

# 79 - Master Class - How To Get Weight to Literally Just Fall...

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## SUMMARY KEYWORDS

thyroid, body, range, insulin, doctor, liver congestion, liver, blood, eating, glenn, glucose, glen, weight loss, pancreatic cancer, blood tests, people, test, protein, good, diabetic

## SPEAKERS

DK

**D** DK 00:05

Good Monday. Greetings, everyone. You know, one of the things that gets me so unbelievably excited about what we do is when I put these promo videos in the group, we always get where's it going to be? And I worked during that time, and how can I, nobody ever wants to miss these. And I tell my team all the time, you know, the content that we bring is rich, like this stuff is great content. I hope that doesn't sound arrogant. But I'm going to tell you based on what I'm about to share with you, I don't even care if it sounds arrogant. Because sometimes when you know truth, you feel absolutely drawn, like I mean, drawn, to share that truth. So I'm going to start this with a heavy. So before I share the heavy, let me predicate it with you are here for one of two reasons. You are here today, because you saw my words how to discover a way for weight to just literally fall off. And that is what will happen. After you learn what we're about share with you today. If you apply what we give you, from what you learn what we give you to do from what you learn, I mean, you'll find yourself in a situation where late weight will literally just fall off, it happened to a friend of mine, she adjusted a few things and weight just literally fell off. Within 30 days, she was losing weight unexplainably to the degree that she had been gaining weight for years prior unexplainably and not losing weight in a dangerous or bad way. She's elated. She's so happy. So you may be here because I said, How to have weight just literally fall off. When you apply the knowledge that we give you today, that will be a result no maybes, there'll be a result. Now you may also be here, because we talked about Could your blood be making you fat. And you're curious, as you should be about what goes on with your blood. And as I said in the promo video doesn't matter if you have blood tests, if you ever get blood tests, if you have recent blood tests, long time ago, blood tests any blood test, you need to understand how to read them. Now the reason I put in the promotional video, could your blood be making you fat is because if in fact you've got ranges that are off, there's a domino effect that starts occurring. And when that domino effect starts occurring, multiple facets of organs and functions in your body can be affected, and you will literally find it impossible, impossible to lose weight. And you'll have this unexplained weight gain. So I wanted to say that I know that one of those two reasons is probably why you're here. And I promise we're gonna get to that. I decided based on something that has happened in my life in the last two weeks. And something that Glen and I have been working on personally for a while anyway. I sent him

a question this morning. And he wrote me back the answer. And I replied back to him. That is absolutely terrible news. It's that is horrific news for the bulk of the population of the world. So that's where I'm going to start. In the promotional video, I told you that understanding what your blood ranges should be, and understanding what they shouldn't be. What is good, truly good, and what isn't good. If your blood ranges are at a place where they're not good. Yes, you can have an impossible result, you achieve no result. result with weight loss. Yes, you're gonna have unexplained weight gain. But guys, what happens more than that is habit can begin to take place within your body. And the sad thing is you don't know it. And then what is occurring is something you've all heard us teach about for a long time. And that's the sailor response, the general adaptation formula. Your body will send you alarms, and you won't notice them. Your body will say pay attention, pay attention, because it won't be functioning optimally. But you don't notice them. You're busy. You just keep going with your life, well, then your body will begin to compensate in other ways, but because that's not functioning optimally. That's not good. Even though there's a compensation occurring in the second phase, and you're kind of getting away with it. If you will, you're still going to notice you're still going to notice some symptoms. And unfortunately, if it goes to the third phase where it's exhaustion, and your body's just saying, Look, I can't do this anymore. I've not been healthy. I've been telling you I'm not healthy. I've been compensating and you still haven't been paying attention and now you have a severe health issue. So I told Glenn And when we all we all got together before we went live with you guys. He said, Oh, this is going to be fun. And I said, well before it becomes fun, I'm going to start with something really, really serious. And the reason like I said, our content is so rich, and I don't even care if that sounds arrogant. Because what we have to share with you pay attention to these words, could literally save your life or save the life of somebody you love. So a couple of weeks ago, we found out that my sister in law has pancreatic cancer. Now, for those of you who don't know, it is one of the meanest cancers in existence, pancreatic cancer, the mean cancer, prognosis is not ever a good prognosis. And my husband and I are very into health, as you all know. So we start digging. Because Linda has been has been an extreme diabetic, the bulk of her life. Sieglinde up gets head nodding right now. They're related. You guys. See your pancreas is what produces insulin. So if you've got diabetic issues, even hear my words, even if you're pre diabetic, or even if you're eating the foods, you know, could lead to diabetes, but you're not pre diabetic. If your pancreas is having to work overtime, and the saline response kicks in, you could end up at a place of pancreatic cancer. My husband and I are positive that Linda's dealing with pancreatic cancer because she has been an extreme diabetic her whole life. Okay, well, let's talk about the liver, the gallbladder, the stomach, the colon, because it's the esophagus, all of it right, all of it within our core. What I wanted to start with today is you do need to understand how to read your blood test. And you need to know what your blood regions need to be. But when I reached out to Glenn today, and I said, Well, what's the natural test for liver, right? What's the natural test for gallbladder? What's the natural test for esophagus? He says, well, there aren't any. You just have to know how to listen to your body. He said, it'll all that stuff will show up in blood, but not until it's it's an extremely, extremely dangerous state. And my response to him was what I just said to you guys, that is horrific news. That's horrific news for anybody in this world, that if you don't understand how to pay attention to your body, first of all, how to treat it well. How to know if you're not treating it well. How to Pay attention to your body to know what the signs are. Here are these words, please, by the time your ranges show anything, it may be too late. Now, that's a heavy way to start this meeting. But it sets you up for I can't even explain how important this is. It sets you up for mandating, if you will, that your own mind begin to understand these ranges, because you need to be able to say to your doctor, well, I'll give you an example. I'll use myself, and then we'll go into this teaching, I'll use myself, I take a pretty good amount of D. I know that D is a great preventative. I know that when I've been very sick in the past that I really load up on D 50,000 units three days in a row. That's a whole nother teaching that I've gotten to feeling

really great. So I take a good amount of days. And I had my bloodwork done not all that long ago, quite honestly, just because I wanted to see, I just wanted to see it wasn't having an issue was I just want to see. And my D level came back at a 41. And my doctor who's good friend said, No, that's good. Do your DS good. I'm like, actually no like me. My DS not good. My D should be 50 to 70. Okay, but I knew that right. And Glenn, we're so blessed to have access to Glenn, he just backed it up. So today, I want you to focus on understanding what your blood ranges should be. Glenn is going to give us some real life case studies, of course, because of HIPAA, you want to make sure we don't know anybody's names. I want you to know what your blood ranges should be what what is good, really, right, and what is bad, really. And I want you to listen with the ears of somebody who's going to listen for three reasons. One, it absolutely indicates your weight loss, your ability to lose weight, gaining weight unexplainably it absolutely does affect that because if things are off in our body, things are off in our body, our bodies under stress, and it just can't lose weight or it will gain weight without any explanation whatsoever. So listen with that ear. I also want you to listen with the ear that if your blood ranges are off, it is not a matter of if you're going to have some issues. It's a matter of when I'm not being dramatic. It's just the truth that that there's that stress This will begin to turn into kind of wreaking havoc on your system, you might notice this, you might notice that then you notice the other thing and you better pay attention because your body is screaming at you. But the 30 I want you to listen with is the pancreatic cancer ear, the the liver cancer or cirrhosis here, the gallbladder stopping, ceasing to function ear, the esophageal cancer ear, the colon cancer ear. And again, I'm not saying these things to scare anyone, I'm saying these things to say, oh my gosh, if we'll just put the good things we need to put into our body. And we'll just listen to our body, and then regularly get some good healthy blood work done. We can live long and happy and wonderful lives. But the opposite will also take place if we don't pay attention. So Glen, I have set you up today, my friend, to be the lifesaver that you are. And yes, we know that people understand what's going on in their blood weight loss can seem effortless, it will just fall away, it'll fall off literally once you put that body back in place of homeostasis. And that's a given, right. But I wanted to set this up today because of knowing that when the body is under massive stress that habit can occur. And then due to the saline response, it can go to an extreme. And as John and I did research, digging, digging, digging on pink, pancreatic cancer, and we already had a hunch, right, because Linda's been diabetic. For a long, long time, we had a hunch that they would be related, and they just seem to be like so tied together. It was surreal. So I have a feeling that's the case right with other blood tests. So I'm just going to ask you to run with this, I know you're going to share your screen, I know we're going to have a ton of questions and involvement in our chat and Bettiol pod would probably represent those if I can't get to them. So let's just start with what is what is the bloods has say what does the doctor says what does the doctor tell us it says versus what it really says



12:10

yes, and great setup for today. Donna, I will say before I get going into some content here, if somebody can give me the ability to share my screen on the dock because I have several sample bloodwork to share. And the first thing that I'll kind of piggyback on what Don is saying today, and I unfortunately hear this all the time, I have clients come into my office, and they told me about all the symptoms they're dealing with. And prior to coming, seeing me, they went and saw their conventional doctor and told the doctor, all the same symptoms, they're suffering in a myriad of different ways. And they get their bloodwork done. And they get called back into the doctor's office only for the doctor to say, Oh, well, thankfully, everything's fine. And that has got to be one of the single most frustrating things to most people, you know, how

you feel, you know, you're not fine. And then your toll, everything is fine. And it happens all the time, just like Donna had shared, you know, she was told that her her blood work, you know, with her blood work, or vitamin D was actually good because

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DK 13:23

he goes, he goes, it's good. The good news is it's good. I'm like, not good, actually slow.

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13:29

Right. And, and it's just amazing that that happens all the time because unconventionally, most doctors will only use the reference range as their guide. And that would be like saying, if you're if you're one point at the lowest part of the reference range, or if the lowest point of reference range, you're fine. But if you go one point below that, now you're sick. That's an that's ridiculous. There's within every reference range, there's, there's a reference range. And within the reference range is what is known as the functional range, which means you're in a range that if your body is actually working well. And outside of that, it's really not you know, and that's what's important to recognize or recognize, and so I'm ready to share my screen except for that. Yeah. Just make if you could just make me the host and I'll host back when I'm done with us. Thank you.

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DK 14:30

She's really good at doing that. So she might be having a little glitch zoom was having some issues today. Yes. So there you go. Okay

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14:56

here we go. Alright, so Hopefully everybody can see. See this now. So this first, this first one I'm going to show you is a typical CBC that's often run by doctors. And one of the things that I'm gonna go through the things that I feel have the highest priority and also tie directly into what's what we're talking about with weight, as well as health in general. But one of the things when, when Donna was mentioning earlier and talking about this, that her her relative who has this pancreatic cancer, and she's had a lifelong battle with diabetes. Now, for most doctors, when they're concerned, when you have a concern about diabetes, they will only run what you see at the top of this, which is glucose. And if you only look at glucose, and this shows a glucose level of 98. So what the doctor will say, Oh, well, your glucose is fine, there's really no risk of diabetes. And yet, if you take this a little bit further, only looking at glucose is complete is so incomplete, because it's not just glucose. It's also Donna had mentioned how the pancreas produces insulin. So it's also looking at insulin and an A one C, and they're almost never looked at. Now, some more progressive doctors will look at a combination of glucose and a one C, which is still incomplete. Because if you don't look at insulin along with glucose, you don't understand what's going on in the body yet. And this, this goes back into, I'll bring up an insulin marker here, bear with me for just a moment.

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DK 16:45

So So Glen, give us a super rudimentary, one in western medicine is typical, just talk glucose for a second, then we'll talk insulin and a one C. What would the glucose number even though it's incomplete? What would the glucose number is Western medicine looking at and saying you're fine? And maybe it isn't a glucose number that you're going to talk about? Maybe you're gonna say, we can't just can't look at only glucose, right? But they're looking at only glucose. So what numbers are they looking at? And then telling us Oh, you're fine.



17:15

Yeah. So on this, this test that I'm showing right now shows the glucose of 98, what they're looking for is the amount of glucose in your blood in a fasting state. Now, notice, also the reference range is 65 to 99. That's not functional. I'm always looking for a glucose level between 75 and 90. So even if I saw this, I would already be thinking, there's something that's not right, even though it's in the reference range. Now, on top of that, then when you start to look at insulin along with this, and here's an example of an insulin test. And on this, it shows an insulin of 7.9, which if you look at the reference range of two to 19.6, that might look like it's fantastic. And yet, in my eyes and the way I look at blood work, I would look at the 7.9 and nine point and a 98 glucose and say, you're already pre diabetic, you're

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DK 18:14

already what do you want? What do you want that number to be? What do you would like to see,



18:18

I would like to see the insulin at five or below. And really, the lower the better. Yeah, because Because what's happening, if you just think of a scenario, where, let's say 10 years ago, your your insulin is at five. And I'm sorry, your glucose is at five. And then also at that same time your insulin is three, so you have a very low level of insulin to maintain an optimal level of glucose. So now, five years later, so now instead of 10 years ago, it's now it's five years ago, now you have a glucose level of 95 and an insulin level of eight. So now that tells us that you're now higher than optimal with your glucose and you have to have a high level of insulin to maintain that, so you're producing too much insulin. So that's when you would already know you would have known five years ago, I'm already pre diabetic. If I don't clean up my diet, if I don't clean up my you know, start getting on an exercise regime and if I don't clean up my inflammation, which is another thing that I'll talk about shortly, I'm probably going to be diabetic, and I'm going to be on medications the rest of my life, that's what is typically going to happen. You could have known this five years ago. Alright, and then the third marker when we're looking at that blood sugar overall. And you can see on this one down a little bit lower it says hemoglobin a one C and the hemoglobin a one C which is interesting too is that most conventional physicians are going to look at a one C solely as a more of a longer term blood sugar marker, yet what It is not usually known as a one c is an even better inflammatory marker. And then the connection between a one C and inflammation and glucose is really quite

amazing because you see, when you're inflamed, your body produces more fat cells. The increase in fat cell production leads to insulin resistance. The insulin resistance leads to insulin surges. And then the insulin surges, create more inflammation.

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DK 20:30

So I know it's gonna feel I know it's gonna feel repetitive, because it is can you say all of that again? Because that was that was gold.

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20:37

Yes. So when you're looking at at inflammation, inflammation leads to an increase in fat cell production. And increase in fat cell production leads to insulin resistance. Insulin resistance leads to insulin surges, and insulin surges, create more inflammation, and round around you go, you just get stuck in that hamster wheel. And you're wondering, why am I eating better and exercising, and I'm still not feeling better. And sometimes people just get stuck in that, that that inflammatory feedback loop.

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DK 21:14

I mean, we could do an entire class on this, Glenn that that if you wake up in the morning, which is the case for most people, if you wake up in the morning, and you feel a little wobbly, right, a little bit of people say, Oh, I wake up with some aches and pains, right? You wake up in the morning, you feel a little wobbly, you've got to make some pains, what I'm going to give you guys in the in the fifth grade version of what Glen just said, you wake in the morning, and you've got aches and pains, aka inflammation, your body's gonna go into producing into more fat cell production, aka gaining weight. Okay. And with more fat cell production, you've got insulin resistance. And with insulin resistance, you've got then insulin surges. And with insulin surges, you've got more inflammation, more fat cell production, aka you're gaining weight. And you don't know why. That was a that was amazing. We need to do a class on just that. So let's come back to the A one C and say, what is the doctor saying, oh, everything's fine. And then what are we saying?

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22:18

Right? And yeah, with a one C, you can see the reference range, there's 4.8 to 5.6. So somebody comes in with a 5.5. On a one, see, the doctor will say well, everything's so if you only look at glucose and a one C, and your glucose is 98, and your A, or your glucose is 98, you're a one C is 5.5. They're gonna say, you're all good. You are not, you know, I like to see that a one C closer to five. And as I mentioned before, I'd like to see the glucose between 75 and 90. And so those are all now for me if if somebody came in with a the blood results from their doctor, and they did look at glucose, and they did look at a onesie, I would then be asking them, can you please go back to your doctor and ask for an insulin level? Yeah, because and it goes back to my years working with Dr. Mercola when I was working in his clinic alongside him from 2004 to 2008. And we would talk about these things we would sit in his office and we would just kind of geek out on bloodwork and one of the things that I remember Dr. Mercola

telling me back in kind of think it was like in 2004 He said one of the best overall predictors of health and longevity and how your health is gonna go is your insulin levels and nobody looks at him you know and really having an insulin the lower the insulin the better I remember when I after I heard that and and I remember getting my my bloodwork done and looking at my insulin, and it was so like so celebratory to see my insulin attitude. Yeah, because that's where I'd like to see it right. And and just these things aren't looked at from that perspective. So

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DK 23:55

when I know we're gonna keep going I'm gonna interject again because guys this is like to say this is next to my heart is a ludicrous understatement. Like after working with John and I were working on with my sister in law and after quite honestly, looking at we see I'm going to blank right now. We see not fungus going What am I trying to say when you do the saliva the spit test? Can't it's not fungus. I'm blanking right now. There are so many things you can do to find out what's going on in your body. And there may be things like liver like I said gallbladder, esophagus. These are big deal things colon is a big deal things and as John and I kind of kicked it off with this pancreas thing I was like, we've been teaching saline response for we've been teaching sailor response since 2012. And I think we teach it with relative distress in the body, which is what it's relative to, but we don't take it too The extreme of you can literally literally extend the years on this planet, extend the healthy years on this planet. But guys here, my words can shorten, you can shorten the length of your time on this planet and not be aware. So just to repeat, it's gonna feel rudimentary, but it is this important to me for you to hear this. What we've learned regarding glucose, first of all, is you don't want to get just glucose. You need insulin and a one C. But regarding glucose. Western medicine is saying 65 to 99. Good. We're saying or a naturopath whose name is known throughout the globe is saying no, we want 75 to 90 Write that one down. Okay, medicine allopathy, saying 65 to 99. Right? Homeopathy, a naturopath, saying 75 to 90 a one see, the doc is probably going to tell you anything from two to 19.6 is good. First of all, that should like make all the buzzers and bells go off in your head. Because two to 19.6 is huge. Right? To to 19.6 is good. We say five or below. Natural says five or below. And lastly with a one C and we're going to go into more Metis medicine will tell you 4.8 to 5.6, we say five or below. Now again, this is not us versus them. I don't want to send that message. I tell this all the time, my husband has been through cancer many times, we didn't just go natural and say well have nothing to do with chemo or surgery. We also didn't go just chemo and surgery and say well, nothing to do with natural, you need to put the two together. But you as a lay person as your own person need to understand how to read these things. And God put this body together in such a phenomenal way that when it is at a place of homeostasis. Everything is good. Everything's good. So let's keep going. Glen, I just want to make sure everybody got those three numbers.

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No, absolutely and and saying on this page, this is a common. This is very commonly addressed with your doctor to and looking at the lipid panel. The first thing I mentioned is the triglycerides which are on here. And this is actually flagged aside. You'll see the reference range of triglycerides and just simply puts the understand what triglycerides are, they're the measure of fat in your blood. Now here's the key factor. While you don't want your triglycerides too high, because fat, too much fat in your blood makes your blood sluggish, which is a detriment to your health. And you don't want triglycerides too low either, because the measure of fat in your

blood is a significant source of fuel for your heart in your muscles. So I've seen it where people come back from their doctor and say, Well, my doctor said I have a triglyceride level of 30. And he's patting me on the back because my triglycerides are so good. Or they come back and say well, my doctor said my church triglycerides are fine because they're at 120. It's in the reference range. And I would say both of those are bad, because you really want your triglycerides, somewhere between like 70 and 95 because you want enough to have fuel for your heart and your muscles. And you don't want to have so much to where it begins to make your blood sluggish. Yes, and another kicker with this and this is another place where insulin is important see, because people have a misconception that triglycerides are high because you're consuming fat. And that's not true. There's a biological and biochemical fact that when you eat fat, your body uses the fat that it needs. And it releases the fat that it doesn't need through your breath or your urine. Now the reason why you would either be putting on fat or driving up triglycerides in your body is not because of the fat it's because you're eating fat with elevated insulin. The insulin being elevated as a trigger for the storage of the body fat and the raising of the triglycerides in your blood. So it goes back into some of what we were talking about with glucose insulin and a one C and and the whole the whole cholesterol aspect. I have a really good friend Dr. Johnny Bowden. He wrote a book with the late Dr. Sinatra who is one of the most well known the most well known medical doctor cardio vascular specialists to went a holistic route and they wrote a book called The Great cholesterol method. And and with cholesterol. Now when you look at this panel with the lipid panel with cholesterol, your doctor It'll tell you everything is great. Yet the HDL cholesterol, which we're told is the good cholesterol, the LDL is the bad I don't even separate as good or bad, they both play a role, right? The the the cholesterol is in your body, basically to you, every year, every hormone in your body depends on cholesterol for production. Every membrane of every cell in your body is composed of cholesterol, every myelin sheath in your nervous system is composed of cholesterol, cholesterol is very important, and your liver and the cells in your body produce it based on a need. So while we want you to have a healthy HDL, but look at their reference range, it says if it's above 39, it's okay. I would always say you want an HDL at 55 or above. And then you would want an LDL no more than double the HDL. So if you look at this example here, but own HDL 44, first off, I'd be like, well, that's too low. And secondly, if we double HDL, that would be ADA to look at the LDL on this one, it says 99. To me, that's an imbalance ratio. So even though all of this would look good, according to reference ranges, this would be a lipid panel that would be off. And and to and to me, also, like so many doctors look at the total cholesterol as the biggest thing, whereas it's really the ratio, if somebody has a really strong HDL, they can have and higher elevated LDL and even a higher cholesterol level and still be considered optimal. Because their ratios are good. And these are other misconceptions.

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DK 31:41

You know, and again, let me let me say this back in the form of a question, I'm pretty sure here's what I just heard you say, but I'm gonna say it back in the form of a question. So total cholesterol, basically doesn't mean anything Correct.



31:53

That's it. That's Yes.



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DK 31:58

When you and me and the the birdies hanging out with us here, but you've got to look at HDL and LDL, HDL and LDL, and you've got to do those comparisons. Again, I think the biggest the biggest message we want her to send today, guys, and there are about three, but the biggest message is, it is by nature, because most people don't aren't educated, they don't have the knowledge, it is by nature for you to look at the range. And by the way, that's what your doctors looking at your look at the range on the pre printed document, or the email document, you're gonna look at the range, or you're gonna go Yeah, are the dogs gonna go? Like my friend said to me, 41, Donna, you're good. And I'm like, No, I'm not good. You know, and Glen immediately is like, you're not absorbing date, let's, let's change something. So you look at the range, or your doc looks at the range. So what we want to educate you on number one is, the range is not what you want to look at, because it is incomplete. It is, if you look at the range that medicine gives you, you're going to already be in a really bad place. If you go with the ranges that medicine gives you. If you go with the ranges that a naturopath is going to give you, you're going to catch things much sooner, you're going to feel amazing, you're not going to have the inflammation and your body's not going to lead to the to this Havoc being taken on it, which is again, the second thing we want you to pick up. Now the third thing as I said before, but it bears repeating, we want you to be so inspired, not motivated, motivating motivation comes from within you, we want you to be so inspired. So that you can say, you know, I do want to eat and drink healthier. I do want to because then I can not have the Havoc, you know, occur in my body and not end up with these extreme, extreme negative things. And oh, by the way, the way it'll just fall off. So getting priorities in place, right? It's living a long, happy, healthy, fully alive life. And oh, yeah, the weight just stays in check effortlessly, and you feel amazing. So let's keep going. Glen, thank you for letting me interject that

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34:10

you're welcome. And I'm going to look at like a typical, you know, back to this typical CBC that is often run and some things in here that are just important to know like your, the urea nitrogen or it's referred to as a blood which is blood urea nitrogen. You know, your conventional doctors looking that at that for kidney assessment factor, and they're looking for a reference range between seven and 25. So if the 12 shows up there, they're saying, Oh, well, this is great. Except wn is not just a kidney assessment factor. It also helps us understand the processing of of protein through your kidneys. So typically, if you're eating adequate amounts of protein and you're breaking down properly, I would typically see a be one of you know, at least 14 to 20. And typically 16 to 20 would be optimal. So so if I saw Be one of 12, I'm already thinking, number one, I'm going to ask that person, how much protein they eat, because maybe, maybe they're plant based vegan, they don't really get a lot of protein or maybe. But if outside of that, if I asked them and they have been eating enough protein that my next thing that my red flag is that, oh, you probably have issues in your gut and you're not breaking down your protein properly. And it kind of even goes into when we go down a little bit lower here, if you look in the middle of the page versus calcium and protein. So this this, this one here on the sample report is perfect, because it shows a calcium level of 8.9. And you can see the reference range between 8.6 and 10.2. Well, what most people don't know is that because the calcium and and I can talk about this in reference to both calcium and protein, these are both so important to your body. That if you don't if you aren't getting enough calcium in and you're not breaking down calcium optimally, which is common to to hardest minerals to absorb our calcium and iron based on proper, like healthy levels of of stomach acid. If your calcium if you're not getting in calcium through your diet or supplementation, then your body will rob your skeletal system for

calcium. So the pipe by the time you have a calcium level too low, you've already been taking calcium away from your bone for an extended period of time. And the same thing with protein. If you're not number one, either consuming enough protein and here's the thing, you have to get protein in every day, because your body only saves protein that you've consumed for about 24 hours, whether this be plant or animal based proteins. So after 24 hours, what happens is because the protein is so important for your body, your body will start to break down muscle tissue, you know, so you don't see a protein level go below the reference range until this is a long term deep issue. So when I start to see somebody, like even this example, here, 6.6, this, when I would look at this particular bloodwork of somebody, if this was actually somebody giving to me this in my office, between the Beeline the calcium and the protein, I'd be thinking man, you probably have some pretty deep issues in your gut, you're probably not breaking down your nutrients well. And then going down a little bit lower hair. And this is something that Donna was alluding to earlier, you know, with we looked down here where it says alkaline phosphatase and as T and L T, those are basically liver enzymes that are looked at. And by the time you see those get too low. It's often I don't want to say too late, but it's there's there's there's a lot of liver congestion people have been dealing with if those are getting to actually too high is what is really more problematic. So when you could look at things like body markers and looking at, you know, the veins on your tongue to pay attention to deliberate congestion or looking for cherry angiomas on the trunk of your body or, or when people do when when we have individuals who do the 24 hour urine collection, it does look at your liver function. And it does actually assess if there's liver congestion or problems with your liver converting estrogens, you know, but these are important things to look at. And the last one that I wanted to really bring up on this page is white with the white blood cell count. You know, the white blood cell count the reference range is 3.8 to 10.8. And I usually like to see this somewhere between like six and nine. Yeah, because if you're at a low end of your white blood cell count, let's say you have a white blood cell count of four. I'm usually saying well, you've you've probably been dealing with either some kind of long term injury or long term infection that your body has been fighting and now your white blood cell count is going down low because your your immune system is just exhausted. It's been fighting for too long. Yeah, and yet, you'll still be told that that's okay.

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DK 39:04

So Glenn, let me let me go ahead and interject about three different things. Number one, I had a brain awakening, I remember the word I was looking for it was yeast, yeast, that you can do a saliva test as a spit test is what it is guys name is live test. It's a spit test. In a glass of water when you wake up in the morning. There are natural things that you can do like that, that sometimes medicine will say it's incomplete. It's not accurate, but it's again the way God designed the body that actually is pretty dang accurate. So you can even find out you know, the level of yeast in your body and when you go into a place of homeostasis that will go away and not having used in your body is a good thing. So let's go back gland to some of the some of the tests and that we've done another class on them. So keep that information really short here. But you know, when I said to Glenn this morning, what spurred this whole thing where I said, Well, we're gonna go down an additional path during this class and I thought we were gonna go down. When I said to him, you know, what are the tests, outside of blood tests that somebody can take for these other parts of their body, he said, there just aren't any, there aren't any, you know, you're not going to be able to take a get a blood test result, to tell you what kind of condition your esophagus is in, there isn't any such thing. You can go see an upper GI specialist, right. And you can have the tube put down and you can do that. But if you'll listen to your body with acid reflux, bloating, your body is telling you alarm alarm, alarm alarm. And

you know, most of us go really fast. I'm a consummate person that goes really fast. And you literally will ignore it too often. And what we're attempting to tell you today is, your body's going to tell you something's up long before your blood is gonna tell you something's up unless you know the blood ranges to look at. So let's go back. You mentioned tongue. You mentioned tongue for diabetes. You mentioned you call him I think you call him the cherry spots. I can't remember. Cherry angiomas. Okay, so let's just talk about those two quickly. Because one guys will tell you what's going on in your body with pre diabetic conditions. And again, now we're giving you the numbers to look at for your blood ranges. The other one will tell you what's going on your body with liver congestion. And just so you know, the good news is liver congestion can be taken care of, you can uncongested the liver, you can decongest the liver. But if you go the liver, I mean your livers gonna gotta process the toxins and, you know, full disclosure from me, and I'll bet you're like me, you've been eating way too much sugar your whole life, you've been eating way too much white stuff your whole life. You've been drinking maybe too much alcohol, you've been drinking, way too much acidic, caffeinated coffee, not enough water, not enough exercise, and your liver just reaches a point where it's like, oh my god, I can't process any of this. You're breathing in junk, you're putting junk on your body, there's just so much and let's just not even mention emotional and mental stress. It's toxic. So your livers like, Oh, for heaven's sake, give me a break. Right. So let's just talk Glenn briefly about the pre diabetic thing you can see with your tongue, and the liver congestion thing you can see. With I'm gonna say it wrong again. So I'm gonna say it.



42:31

Okay, so the cherry angioma. So good. So a couple things with the tongue from from a pre diabetic thing with your tongue, you can stick out your tongue and pay attention to if you have what I refer to as scallops, but their teeth marks on the outside of your tongue. If you stick out your tongue, and you see the marks from the tongue pushing up against your teeth, that's a predictive sign potentially, of insulin issues, which then would be leading into glucose issues. And if you look at underneath your tongue, as everybody underneath your tongue, you have two, two veins, one vein running up the side of the middle of the tongue. So there's one on the right side of your tongue one on the left, that vein should be a light to a medium blue color, it should be a single vein, no branching, and there shouldn't be a lot of bulging to that vein. So when when I, when I have somebody in my office, and I'm doing this assessment, if they, they put their tongue the, the, the tip of their tongue to the roof of their mouth, and they open up their mouth. So I can see the bottom of the tongue. If I see a dark blue vein that's a bulging and branching. Yeah, it's a very predictive avenue for liver congestion. And, and the liver, as Dan was saying is so important. Your liver not only plays a role in all the toxins that Donna was talking about, but your liver plays an important role in metabolizing your nutrients and, and it's just it's so important. And, and with everything going on in our typical lifestyle, it's typical for people to have some level of congestion in your liver. And then and also the cherry angiomas, which are little red raised bumps that you might find on the trunk of your body. If you do have cherry angiomas trunk on your body. Based on traditional traditional Chinese medicine, that's what the signs are based on. That could be a predictor of either an estrogen dominance or liver congestion or both. And also remember, your liver plays an important role in the conversions of estrogen. So they're, they're interrelated. And on top of that, like with what we're looking at on this page, remember the two big things I mentioned by looking at this page, this page was a predictor of digestive issues. And then we're also talking about liver congestion. Now, here's a big thing that most people don't realize is how these are tied into your thyroid. Now because this test that you're seeing right now is typical What a lot of doctors will look out for assessing your thyroid, they will only look at a TSH, TSH, which is a thyroid stimulating hormone that is a

hormone that will tell your pituitary to produce more thyroid hormone, which is a terrible predictor of thyroid issues. Number one, now because, you know, the TSH can show up in range, and you can still be dysfunctional from a thyroid perspective. And here's two key important points to make. Because when, when you have your pituitary producing TSH, that tells your thyroid to produce more thyroid hormone, except the thyroid hormone, your pituitary that your thyroid produces can be used in the cells in your body can only be used right around the thyroid tissue right here. So, once you produce thyroid hormone, it has to be converted into what we call free or active thyroid hormone, which then the cells of your body can use, about two thirds of your thyroid hormone is converted in your liver, and about 25% is converted in your gut. So if you have liver congestion and gut problems, that's 91% of your thyroid hormone conversion. So so looking at just TSH is incomplete. And really, even if you have a more proactive doctor who looks at TSH and and also maybe a free T three and T four, and they look at the T three and T four and say well these free inactive forms are low. So therefore we need to support your thyroid, you might still be producing plenty of thyroid hormone, just not converting it because of the liver and gut issues. And, and like when I'm looking at a thyroid panel, this is more of what I'm looking at. Yes, you still look at TSH. But I want to look at a T three uptake, I want to look at a total T four, I want to look at a free T four, I want to look at a free T three, I want to look at a reverse T three. And I want to look at antibodies that could be predictors of fibroid autoimmune conditions. And if you don't look at all of this, you really don't know what's going on. And then also the recognition, even if you look at this, and you guess here's the other thing that, you know, could be potentially relieving for you as well, when I look at this. And I do recognize, let's say that the thyroid hormones, the free inactive thyroid is showing low. And let's say that somebody has a TPO, thyroid peroxidase levels that are too high. So that would be that a doctor, if you have low thyroid hormone, and elevate TPO, they're going to say you have Hashimotos, which is an autoimmune condition where your immune system is attacking a thyroid tissue. And they'll probably you know, and once you have that, they'll basically tell you that you can't there's nothing you could do about Hashimotos except try to control it yet. Every autoimmune condition is driven by an inflammatory response. So you start you're starting to hear some consistencies, like gearing and consistency with inflammation, all the different things that it's causing in the body, which can also be driving a problem in regard to an autoimmune condition. And then if I saw a, a T for total, that's good, but then a free T for that's too low. I'm thinking liver and God, I'm not thinking thyroid, unless of course I see the thyroid peroxidase antibodies high as the sample test shows, then I would be I would still be thinking liver and gut and I wouldn't be thinking inflammation which is driving the thyroid peroxidase. So so let's

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DK 48:41

let's talk right now for just a second Glenn about a friend of mine, you and I've been talking about a lot over the last few days. So I have a good friend gang who had Unexplained Weight gain a lot of unexplained weight gain, and no I don't care what she did. I don't care what she did, ate perfectly moved. I don't care what she did got great sleep, which was tough to get. She was gaining weight like crazy. Our hair was falling out brittle. She had long, luscious, beautiful, gorgeous hair arcs and it all cut off to a pixie cut because it was in such bad shape. And again, unexplained weight gain like crazy. Her doctor was saying I don't know what's wrong with you. She's She didn't feel good. She hurt. She felt lethargic. She was very depressed, extremely, extremely depressed. And she finally found a thyroid expert. And the thyroid expert did a bunch of different tests and said, Oh, you've got Hashimotos you've got hypothyroid I know how to fix this. Now the good news is he gave her a natural supplement he did he gave her a natural supplement. And within a month. Now I want you to listen very closely. Don't just listen

to part one. Listen to part two. Part one is within a month, she started dropping weight. Within two months her hair start coming back again. That's part one. Here's part two. As I was talking to Glenn about this, he said well Donna, that spine But the deal is unless, unless she's gotten all of these thyroid tests, which Glenn is talking about right now, he said the odds are exceptionally high that it was an inflammatory response that drove this. It was not a thyroid response, or a thyroid issue that that made all this come about. He said, so here's the deal. She's on the thyroid sub. And she's getting these symptom improvements. He said, but because I believe with all my heart, it was an inflammatory issue that caused this, there's going to be a problem down the road, there's going to be a problem with something else. Because thyroid is exceptionally exceptionally rarely thyroid exceptionally rarely as thyroid shows up in your thyroid. And it even gets diagnosed as Hashimotos or hypo thyroid, but it's due to an inflammatory response. So again, hear me, you could go take a natural pig, supple and natural thyroid, and you'll get like, quick results. And you'll go, oh, thank heavens, my thyroid is fixed. What Glen is saying is that it is super rare that it's really thyroid. So what is happening now is the synthetic, not the synthetic, but the natural is making that thyroid function well. But the root cause has not been addressed. Now, I'm not claiming anything bad for anyone out there anything I love, anyone I love, we just have to come back and realize that God made the body so smart. And it will just listen to it, not just in the natural in some of the ways that Glenn is telling us, but also in the ranges. So one of the questions that we're getting Glenn is, how does somebody go about getting all these thyroid tests done? Because they're not typical?



51:43

Right? Well, and it's, some doctors are open to doing tasks they don't normally do. And some are not. You know, I've, every time my clients are going to get their bloodwork through the conventional doctor, they will typically send me an email. And they'll ask What should I ask for, with blood testing, and I'll give them a list I'll mention things like free T three and free T four mentioned things like, like the insulin and the A one C and the vitamin D, and ferritin for stored form of iron in their body on and maybe you know, some other markers and some doctors I like I'll find, and others don't want to look at anything outside of what they want to look at, you know, and



DK 52:28

literally, we need to find a doc, we've got to find a doc that we can give these different panel descriptions to well, they know them right. And then we've got to find a doc that will run all the thyroid panels. So basically, we need to take a list of them. I've got a super off subject question, but I want to make sure that we address it. Somebody asked about insulin levels Mandy way to go girl, you're on it right. Standard Medicine says 2.0 to 19.6. We're saying five or below. Somebody asked a question, Glen, about your opinion of Mozambique? I don't have an opinion. Yeah, me either. Down. Me either.



53:14

Let me let me look at this. I was a big for, for weight loss. Weight loss. Yes. Oh, just looking at up really quickly because I'm not, I'm obviously not going to be my expertise is not in pharmaceuticals, right. And so I was nbqx, which is a an injection, it's supposed to help with

weight loss. This is just the first thing that I'll say is that people don't have weight loss because they have a lack of a prescription. Or they don't have weight gain because of a lack of a prescription. They have imbalances but the imbalance is not because they don't have those in peak. And, and there's always ways to and even the people who struggle even people who make their put their focus on different forms of weight loss and they're not achieving what they're looking for. You know, the whole thing with that though, too, is there's just always something deeper to look at, as Donna was saying, her friend who took the the thyroid support, and she felt an improvement. She felt an improvement because now there's thyroid hormone levels that haven't been well for a long time except when I think of that particular case I'm thinking there's an HPA axis that isn't working well. So that's how the brain the hypothalamus, pituitary adrenals are working together. There's also probably some liver congestion, probably some gut issues. And on top of that, you know, with when we're talking about the Hashimotos that again, that's an inflammatory driven condition. And, you know, it's and that's the thing it's even even i When Don and I were talking about this last week and I I told her like even When I give people protocols for their, their hormones, it's that the protocol is there to help you with the supplements or with the hormones that your body isn't able to produce on its own. But really the key for overcoming it is getting to what's the trigger for why the hormone system is off in the first place. So you always have to get to the triggers, if you don't get to the triggers, you really don't, you don't fix the problem, even if your symptoms are better. And then later on, something else pops up. And

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DK 55:30

let me I'm not familiar with with with that, either with that was in peak, but I do want to say a couple of things, guys, and I don't know, I'm going to pray that you don't yell, don't go running. But I'm going to tell you there are a lot of weight loss drugs out there right now. And they're coming on strong. It's a hot new thing in the pharmaceutical world, prescription weight loss drugs. I just learned about somebody a couple weeks ago who takes Metformin, not diabetic, by the way, you text Metformin, to keep his weight under control, because what Metformin regulates blood sugar, and guess what it's working. It's got a lot of side effects. Don't FOR THE LOVE OF HEAVEN take Metformin if you're not diabetic, and don't get to the point with diabetes, if you can help it where you need Metformin. you brew Popayan Bupropion, I think is how you say it, another weight loss drug that treats cravings. By the way, this drug was actually approved to treat depression and tobacco cessation. But it will also help to treat cravings. Now, if you're taking a drug, that is for depression, to treat your cravings, you're going to have the side effects of a drug that that treats depression, Topiramate, it will help reduce appetite, it is for seizures and migraines. So guys, you just have to understand that while there are a lot of drugs out there, and there are a couple of others, I actually have a friend who's making a lot of money right now with a weight loss drug. And he's kind of pushing me, it's like you guys need to do this. I'm like, oh, you know, the business side of me says, Boy, a lot of people would want that I could sell that. And the other side of me says there's always going to be always going to be side effects. What was it then Ben and Redux? Anybody remember those terms? They didn't turn out? Well, they pulled them off the market. Guys again, it? Gosh, what's that cliché if it looks too good to be true? Probably true. So again, I'm not saying they don't work. I'm not saying they don't work. I'm saying I don't know if it's worth the risk. I don't know if when you take something that can ultimately really harm you. If it's worth the meantime. Right? So yeah, causing weight to just fall off is an amazing benefit. By putting your ranges where they they need to be, but preventing long term really pretty horrific issues. And instead having long term wonderful health, right? Is is just so the great motivator for getting this done. One of the thing, Glen, I know we know the answer to this. So it's so fast. If somebody said, you know, what do

we think about milk thistle? Before liver congestion, we say Yay. Yay. I would pay attention to naturally what your body is saying to you, right? Looking under the tongue and looking at the tour. So paying attention to what your body is saying to you. But yeah, milk thistle silymarin is a perfect first line of defense. And again, just understanding that your livers a big filter. So if there's anything not good for you, there's a whole list of those, right? Some are physical, some are emotional, some are mental, environmental, your liver is that filter. So if you really want to get into optimum health, you begin not putting things through the filter that we'll have to filter. Because if things are just good for you, then they're going to be good for you and livers not going to have to work overtime. And that's when you can calm it down. And it can begin to repair itself. So putting in milk thistle silymarin is a great first line of defense. And then you know going deeper. And working with Glenn personally, there are things you can do from a natural perspective, that will get your liver back on track as well. So thank you, Glenn, for letting me kind of go down those rabbit holes. I want to stay on top of the questions. Go ahead.



59:28

Yeah, and it's and the other thing that I will just kind of piggyback on what Donna just said too, is that, you know, deliver, as we mentioned before is so important in your body and so many different levels and when your liver is congested from the detox standpoint, when your livers congested now that puts more stress on your other systems of detoxification. It's more puts more stress on your kidneys. Then you'll have a lot of people who now have you know, congestion issues and congestion and their kidney function which then puts More. And also to understand your skin, it acts as a third kidney. So if your liver is congested, and then it overwhelms your kidneys, now we have more skin conditions, because of what your kidneys would normally getting rid of, they don't have the efficiency for that. So now more is thrown off on your skin. And you're wondering, why am I having all these new skin conditions crop up. And, and it's just, it's all a big snowball effect. And, and to me, you know, is with the testing, like what's so different. There might be some people, you know, watching this right now who have done a hormone panel with me. And that, or they may have done a GI panel with me and recognizing that the companies that have more of a holistic impact, while they still can't put a big L or a big H on your tests for higher low, unless it's in the red dangerous zone, it's got to be outside of the reference range to, for them to put an L or an H. But the holistic companies that do testing, they actually usually color code their tests has green, yellow, and red. The green is where you want to be yellow or is higher, low, but still in the range. And the red is dangerous. Well, you don't want to wait until you hit the red. You want to if something is on the edge of green to yellow or yellow, you want to address it, then it would be like my analogy for this and I use all the time be like, Donald, let's say that I'm out with you in Ohio, and I need to borrow your car and you let me use your car. And I come back and I say Donna, thank you for letting me use your car, I did notice that your brakes are beginning to wear. But why don't you wait until you hit a brick wall before you have your brakes looked at my that would be the most ridiculous thing you would ever hear. But when you look when you're waiting for your blood tests to show you're out of out of out of range out of the reference range. That's like waiting hit the brick wall before he ever breaks looked at. Have your brakes checked? What a



DK 1:01:57

great analogy. Wow. Okay, I know we're really up against the time here. So let's go and let's do what you can Glenn to kind of slide into home base, and I will do what I can to not talk.

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Now, I mean, the big thing here that I really want to get clear is that if your bloodwork comes back, and everything is in a reference range, and you're feeling symptoms, something's wrong. You just don't know what it is because you're only looking at reference ranges. And one easy way to really just understand this for yourself, if you get your own blood results back and, and somebody at your doctor's office has said everything is fine, but then you start to see things in the higher the low part of the reference range, you're probably out of the functional, you're out of the optimal range. So that's still driving issues, that's still driving the symptoms. And and just, you know, working with somebody who can take you down the path to address all the underlying triggers is really the key on. And just even with the information you've gotten today, you're now empowered to really like one of the things that I love always saying is just taking control of your health. And that's the key for all of us.

 DK 1:03:16

Outstanding. So, guys, well, we're My hope is that if you, if you've had blood tests done within the last three months, go look at them, go look at them and compare them to this information. If you haven't had blood tests done the last three months, I'm going to ask you to book an appoint with your doc. But take this information from today and make a list of what you really want to make sure you get tested. Oh, you know what? We didn't talk about Glenn that I want to I know it's going to take couple more minutes. But I talked about D a couple of times, right? So let's just ever so quickly because guys, Vitamin D is absolutely a vital vitamin to keeping you in optimal health.

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Well, I'm all ready for that right here. Okay, so. So here is here's a Vitamin T example of a vitamin D test result. Now this one is showing somebody as low as 29, which would be low. You see the reference range goes from 30 to 100. Fell, you probably heard Dawn earlier say that she knows it should be between 50 and 70. I'll go a step further. Yes, you want to at least be 50 and 70. If you are a healthy, optimally functioning human being, if you have some health issues and symptoms that you want the immune support to help overcome, you really want your vitamin D in what we would say a call a therapeutic range, which would be 70 to 100. So if if you get your blood work and as Tom said earlier, and you're told that you have a vitamin D level 41 And that's great. No it's not. No, it's not even great for healthy person. 50 to 70 would be great for a healthy person and if you have issues that you're dealing with that you want the support of your immune system and recognize that your immune system is not just whether you got a cold or not, your immune system is about daily maintenance and repair of your body. So if you want to maintenance or repair of your body to really be occurring, when you've got some challenges that you're dealing with, you want the support of being in a therapeutic range of 70 to 100. And such an such a high level important factor.

 DK 1:05:25

And that one D is like I don't even know how to, I don't even know how to put terms to the miraculous response that your body will give with a healthy D. So here's some really good

miraculous response that your body will give with a healthy D. So here's some really good news, guys. Literally, when you add these ranges in the healthy range that we've given you today, literally, weight will just fall off, literally. And it'll fall off at the same rate that my friends fell off when she was taking the natural pig thyroid, right. But it'll be permanent, as long as you stay keeping your ranges in the healthy range. So again, when your ranges are in the healthy ranges, weights going to just fall off, you're going to feel X exponentially better. And you're going to reduce the risk of any long term problems by by such a great dimension that it's kind of hard to put into words. So Donna, how do we close this out? How do we do that? Well, guess what? It's eating good protein. It's eating good green veggies. It's eating good fruits. And it's eating real food. It's eating nuts and legumes. It's eating clean, it's eating natural, it's staying away from fried, it's not doing too much white. So white could be anything from a baked potato, right to rice to flat, flat out what my husband calls granulated poison. And he's not talking about cocaine, he's talking about sugar, although it's pretty much just as dangerous. So staying away from white, keeping your body more alkaline, right, then acidic. Well, what brings about acidic sugar, coffee, you can get low acidic coffee, you can even get to Seino, which is actually a tea but it tastes like a coffee. Alcohol is seen as a sugar by your body. So I mean, you just have to start. How about if we live in moderation, with everything, put a good amount of good pH balanced water, get good outside and breathe in some good air move. So that you're you're putting good oxygen into your system. And again, none of this is rocket science. We all know it. We all know this. It's just to make a decision to start eating more natural and eating more clean. And again, really when you think about it, protein, good green veggies, good, healthy, bright colored fruits, keeping whites to a minimum, more water, less alcohol, less acidic, less coffee. It's not hard. It's not hard. I think that we think our taste buds are what indicate to us what's best for us. And sadly, because there's a chemical coding on our tongue after eating too much processed junk, our taste buds can't tell us anything. But when you begin to eat really healthy, your taste buds actually clean up and they start telling you what's good for you. Because the taste of really good food just comes alive in your mouth and you start realizing what really is good for you. And once you've done that, when you put something processed or something that isn't good for you, your tongue will tell you, your tongue will tell you. So Glenn, anything you want to say to wrap this up.



1:08:57

Now just just really wrapping it up just saying that everybody's empowered right now. Everyone has the ability to understand how to look at their blood work different and now when you aren't feeling well when you're feeling symptomatic and you know something's wrong and they tell you everything is okay. You know, definitely



DK 1:09:18

good stuff. You're a rockstar dude. I love you for coming today. Go get your blood work done and look at the real ranges. Bye everybody.