Introduction to Thyroid Health Podcast

Hi, I'm doctor Kelly Halderman. I'm a former medical physician and author of The Thyroid Debacle. I'm now devoting my life to education, research and biotech because I realize we need educated people to bring us cutting edge information, especially when we find ourselves with a diagnosis such as hypothyroidism.

When I was practicing allopathic medicine, I myself became very sick, bedridden with what would be diagnosed as Lyme and mold infections. Along my health journey, I was also diagnosed with Hashimoto's thyroiditis, a condition I was told that could only be managed with medication.

Well, I'm here to tell you that there is more than medication to help you, as you will learn through my powerful interviews with several functional medicine practitioners.

There are tools that will help empower you to take charge of your health. Join me today as I interview leading doctors, naturopathic specialists to uncover the most useful health insights for you.

This podcast has been launched in collaboration with Doctor Talks. Visit them today at Doctor talks.com. Backslash Calendar to learn more about their upcoming summits.

Everyone, welcome back to Doctor Talks. I'm Doctor Kelly Halderman, your host, and our series on thyroid health. And we have a very special guest today, my friend and colleague doctor J.

Good binder. Welcome, doctor. Good binder. Thank you so much for having me. I'm super excited to be here. Yes, and thank you for taking the time. I know you're at a very, very large conference right now, one of the best functional medicine conferences that I know of.

And I know you're very busy and your staff is very busy, so I appreciate you sitting down because really, I think, functional medicine, you know, my go to doctors and you're definitely one of them.

You know, every time we sit down, you drop information. And I heard you're going to drop some information today, about the thyroid. About the thyroid, about, you know, health in general.

Because we are really sick. I mean, we are living in a very, very, tumultuous time right now, and people need our help. So why don't you start off with telling us how you got into functional medicine?

You mean.

How Functional Medicine Changed Dr. Goodbinder's Life

I think I got the function medicine pretty much in a similar fashion to, I think, most doctors, which is I'm disgruntled with the process that I, that I've gone through. So I want to fix it.

In my case, you know, I didn't really see any hope for me because I was disabled. I had psoriatic arthritis. My hands were swollen up like basketballs.

I had scabs and scales all over my skin. I'm a I mean, I look in the mirror, I'm like a disgusting human being. Like, I felt like at the time. And I'm just like, you know what?

What is life have for me? The doctor saying, I'm sorry. You're unlucky. It's genetic. You learn how to live with it. And that wasn't good enough for me.

And so, you know, I'm like, well, I'll never get married. I'll never have kids on the real play ball with my kids. If I did, because I can't use my hands.

I'm literally disabled in there saying, sorry, this is forever. Enjoy your steroids, enjoy your biologics. So I became a doctor to fix myself. And while I was on medications that they just, 23, I'm on no medications anymore.

I feel amazing, jump out of bed like a lion to serve my purpose every single day. And your hands look, like, not like basketballs. Look at those. Those look like normal hands.

Yeah, I think that a lot of us in functional medicine, we share that. We share that we were we were giving not a lot of hope. And, the sorry. You know, it's just it's just going to be the life that you're going to live.

And, you know, we're like, no, that's that's not we're not going to stop with that. And then we bring this gift that we learned to heal ourselves. And so we keep going with it.

We keep learning because again, we can be the empath, thick person who's not only been the patient, you know, now you get to be the doctor and educate.

So I appreciate every doctor that I think that is on their A-game. That's doing the best work. Our doctors like you with with this, with the story you have and we have that similar story.

And so I do see, you know, a lot of, I see a lot of great reviews. And I know personally a couple people, who've really, really been very, lucky to see you and to come down to your clinic.

We'll get into your clinic later because, I mean, there's no better place in the Midwest, you know? I mean, like, that's the clinic to go to. You know, when I was asking you for some questions that we could discuss about thyroid health, doctor. Good bye. Or.

You are funny. One of your your questions that, let's discuss the most egregious treatment I see in medicine. And, I mean, there are a lot that we could go into, but we're going to talk about, you know, thyroid health, go into that for us.

I think that in medicine, it's a lot of symptomatic attacks like you have this, you have that. So give me a symptomatic attack. But a lot of the time what happens within medicine is the way we're attacking a symptom is more making the problem more permanent.

It's like, oh, we're going to make your problem worse, but you won't feel it. So then the next symptom comes up, we'll give you another drug. It's called a continuity model of care.

But we talk about egregious treatments. You know, one of the things that we know about thyroid issues is if your thyroid is low, a lot of things go wrong in the body.

And you may see cholesterol levels go up a lot. And so just because your cholesterol is up doesn't mean you're gonna have heart attack, doesn't mean you have heart disease.

It's not really well correlated, but I'll see a patient come into my office and they had high cholesterol and the doctor took a TSH thyroid stimulating hormone, which is really a pituitary hormone.

It's not even the thyroid hormone. And they'll go, hey, your TSH is final.

Why Conventional Thyroid Care Misses Root Causes

This is great. You know what? Your cholesterol. So let's get on a statin drug. Can you go? You got on Staten drug when your cardiac risk ratio was great.

Anyways, but anyways, you understand drugs, your cluster was a little bit high, and all they did was test your TSH. So we test the thyroid. Go. Wow. Your most active form of thyroid.

All your thyroid hormones are super low. They literally are treating you for cholesterol. That went up because your thyroid is low and didn't even touch your thyroid.

So yeah, you're tired, you can't sleep, you have anxiety, you have osteoporosis, you have all these other issues. Now, but at least they're lowering your cholesterol, which is going to make you not think as well. Have more pains.

You're not going to heal at the cellular level. You're not gonna make your hormones. Right. They've ruined everything. But at least you feel bad. You know, that's egregious.

Yeah. You know, Doctor Eric Cabbage and I and our book, the Thyroid debacle, we call that whack a mole medicine, right? Or you just are literally symptoms are popping up, and you're just, like, hammering them down, and you're not fixing anything, right?

You're really not fixing the physiology. And that's where I don't know about you, but I loved biochemistry and physiology in undergrad and medical school.

Absolutely loved it. And then I felt like we just threw that out. Like we just threw out our detective skills. We threw out our knowledge of pathways and how, you know, you do one thing and it's going to affect another.

And we just continue to use drugs and medication to, again, like cover up symptoms that made things worse. Right. And like you said, countless people are going to their doctor and tell me if you agree with this or not.

They're going and they have all the signs of hypothyroidism like you said, maybe an elevation in cholesterol, maybe some blood sugar. Your, dysregulation is starting to pop up, but your TSA is fine.

I mean, their hair could be falling out, dry skin gaining weight, but they're not taken seriously. And I feel like I. I, too, was really one of those people even having a white coat on and literally looking at my colleagues and saying, I realize my teeth is fine, you guys, but is there anything else that we can check and not and not even knowing at that point what a full thyroid panel looks like?

So first of all, do you agree with that? Assocation that we're missing a lot of a lot of, by definition, cellular hypothyroidism? We're not using the right labs and then kind of talk about what you do in your practice.

Yeah, 100%. We're missing everyone. No one does enough labs and no one no one has the time to in the tip in the typical McDonald's of medicine. Hey, I use insurance model.

Hey, you know, they'll pay me this much for for ten minutes with a patient. That's what I'll do. They'll pay for this lab. That's what I'll do. And they'll pay for this prescription. That's what I'll do.

Insurance makes more money if you're sick than if you're healthy. So the whole system is broken anyways. And if you are using your insurance and a doctor specifically, they count on insurance for your payment, you are getting the bottom rung McDonald's of medicine.

And it's crazy to me. So, you know, when you when you look at things like you mentioned blood sugars, I mean, things self proliferate, you know, with high blood sugars, a lot of time your growth hormone goes up as well in growth hormone is the opposite of something called T3.

Like when growth hormone goes up, T3 goes down. You know that. By the way. I mean that's really interesting. That's very interesting actually for that I thought that was it's a really cool gym.

But you know my clinic the goal is you do literally the most in-depth, you do the most expansive lab testing. So you get it right the first time in the patient, like, well, we're doing a lot.

Yeah we are. How would you like to not suffer in the shortest amount of time? Like in the shortest amount of time? We can get you better. How about that instead of let's, let's just one off some tests here and there and then like 3 or 4 years, then we'll talk about maybe you feel a little better.

That's a terrible approach. Just go listen. Bite the bullet. Shotgun. Let's get it all done in. Maybe in six, eight months. You're up all your meds and you feel great.

Yeah, we keep stats at our clinic, and we're a little under 98.2% of our patients getting at least 80% of symptoms resolved within eight months, which is extraordinary. It's amazing.

Now it's still that 1.8% of patients that's not I still feel terrible, but don't get me wrong. But it's amazing when you actually do everything, you go, listen, it's going to be on you anyways.

I'm going to show you exactly why this is happening, exactly how to fix it. You're going to have to do it though. That's the catch 22. It sounds too good to be true.

Well, no, not exactly. You still have to do it, you know. That's right. But you know things are missed because they don't do everything. And so inevitably they treat something that doesn't exist or that really isn't the root cause.

And it makes everything else worse. I think it's really interesting. You know, sugars go up, growth hormones up, T3 goes down, T3, T4 goes to the liver, convert to T3.

And I know you're aware of all this. It converts to T3 by by this big enzyme. This big scary word called five prime diet is and if one so what is when when when your stress level goes up.

When cortisol goes up, what happens to sugar. Sugar goes up. They're directly related. So so as your sugar's going up, sure enough T3 goes down because you're converting instead of under under lots of stress that big fancy word five prime diet by prime diet is under high stress cortisol.

That'll turn over to five diet and there's no more prime. So instead of turning T4 into T3, we turn it into reverse T3. Reverse taking, which now we're going to block your thyroid and you're going to have less to convert inside of your gut tissue.

So is it important to get testing on hey, you got gut infections. You have bacterial dysbiosis, you have seafoam fungal overgrowth. All those things are going to make your liver enzymes worse anyways.

Liver is going to be focused on that. Now you can't convert your liver anyways. But when you can't convert your gut to the most active form free T3 of thyroid, you have to know all those things.

If you miss anything, you miss everything because then you get discouraged. You go, I've worked on this for a year now and nothing's getting better. Nothing's. But my doctor must be right.

I should just be on medication the rest of my life.

Reading Labs and Explaining Normal vs Optimal

And maybe. Yeah, my hair still falling out. Maybe. I have no libido, no sex drive, I can't sleep, I got anxiety. It's all these things just melt, and then they quit.

You give up because no one did it right in the first place. And I think that's what will separate our clinic for a lot from a lot of clinics, which is why we're going to do it all right initially.

And we'll give you the answers and we'll try to support you as you change. Yeah, I really like that approach. And it is shocking when one goes from a traditional allopathic approach where it's a 15 minute visit of, application of, oh, no, you're fine.

You know, you do, you, you do you need another medication for your anxiety or do you need another medication? And you're right, there's just so little blood work that's drawn and done.

And I really hate to say it because I do have an MD after my name, but I just don't think the allopathic doctors are trained to even understand the full panels, unfortunately.

And so I don't practice traditional medicine anymore. I'm more of an educator, but I was in that way. I understood what I was taught. Doctors are great people.

But yes, like that McDonald's of medicine is much is like, it's funny, it's true, it's absolutely true. And so that's why Doctor Eric and I wrote that book and that's why I like I love having you on this on this podcast because you're a functional medicine stud and like, you get it and you're applying it, and yet it is a little bit of a shock, I'm sure, for people to come in and have to do these labs.

But again, it's not really I have to it's get to they actually get to know what's going on in their body. They get to have someone who knows what to do about it.

Right? It's one thing to, you know, I know you know, those doctors where they draw all kinds of labs and they have pages and they don't know what they have no idea.

They just they have absolutely no idea. Right. It's it's consistent thing, like people will bring me in. I've been to three functional doctors. I've been to four naturopath, I've been to six and or allergist, I've been to four primary care and I'm like, well, let me see the labs.

I see. I'm like, well, did they tell you this and this and this? Like, well, no, they never said that. And they didn't even break this down. I don't even know why I got this lab.

And I'm like, how are they drawing these things? That's right. You know. What are you doing? Yeah. What are you doing? They're wasting a lot of money.

And that's why it's like, maybe even some of the people who come out of the allopathic model started, start to pay for care and understand. You might have to pay for care if you want better care.

Going to the wrong practitioner who who draws all these labs. But then again, it cannot interpret them. I mean, that's why again, it's like we spend a lot of time and money post doc, post doctorate learning all these other educational pieces that continue to come out.

I mean, the New England Journal of Medicine says that we're 17 years behind in translating the strong clinical studies into clinical practice. And so I really try to be that, the translation is the person who really helps translate, translate that into help people today.

And I feel like you're literally doing that every day in your clinic. You're taking that education. That is, you have gone above and beyond. And I think that we as practitioners, we we deserve, we deserve a little bit of recognition.

And not to toot our own horn, but it takes a lot of work to know what we know to have, you know, write a book on thyroid. You've written books, you've been on CNN, you've been out and in so many things that you've done.

It takes a really skilled practitioner to be able to suss out what is abnormal. And Doctor Who puts it really nicely. And I'm sure you agree, it's like your labs what's abnormal but but normal because like like if you're walking around eating jelly donuts all day McDonald's if your blood sugar is abnormal, that's appropriate, right?

So that's appropriate. You have a norm. So you have a normal lab, but you're walking around eating jelly donuts and you're inactive and you're stressed out and your labs are normal.

That's inappropriate. You know, so people say to me like, oh, look, you know, my fasting blood sugars, 99. Like, I'm

good, I'm super good. And I'm like, no, no, you're you're about to fall off the cliff, right?

You are literally approaching the cliff and you are going to fall off of it. So I'm sure a lot of your patients, when they come in, they've probably been told these lies.

These I mean, not lies. I guess, you know, person who was interpreting didn't understand that. But do you see that? Do you see where people have been even told with that, with the ranges that we have for some labs that no, you're doing fine.

Sally. Joe, are you doing fine? My like these labs are good. And tell me about like how you look at those and what is your kind of plan of action for these people.

Well so so one I 100% agree about the model where these doctors don't even know what to do with things like, you know, four times a year. Actually, I have a weekend out in Florida where I train a whole bunch of doctors for 24 hours on how to read labs, how to communicate what they mean to patients so that patients aren't confused and, read labs, communicate and really treat appropriately.

So it's not overwhelming to people how to support people. It's a lost art on how to support that. When people are making change, it's the big deal. With that being said, with regards to, labs and things of that nature and treatment, what was your question?

I forgot, yeah. So I was thinking, like, I know I kind of took us down a rabbit hole with the whole, you know, functional medicine versus medicine. But, you know, I'm thinking about the people who come in and and, you know, they know that they're not feeling well.

Personalized Hashimoto's and Thyroid Workup

They're know that their their care is not working, but they're convinced that, oh, you know, my blood sugar, my fasting blood sugar is I'm not pre-diabetic or I'm not, you know, like, is it do the labs speak for themselves because you're so eloquent about determining are you able to just articulate a way for them to understand, like, hey, we need to make some changes.

You know, like you said, a lot of this is you're a coach to we're you're really getting into the the, the psychology of change. And so I have, used to have a lot of people who come in and, and they were just in denial.

So that's kind of I want to I want to do you have any tricks on how to or tips on how to kind of convert people into more of understanding? Is it is it teaching?

Is it just teaching? You know them what's going on? I mean, it really, it's it's way simpler than a lot of people make it. It's hey, first off on the labs.

Hey, I'm within range. Hey, you know, my my doctor said, you know, I'm a little low and. Wait, what sells? But I'm still in normal range. I'm okay. Well, you know, one, I have to explain.

95% of people fit within healthy. 5% are outliers. They're considered sick. It's a bell curve is how they create a lab range. And we know that about 50% of our entire population has at least one chronic disease.

So yeah, you can be sick like everybody else. Congratulations. Yeah. It's fine, you're sick. But everyone else is to just like everyone else, right? Right. Yeah.

So that's really not okay. That's not a really okay process, to deal with, but. Yeah, it's it's just explaining. You go. Hey, they said everything's normal.

Do you feel okay? Do you feel great? Because I don't believe everybody in this world is meant to be sick for the rest of their life. I think you have a purpose, and I think you need to fulfill that purpose.

And I think that if you feel bad every day, the chances of you fulfilling that purpose are minimal, minimal amount, you know? And I'm not joking when I say I feel great.

Every morning I get up and I'm like, okay, what do I get to do? I get to go see my patients. I'm in my office by five in the morning every day, because I get to read charts for 2.5 hours before my my staff gets there so I don't have to interact with anyone.

All I do is break down labs and figure out how to fix people. And it's so much fun. And then I always tell him, right, listen, I can do all these great things.

I'm very proud of all the stuff I'm not. And I try to be modest, but I'm really proud of everything I do. It is up to you to implement, and I want you to get better, because I only feel good when you get better.

And they're like, hey, so how long do I have to do this? Like, how long after this lifetime thing? Like two months? Three months? How long is it going to take you?

Well, it may take 2 or 3 months to feel better and to get you in a good place, but the goal is to help you feel great the rest of your life and live indulgently but anti-inflammatory.

Live like a human being. I want you real food and things like that, and it can still be indulgent. You don't have to suffer, but once we get you to that place, you'll be just fine.

And typically, like, I get it, I get it. That's awesome. Yeah, that's a lot of support for them, a lot of reality and a lot of hope. I think some, some practitioners, they are very, very strict and they don't really ever use them.

Words indulge. And I think that's important. You know, we're we're humans, right? We really we don't want to have everything taken away from us and feel even more depressed and like then than our society is.

So that's cool. That's very good. Thanks for for really, you know, laying that out. And so then now I want to ask you specifically when you have thyroid patients, let's just say someone's coming in and they've been diagnosed with Hashimoto's.

Like where do you start? What do you do? Well, first, I mean, so I would sit down with a patient, I do this consistently. We're very, very busy practice.

But I'll sit down with patients and I talk to them. I'll set aside an hour, and I go, all right, I'm going to ask you a million questions. I'm going to have you fill out more paperwork than you've ever filled out for any, any doctor in your entire life.

I promise you, it's going to take you at least an hour if you really focus on. I'm going to go over that in depth before you even sit down with me. Then we have a Hashimoto's patient kind of we'll say Hashimoto's, because we'll see people from Ms.

to rheumatoid arthritis to colitis to Crohn's disease to diabetes. But thyroid to me at this point is is so amazing. It's so empowering because it's one of the worst treated conditions in the world.

Just traditional medical models are awful on. And so I sit down and I'll ask questions. I'll find out about their microbiome or the gut bacteria, the makeup, because that's where your immune system starts.

That's how everything works, how you absorb, how you assimilate. It creates so much of your body is the way your gut health is. So, you know, finding out, have they used a lot of antibiotics?

Were they a breastfed child? Were they a vegetable delivery? Do I need to run a bunch of gut panel? Oh my gosh you have diarrhea constipation all these things okay.

So I'm going to run multiple tests on just your gut to understand the physiology of the gut. That's one two. Hey, we want to run a big medical panel and understand the physiology of each of these organs associated with the conversion and utilization of thyroid.

That's really important. I have to understand that. I also have to understand when your antibodies are because they're like objective testing. Hey, your TPO antibodies, your thyroid for oxidase are, 500.

And I want to blow nine. Okay. So we know where they are. Objectively, I know that in a couple months I'm going to retest. And I want that down at 200 100.

Oh, well, we're making progress. I don't feel better. That's okay. I can objectively tell you are getting better. It's just a matter of time until you actually get that result subjectively.

So we may look at things like, like, heavy metals, you know, if you have a lot of lead toxicity in your body, it'll stop you from absorbing your iron.

If your iron doesn't get absorbed, your ferritin will drop. Unless you have lots of inflammation or infection, in which case they're going to look high, but your iron will be low.

Very interesting. But without appropriate iron stores, your thyroid can't work without a normal iodine level, and it depends on the person. So I'm not saying one treatment, but another.

But I always test I'm not someone to super dose something just to make the thyroid get better. So for me iodine I take a serum iodine. And I want to know if you have enough in your body.

And I you know, obviously there's functional ranges and there's regular leverage. Just because you're just inside iodine doesn't mean you're right. It's okay.

But I would dose iodine. If it's low, I would raise it up to a sufficient level. I don't need to hyper dose. I know there's other doctors out there that do lots and lots of iodine to push thyroid.

It's it's not what I do that's more up to me. It's more of a natural medicine. I believe in epigenetics or functional medicine. My clinic is the Epigenetics Healing Center.

It's about getting it right and not having to be on a million pills the rest of your life. So our whole goal is fix the problem, get out and let you live a normal life, teach you all parts of it.

But yeah, it's really sitting down figuring out which labs are there and what people are waiting to get their labs done. We put you on a very specific eating protocol supplementation regimen for four weeks.

While we're waiting at the labs back in. Typically they lose between five, 15, 20 pounds in that first four weeks. Poop better, sleep better, have more energy.

And by the time I get the labs back, they're already like, oh my gosh, most of my problems are gone. I go, all right, that's true. I hear you. These are the things that we actually have to take care of so that those problems don't come back.

Right. And it's really a it's a miraculous process. It's it I mean it for the patients transcendent. It brings them to a whole nother place that they've never been before.

And sounds very precise. Sounds like you're you're giving each human being sitting in front of you, not a protocol, but you're basing your decision on the principles around functional medicine and not like, here's your detox box.

Lifestyle, Food, and Better Bad Choices

You know, you're looking at what is their individual, what are their stressors. And you and I could talk about the cell danger response all day long. We're basically, you know, what has set off their body to go into this danger mode.

And how do we reverse that. And it is different from person to person. I mean, you know, it can be heavy metals for one person and coupled with the other, you know, a couple things.

And it could be, you know, emotional stress with another couple things. There. So I really admire that, that you're really getting you're taking such a detailed history.

And I'm sure that your some of your patients are shocked, probably at how in-depth. But all those questions matter. Yes, you were born 45 years ago, but I do care if you were breastfed or bottle fed and I do care of you or a C-section.

It's all little pieces of the of the puzzle. And then when you take that and I'm sure that you get results faster, you're personalizing. So you're really taking into account again, I love what you said about we're not just stopping here because you feel better.

We're going to continue on this path and we're going to continue to optimize your body, thereby optimizing your brain and thereby having them do their purpose.

I mean, really that's really what my philosophy is too, is that, you know, when we're sick and we can't get out of bed and we can't care for our loved ones and we, you know, we can't do any sort of rewarding thing in life like, that is the worst, right?

That is the absolute worst. Being dependent instead of being responsible for your loved ones is the problem. Like, I'm dependent on my loved ones to take care of me.

I don't want that. I want to be responsible for my loved ones. I want to be the care taker. That's right. You know. That's right. Yeah. And I think there's just so many people like.

Like you said, undergoing egregious treatment for, a problem that is just not being identified. We didn't learn in medical school how to identify root causes.

We didn't have any one like you, doctor. Good. By who? I mean head to toe and then some. Right. Of of digging and digging. And that is where true healing lies.

That is where you literally are. You probably lose a lot of patients along the way because they're like, oh, I'm good. You know, like after the they get they get it right.

They get it. And you probably don't want to see them, you know, for so long because you've done your job effectively. You've put them on the right, protocol with was keeping in mind everything.

And then there's bumps in the road like someone gets Covid and then they get swept that right. But they're much better able, I'm sure, after having you come in with your clinic and your staff much better able to literally get through things like, like that, you know, get through all this, the illnesses that we have right, right now that are facing us. And that's super important.

I think people are realizing that, that we really have to get our, our bodies in tip top shape. I mean, you know, like I, I think that we're just kind of the walking on.

Well, as Jim Lavelle would say, you know, like if you really look at a regular person walking down the street, right? I have no medical problems. And then you dig in.

If you look at their labs and their resting heart rate, their Wr-v and so on and so forth, they're they're a mess, right? And so, again, you go back to passive medicine's not good at digging.

Digging is digging into that, saving people's lives to save your life. It's wonderful. It just does not give it back. Well, you know, we mentioned the, like, how important is for the microbiome with the breast feeding and vaginal delivery?

Like, people don't realize, like a hospital is not a place for a miracle to happen. It's a place to save lives. It's for sick people. And you have a baby there, and you go, hey, it's going to be a C-section.

Great. So we didn't go to the vet and we didn't get vaginal mucus in our nose, in our mouth that we didn't give coding to create good routes for good bacteria.

Well, guess what you got? You got the microbiome of whatever's in the hospital that day. Yeah, we have sick people living in hospital beds who are completely dependent on drugs and surgery, and it's 400 pounds or diabetic medications and viruses and bacterial infections.

We go, here you go, baby. You just get this. I mean, it's scary. It's scary. What's going on? It is really scary. Very scary. So yeah, I mean, definitely that comes down to that microbiome.

It all goes it all goes back to that. Because if you just don't have that optimize, we could do a whole other we could do a series of talks on the microbiome.

But I don't want to keep you too long. I know that you have a conference to get back to. So, you know, imparting thoughts. Is there any stories you want to share in particular, or any sort of tips that you do personally to to really maintain your vibrant health?

Because I will tell you, people, he really does wake up in the morning with all this energy every single day. I was like, ready to go? Ready. I mean, you're you're no joke.

You walk the walk and and. Yeah. Awesome. So well so yes. So first the most important is like we talked about living indulgently while being healthy. We I this term, I love to use it over and over and over again, which is I like to indulge by making better bad choices.

I want to make a better bad choice. So, hey, I'm going to cheat tonight. We're going to party. Okay, well, I'm going to have maybe I, I decide to introduce some grains, grains into my diet because I typically don't recommend grain ingestion.

So I'll do gluten free organic grain, you know, I'll be like, let's have some gluten free brown rice pasta organic. And I'll put some grass fed grass in his pasture raised meatballs and some organic marinara over the top.

I'm indulging and going wild. This is great. You're better. Bad choice. That's awesome. And that can be applied to, like, so many things, right? Because like, you're going to have a cocktail, like do some high end tequila or I don't really know which one.

Right, right. Tequila. It's my favorite. I mean, I don't drink very often because I really do feel good. I don't want to I don't want to mess with it.

I like going energy for days. I want to hang out and talk to people and I'm not so introverted. I have the extrovert thing is here. Yes. But yeah, I mean, like, I will have a, a sipper, dark tequila and sit there and sip on it with some probiotics, lower sugars and just be like, here we are.

I found my spot. Yeah. But, yeah. Better bench. Where are you going? To sit there and go bang down a beer full of gluten and yeast and all these things and get you a bloating and gas? You with all that carbon?

I mean, it's just it's not the best thing or. Hey, you know what? I want a pizza tonight. Check this one. Pizza. Maybe do the cauliflower crust, which is fine.

And then for the cheese, you get it raw grass fed a two yogurt cheese. Now that's a lot of things. Remember who you put. You catch all the there's a lot of things. Yep. Got it.

So so we do like it's grass fed. So you have a lot of clay is anti-inflammatory fats. You do the yogurt cheese. So you have the probiotic cultures to eat up some of the lactose.

Yeah. And you get an A2 so you don't get the casein A1 protein which causes all the autoimmunity. It's exactly the same taste. Amazing. Stretchy cheese on cauliflower crust.

Literally almost no gastrointestinal distress. You know, you can still feel you go home with your loved one. You go home with whoever your friend. You're not gassy and bloated. You can still feel sexy.

And you're like, hey, I'm hanging out with my whoever. And yeah, you can lean on me. Don't worry about there's no smoke coming out. We're okay. How's your microbiome smell?

You know, you know, we don't need to expose other people to the smell of our microbiome, I promise. That's right, that's right. Just be kind, right. Because do not let that happen.

Well, right. And then I think that right now when we're recording this, it's the holiday season.

Finding Dr. Goodbinder and Training Doctors

And this is so applicable to the choices we make right now, we pay like hell for them. If we don't opt for the the the better. Bad choice. I mean, this having that in mind really can just really take people and elevate their health if they just do that.

Like really, that's just like a hot tip right there. Just doing that will really get you, you know, your your time's worth and your money's worth because what you just said with the, the clothes and the probiotics and all that that's called food is medicine people.

Right? Right there. That's food as medicine because all of those things are actually healthy. There's a lot of food choices that, you know, we can turn into delicious goodies and things all like keeping them healthy.

So very, very good tip there, doctor. Good binder. Well, I have so much enjoyed this conversation. Every time we talk, you know, it's it's very enlightening for me.

I really need to come down to one of your, your trainings. Do tell the audience. Tell us about how we can find you as a doctor, how we can enroll in your course.

So one thing as patients, just do it a doctor good binder.com. Dr.. Good binder.com. And you can check out our website to see what we do. It really is it's life changing.

I mean, I did it for myself. I've done for thousands people and patients from 18 different countries come to Kansas City for our care. And as far as doctors are concerned, you can go to our website too and just contact us and say, hey, I want to be part of Doctor Good, your transformation weekend, where you really learn how to become a real functional doctor.

I know you want to. You may do hormones, you may do IVs or peptides. You want to do something different. You don't know how to get there. I'm telling you, a comprehensive whole weekend with me going like this literally all day long, every day.

Intensive, to really teach you how to communicate with patients and help them to understand you aren't like everybody else. You are going to look physiologically down beneath the labs and go, these labs indicate this, about this and this and this, and this may be the problem actually creating that name.

It's not just, hey, my enzymes are high, let's get on a liver cleaner. That's not functional medicine. That's green allopathy. That's not functional medicine. Right.

That's anyways, get on my website, doctor. Good binder.com. You can contact me through there, just like my patients do, and say, hey, I want to be part of Doctor Transformation Weekend.

It's going to be on Miami Beach. It's beautiful. It's an incredible resort. It'll be eight hours of super intense, mind blowing experience, like completely changing the way you see everything.

And then at night it will be just the beauty of the ocean. White sand beach. Just a gorgeous, wonderful restaurants. Oh, there's this, this Argentinian place.

I've never had sweet bread before. It's like this glandular meat that comes like the thymus gland. Crispy on the outside, soft and chewy on the inside with these amazing sauces.

I'm verklempt. It's amazing. But, yeah, you really can't. And I and I try to. And I actually care about you. I want you to succeed. I feel like your success is, indicative of how successful I was.

So, like, my patients are the same way. If I don't have a patient that doesn't get a result, I feel like I failed. I do not want you to fail. I'm a perfectionist.

Same thing with doctors. I want you to be the most successful doctor in the world. And I'm gonna do everything I can to get you there as well. So that's how you get a hold me doctor.

Good binder.com either way. And let's get you better, whether it's in practice or your health. Perfect. Well, thank you so much for your time, doctor. Good binder.

Have a great rest of your conference. And I'm sure we will talk soon. Absolutely. I look forward to it. Thank you so much for having me.