. So I say, well, instead of the cast. So can you do the walk? All right. That's the start.

And then can you wear the fajitas and get the onions. Right. Okay. And you see where I'm going with this. Right. And you say yeah I can do all that. The hard part is saying no to the tortillas again.

Because if I look at the tortillas it's all sugar. And it's very heavily inflamed process, you know, sugar because it's coming from very simple carbs with preservatives in it that tear the gut up and then destroy the liver.

And so that process, I don't care how tasty of a food it is, an hour later, you're not going to feel good. And that's what I try to get people to realize, right?

The supplement part, if you can see this now you say well tell me what to take. I said no no, no I can't tell you what to take until I tell you what to eat on a Friday night at a Mexican restaurant and get you to repeat that over and over and over again.

Right. Because it's it's like, yes, you can try to support the detox of things in your system, but until you're putting less inflammatory and the things that will break down our physiology and our liver function and how we're doing that, we're not going to detox enough to make a difference anyway.

Bingo. Bingo. And I think that's why everyone really wants the quick fix, the ozempic craze. Right? Like you say, tell me what I can do to lose 30 pounds by tomorrow.

And I say, it's not that simple, you know, because if you do want to lose water weight, you know, five, 10 pounds, it very easy. Like you can lose that and get it right back, you know, and I'd say there goes back to the chips and queso because you can literally eat healthy all week long, all month long.

But if you mess up Friday night, it goes back to where you were at the beginning.

Food Choices for Liver Support

And so I really I look at the liver thing and I look at the thyroid thing, and I look at what people are coming in to see us for. Right? They're really not feeling good. Right?

If they're not able to detoxify, if they're not able to remove waste and toxins from their body, they're holding on to it. Right? Which means they're walking around with the inflammation.

And if I say one inch four people have a fatty liver, 1 in 4 people have digestive issues, right? So that's that's how I look at it. And metabolism issues.

And then you imagine like, well, what else do they have going on. Right. And so so what I've been really fascinated with this is where I also go into lifestyle change and diet with, with the, with thyroid or liver, which I talk about this

with every single one of our thyroid clients.

I also talk about fasting and and so what's really interesting about the lifestyle is that I've learned just through labs. The human body thrives on a fasted state, and a lot of times you need a break in between meals in order to recover and digest food, especially the chips and queso, which takes a long time to digest.

And so if that happens, you know there will be metabolic issues about that process. And and I really try to tell people less is more in this case. And you have enough.

Here's the other side thing. The liver is a refrigerator. So those chips in queso from the last 5 or 10 years are still in the liver. And so by not adding more into that, you can remove 5 or 10 years of chips and queso.

And then you can essentially allow the liver to thrive and function in a higher level. I love that analogy. I'm such a huge advocate for fasting, like and, and so much of the time I feel like we can get heat for it.

Especially me as like a woman there like women shouldn't fast. I'm like, if you are never giving your body the opportunity to catch up, it's never going to catch up.

If it's constantly dealing with whatever meal you just ate or snack or whatever, it never gets to clean itself out and dig in deeper because it's constantly just treading water.

And I love that to how you tie it into the liver of, like, we have to go clean out all the gunk, all the queso from the last 40 years, you know, like before we can work on right now.

And it's not like a hard reset after two weeks. We've got to dig in deeper. And fasting is such a unique opportunity to do that, for sure. Yeah. And I'm glad that you mentioned that quickly before we get on.

Yeah, you you promote fasting, which is which is fascinating because a lot of women which I see in my my practice, are very hesitant to do fasting because of most things that they hear or read about.

So can you quickly explain to me why women should fast? Yeah. So it's so especially like my people are thyroid people, right? They're metabolically dysfunctional.

They have lost their metabolic potency. They are, you know, insulin resistant, leptin resistant. They're just they can't lose weight. It doesn't matter what they do because their metabolism has been broken down and they lose those core metabolic cornerstones, basically.

And it is incredibly difficult for a woman, even with perfect thyroid function, to repair that metabolic dysfunction without an intervention. Fasting is the number one way that women can get back to being metabolically sensitive.

And what that translates to is, hey, I can eat well and exercise and lose weight because a lot of these women cannot. They're so, metabolically dysfunctional.

The input of effort does not yield the appropriate outcome. So they need to heal that metabolic dysfunction. And literally the most powerful way to do that is fasting.

Now the flip side of that coin is can they fast too much? Can they take it overboard and like create more dysfunction or harm? Sure. But that's not what I promote.

Like let's, let's fast in a balanced way that will support your physiology. And then at the end of the day, I think functional medicine can be really guilty of regurgitating like old wives tales online.

You know, that they hear something once and they're like intermittent fasting is terrible for women. And then that just catches like fire. And that's what people believe.

So I think we need to change, change that rhetoric. But we're talking at the end of the day about like skipping breakfast, you know, like giving your body a break.

We're not talking about massively restricting yourself and losing all of your nutrients. Stores like we're talking about allowing your body to heal and reduce inflammation.

And that goes a long way. It does, it does. And I know I've quickly you said something else that's fasting and you said leptin resistance. So I just quickly want to mention this because this might be the only time.

So here's this in a conversation. So I've measured leptin in labs for years. I was fortunate enough to, to start measuring it alongside insulin. And so I started finding if 1 in 4 people had fatty liver, 1 in 3 people are so insulin resistant, right, pre-diabetic.

And this occurs 10 to 15 years before the diagnosis of type two diabetes mellitus. So then you imagine this is in their 20s and 30s right. This is when a woman is developing the Hashimoto's the hypothyroidism, the gut issues, the liver issues.

Right. And so while that's happening, Insulin's best friend leptin is also popping up. And leptin is a hormone that comes from fat cells. And so what I've really been fortunate to study leptin and learn from is that our fat cells are an organ, and it's directly tied to our metabolic systems.

And the main job of what I thought leptin was supposed to do is shuts down your appetite, which is what it does right after. If after you eat, leptin gets released in the body, it goes to your brain and it tells you to stop eating well, the problem with leptin resistance is that the signal gets lost, right?

Just like with insulin resistance, you're releasing too much and your body's not understanding why, right? So that essentially equivalent to I'm eating breakfast, lunch and dinner and I'm snacking in between and and I'm eating 2000 calories.

Worse yet, remember the food pyramid growing up? You know, 6 to 8g serving or servings of grain and pasta and bread and and you're like that, just causing nothing but leptin resistance.

So what I found, even going back to the liver issue, changing the diet, not eating the chips. And so I say, look, you're not even hungry Friday night when you go to the Mexican restaurant, right?

You understand, like you're leptin resistant, which means you you walk around without an appetite, ever. How does that affect the thyroid? How does that affect your Hashimoto's?

Well, I imagine we know cancer is going to affect Hashimoto's. We know gluten well, but eating when you're not hungry and having a store that will also disrupt this entire process.

So it's like you go back to the detox thing. I say, my hardest, you know, challenge is not getting someone to take the pills or stop eating chips and queso.

It's them to realize at the dinner table that they're not actually hungry, that they're craving the food in front of them. Yeah, right. Right. And we've when we never give our body an opportunity to be hungry one, we just continue to propagate leptin and insulin resistance.

But we we miss the cues like we're no longer listening to our body. We're not attuned to it at all. We're attuned to oh, well, this is what I'm supposed to eat.

So I'm going to eat and completely forgo the information that my body's trying to tell me, right? Like, sometimes my daughter's like, mom, I'm really hungry.

Can I eat a snack right before dinner? I'm like, no, dinner's going to be ready in 15 minutes. It's okay to be hungry.

Like, I think we lose sight of that as a society.

Oh my gosh, I'm glad you said that. And I love this conversation too, because I'm having this conversation with women a lot, and majority of my clients are women.

They always have been because they ask the right questions. They actually take initiative and action, which, you know, they're like, it's like working with athletes. It's great.

So when you look at the bigger picture of, I deal with weight loss, that's that's what I've always told people. I'm really good at weight loss, because if you look at the behavior change needed to make those decisions about craving versus hunger, the biochemical aspect of metabolic dysfunction means our blood sugar is too high or too low.

At certain times, it's throwing off our, appetite. And what it does is it confuses our bodies and we tend to stress eat whenever this happens. And so I ask people a lot of times, when do you choose to eat your snacks?

Right. Because they will tell you everything you need to know. Oh, I do it at 2 p.m. I do it right after dinner. I'm like, oh, so at 2 p.m. it's a pick me up after work and dinner.

It's a reward, right? Totally. Yeah, yeah. And so if you if you call and I don't I it's like a gentle nudge. But if you call them out on it and you say, look, can I, chemically speaking, you don't have an appetite.

Why are we doing this right? Why are we doing this to ourselves? What is the issue at plan? They understand at that point, you know, there's something bigger at play.

But really, at the end of the day, they're still coming in to you saying like, I want to feel better. I don't feel good. I've gaining all this weight.

My hair is falling now, you know, like I'm I'm cold all the time. You know, I can't like, I'm on these meds, you know, worse. You know anything else they're on like synthroid, right?

And they're like, oh my gosh, this isn't going to fix this whole problem. I'm like, are you serious? Yeah.

Fasting, Hunger, and Metabolic Health

No kidding. No kidding. Yeah I mean it's and they want to get better. They just need the tools, the skills, the direction. And that's why I love this kind of platform is such a powerful thing to share these messages with people.

It is because they want education. I think one of the things you found with your audience, especially online, is that they're asking these questions, right?

They go to the doctor. We went into functional medicine because we realized, like, we weren't going to find the answers we needed. In traditional medicine, you're just not finding it.

That design is not there. You can blame the system or the doctor doesn't matter, but you're not going to get health at a doctor's office, unfortunately.

And so when you think about how do I get healthy? How do I feel better? How do I lose this weight? I gently tell people, look, I can't eat for you. You know, I can tell you what supplements to take, but are you going to take them?

Because a lot of problems you find too. Oh, I forget to take. I'm like, okay, so then let's look at bigger picture. Okay. A person with thyroid issues doesn't feel good.

Their energy's off. You know, maybe even like their physical features have changed. There's an overhaul that needs to be done in the body. Because if it's coming to the surface and you've learned this to even acne is not just

acne.

A stress you write, is. It easier? Right? Why is skin issues always happening? Whenever I eat queso, maybe you don't have a lactose intolerance. Maybe your body cannot handle that process.

Inflammatory food and it's wreaking havoc all over your systems. And this is its manifestation. And imagine what's happening inside if we're seeing it visibly on the outside.

Right? The only part of your body that we can see. But every all of that is also happening internally as well. Right. And I you brought up a good point because I'm also a chiropractor.

So what's interesting is like people come to me in pain and always have a job because, you know, I can help with back pain and neck pain, but you imagine they only come to you when they're in pain, you know, imagine if, like preventative medicine is, let's prevent this from happening as bad as it could be.

Could you see me before the race? Could you see me before you lift a bunch of weight? Could you see me before you sit every single day for the next 30 years of your life at a desk, you know, yes, I could.

Okay, well, don't wait till there's something showing. And the alarms are going off because the signals are going off the entire time. Go back to the liver again.

If I were to say, what is the first sign that my liver is off, I'm going to say that you're sluggish, like you're tired because you shouldn't really be tired.

Like our bodies, these machines that we were given are meant to give us function and focus, and we can climb mountains with it and we can work 100 hour weeks if that's how we want to give our effort.

But really, like we were meant to thrive. And so anything that we put in our body has to be metabolized, absorbed, produced and pooped out. Right. So then you go back to like, I want to put less inflammatory things in my body.

And that includes even like the things around me and my environment. So go back to the lifestyle again. So the lady who comes in has Hashimoto's. She comes and sees me.

She also has a fatty liver. And I say, I'm not worried about you. I think you care about your diet enough to come and see me. The problem is your friends at the restaurant that you go to on Friday night, they don't care about your diet.

They don't care about you're not trying to eat chips. And so because it tastes so good to them and they I said, here's the secret. Every one of those women at the table are just as bloated as you are, and their hair is thinning just like you.

And they don't know that there's another way, right? It's their new normal. Yeah. And I think that's what's interesting about the new norm is that this country now has just accepted that it's okay to be sick, it's okay to take medications.

It's okay to just get a shot at the last minute and just wait until, you know, time runs out. And even in the last four years, you've seen in practice to people who keep getting sick are basically two stressed.

And so if I go right back to the liver again, I think how much stress is going to the body because the liver has to handle that. And people think stress is work.

I'm like shifting cast. There's a lot of stress on the body. You know, when. Everything is orderly, like it's so much more than psychological stress. Yeah, it's just inflammation too.

And that's everywhere. Everywhere. It's in our food. It's in our drinks, it's in our water, it's in our air. It's in our sunlight. Like it's it's so odd.

Like you really think about the simplicity of of taking, of taking care of the body. And I'm, I'm in this day and age with my practice trying to get grown folks to go to bed early, not look at their phone before bedtime, try to lay back on the chips and queso. Right.

Go outside a little bit more. Right. And it's the same approach. Nothing's changed. What's changed is all of our resources. Right? Because now we have Uber Eats and DoorDash that we can call it in 30s.

We can get whatever we want tasting exactly how we want it. But it all comes from a petri dish. It does. And, you know, I think food is such a powerful tool to destroy your health or really, really build it up.

And I mean, I remember a year ago during the expansion of Modern Thyroid Clinic, early on when things were really getting crazy for me and I was not eating well.

And I'm like, I need so much energy to fuel this lift of the expansion. But I feel terrible. And then I'm stressed, so I'm not eating well. These the one thing that I change that has allowed me to, you know, create this and help so many people is literally I'm like, I need someone to cook for me.

And is that a privilege? Absolutely. But did it completely change me in the lives of my family to have healthy, nourishing food readily available so that I don't do Uber Eats?

It changed everything. Like. And it's nourishment, but it's also inflammation. It's also supporting your liver. And then the longer you do that, I feel like the more efficient your liver becomes, because again, it's digging in and getting rid of all the old stuff to making it more resilient to whatever it is exposed to in the minute, which is inevitable.

You know, our liver's always working. It's always detoxing. Tell me a little bit about how that happens. Like, how does the liver detox our body? What does that even really mean?

Yeah, yeah, it's that catchphrase everyone says online, right? Detox liver detox, liver cleanse. Right. So your liver has this really incredible function called detoxification.

That's where the term comes from, the detox. And there's two phases in the liver. There's phase one in this phase two liver detoxification. And medicine knows this.

This is why medicines are designed to go through the liver so they can handle the metabolism and breakdown of medicine. Every medicine goes through the liver.

Fascinating thing is there's no actual medications to treat liver disease, which is fascinating. But if you think about it, that's because it comes from nature, right?

The essential ingredients that we take from nature, like the tumor, what it does is it goes into the body and it causes an activation of antioxidant production.

Right. So if you think about the term detoxification, you're going to detoxify the body with a chemical compound called an antioxidant. And you've heard this term from like, you know, drinks and supplements I take antioxidants. Blueberries are full of antioxidants.

Tumeric full of. And yes, this is what we're talking about. So when you eat the blueberries, you eat the tumeric. They literally have ingredients that go into the liver and activate deliver to make antioxidants.

And so this really comes back to food as medicine. Because if I put a bunch of cheeseburgers in my liver, cheeseburgers do not make my liver more antioxidants.

Like it just doesn't happen. The meat won't even do it. It gets overridden by the cheese and the bread so it doesn't happen. It plus all the oils, right?

So then I say, okay, I really want a recipe for the liver to activate the ability to detoxify itself. Medicine doesn't do this process. Food doesn't do this. Right. So you say, are you serious?

Tumeric does this. And like yeah tumeric does this. So when you take turmeric in the form of a pill, even it goes into the liver. And the liver, being the beautiful organ in the body, just knows what to do with that. It takes it up.

And instead of going to the path to make cholesterol or to the path that makes glucose, because that's what also the liver does, makes cholesterol and glucose for us.

It says no, no, no, we need to down the antioxidant pathway, put the tumor in green, curcumin down the antioxidant pathway. And what it does is it makes different kinds of antioxidants.

One of them is called glutathione. And glutathione was my first love in functional medicine. I started reading about it on PubMed, and I started reading about this beautiful antioxidant that our livers make that it's called glutathione.

And glutathione is essentially the master antioxidant. And the ones you hear about in vitamin IV clinics. The reason I started IV clinic was because of glutathione, because it literally detoxifies the body.

When you ever you introduce it into the body, whether it's through an IV or an injection, which are the best ways, and it can even be produced a little bit in the brain, which means the brain makes its own glutathione. On to.

So then if you look at the bigger picture, the liver and the brain are essentially our detox pathways. There are detox organs, right? We know the gut is it's just pooping all the stuff out you've already used up, right?

It has to be able to poop it out. But the liver making the antioxidants that goes and it basically reduces inflammation in the thyroid.

Detoxification, Glutathione, and Supplements

Not only is the liver converting the T4 to T3, like basically taking the center and converting it to T3, what it's also is doing is said, Hey Hashimoto's, I know you have some inflammation surrounding you for whatever reason.

Maybe it's previous viral infections, maybe it's, you know, chronic adrenal issues, you know, whatever it may be. But here's what we're going to do. We're going to lower the inflammation surrounding the thyroid.

That's what glutathione does from the liver. So what I do is I will give a woman or a man the ability to make more glutathione by giving them the recipe they need for their liver to make those antioxidants.

No one is going to die on the go in the bloodstream and get taken up to where it needs it the most. If you have Hashimoto's, I would imagine it reduces inflammation around the thyroid.

And I've seen this, and this is one of the things I've done with. And you've seen too with, with people who have Hashimoto's. You imagine and I start off in practice, I was naive.

I did hormone replacement therapy and I said, okay, I'm going to give armor, I'm going to have AMP, I'm going to have nature. Right. And sometimes those things were taken off the market.

So we were like, like treatment. All of a sudden you're like, I can't get any more from my pharmacy. They won't make it. I'm like, okay, well your Hashimoto's is not getting as great as we thought.

You know, your bio numbers aren't coming down as much as we thought. How do we put the fire out? Well, let's go look at your liver. The liver makes Buddha die on one and four.

People have a fatty liver. You're eating the wrong ingredients. What have we give you? The right ingredients to make more glutathione. Would that make a difference?

Would it lower inflammation? I think it would. And so when we started doing that, guess what started coming down TPO. Oh, absolutely. And you've seen this too.

And you're like, yeah, the precursor to glutathione for a lot of people is now resisting NAC, which is my other, you know, you know favorite idol to look at because like NAC is the precursor to glutathione.

Either one of those will help you lower inflammation with Hashimoto's. Like it's it's part of the thyroid medication regimen, if you can see. And so I started noticing that that happen.

I said, wow, they have an inability to detoxify from the liver. They don't make antioxidants. And so then you say, well, what else is going on after all this time?

Because you imagine if there's inflammation, the thyroid, could there not be inflammation like surrounding your brain? Right. Because like like let's go back to the chips and ketchup.

So the chips and caso go in your body. You don't work out afterwards. I almost guarantee you no one works out after Mexico right now. So then you store all that glucose in a couple places, your your liver, your fat cells.

If you worked out, it would mean your muscles. A lot of times it can be stored in the brain. So either way insulin is released. Insulin is the main anabolic hormone in this entire picture involving the thyroid involving the adrenals.

And it's everyone's looking at what's insulin to it. What's insulin doing. Is there a lot of insulin. Is not okay. We're going to do everything based off what insulin tells us.

So if you eat insulin is going to say everyone load up. We're storing a bunch of glucose a bunch of fat whatever. Okay cool. That spikes insulin throughout their body.

And if you think about insulin resistance of the liver, insulin resistance of the brain, insulin resistance, could you say the thyroid. Good. You say maybe not, because it's not as many receptors.

But if you start looking at, well, this is a full body picture, could it be. And so resistance of your gut could be to resistance of your arteries. I say yeah, while that's going on you say insulin spiking.

It's causing inflammation wherever it's spiking. Which means now not only do you have to put the fire out with the thyroid in Hashimoto's, now you have to put the fire out with the fatty liver because not making antioxidants, let's say the woman also happens to have fertility issues and PCOS, which is very common, right?

You say then okay, there's some resistance of the ovaries every time you eat the chips. And so no wonder your thyroid medicine isn't working like you're inflaming all your metabolic organs and it's throwing off your hormones.

And when a woman used to come in and they say you have a thyroid issue, I'm like, you just don't have a thyroid issue. Rice is not in a vacuum, right?

Yeah. Yeah, yeah. It's not. And you know, it's funny, when you and I went to school, what were the two labs that we were taught to order for thyroid issues?

Oh, gosh. I mean, truly, it was one, right? It's two. Maybe if people are lucky, it's TSH in 3 to 4. Yeah, if that. And so I was taught T4 on top of the TSH.

And so I was out in practice and I you know they told us and boards, they said hey you can you can prescribe levothyroxine. That is the go to medication anytime you have a thyroid issue.

And so that is still the standard today and it will be the standard in the future. I don't see it changing unfortunately. This is where we're at. So what happens is if you give a woman center right, it feels good.

At first they feel incredible. They have some energy because it's a metabolic hormone. And then they say, great, I haven't lost little weight. Let's keep this up.

And then they come back to you three, six months later and say it's not working again. Yep. And then you say, well, that's up your dosage. That's tradition.

Or in our case we say maybe it's not the thyroid that's the issue. Let's go look at the bigger picture and see really if you are making thyroid hormones it's ordered the T3.

Let's order the reverse T3 because maybe you know you're not getting that. Let's order the TPO. What's fascinating McCall I would order normal lab panels and then I found out about TPO.

I'm working hard to get TSH under, you know, like, well, around 1 or 2 if I can. Right. Getting the T3, T4 up, getting the reverse T3 that also in TPO is like 200.

And I'm like what what you have Hashimoto's or worse. Like no one ever ordered TPO. And this entire time they're like like I had Hashimoto's this whole time just for like.

25 years, right? Yes, for 25 years. And they're walking around with this inflammation. Skin and hair is just going nuts. And they're like, help me, right, right.

Help me. Yeah. You can fix someone's thyroid. And if they're really inflamed or their blood sugars through the roof and they have fatty liver, guess what?

They don't feel well, like you can perfect their thyroid. Even myself, my blood sugar. If it raises too high, I want to take a nap. Even within norm, what we would consider normal like all these things, I think they're so interconnected.

Again, nothing is in a vacuum. And that cornerstone of so much of this influence in our physiology is truly it is liver based. Yep, yep. Yeah. And the liver.

Going back to the other thing you said the sugar and we've talked about cholesterol. Let's talk about estrogen real quick. Yeah. First talking about hormones.

Yeah. It's getting hormones. So the liver regulates all your hormones. We already talked to how it regulates thyroid hormones. Obviously it regulates estrogen.

Now estrogen is a conundrum because women don't understand estrogen at all. Like they don't understand where it comes from. They think it always comes with ovaries and menopause.

They don't make estrogen, which is completely false. You make tons more estrogen and menopause. You just make a very different kind. And it doesn't come from the ovaries.

It comes from your fat cells. So if a woman is already kind of overweight prediabetic to begin with going into menopause, that wreaks havoc on her system like she can't lose weight. Like she says, I can't lose weight.

It's my thyroid. It's my thyroid. It's my I'm like, no, it's also your estrogen. So I learned to tie thyroid and estrogen because I said, if the thyroid can't get converted by the liver into what it needs, can the liver convert and regulate estrogen like it should?

The answer is no. Right? Fatty liver. Can't you do you have estrogen problems like that's so a woman who has been on birth control for example. We know they're at higher risk for fertility issues down the road like we know it does its job.

But the problem is women are put on birth control for acne. And you talked about. Just like, low progesterone

symptoms and PMS and like periods that are off because of hormones for any reason.

It's like the answer is birth control. The answer is birth control. And it always has been. And what's fascinating is sometimes these women don't realize they've been on it for 10 or 12 years.

Yeah, I know right. And I bet you you've seen a connection between oral birth control use and thyroid issues, right? Oh, absolutely. Right. So you say, well, I gotta regulate all this.

How do I address this? I say, well, the liver is going to do this for you. Right? So the liver makes cholesterol, it stores cholesterol. Estrogen comes from cholesterol.

If you want better estrogen, get better cholesterol. If you can't do that, get a better liver because the liver is going to make the better cholesterol to make the better estrogen.

And if a woman has PCOS as endometriosis has infertility issues, take it back to the earlier years. Let's say she was a teenager and I asked this were a lot of women to say, what sport did you play in high school?

If they were a swimmer, a track star, a gymnast, I would ask, so when did how many times did you actually have your period and when you were a teenager?

And they're going to say, I had it when I was 10 or 11, and that was it. And I'm like, okay. And then you were put on birth control on top of that. Like, yeah.

And like. Often continuously, you know, not even braking for the periods. No. Right. Because what will happen is the whoever's their new doctor, when they become an adult, they just continue the medication.

Because what I also see too, we're in Austin, a lot of corporate women here. Yeah they will say continue birth control into the 30s because they don't want to have a family yet. Yep.

And then they come and see us and they're like, I can't get my period back. Right? They come off and they want to get pregnant like like the next month.

Right? And I'm like, oh, so this is going to be a 9 to 18 month process. Yeah. Yes. We're lucky. You know, like you are. Your body has not had normal hormonal fluctuations since it started having normal hormonal fluctuations right? Yes.

Yeah. Yeah. It's it's I hope we realize this in medicine soon because it's a shame. What's a shame is the hope is all we have. Because if you look at what we're trying to create online is that we're trying to create a network of, of providers who are trying to get this education out to the masses.

Because we've seen we've seen literally physical trauma from women coming in our clinic from a broken health care system that basically does not understand, nor do they really care about women's health.

And I know we keep bringing it back to women's because what do you think has Hashimoto's? It's women. When a man who is. Not being studied two. Women obviously.

No, not exactly the cholesterol in the state. And years ago it started in every medication. And you know what's interesting? Every medical device that gets approved for women's care usually winds up having an issue down the road somehow, but yet there's never any repercussions from that.

So what you see as women within the Metro says women that had fertility issues early on. And what's the answer? You like you said, birth control or let's take it out right.

Let's take it out. So would a woman do better with Hashimoto's if she has her uterus or if she does it, if she has her ovaries, if she does it right. If she has her gallbladder.

Right. You go and and you see the connection. And so I found essentially Ozempic has taught me so much. I know that you were a you know, I know you do tons of videos on it.

So what's fascinating it is women would get on those and lose a bunch of weight and then gallstones go up, right. Because they can't lose that much that quickly. Right.

But also said, well, what if you had some gall bladder issues before hand and they're like, where's the thing? I don't have a gall bladder. Like, well, when did you lose your gall bladder?

And you're like, oh, 20 years ago? I'm like, really? Yeah. But then they get on his epic, losing all his weight there like I was. I had my appendix taken out earlier.

Does that have anything to do with like digestive issues. And I'm like, wait a second, you've had your appendage taken out, you've had your gall bladder taken out, you maybe have a hysterectomy coming up because you have issues.

I ask women, how many organs have you had taken out? Because the other thing is, how many fibroids have been taken out too, because they found in there like you got it.

You just have Hashimoto's. I know people come to me that say, oh, they couldn't get my thyroid regulated. So they took it out. I'm like. Yep, yep, yes, I still hear that to this day.

And so I'm glad you brought that up. So so let's talk about thyroid activities real quick. There's times when it's needed. Totally don't get it. There's totally time.

But a lot of times they don't bother going through that. And I say that the traditional health care, because they look at sick, let's take it out and then you won't have to worry about it.

Everything's going to be better if we just take it out. And and the frustration I have is okay, go back to liver. So our number one podcast of all time is what to do after you've had your gallbladder removed.

Hormones, Estrogen, and Birth Control

And and we didn't I didn't think you know talking about the liver. This was going to come up. But the question kept coming up online is like well what do you do if you know you keep time.

The liver I think I've liver issues. Could it be connected to the gallbladder issue I had before. Well what do you mean? Well I don't I haven't had a call back for 15, 20 years.

I'm like, oh my gosh. You've had digestive issues this entire time, which means you have hormone issues this entire oh my gosh, you're a wreck. And they're like, yeah, help me.

I'm like, oh, what did the doctor tell you? They said nothing. They said, we got to take your oh, we have to take your uterus out. We got to take your thyroid out by you.

You're gonna be better. And that's it. And they were like, but I wasn't. What do I do now? So it was not. The frustration started with my labs came back and the doctor says everything looks normal.

But then they took my thyroid out for some reason or my gallbladder, and they don't even measure my hormone test. Nor do they measure the right liver enzymes.

But yeah, they keep taking out my organs and put me on meds. What do I do? It's funny. Like I think in my mind, like, I don't feel like this is the case with men.

Like I don't see men losing organs casually mingle better as women, uteruses. Women. You know, I rate as

women. Like what are it's just bizarre that no one's.

And then expecting it to be not a big deal. Like we just take organs and everything's going to be fine. We don't even really ever need to follow up again.

You're good. Right. So I talk about this. I'll give a good example. Okay, so there was a mom and daughter that came in to do labs with me, and we were talking about this like, I mean, the girls like, you know, young, like early teens, right?

No, no, I take you back, early 20s, like 19 or 20, 19 or 20. In college. And the hormones look like that of a menopausal 70 year old. Yeah, I said you how long you been on birth control?

Like, ever since I started a period, you know, I was like, okay. And then girl, by the way, too, right? So you got. Osteoporosis risk anyone? Bingo. Bingo. Right.

So then I'm thinking, like, what kind of eating disorder did you have? And like all these things. Right. And so if you think about at that point their normal minds are shut down.

Right? They're postmenopausal of their whole life. At age 19. And the frustrations I look at the mom and I'm deciding what to say. And I say, you know what's fascinating about this?

I don't think if you had a son, you would allowed your son to go into a doctor's office and been put on birth control for about 15 years of their life.

And medically castrated. Basically. And I'm not saying I'm against birth control because it works, obviously. Right? It works. The problem is, is not prescribed as needed.

It's right because women issues are disrupted, usually from lifestyle and, you know, our environment. And then what happens is by the time you go to the doctor, it's usually a doctor who's not been trained on the bigger picture and says, I don't know.

So I'm going to refer out and I'm going to get you started on something in the meantime to get you going. And usually that first medication is the wrong decision.

Right? Right. And no one's really consented. No one's to give in the pros and the cons. It's just this is the answer. And it's it's strange that medicine has lost its accountability and not the, you know, by like in certain areas and other areas, not but yeah, I mean, it's it's pretty fascinating.

It is. I you can hear the frustration in both of us, but especially me, I look at what could be. And so I say, okay, let's make this simple right. We started the conversation with liver and thyroid.

Right. And you say, okay, hypothyroidism is probably the most common, you know, endocrine disorder in the world and it's not going away. Heart disease is still the number one killer of Americans.

And you say, well, what's going to change your approach to how you take care of yourself? So this is really what I look at when I talk to clients, you know, especially with Hashimoto's.

And I say, can you put yourself first? You said it earlier to say even with your issues and I, you know, you say, yeah, well McCall can't be McCall to anyone else if you can't be McCall to herself, you know, she has to take care of herself first and then she'll be good to everyone else.

And so it really kind of comes down to just that conversation again about Friday night at the Mexican restaurant. You say, look, how do you feel after you eat the chips and queso, right?

I tell you how I feel like I. Feel like that for. Two days. And you've learned, right? You say, I can't do it. So. So I've

asked this on line two people say guilty.

That's what people say. They should feel guilty, mad. They'll say, I'm mad at myself. Yeah. And I and I really look at this is why I like dealing with weight loss.

Because you get everything. You get the digestive track, the hormones, you get the psychological aspect of it. So that's the leptin, right? If that person is leptin resistant, they're not hungry.

I know they're craving, which means they're unhappy. They're unhappy at the moment at Friday night with their their best friends. They're literally unhappy with their best friend sitting there and what's fascinating, I said, could you go out for like, a walk with your best friends instead of going for chips and queso every Friday night?

And they're like, yeah, we could. But you know, there's a few people that when I'm like, if it's their problem, it's their problem, it's not yours. If you can't get away from the chips and carbs or the alcohol, they need to find another way to be happy.

And I frankly, it's not making them that happy to begin with. Right? So do you really want these people in your life supporting you? Right. It's a it's a global shift.

It really is. Tell me kind of if you could build your perfect liver diet. I'm, I'm very curious about this for my own life, for my own health. Tell me kind of.

I got the eggs, the tumeric, the onions, the sulfur, the cruciferous. Take me through a day. So I love omega threes. I'm a big fan of omega threes. I just can't get enough talking about them, hearing about them.

I know the eyes and the and the and the brain are basically made of omega threes, but it's made of fish fat like salmon, sardines. So if you're not eating salmon sardines daily or chicken eggs daily you need a fish oil. Right.

So that's the first part of the recipe. And if you take that first thing in the morning, that's your breakfast, right? Right. I love I love, you know, animal protein.

But I'm not eating a ton of red meat, if you know what I mean. Like I'm eating enough to get nutrients from it because there's a lot of really good nutrients and good beef.

But I'm a big fan of chicken and turkey. It's very easy to digest. It's very safe for the liver. It shouldn't cause a lot of disruption, especially if it's just chicken like.

It shouldn't be like chicken with like a bunch of oils on and preservatives and MSG and food dyes. Like it shouldn't be, right? It's just chicken breast. Right.

And then I do like fruits I love avocado. That's my favorite fruit for the liver. And you can't get enough like you eat the whole thing 2 or 3 avocados a day.

I'm like, it's really good for you. And then if you think about other fruits, I love berries. But more blueberries, blackberries, raspberries. And I'm a big fan of those because they're also low in sugar, which means the liver is going to store that as sugar eventually.

And it's not going to cause insulin resistance going into the liver. Like like other types of berries, like maybe bananas and strawberries. I'm sorry.

Strawberries and bananas would cost a little more sugar to go into liver. I'm also a big fan of green tea, and green tea does not get enough recognition.

And I'm talking real green tea. Not the stuff you get a Starbucks with the milk in it. I'm saying like the real green tea, because green tea extract by itself actually reverses liver damage.

So imagine if you take, you know, 1 or 2 cups that day, you drink it, you take as a supplement. There you go. If you love coffee, which I don't, I don't like coffee at all.

I'm be very honest. But black coffee has been shown to help with liver damage. So you mentioned all this stuff that we mentioned. Salmon, sardines, avocado, eggs, broccoli, garlic, onion, turmeric, green tea.

You can have all of that for breakfast. You have all that for dinner. The question then becomes, are you actually hungry before you eat it? That's the only thing.

Because if you know all that stuff's fat and protein. And so really I get down to it. I'm not eating a lot of carbs. If I'm eating carbs, the berries are carbs.

You know, avocado has carbs. Sauerkraut. You know, I'm I'm briefly going to say this too, because I have to mention the gut. Right? All disease starts in the gut, which means all health starts in the gut, which means if you have a fatty liver, you have leaky gut, because the leaky gut happened first before the fatty liver, because you absorb that cheeseburger and chips and queso, went through the gut, tore it up, and then got stored in the liver.

Sauerkraut is my favorite probiotic food. I can't get enough of it right now. And while Brian's shout out to them they're they're great. They have a really good one. That's like dill pickle.

Tastes like dope. So what I do is my morning breakfast. Chicken, eggs, avocado, sauerkraut, broccoli, tumeric black pepper. Yum. All for the liver. Off the liver a little bit for the gut.

And to me, it doesn't raise my blood sugar, does it? Spike my insulin. My liver can digest it. And if I know it doesn't, it's because I'm basically having gas or flatulence that smells like the sulfur.

Right? And that tells me I'm not metabolizing it correctly. Something's wrong with my liver. Maybe I need to take some NAC, maybe take some glutathione, or maybe I just need to take the ingredients I really need because I can't digest the food with it.

So I'll just take the human. We'll take the fish oil, I'll take the green tea extract, I'll take the NAC or the glutathione. Yeah, yeah, I love it, I love it.

And so when you think about supplements to to support liver obviously NAC obviously glutathione obviously turmeric mixed with black pepper. Any other like go to favorites of yours like yeah yeah yeah.

My favorite two NAC supplements of all time NAC and and milk this. All right. So milk thistle is a plant just like turmeric implant medicine is you know, basically things like milk thistle and green tea and turmeric in my mind.

Right. Milk thistle. There are thousands upon hundreds of thousands of studies over the last 40 years that show milk thistle helps the liver. And and if you combine it like the so-called stack, if you will, and you add the NAC with it, now your liver is getting a little bit of a better recipe to function better.

You drop in some turmeric and you're like, oh my gosh, I can get some broccoli extract. That's right. When you're talking about this now you're talking about phyto estrogens, right?

And it goes back to the liver and the estrogen xeno estrogens. You can have a disruption of your estrogen, chemical disruptors, plastic, BPA, all this stuff.

I have to mention it right in, in your liver is going to help get that stuff out of your body. Like, seriously, all the plastic chemicals, the receipt paper, stuff like all that your liver is going to give out if it has enough glutathione, right?

And if it does. It's not too bogged down dealing with food all the time. Bingo. And I'm glad you said that, because if I'm eating, I'm still eating.

Community, Education, and the School of Dosa

I'm not. You people say, what do you eat? I'm like, I just told you what I eat. I eat a recipe for my liver because I cannot afford to get sick. I have to live a long life and take care of thousands, if not millions of people for the rest of my life.

And then in the future as well. I cannot afford to eat high fructose corn sirup and processed foods, or Halloween candy, or gluten or alcohol, and expect to show up the next day and be able to do this again and again.

People say, but it tastes so good. I'm like, but you do not feel good. Quit lying to yourself right? Right. And that taste is very fleeting. How you feel for 48 hours after or 48 years, right?

Cumulatively is certainly, certainly what matters. And I think people need to think about that as they're like making these changes and making these moves to support their liver.

Think about it. How how does life feel when you wake up and you feel good every day versus your recovering from the previous day of the damage that we did to our liver and trying to show up as our best selves, it's really hard to do that.

I mean, that's definitely an adventure I'm on right now myself. Well, it's funny you bring that up now because we're talking about community now. So what I've learned you've you've created a community online.

You're doing it right now. You have a bunch of thyroid. People have come together and said, I'm going through the same thing. I need help. So the most important thing I've learned in health wasn't the supplements.

It wasn't the medication. It was the community, the people who were going to support them along their journey. And what I love about you, McCall, is that you're supporting so many people on their journey.

And what I've been told and what you give people is hope. The hope that there's something better, the hope that I can feel better, that I can overcome this.

I can reverse this, I can manage this, that I can do this for my daughter. I can do this for my kids, you know, like and prevent them from having to go through all of this.

Because at the end of the day, community is what you get up for. You get up to go to your church and show up to be a teacher and, you know, deliver the mail.

And I think about that. That's needed. Like you need the bus driver. The bus driver has thyroid issues, just like the doctor down the road and just like the teacher.

And so you imagine that bus driver can't get up in the morning because they're in pain, right? Somebody is going to miss their, their job. Right. And so somebody and that affects everyone.

So I say look we have to take care of one another. And and sometimes the biggest way to reduce inflammation is a hug and a smile. And and and we don't do that enough either, especially in medicine I agree.

And there's I did a Ted talk like years ago. And I told my patients like, hey, what has been the most healing part of your work with me here? 78% of them said literally, like being treated like a friend, like a human feeling, seen like it wasn't medicine, it wasn't supplements, it wasn't even lifestyle.

78% said that. And I thought that was so powerful. And I know that you are working incredibly hard to create a community and educate people. And I want you to share a little bit about the school of dosa so that people can find you and I.

The glimpses that I get are so powerful and empowering. So tell us a little bit about that. Thank you. The School of

Dosa is an online school that me, my best friend and another friend of ours created and the reason why we created it is because years ago when we started in business and I say health care is a business because let's be honest, it is.

I have to work for myself, right? Yeah. I was not taught business, but I didn't know one thing about business. I'm said, well, whatever I provide as far as a service, let it be education.

Yeah. If I educate and we educate, that's always going to be our number one service. It's going to be our loving service. Money will follow. And I teach everyone that even in business too.

So in the school that's what it is. It's a whole curriculum of education but based off of health. Right? Right. Not taking pills to treat a condition but to be healthy.

Bingo. So they're not teaching us in school. I had this in mind, even with the public school system, to say, if you taught a poor kid how to be healthy, they will not be poor.

Like that's how you break this, men, okay? If you teach them how to be healthy, you will give them tools and a mindset that they will take with them and be successful with in life.

Because I've learned success is not being rich or poor. Success is being able to do what you want with your time. Who you want to do that with, right? Like this. Yeah.

So to me, the success comes with being able to enjoy that, right? If you're sick and you become a millionaire, all you care about is being healthy. You're going to spend every last dime trying to be healthy again and trying to get rid of everything, because you basically sacrificed all that to get there.

So then I go back to the curriculum and I say, okay, what do people need in order to understand health? How do I need to teach this? I'm going to get the educator by design.

How do I educate the masses? So we created an online school utilizing an app. And the app is a mix of Zoom and Facebook. So you have an app that has the ability to do live videos.

So we call them classes. I do a live class every week and I'm talking it's live. It's me and I do two of them every week. One is an ask me anything. Another is a straight up.

This is my lesson this month. We're talking about the menstrual cycle. I can't get enough of it. I've learned so much more about it. And what I've learned is all these women who are taking the school and I'm like, we have over 100 students right now.

It's been around one year. It's a paid membership, by the way. You pay tuition, you were paying is $50 a month. And if you're not sure about it, $5 for the first month.

And you have people who sign up, you create a profile, you enroll in the class. You can ask me anything at the end, there's a presentation, exclusive content.

But what happens is you connect with people, oh, I'm going through the same thing. I'm in Michigan, I'm in Arizona. I mean, I connected one of our providers the other day to someone in the northeast.

I said, you should meet them, you know, because they're functional medicine, too. I train them, but then you also have the ability to watch recorded classes.

So I also thought about like, not, I want to be able to show up live. You know, you got to watch all the time so you can binge all of our old courses like Netflix.

Yeah, I wonder that. And then on top of it, there's a here's the other thing. We have guest lecturers. You're going to

be a guest lecturer and so every month we have a guest lecture about a topic that we think is is is fitting.

Right. One of them a couple months ago was genetics and inflammation. Another one was how your wearable device could save your life. Another one which is beauty.

How to take care of yourself naturally. Right. You know, so we have many different ways to talk about that, but then the other thing about this is I am also mentoring nurses.

And so what I've had and you've probably had this too, because that you've had people reach out and say, who taught you this? Who taught you stuff? How did you learn all this stuff?

And I say, I kind of did it on my own. You did the same, I'm sure. Yeah. Because all the other organizations that are out there, they're not the best.

And you've seen it, and that's why you don't have your letters of those behind your names and I guess. Right. And so I say, well, the way I, you should learn is from me.

Like, that's to me that's, you know, it's you learn you should learn from a call. Like she has the right mentality. I have the right mentality. Just happens to be where down the street from each other? Yeah. It happens.

You have the same mentality. We somehow right collective consciousness. But the nurses are coming in and they're saying, I want to do what you do. Can you help me? I said, I will make sure you.

And so we're training nurses and nurse practitioners throughout the country to do exactly what I do and what you do for themselves so they can help their own community.

I love it, right? Like the the reach, the impact expands. Well. I encourage anyone listening to check out the school of dosa. Is it school of it.com. Yep yep. Yeah.

That's so I love it. And thank you so much for having this conversation. And I think people are leaving this with I'm leaving this like enlightened with way more information about this topic than I came in with.

So I appreciate it. I value your time, your knowledge, your wisdom. And yeah, I'm looking forward to to sharing this content with everybody. Thank you for having me because been an absolute pleasure. Yes.