Introduction to Thyroid Testing

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Have a guess what I've got to choose. Hi, welcome back to the Healthy by Dr. Jenn podcast. Today we're going to be talking about thyroid, DNA, and RNA.

It's going be so great, so stay tuned. So we are going talking to Dr Darryl Turner. He's a hormone specialist focusing on the thyroid which is like my language, iodine, adrenal, but trained to be a medical doctor and MD in Australia.

So his accent might kind of explain that a little bit better. He invented, patented and developed and clinically trialed hormone testing devices, plus the supporting advanced innovation medications for the treatment of hormone imbalances.

he also discovered an effective treatment and more importantly the cure for Hashimoto's disease, the Treatment of Graves and Reverse T3 issues and then developed effective protocols for balancing these core hormones.

He's been featured on the Dr.

Dr. Tu2019s Background and Thyroid Expertise

Phil Show, the Doctor Show the Today Show and the Discovery Channel plus the Healthy by Dr Jen podcast that we just talked about. So his leading in anti-aging and hormone doctors around the world have sought him for advice and we are so excited to have him today.

Thank you Dr Turner for being here. Dr T. Yes, I know. Everyone knows me as Dr. T because in a lot of countries I operate in, they just cannot say my name properly.

So everyone just calls me Dr T. Yeah. I like that. Well, and the T can stand for thyroid. It can. I didn't think of that. That's good. You're one step ahead of me.

It works for it all. Well, you love the thyroid and you have just felt that blood tests are kind of missing the whole picture. So why do you think that?

So why are blood tests not good? It's not what I think. Blood tests only came into reality in the mid-1970s. Before that, the 200 years before that they used the speed of the reflexes.

According to Sir Dr. Richard Bayliss, head of The Endocrinology Society in Europe, he stated a few years ago at the endocrineology meeting that none, as NONE, be it TSH, T3, T4, 3T3 and 3D4 are valid for determining thyroid

function.

And he went on to say that the only thing that is valid is symptoms of the patients and the deep tendon reflexes of a patient. I mean, as a thyroid patient for years, so in high school they found that, you know, I had a thyroid nodule, hypothyroidism, Hashimoto's developed in medical school, on and on.

Yes. Hashimoto's in remission, but yes, sometimes we'll get lab work and I'm like, that's just not exactly how I feel. a thyroid patient can tell when things are off.

That's right. It's so cool. But I think it's hard and I would like to know how you would maneuver this as a prescribing physician.

Why Blood Tests Miss Thyroid Function

There was just a doc in Florida that got in trouble for prescribing T3 because the woman had a cardiac event and it was unrelated to the T-3 and they make it so hard for us to treat thyroid appropriately and our patients are suffering.

Yes. Patients, first of all, fill out a symptom survey. I developed a symptoms survey called Dr. T's symptoms that have been used. In fact, in February, 2022, we hit patient number 2 million that has used the system.

We, because we operate in India, were fast approaching 3 million people. It's a complete system that looks at what the patient tells us. We actually ask the patients what their symptoms are.

They write it down, they tell us, I've got cold hands, my thinking is slowing down. My menstrual cycles are not right. I'm clotting, they tell us all this information and from that we get a full picture of what is happening.

And also more importantly, whether we should do the blood test for reverse T3, TPOAB, which is Hashimoto's or TGAB, and which has Graves. Which is a subset, but 80 of the patients coming through are able to answer the questions.

If they score eight or more, and this is out of my endocrinology questions, they scored eight and more on the symptom survey. They are by definition subclinical hyperthyroid.

In other words, They have the symptoms, But it will not show up in the blood tests. Why? May I explain why? Yeah, I just want to back that up. I think that's such an important point to talk about subclinical thyroid or hypothyroidism.

Yes. Because these patients are just suffering. They're depressed. they don't feel good. And they go to their doctor and they're like in tears. i mean i'll share this with you and i'm sure you've heard this like i was in medical school and had to get a partial pyridectomy because no one ever checked for Hashimoto's which is a whole nother issue but I was researching as a medical student, you know, first year medical students, I reading papers on PubMed and about T3 therapy because I just prescribed a monotherapy and I remember I knew something was wrong because it was sleeping during a Steelers game on a Sunday.

And I'm like, I don't sleep during Steelers games. That's like my dad raised me to be a Pittsburgh Steeler's fan, you know? And, and I felt like crap.

And. I was begging them to give me T3 because they wouldn't even test for it. They're like, but your TSH is good. So we just need to do better. I would have been in that subclinical hypothyroidism, even though I had part of my thyroid out, I still wasn't being taken care of.

What do we do about this? Why does this happen? Because from the 1970s as the medical community decided to use blood and not reflexes. See, look, for 200 years before that, we used the Waltman's effect, which was 92% accurate.

When I was a young boy in the 1940s and 1950s, my doctor sat me on a table and he used to hit my knee with a reflex hammer. And he would judge the speed of my reflex.

The same back in those days, they did the heel kick test. Yeah. Newborn babies and the judge would be to the reflex determine if you needed thyroid or not.

That methodology has faded out. Right. And yet that is actually testing the end artifact of thyroid. This is the problem with blood. 18% of the hormones can be found in the blood, so if I'm going to try and hit a target over there, I have an 18 percent chance of over 98.5% chance, of hitting it with reflexes.

Have a guess what I've got to choose. Yeah, and your accent, I just want to be clear, 18%. Yes, that's wild, right? That's pretty crappy. You wouldn't be passing a test with 18%, so do you think it's because doctors are just, we're human and we have error doing things, but even with that error, you're saying it is a better test to do a reflex than a blood test?

There's no comparison because the blood tests are 18% accurate and the, I mean, most, patients only have TSH done.

Thyroflex, Symptoms, and Treatment Decisions

They don't, you know, very few doctors do T3, T4, just alone. What? Free T3, free T4. But according to Sir Dr. Richard Bayliss, he stated emphatically that none, that's NONE of any of the blood tests were valid unless you were looking at the autoimmune or reverse T-3 blood test.

So even the free T3 and free t4 are still pretty rough. No, because only a little bit that gets there. What gets into the cellular level and what the body's using is a totally different story to what's in the blood, circulating in blood.

So the thyroflex test is more examining and evaluating the tissue level. And intercellular look into how the thyroid is functioning. In fact, not only do we test the speed of the reflexes, we tested speed to the neurotransmitters and we tests the resting metabolic rate with all three pieces of information combined with what the patient's talents in the symptom survey.

And that is if they score more than eight, then we only then do, actually suggest the treatment to be patient. Now, for someone in the US, if we use this technique, would we just get blood to like cover us?

Like, you know, like with the medical boards and stuff, how do we navigate that? Is this recognized by endocrinologists? We have not, no, not by androgynologists.

Of course not. Integrated, integrative doctors. Look, we have them with some of the top integrate of doctors, One of the ones that you may have interviewed is Kent Holdhoff.

He's been using it for 26 years on every single patient that walks through his door. They have to have a thyroflex test, fill out the symptoms and do a thing called a thyrodyne because we have an iodine testing machine as well.

Test for bromide, fluoride chloride and iodide. With those pieces of information, he will then And his team of doctors will treat. Prudence Hall, I can go on, Hugh Melnick, a very famous androgynologist.

So it's not widely accepted unless you are integrative. But it does so well that we should be using this on patients. It was used for 200 years before they went to blood and now it's come full circle.

All I have done is I worked out, by the way, we are FDA, TSA, CE and FSSI approved and I did do clinical trials. The bloods are just not valid. In fact, you're basically wasting the patient's time and money as well as your valuable time.

The reflex test is simple. It's four minutes. And I just worked out a way of putting it in a number on it. Now, do you

feel like this, the thyroflex versus like blood work like trends too?

It trends better, you know, when you're adjusting medication. So you were saying this test, we use it just as bloodwork for just medication? No, once you identify it with the speed of the reflexes, their speed for the refluxes react to medication, retitrate the patient every 30 days until they're at dose.

Before this the doctors had no idea how much thyroid do I put my patient on? Now we get an exacting dose. We're able to get the patient symptomatic free.

The only time we use blood tests is if they are Hashimoto's Graves, Hashtoxicosis, or Reverse T3. So how do you know which T-3 and T4 ratio then to use?

We use natural by identical thyroid. which has got T1, T2, T3, and T7 in it. It's well recognized and well known throughout it's got various names throughout the USA.

Natural Thyroid Therapy and Dosing

In our clinical trials on 2,200 people over three years, we're peer review and published. We found that the synthetic worked. But only work for a part time.

So you're putting your patient on a seesaw, increase a little bit and then stop working, increased a bit. You put them on the seesaws, you never ever able to get it right.

Cause in the end, the body rejects synthetic with the natural identical. desiccated thyroid, you're able to get them right and maintain them for the rest of their lives.

Don't forget, this is a genetic inherited problem. You inherit it from your mother or father, which means that you have it, from the time you born. The first time it shows up in the age of seven, when you change from a child into a boy or girl.

And then of course, it really goes to town, When you go through puberty, because it also controls your estrogen and your progesterone. And of course I had a daughter.

Mine was when I was going through puberty. Yeah, exactly. So we had to balance your thyroid. You didn't have to go through the roller coaster. I made sure my daughter did not rule our house.

Mm-hmm, to start with. Yes. So you talk about for Hashimoto's identifying mutant DNA and using RNA intervention. Can you about that a little more? Sure.

In my clinical trials on 2,000 people, we accidentally discovered or stumbled upon how to reverse Hashimotos. We now treated, in 2022 we passed one third of a million patients that we have reversed.

Hashimoto's is the primary autoimmune disease. There's a little bit of Graves, but mainly Hashimoto's. We are able to get them symptomatic free. But also able stop the auto may, the, what we call the cascade of auto immune responses.

Rheumatoid RA, rheumatoid arthritis, type 2 binded diabetes. It goes on and on. So we have the ability to reverse once it's identified by BAP as Hashimoto's.

We have protocols for graves. So if we haven't had to do a partial ablation with those 2 million plus patients and of course reverse T3 as a 30 day fix for us.

When you have. Hashimoto's and Graves, this is the problem. It is called Hashitoxicosis. We know that it's embedded within their DNA. So our automatic response, and we've trained all of our doctors around the world, is we have to do a DNA test.

And we look for the mutant DNA in what we call cellular information. and, we're able to an RNA intervention, which means we are able reverse the incorrect signaling.

between the mutant DNA through the RNA to the liver, brain, kidneys, wherever else it goes. How is that done? We put the patient onto RNA chemicals because we know that the chemical signature is wrong and we correct the chemicals signature.

Okay. And we manufacture those. Is that specific to the person? Very specific. We have to evaluate their DNA.

Hashimotou2019s, Graves, and DNA/RNA Intervention

to decide which ones, you know, and we also look at gluten intolerance, moles, fungi, histamines. We look into a whole lot of other things within the profile, but Dr.

Jan, this brings, I'm an old doctor. This brings tears to my eyes to see what, just how these, we've got them out walking and going out of wheelchairs.

It's absolutely amazing what you can do with, if they got Hashimoto's angraves, there's TPOAB, TGAB, what can you do doing a DNA intervention? And the DNA gets the bottom of who they are.

And we know which chemicals or electrical signals to interfere with. to modulate the correct responses. It takes about six months for us to do that. Yeah, because I feel like Hashimoto's is easier to get into remission with taking out reposes.

Graves. And diet and exercise. You know, so I have a patient that like she flares, her graves will be in remition and then she'll flare when glyphosate is sprayed on the fields or she will flare with emotional distress.

Thoughts on that? She's got a DNA problem. I'm going to have her work with you because she's a tough cookie. We've been doing okay with it, but I have two graves that I was blaming it on the glyphosate I thinking.

Oh, terrible. Well, I am sure it's making it worse. Something in the DNA is making so they can't fully go into remission. It's called cellular inflammation.

Toxins can trigger a cellular inflammatory response. Yes. In particular, the C3 in the interleukin-5. So we test for all of those and we're able to modify the response.

Yes, I'd love to have a look at your patients. We do a thing called a co-consult. The patient does a DNA test kit, we send them, and then I do co consult with you.

the patient and myself 45 minutes zoom call over the phone and say, this is what's wrong. This is why they get a full explanation of what these genetic mutant DNA genes do.

And then we say this, what we're going to do and I come up with a complete protocol. Now, What if you just don't do anything about this mutant, DNA? What happens?

Your life deteriorates. Okay, it spills over into other diseases. Yes, very rapidly. And you cut an average of six years off your life expectancy. You cut off six-years?

Off your live expectancy? Okay. Well, that's not as bad as I thought it would be. I'm just kidding. Not really. But okay, let's talk about reverse T3.

real quickly. I'm sure a lot of people don't know. Can I just interject before you go to reverse C3? It's not about life expectancy. It is about quality of life.

Yes, I am teasing. Your quality life deteriorates, but you can't even get up out of your chair. Right. And this is so

common. There are so many people out there with chronic disease where they can get out bed.

We have solutions. Yes, we do. It's tough. Reverse T3, this one ties into the adrenals. If you would ask your conventional doctor to even order this test, they would look at you like you were a weirdo.

So just explain a little bit about that for us. Reversed T 3 is caused by stress. In other words, the patient, you're doing it to yourself, right? Extreme stress, What happens is that stress can, if you put the two accesses together, that's the adrenal axis and the thyroid axis.

You can see that the, the adrenals are able to affect at four different levels. The bottom level is where it causes a. T4 problem. So it's actually a T 4 problem and your body cannot convert the T four into something with iodine and D3.

It is something called free T3, which is what the body uses. Doesn't use the other T's, it uses free, T three and a little bit of free. And of course stress makes it reverse around and to say they have an F T 3 is three T F.

And it builds up and it blocks. I've been actually called in as expert witness on a number of core cases for where doctors have given their patients because their TSH goes right down, it becomes suppressed and they have killed their patience by giving them more T4.

Because it is a T-4 problem. So with T3, reverse T 3, you have to be very, very careful and on Identifying it, and you do that with a simple blood test, that usually takes us about 30 days to pull a patient out of reverse T3.

And same thing, doing the same kind of testing that you know to get the reverse t3 back in a good level. It takes 30 days. You do a blood test at the end of the 30. It tells us, but some people are so much under stress.

Reverse T3, Stress, and Recovery

There's some times I don't want to get too technical, we may have to supplement along with the natural by identical thyroid, say five microgram, a little bit of T3 extra.

12 hours apart, those people that cannot get out of a stressful situation then, but that's only about 10% of the patients. Right. Five to 10 percent of patients, once we get them out, we pull them up.

We also use music. We want to modulate the brainwaves. So we tell the patients, look, we can only do half of this. You, you've got yourself here. Yeah.

To do, half for this, to get yourself out. so we use a special type of music that alters the, brain waves between alpha and beta. At night and we also, they can do breathing exercises, but the main thing is if they don't modify their stress and the incoming stressors, They're going to end up back where they started from.

But usually we're able to, with those methods of, of music and adequate sleep and because it didn't interfere with sleep. And the, and T3 only treatment, we were able pull them back.

That's amazing. Well, thank you so much for teaching us about thyroflex and just what you do and changing so many lives. I want to ask you some rapid fire questions.

Sure. What is one biohack or habit that actually works for you? I'm a big fan of infrared sauna. I have a thing that sends that little pulse. Vagal nerve stimulation.

You have tons of biohacks that you do. Yeah. The next question. And a nice wife. Yes, that's true. Everyone needs that. Happy life. If you can eliminate one toxin from the world right now, what would you pick?

Rapid Fire Biohacks and Closing Advice

the toxins that they put in the water, fluoride, chlorides, bromide. Yes, yeah, because it all affects the thyroid. And then what is one word that you want to leave with our listeners for this week?

Don't ignore your symptoms. If you have the symptoms of tiredness, depression, anxiety, cold hands, or cold feet. Don' ignore them. Come to a practitioner and get yourself tested with a speed of your reflex.

That's a thyroflex and. Get yourself treated. Quality of life is what we all expect. The quality of a life. Is what. We can give you. Yes, I love it. And how can everyone reach you and find you while they're listening?

How can they find Dr. T? You can go to our website www.nitech.com. That's u-w-dot-ni-tech, n-i-t-e-k, medical.com. Or I shouldn't really give my email address out, but it's drt at ni-tec, N-I-T-E-K dot M-D for medical doctor.

Everyone send him an email to say hi then. All right. Thank you so much, Dr. T.