Introduction and Guest Background

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Simple. And he went on to say that the only things that were valid were reflexes and symptoms. Hi, and welcome to The Balancing Point. I'm Dr. John Needers and I am here to make traditional Chinese medicine, functional medicine and integrative health simple, practical and fun so you can restore balance, boost vitality and enjoy a healthier life every single day.

Hi there, this is Dr. John back with another episode of The Balancing Point, and I've got a very fascinating show today. Now I know I say that fairly often, but it's true.

My guests, I just can't believe I'm so fortunate that they come on. And today our guest is Doctor Daryl Turner. I mean, that he's willing to come on my show, you know, I'm a small fry in this world.

And he has been on the Dr. Phil Show, the Doctors Show. The Today Show Discovery Channel and you name it. commissioned to write five books, two of which are in the final edit.

And of course, I've gotten two out and those were labors of love. It was like delivering a child each time. So it's very impressive because of all the other things Dr.

Turner does. He's a hormone specialist, focuses on thyroid, iodine, adrenal, and then DNA and RNA. That's something I'm really excited to find out about it.

And he invented, patented, and developed a clinically-trialed hormone testing device plus the supporting advanced innovative medications for the treatment of hormone balances.

Now, I've got to tell you, Dr. Turner has got a device that he uses that I didn't even know existed. But apparently, it's been already used on 3 million patients, which just shows you how far behind I am on this particular area.

It's a fascinating thing and I have got tons of questions. to ask. One of the things that I was really excited about is that one of things I saw was your discovery about how to put Hashimoto's into remission.

And boy, what a blessing that would be. I mean, you know, we've gotten good results, but rarely get into complete remissions. So I'm very excited that you're on today, Dr.

Turner. Thank you, Dr. Gohm. Oh, you're so welcome. I'm just really excited to have you here. And there's a book, maybe you know, Datis Karatsian wrote a few years ago, and I love the cover of it.

It's, a woman literally screaming and pulling my hair out. and it's titled, why do I still have so many thyroid symptoms when all my tests are perfect?

And I think you are the perfect guy to answer that question. So that's a very, very good question. And it comes up all the time up until the mid 1970s.

Um, the doctors of old, um, used to use a reflex test to determine the condition of the thyroid, whether it was hyper or hypo, and you're a gyno. Uh, John and you, and, you may have done in an earlier, in earlier part of your career, a heel kick test where you judge the speed of the reflex of a newborn baby.

Why Thyroid Blood Tests Miss Symptoms

When I was born, of course, they didn't use a heal prick, but a he'll kick this to determine if my thyroid was normal in the 19 to 1950s. Um, my doctor used to sit me on his table.

and they used to hit mine just underneath my kneecap and judge the speed of my reflexes and ask me some questions. It's called the Waltman effect. B-O-L-T-M-A-N-S.

Waltmans effect has been in use for about 200 years. Its in the 90% accurate. Is very very accurate and Dr. Devold could actually judge those reflex speeds.

today we've lost that skill because in the mid-1970s they decided to use blood. However, blood, be it TSH, T3, T4, 3T3 and T4 according to Sir Dr Richard Baylis, head of the Endocrinology Society in Europe, Stated that none of the blood tests are valid.

Simple. And he went on to say that the only things that were valid were reflexes and symptoms. So unless you're getting reflex tests and. There's a high probability that is not being picked up.

Why? Because bloods are only 18% accurate. Uh, where the reflexes are 98.5% accurate. So there's a fairly, fairly high range of Philly. You're going to be severely thyroid for it to picked up in the bloods.

Yeah. Now it was before my time, but I've been told and read that thyroid treatment was actually more accurate before they started using thyroid stimulating hormone as a test because they would go by symptoms, right?

And it's like when your symptoms went away, your signs went way and your reflexes were normal. Okay. Now we're good, but the over-reliance, I'm not even saying it's a good or a bad test.

I am just saying the Over-Reliance on TSH. And most of the patients that I see that come in, unless they have a very, very specific known thyroid problem, all they get is a TSh and maybe a t4.

But certainly there's so much beyond that. Yes. The bloods are accurate, Dr. John, for TPOAB, TGAB, that's Hashimoto's Graves and reverse T3, but not for determining hyper or hyperthyroidism.

Okay. Good. And so I can't wait. Tell me a little bit about your testing. Sure. I, um, was an, I was sort of perplexed as patient after patient would come in, we do the blood test, but the turtles had all these symptoms and we say to them, you are subclinical hyperthyroid.

In other words, there's an easy place with words we could park a patient into and. send them home without treat treatment. I decided to look elsewhere and see what was used in the past.

And because I, you know, in medical school, John and John, Dr. John Ageno, they teach us that reflexes, uh, You know they speed up and slow down with thyroid function and then they say, but blah, blah blah.

They cover for about 20 seconds and that's it. Uh, so. I decided to invent a machine with modern technology that tested the speed of the reflexes. Tested the neurotransmitter speed because thyroid affects the brain in a major way.

And I, and of course, thyroid controls your weight. So I tested the rest of the metabolic rate and I do that in a four minute test from start to finish with a, with the device, the thyroid effects machine and the patient sits down.

I did a start with Echilles. That is where the original research was done. And then I moved it because it was easier to the brachial radialis that is on the arm.

I started to test the arm and we got a device that sort of worked and I went ahead and did clinical trials on 2,200 people over three years. By the way, we are FDACE, TGA and FSAI approved on it.

Okay. Wow. Yeah. That's, do you find that I'm assuming that reflex speed tested at each of those different sites

would be consistent? It'd be consistently slow or consistently fast.

Yeah, it doesn't matter which, the subpedial, your heart, cause your hard is the biggest reflex muscle in your body. The Achilles, any reflex for it is controlled by your thyroid.

So you can test any of those points and we correlated the Achilles reflex with the brachioradial reflex 99.9%. Wow, that's amazing. And certainly a lot easier to get to.

That's fabulous. Yeah. Well, sometimes it was difficult when you got a 300 pound woman in the middle of summer in Phoenix on a chair backwards. She had to take the skews and socks off.

It wasn't a very pleasant experience. Well, I used to work a lot of evenings and I see a lots of people after work. Now I work early in the day, so it's not as bad, but I would get a lotta people at work and say, kind of, okay, please take your shoes and socks off, right?

Kind of holding my breath a little bit. Exactly. That's why I moved it to the brachioradialis. I mean, to arm.

Reflex-Based Thyroid Testing Device

Right. Excellent. And so you were in Arizona for a while then? I live in, Arizona. Oh, you do? I'm sensible, Dr. John. I get out in the middle of summer.

Yes. Excellent. Catherine Black, who's my associate that I've written a couple of books on and she does, she's really the brains of the outfit. I'm just the pretty face sitting here and, yeah, She's from Arizona and you know, put up with it as a kid, but she said she can't even go back there anymore.

It's just way too hot for her. Yeah. My kids and my grandkids live in Arizona. And they stay there through summer because they're tired and they have to earn money.

And so they're stuck. But my wife and I, we escaped over to Australia. Great move. When it's really hot. Yeah. And it sounds like you might have some experience with Australia?

Is that your accent? No, I'm not Australian. Good day, mate. How'd you be? Nicely done. And so again, you were mentioning that the blood tests are notoriously inaccurate.

Yes. How would somebody find one of your centers to get tested at? Well, um, we have about 800 centers around the world. Uh, We have a website, you go to a web site.

You asked us where our centers are. Um, and it's really the Philly easy to find. And that's at night tech medical.com and we will tell you where, where are centers.

We had a lot more centers for COVID. Wiped out a lot of our centers because a long the offices closed down and never certainly be hard to do telehealth with, with that type of testing.

That's correct. Yes. Yeah. In fact, we had one, one group had 28 clinics. And all they did was their whole clinic was based around my core hormones and my testing and it wiped them out.

They couldn't afford the overheads during the one and a half years of COVID shutdown. Well, I've got to tell you, have this package of information that I have been looking at, longingly I must add.

waiting to meet with you and your check-in sheet is amazing. The way that you've correlated different things. And so just in one quick check in sheet, you got so much information here that can really guide not just thyroid, but a whole core of neurotransmitters.

So variant, just their intake sheet as impressive. Yes. I developed that. because you cannot balance the thyroid by

itself. The thyroid is the grand central relaxation of all of your hormones and your well-being.

So what I cover is the patient knows best, Dr. John. Uh, if they come and see you say, I've got a pain here, then you know, this is, there's a way to look, but it may be connected with something down here.

Right. Under the shoulder could be the heart at least they're telling you where to. Um, and, uh, so, So, what did is I. thought through the whole process of what are the primary hormones that affect the functioning of the thyroid.

Well, the first one is the adrenals. The adranals have a major impact on three different levels on the thyroid and adrenal stress or two or adrenal exhaustion just before Cushing's and Addison's as she causes the body to start to, um, a pool that is increasing T and if the T4 which is a conversion problem starts to increase, you trigger an RT3 marker in the blood and RT 3 I've been called in as expert witness actually.

in, in a couple of international cases where the doctor with a TSH has dropped low. And I've told them, do not increase the T4 medication. They've increased it.

So RT3 is something that we, uh, that our questionnaire triggers you to test for. And the questionnaire also triggers within there when to test for TPO-AB and TGA-B.

So it's a fairly comprehensive system. We're balancing the sleep, the CoQ10, and more importantly the iodide, iodine, along with the stress modulators.

But like you said, once you get used to the system, it only takes you as a doctor, a few minutes to really summarize the patient up. Well, it would take me half an hour just to ask these questions and probably an.

To ask them and get the answers to them. And you've got it in this one check sheet. I just love it. Yes. We've been talking about, so, and I mentioned to you that.

My doctorate is in gynecological endocrinology. So at one time I did a massive amount of fertility work. And what I found is, in the patients coming to me, where they had so-called unexplained fertility, the problem was almost always stress-related.

Can you talk about reverse T3 in regards to that? Yes. Yes, I work a lot in India. Um, in fact, I work in 28 countries around the world and I find that living in a stressful society, like just driving from point A to point B in India causes a, it causes your cortisol to get depleted.

Because you're constantly struggling to get from point A to point B. So by the time the average Indian person gets to work, they are already stressed out.

In other words, stress to piece your cortisol. The cortisol, as I just said a few minutes ago, acts on the, between the hypothalamus and the pituitary, the thyroid on, on thyroid.

and the adrenal cortex and their adrenal medulla is affected. And it triggers the body to go into a self-preservation mode. And it starts to go into a system where it stops converting the T four into usable form called free T three and it goes into reverse.

Adrenals, Reverse T3, and Hormone Balance

So it's instead of FT three is three TF. It does it back to front and the body simply cannot use it. The actual patient is exhausted and tired and they don't know why.

And of course. Thyroid effects in your case, Dr. John, the estrogen and the progesterone. So on that questionnaire that you just told me about that on my little one there.

right down towards the bottom of the hypo. It tells you about the estrogen and, and progesterone is your menstrual

cycle every 28 days with 29 days or 27 days, or anything else in between that is a thyroid problem.

Or if you get clotting or your period lasts for besides a little bit of spotting before and after three days. and of course this is exactly what you need to know in your practice.

So the thyroid plays a major role in that and the adrenals compound that if they are not balanced. In India there are two things that are really prevalent, way more than in the USA.

Adrenal exhaustion, because they're also breathing in the polluted air every day on their way to work. And the incidence of Hashimoto's. In the USA is 18%. In India is 60%. And I've worked out why.

That's amazing. You know, I have. I see a fair number of patients that have come over from India, a couple to see, you know, few to me, but a lot that moved here.

And I did notice a much higher level of Hashimoto's, But I hadn't figured out the entire piece of the puzzle. I have. That's fabulous. Yeah. We're finding, we do a.

fair amount of work looking at dementia prevention types of things. And more and more we see that those 2.5 particles, those little guys, are just destroying people.

Here in the Bay Area we had some big fires, so I'm expecting a little bit of a surge in dementia problems because of that. Yes. In fact, dementia, for instance, 50% of all Alzheimer's Uh, and a similar percentage of the Parkinson's like shaking disorders, uh, actually caused by low thyroid.

There's a very, very excellent study out of Sweden that actually, of course there's another 50% that we're going to get down to the bottom of it all, but we can say to a patient once we test them, once you get them on the correct amount of medication, and that's what my machine does, there is no guessing that You know, we say to the point of this, would you like us to reduce your chance of getting Alzheimer's and Parkinson's by 50% and everyone says, yes, I don't want to get it.

Say, okay, you're going to be on the thyroid, what we call the trifecta thyroid iodine and the D three for the rest of your life. Are you okay with that?

Uh, yeah, because as you said, uh, the dementia, Uh the, The little particles, they all play a role in the deterioration of the brain, but the major role is the slowing down of brain with hypothyroidism, which we measure for through the measuring of neurotransmitters.

That's fabulous. I did a continuing education class and then also a podcast on bedside diagnosis. And I read from a book by a. United Kingdom cardiologist where he just went on this rant.

And my wife gave me the book because he went the same rant that I go on often. You know, it's like, look at your patients, listen to your patience, right?

They'll tell you what's wrong. Right. I think there's just this tremendous over reliance on certain technologies like blood tests and not really up to the date things like what you're doing.

Now in Chinese medicine, most of our diagnosis is pulse taking, looking at the tongue, Looking at colors, et cetera. And they did some brilliant stuff.

I mean, it's like patients come in with POTS, postural orthostatic tachycardia syndrome, which we see a lot after COVID. Well, you can tell most of those patients just by touching their pulse, because they're all slightly, and that not, I don't, a surgeon would think I'm nuts, but they are slightly hypothyroid.

hypovolemic and the blood doesn't actually fill the vessels when I'm pressing on it. And sure enough, we take them in and do a raglan, you know, like a tilt table test, and they fail every time.

So then we're looking at low sodium levels, not, pulling water into the stream as kind of a starting point. Of course, it's infinitely more complex than that, but that's in the first five minutes of the diagnosis.

And we find here in the U S at least people have become so salt phobic that we catch a lot more low sodium patients than we catching high sodium. A much, much higher rate.

Yes. That, that is true. People, people become fat phobics and you need a certain amount of fat for the, for their body to function properly. Yeah. And when they're going on these special diets, and of course they are trying to avoid sold at all costs at our meals.

When you need a certain amount, because the thing in your body called a sodium simple order, the pressure inside and outside of the, The cells that has to be in bad balance.

And that's what the sodium chloride does. Fascinating. So. You, you create this T symptom survey. Now it's way more than thyroid. I mean, thyroid, I can see is really at the key, but you do other hormone treatments also, right?

Uh, yes, we specialize in all the hormones. We do the, uh, estrogen, progesterone, testosterone. But we don't, once again, this is where blood, can't treat a patient with just using blood.

I have to have either a urine or a saliva. Yes. Because Dr.

Iodine, Hashimoto's, and Cancer Prevention

John, you already know this blood may tell me that the, for instance, the estrogen in a female is very low when it could be very high and the intercellular use is not, is showing up in the saliva and urine, not in blood.

So that's why we insist on saliva as the, as a best medium to, to test. Once we know that we actually, uh, manufacturer, cause I, because I manufacture all the hormones myself.

I have my own pharmaceutical company, companies. Have three, three locations I'm manufacturing. And, um, I do all the natural bioidentical hormones and, uh, so I knew them in creams and I'd do them and.

I just introducing a. Progesterone capsule, but I did the estrogen, progesterin testosterone, oxytocin, et cetera, in cream to nasal sprays. Oh, awesome.

So everybody watching, I want you to get this. So I'm 75. I am not going to tell you how old Dr. Turner is, but he's older than I. And look at this guy.

He really lives what he speaks, right? So you're doing something right. I'm taking my own hormones. Yeah, that's great. Dr. John is quite amazing. My thyroid is normal.

I don't have to treat my thyroid, but my wife had Hashimoto's. She no longer has it at all because of my discoveries. Gotcha. So I have a question for you.

It's a little off topic. So I was born in Yakima, Washington, which is kind of… And so it's come out over the last 20 years, they finally admitted that the Hanford refinery was releasing radioactive iodine while I as a baby.

And the mothers were pushing milk like crazy. So you've got the cows eating the grass with radioactive Iodine. and I have had a wonky thyroid ever since the first time I was tested.

Do you think that that could have affected it? Radioactive iodine kills the thyroid. Um, I came out of the same situation. I was actually born, you just asked me, am I an Australian?

No. Born in New Zealand. The French kept on, um, there's a little Island right next door to New zealand, called Mururuo. And they kept doing atmospheric tests with nuclear bombs.

New Zealand was constantly bathed on a consistent basis with radioactive iodine. It went into our grass, it went onto the mill, went to our total food source.

I came out okay because I left early enough, but they kept on radiating New Zealands with radioactivity and they wouldn't stop. First of all, Your thyroid is dependent on iodine.

In other words, if you expose to high doses of radioactivity, iodide is what we give the patients straight away when the Chernobyl went up. And the clouds started to drift across.

I got a ton of phone calls and we, cause we make the high dose iodine, the 15 milligrams and I've got everyone immediately onto 50 milligrams of iodide just in case.

So it does affect the, it can affect a thyroid, but I want to also tell you that. virtually all cases of thyroid disorders are hereditary that either your mother or father have it.

It's a genetic gene. Once it's in your gene makeup, it goes through the whole family. In other words, If one of your patients has it, then you know that their siblings have it.

Their children have her and the parents had it and quite often you can ask her history blah, blah. Oh yeah. My mother had this, my mother hand Alzheimer's and she had us and all the whole story comes out the.

connection, but to ask you a question directly for New Zealand and for Yakima, which is the, we should see apple growing area. Yep. Yeah. Uh, when I went through, through there, um, radioactive iodine, yes, it will.

will have a major impact on your thyroid. And if you were born with a thyroid disorder and it gets radiated, then it's going to make things worse. Okay.

Thank you. That one's very personal. As you know, looking at the periodic table, right? Iodine's a relatively large molecule, but then we've got bromine, chlorine and fluorine, which are all much smaller and can bind and block the iodine uptake, right?

That's exactly right. The iodines got to get into the mitochondria and into cell to do its work. So there's a little hole it's got go through. If fluoride or bromide chloride, which we find in our breads and our water, et cetera, it binds and it cannot get through the hole.

I don't go through. It can't cannot. Get through that hole to do work. Is required in every cell of the body. So no one is allergic to iodine because it's required in every cell, but to get it in there can be a problem if you've got a high exposure to fluoride, which is in the water or even swimming.

Bromide which you find them in the in your white flour and your breads and Quite often they bromide. They bromate the water as well. And of course chloride Which is also a cleaner Industrial cleaner and of cause sodium chloride is salt Stop the uptake of the of The chloride and the iodide because of binds.

Well, that brings me another question. I've seen patients who've told me that they had an iodine allergy. And what I suspected was that it was actually the effect of maybe driving those other three chemicals out of the receptors.

Does that make sense? It totally makes sense. In fact, some Because these cells are cleaning themselves out once we get iodine into the cells. I mean, well, when I was young and I got a cut here, my mother would put this orange stuff on all this yellow stuff.

It used to sting. It killed all the pathogens. Now we're giving it to you orally and it's killing the pathogens. So you get a thing called a kill off effect within the cells.

Sometimes you don't feel very well. In fact, I personally, when I first started myself on iodine many, many years ago, actually got a little bit of the kill-off.

And I had to cut my iodine in half for about a month. And then I went up to the, to. The dosage one, by the way, was established by a Dr. Lugoves in 1847 and his body of work was continued on by Abrams Fleischer et al and put into practice by David Brownstein.

And David Brown seen David and I on the same page as, uh, giving our patients the right amount of iodine. I do have an iodide testing machine, by the way, and using iodines to also stop any breast lumps, turning cancerous, get reversing them, anything to do with the uterus, thinning the Uterine lining and assist within the urethra like a patholome uses.

Or a cyst on the ovaries. And of course, without male patients, prostate and artery. So iodine has a lot more uses than just making the thyroid work. But initially you can get a kill off, which means you're back and back.

Then you titrate them back up again. We use Lugol's, probably not as good as what you've put together, but do you think it's still a decent formula? Yes, it is.

Yes. We follow the Lugols. I don't know how he did it in 1847. Not only did he find that 12.5 was the correct dosage, but he also found out that, uh, that the portion between iodine and iodide has to be correct for the body to uptake it.

Now the problem with the Lugol's drops is that a vertical drop and a horizontal drop or anything in between is very difficult to judge for the average consumer.

That's why we give them a capsule. Gotcha. So if, if we didn't have access to yours, uh, would you maybe use ioterole instead of the lugols before that?

Yes, absolutely. Iotirole of course was developed by Abrams Fleischer et al. Yeah. I've, I haven't answered a bit more since then. Okay. Yeah, sometimes it's just, well, for me, i'm looking at, uh, 2,500 years of history and at least once a month, like have to pull my car over or stop and listen to something again as Western medicine is discovering something that the Chinese were tweeting 2 500 years ago.

By the way, there's a famous, a Chinese physician named Sun Simo. And 618 wrote a prescription for dear thyroid and kelp that was burned down. So basically you were getting iodine.

He was doing that in 600 AD. A little bit ahead of his time. Yes. Yeah. It's amazing how people come up with these things. In fact, the lowest incidence of breast, uterine, ovarian and prostate cancer in the world is in Japan where they have an average intake of 13.8 milligrams a day.

Yeah. And as you know, the iota role or the, or to biodyne that we make, um, uh, 12.8, which was discovered is a crepe maintenance dosage. Now we, we use a lot higher and under certain circumstances as well to reverse any lumps, pops or deaths in any of the hormone driven.

Yeah, and that's because those tissues need a higher amount of iodine, correct? Uh, yes. Yeah. In fact, we have an 87% chance of reversing any of those lumps or bumps.

And of course, those are the precursor to the various cancers, hormone driven cancers. Do you ever have women do topical iodines, say on a breast lump, or do you just do internal?

We do internal, the topical iodine, if you read the research is not valid because it evaporates. That makes sense.

DNA, RNA, and Reversing Autoimmune Thyroid Disease

Yeah. You can apply some doctors I know do a poultice where it's covered. They use iodine on the breast tissue where they cover so it can't evaporate.

And it does migrate through the skin, but just applying it topically does not work. Interesting. I studied with one short time with cancer doctor in China and most of the people I've studied were MDs and Chinese medical doctors.

This one guy is just an old timer. He had this little office in a murky old part of town and people came from all over China to come to see him for a variety of cancers.

And what he would do, he used toad skin, which is poisonous basically, but it was used as a carrier and high dose iodine and he'd put poultices on. Like I said, people were just, they would show me, They were so excited, you know, talk about their breast cancer, even stomach cancer.

And he got great results with it. Yes. Yeah. Very cool. I have seen, I've seen some good results, with poultices and iodine. Cool. But putting on the skin doesn't work.

Okay. Now that makes perfect sense. So if someone. Do you put much, it doesn't sound like you've put so much stock in standard blood testing for most thyroid conditions.

I understood the autoimmune pieces of it and the reverse T3 you like. Yeah. If the TSH, I'll just clarify that if the THS is very suppressed or very high, we send them out for a thyroid scan.

I want to know if there's any woody nodules or hot nodule. Um, and, uh, so other than that, we put no reliance whatsoever on the TSH T3, T4, 3D3 and 3T4.

They're simply not valid. Cause as I said, Not only that, one of my, I have doctors on my staff that do my lectures. My staff doctors, uh, around the world, have quite a few doctors all my stuff.

And Dr. Rash Mehta came up with some research that she just presented at a major conference in India. That, um, that not only is 18% of it found in the, but only one half of percent of her is active.

Wow. Amazing. I don't use that statistic because that's what she discovered. That's amazing. And so, uh, you know, it's like, is like testing for in your field, the bound and unbound estrogen, for instance, makes a major, major difference on what the body can and cannot use.

Right. So we will do saliva testing. We do more and more urine just mostly because it's easier. People get go crazy trying to spit in those little tubes.

But of course at that with the urine, we're testing really metabolites. Right. And so, and do you feel that's accurate? Very accurate. You're using the Dutch test then.

Yeah. The founder of the dutch, him and his wife are both very good friends of mine. That's great. And I believe in the test. In fact, in India, they didn't do any saliva tests.

I've just introduced saliva testing and I'm also introducing to India reverse T3 as well testing. Gotcha. Because they are essential. As you just mentioned when we were talking offline, the incidence of reverse C3 is increasing.

And you got to pick it up because it will stop the thyroid medication and the thyroid from functioning. Okay. Now, if someone were taking, let's say level thyroxine, uh, sodium, would it change your dosing on the iodine?

No, no. Okay. Standardized 12.5 milligrams for an adult. We do do the smaller doses for children. If the iodine D and efficient or the super high doses, if they got lumps or bumps caused in their breast tissue or, uh, prostate enlargement for yourself or any of those other things.

Yeah. We have a special protocol for that. And if you determine that there's low T4, low, T3 by your testing, what kind of products would you use for?

In that clinical trials on 2,200 people, we use over-the-counter, We use the T4 alone. We used the. T3 alone, a combination of T 3, T 4 synthetic, and we used natural bio-identical.

What we've found is that they all, they will work in various ways. And for instance, the T4 synthetic, it works, right?

But you're going to put your patient onto a seesaw because the t4 loses its efficiency and it drops down and you've got to raise it and then drops out and raise.

So it's to continue like a see-saw for them. With the very good. We use it all the time for the reversal of RT3. It's very simple, very straightforward.

That is synthetic. But we found that the medications with T1, T2, that's a natural bioidentical, performs a lot better. Not only does it perform a little better, but the patients, once we give them to the right dose, titrated to right doses, they're on the same dose for the rest of their life.

And it just keeps on performing. Yeah. Now you just, I'm sure, raised a question for 99.9% of our listeners. Can you say something about T7? T7 is a combination of T3, T4.

Gotcha. That's super, super. And if someone wants to get tested, they just go to one of your centers. Do they sign up or do they need a referral from anybody?

Uh, well, besides coming to your center, uh, yeah, they, um, you know, we have, ah, We have centers up in where you live. And we, have sent us, 800 centers around, around the world, which you just email us and we'll tell you where your closest center is.

Excellent. Super, super. Well, I'm about ready to let you get to see your patient. And anything you want to, I mean, we, can I could talk with you for days, right?

You know, you're just fascinating. You're, just a fount of knowledge. And I consider myself touched on D3. Yeah. Okay. Let's, let's do it. So the trifecta for treating thyroid is if a patient needs thyroid, which according to Broder Barnes, Huh?

In his book and according to Terry Hurtog from Belgium, who I co-lecture with, they speculated in their books that 80% of the population has thyroid issues.

And we have found that it grew from 30% in 1900 to about 80% because of modern intervention. Once it's in the genetic pool, it is in a high probability that a lot more people are suffering from thyroid, but it has not detected because the bloods.

We like to go for quality of life. How do you get the quality back if you're exhausted and tired and you've got constipation? And just menstrual cycles aren't right.

In fact, I say to a lot of my clients, do you have a teenage daughter who's about to become a teenager? They said, yes. I said you can stop her from ruling the house, but simply balancing out her core hormones.

Um, and, uh, so she doesn't rule the. Yeah. But we go for something called quality of life. You cannot get quality life if your thyroid is not in bad.

Uh, and, uh, we pride ourselves in quality of life just before you asked about Hashimoto's. Uh yes. Um, in my clinical trials on 2,200 people, I did discover, And that's what I'm on the worldwide lecture circuit for, um, how to reverse Hashimoto's autoimmune.

Which, as you said, I said before, affects 18% of everyone in the USA and 60% in, uh, in India, which we didn't get to the bottom of that is because of lack of iodine.

It's because a vegetarian diet, no iodide. And when you look at the mitochondria and the cells within the Mitochondria, lack of iodine sets up if you already have low thyroid to change into an autoimmune response.

Um, and, uh, so there's all about quality of life. If you have Hashimoto's you feel terrible. You have Graves you felt terrible, you know, if you had reverse T3, well, that's a precursor to cushings and additons.

you've got to stop it. Um, whether using our system, we give back the patients their quality of life. And that's why I'm still working and still spreading the word.

Um. We can get back to quality your life that you've been missing out on for most of your lives. This is a hereditary problem. Nothing you have done wrong, but it has to be identified and treated and only hormones can replace hormones.

So I've heard that, and I don't know if this is accurate, that before 1900, let's say, people with very, very low thyroid hormone often died fairly young because they couldn't fight infection.

Does that seem accurate? Absolutely true. Yes. And so now we've artificially kept people that would have died alive, which is awesome, but now, we have created this huge gene pool of people who have thyroid problems.

That's true. Yes. I'm a DNA RNA specialist. For instance, if you have Hashimoto's and grapes, um, it automatically triggers, we know that it's a problem.

We test your DNA and we do an RNA intervention. You don't have to learn about it, Dr. John. I do it with you, with yourself and your patient. That's awesome.

The service that we offer. And that's where we've got people up walking out of wheelchairs even, who are so debilitated by their autoimmune conditions.

We have incredible results, including my own wife. who had Hashimoto's. It's a thing of the past. And we're now approaching a patient number 500,000 who we've reversed out of autoimmune Hashimoto's and Graves.

By the way, with our Grave's praces, we haven't had to do a partial ablation. All those patients. That's amazing. Yeah. Well, I'm just absolutely stunned by your information and I am really enjoying your infectious enthusiasm and that you're willing to, and again, that your still so active and doing so many things so positively should be a real, real goal for patients, right?

That they can still be as active as you are and as bright as are at this age. I take my own medicine. I come, I'd take a handful of. Uh huh. capsules every day to keep myself balanced and online.

And it works, obviously. Well, it obviously works. I mean, you've got your fingers in so many pies out there in the world and still lecturing and teaching and also seeing patients.

So again, You're quite a role model. So thank you for being on. Dr. John, unlike you, I don't see patients on a day-to-day basis. I see some patients either over Zoom or in person, if local, with other doctors.

Got you. Okay. Nowadays as part of a teaching experience. Love that. Well, like I said, I could sit here and ask you questions for another year, but I will let you get back to your senior placement.

And again, thank you enough for being on here, and sharing your wisdom and also your wonderful spirit with us. Dr. John, there is a solution out there.

It's called quality of life. And we're able to get it back for you if you allow us to do the right things. Thank you for being with me. I love it. Feeling out of balance?

Most approaches just manage symptoms. Here we get to the root. So real healing, real clarity and balance can begin. Visit alamedaacupuncture.com. That's alamedaacupuncture dot com to learn more, explore our supplements or book a call.

We'd love to hear from you.