

Live

QUESTION & ANSWER

WITH DR. OLIVIA JOSEPH



AUTOIMMUNE
SECRETS



Dr. Olivia Joseph



Jonathan Otto

Jonathan: ... moment here. Okay, we are live. Thank you so much for being on the line, Dr Olivia Joseph, and thank you for everyone that tuned in and watching right now. It's fantastic to be with you here. Olivia, thanks for joining us.

Dr O. Joseph: Thank you for inviting me. I am so excited to talk about this topic.

Jonathan: Awesome. Well we're lucky to have you. For those that don't know Dr Olivia Joseph, she is certainly a force for good in the world. She's doing a lot of amazing things and her background, so you understand, she is a chiropractic doctor and she is also a certified nutritionist and then she also is board certified in acupuncture and also in Chinese medicine. And so after having seen her mother go through a lot of struggles with chemotherapy and cancer at age 13, Olivia started to understand what it meant to have to understand health and to search for health. And so she's certainly got a lot of great stories, experience, and life lessons that she's learned and now she's based in [inaudible] Functional Medicine and naturopathic type of practice. And she's based out of New Jersey. I'm sorry, no. You're based out of [crosstalk 00:01:40].

Dr O. Joseph: New Jersey. Yes. But I practice in St Louis.

Jonathan: Yes. Okay. Fantastic. What state, you're in which state?

Dr O. Joseph: Missouri.

Jonathan: That's right. But you, Central time yet. And we've spent our time filming in other areas, so that's where I am. We are either, some of the doctors come out and meet me on my grounds, or we'll meet it at [inaudible 00:02:04], and so far so it's a lot of fun traveling around and doing these things. But I thank you for your great work, Olivia, and your understanding of natural medicine and what people can do to prevent or address these challenging cases, especially with autoimmunity like our group that's on the line today and we're just gonna have a blast getting some important questions answered. I think you've got some of your tribe that have joined us live today as well.

Dr O. Joseph: Absolutely. Yeah, no, autoimmunity is a very big problem, and sad to say, I've been in practice for 15 years and the amount of people getting diagnosed is growing, not shrinking. I feel like the confusion around autoimmunity is also growing and not shrinking, so it kind of found me. And it's probably the most common topic that I

teach on. Not just autoimmune disease, gut health, detoxification, but Hashimoto's which is the most common autoimmune disease out there in America.

Jonathan: Yeah. Fantastic. What a huge issue that we're facing and so now our group is thankfully very well educated, so you're going to come into an advanced conversation, so don't pull any punches with us where we can take it. We've got people in the group doing all kinds of things from coffee enemas to doing really restrictive diets and intermittent fasting, vegetarian Vegan diets. Some people are [inaudible 00:03:35], some people going grain free, some people are doing other things like Paleo, Keto. But we certainly do like to focus our energies on natural, plant-based medicine and getting the majority of our foods from these plant based sources because we see the longevity there. But our group is certainly very, very advanced. And we're kind of ready for you.

Jonathan: So for those that are watching this live right now, come on in and drop your conversations into the question and answer box. We will answer them in the order in which they are received. Dr Joseph is under the magnifying glass right now with Chris and we're going to read the first names of the people that are asking them so you can read them out or I can. We can vary it a little bit here. And so if you can see the questions there, Olivia [crosstalk 00:04:24].

Dr O. Joseph: Q & A. I see.

Jonathan: Yeah, yeah. Tell me what you can see. It's the first question.

Dr O. Joseph: I can see it now. Alright, let me just back. So we go in order. Okay, let me check this.

Jonathan: Yeah, go scroll all the way up to the top. So you can see there.

Dr O. Joseph: Right at the top, the one thing I can see right off the bat is this person, Chris B. Chris B, the one thing that concerns me right away is the TSH, not the number, the fact that it's fluctuating so much. When you see this, TSH goes intense. So to fluctuate from 1.4 to a 2.4 in the course of one year, that's a very big swing. I'm also very, very careful with the word 'normal.' Normal range is not the same as optimal range. So I know, that's just a very big swing for me. That tells me that for some type of, something's going on in the thyroid and you guys got me on a really good topic because if you want to go really advanced, thyroid is my thing. This, we're going to do this.

Jonathan: Great. Fantastic. What I'm going to do is I'll help contextualize this by reading this question and if, Olivia, if you happen to have a headset, I don't know if you have even just apple headphones or anything that can plug into a jack. If you're going to grab that, I'll read this question. You could [crosstalk 00:05:44].

Dr O. Joseph: Give me a moment to find those. I'll be right back.

Jonathan: No worries, take your time. [crosstalk] We, yeah. A little, a little. Like it is possible, but you know me, I'm a perfectionist and that means [crosstalk 00:05:56].

Dr O. Joseph: Give me a second and I'll grab the headphones. I will be right back.

Jonathan: I'll read this out. Okay. So Chris is asking, she says, "I'm a 39 year old female. Body mass index,

BMI is 21, bp 118/70, pulse 70 and I've checked my TSH which went from 1.4 to 2.4 in the course of one year with a normal, quote unquote T3 and T4. Should I be concerned with this? I do work consistently long hours with fatigue on my day off and my mid cycle has become more frequent every three or so weeks, but I'm guessing, yeah, every three weeks or so, but without any pain and no heavy menstruation. I eat primarily a plant-based diet with good fats, avoid dairy and gluten, so making proactive choices there. I do have my own garden and I take no medication. I'm on the detox parasitic cleanse that was recommended. So she's doing that. I had some more insight on thyroid function sensitivity and what to watch for. Should I be concerned about the more frequent menstruation? I have no, I think, gynecologist or history and no symptoms other than the frequent, more frequent cycle." So that's that question as she's coming with the answer there. I want to keep the ball rolling there. And so I'm looking forward to the answer there. She's going to dive in shortly.

Jonathan: The next question that we're going to deal with is Julie. She said, "thanks, Jonathan. My question is where I can directly find the information on how to start detox colon and lymph cleansing, kidney and liver, and then parasitic cleanse. As in my other message, I'm dyslexic and I can't navigate around the tons of info. So can you give me, can I give this to you first so you can help me? I have bought Dr Neusom's detox one and two for beginners. I want to start, but I'm concerned if I need to start my own drugs as well through the detox in England as GP's don't believe in any of this stuff, so I couldn't consult with them as they will say it's a fad." Yeah. "Also, if you can't help me in this question and support session, could you tell me where I can contact for more support please? Many thanks, warm regards."

Jonathan: And so as she's getting this, I'll give a quick answer here for Julie. Julie, absolutely with these protocols, if it's clear, so if you're looking at,

for example, the Microbe Formula's cleanse, they do have it step by step in and is in that direction. But if you're looking to do this another way, we're actually doing with Well of Life out, this supplement company, which I've shared with many of you. We are stepping through each of these phases as well and other additional things. So we will have clear instructions. We don't have that for you right now. If you want to go and choose a pathway, certainly you look at these different elements and if you get a parasitic cleanse from us, or you get one immediately from Microbe Formula or somewhere else, it will say it on the bottle. So I would encourage you to use those tools available to you so you don't stay stuck and feel stuck. And then the other thing that I would say here as well is with your, with your doctors, getting off the meds is always, I mean, Dr Joseph, I just went onto the next question. We'll come back up to the other one.

Dr O. Joseph: Can you hear me? Can you hear me?

Jonathan: That's nice, everyone give her a big, big, raise your hand for Dr Olivia if you think that that audio sounds better. [crosstalk]

Dr O. Joseph: Okay. I had a little bit of a panic because I'm missing my adapter. You know how all these [inaudible] plugs, my adapter is actually at my office, but I found it so if you can hear me then I've got a [crosstalk 00:10:06].

Jonathan: [inaudible 00:10:08], but I'm just curious now. Now that's not assigned.

Dr O. Joseph: Okay, hold on. Let's try this.

Jonathan: And no worries, I mean, [crosstalk]

Dr O. Joseph: How about this? Can you hear me now?

Jonathan: Do you have the mic?

Dr O. Joseph: No, that doesn't work.

Jonathan: What was your [crosstalk 00:10:23]?

Dr O. Joseph: I can't hear in that one.

Jonathan: It's [crosstalk]

Dr O. Joseph: Okay.

Jonathan: Looking forward to using a replay of this.

Dr O. Joseph: So no, the mic is not on?

Jonathan: What was the other headset that you had there? The little-

Dr O. Joseph: I have. I have the headset that the issue is this won't plug into my computer.

Jonathan: Ah yeah, [crosstalk 00:10:44].

Dr O. Joseph: Mm-hmm (affirmative). So, what I can do is I could hook it into my phone and I can hop on the zoom link from my phone if that would make your audio better.

Jonathan: Yeah, yeah, it would. But just before you do that, just quickly go into the Zoom, click down on preferences. Zoom.us. Click on preferences, at the top there.

Dr O. Joseph: At the top?

Jonathan: You're yeah. Okay, so let me just share screen here. Look, everyone, the tech lesson-

Dr O. Joseph: Open display, preferences, got it.

Jonathan: Okay, so come back to Zoom, I clicked out of Zoom. So zoom. us, as you see I've got zoom. us and then you go down to preferences and you'll see here that you can assign audio. So general, go the next one, audio, and then it says microphone, the same as the system and built-in microphone or the one that you choose, which would be your headset. But your headset needs to be choose, plugged in in order to choose that option.

Dr O. Joseph: So try to switch to the headset through that option?

Jonathan: Try that quickly. I'm curious. Can you plug it in and then select that option?

Dr O. Joseph: Hold on. Now all I can see is, all I can see as your screen. I can't see my screen now.

Jonathan: [inaudible 00:12:12].

Dr O. Joseph: I got it. Zoom preferences. Let's try this. Okay, microphone.

Jonathan: Does it have the selection there? Or is-

Dr O. Joseph: No, it says built in microphone or same as system. So right now I'm on same as system. Can you hear me through this mic?

Jonathan: Yeah, no, if it's not giving you that, [inaudible] plug that into the computer, eh?

Dr O. Joseph: Okay.

Jonathan: You have? Is it plugged into the computer?

Dr O. Joseph: It is plugged into the computer. Yep. Okay.

Jonathan: So you tap it again and just see if it comes up in the selection and otherwise just flip over to your phone and then that'll be really nice to jump on [crosstalk 00:13:05].

Dr O. Joseph: So I'm taking that out, and I'm going to flip to my phone, click on the link, because I have my mic on my headset here.

Jonathan: Yeah. And I'll answer this question right here, Lily's asking "how's your baby and your wife?" So my wife is waiting, she just hit 41 weeks today, and we're having all the signs of, like labor's just starting, she's in early labor, so that's really, really cool. So everything's fine. As far as we know right

now. But obviously keep your prayers running. We're certainly at the front end of this and, but that really, labor could last hours, days, or slightly more, right? Yeah, yeah. And [inaudible] have one of the babies a few days later than expected, or more.

Dr O. Joseph: Okay.

Jonathan: You jump straight in.

Dr O. Joseph: Now I'm going to have to turn off the computer, otherwise-

Jonathan: That's fine. You can re, we can re-jump in, but you might want to keep ... yeah, yeah. Just do whatever. You can do that and I can find you again. So no problems. I can keep going through some of these things as you're doing that.

Jonathan: So with Julie here again, so what I would encourage you to do is certainly you can't just drop your medications if you're needing something for a particular process because when you're detoxifying, you're not necessarily going to immediately get any boost in an area. So certainly what you want to do is, if you have a, that's where you do need to work with your doctor, or you need to directly know that 'if I can get off this blood pressure medication, I can take this supplement instead.' But with all the detox, that's not going to be the case. Right? So I wouldn't do that yet. I would test your levels to see where that once you're doing detox, then you're doing just like some key supplements and some key areas that you understand to be deficient in. Or work with the doctor during that process. But for those that are needing to get off meds, there are some extra concerns there, so certainly I want to be careful with that. But you sound like you're stuck in analysis paralysis, so be ready to jump in and dive in, rather than to wait on the sidelines.

Jonathan: [Barraket 00:15:49], she or he says that "I've been diagnosed with rheumatoid arthritis in my knee October 2018. I started to take injection methotrexate and I had progress follow up visit with doctor on January 8, 2019. The doctor was not pleased with my progress as my knee is still inflamed. My questions are these: should I abandon the medication and look for alternative treatment? If yes, do you have any suggestions, or should I continue with the medication for another six months, which is what is left for me for the treatment to finish? Okay, fantastic. What a question. So as we go through this, so Barraket, I'm obviously very careful with medication-related questions, so the questions that I want to pose back to you with this situation is, 'why do you have this inflammation that's showing up in your knees in the form of a disease called rheumatoid arthritis?' And so these questions that you have, I don't have any direct feedback here on things that you're doing with your diet. For example, you're very sensitive to, you're likely very sensitive to wheat and if you don't even know that you are, certainly rheumatoid arthritis is one of them, [inaudible] play around with gluten/wheat.

Jonathan: Olivia are you in now? You can hear? Okay. I can't hear you. You want me to bring you in on the other thing, if [inaudible 00:17:27]? Okay, I'm gonna bring you in here. Gotcha. Gotcha. Cool. This is gonna be fun. There we go.

Dr O. Joseph: Can you hear me now?

Jonathan: Yeah, that's perfect. Can you flip your phone on the other side? Can you put it-

Dr O. Joseph: Yes.

Jonathan: Yep.

Dr O. Joseph: This way?

Jonathan: Okay.

Dr O. Joseph: We're good. We're good to go.

Jonathan: Perfect. Alright, cool. Is there any way for you to sit that still?

Dr O. Joseph: I am in the midst of trying that. Yes. I am going to, I have a stand here, Gimme just a minute here.

Jonathan: Oh no worries. If you can just hit that still and then we're good to go. We'll keep razoring through. Sorry for the, okay, fantastic. Okay. So just, let's finish this question with Barraket. She's got, he or she has rheumatoid arthritis, started to take injections. I think you might have seen a lot of that question. You can see it right there. The question is should she abandon medication or look for an alternative treatment?

Dr O. Joseph: So back to the rheumatoid arthritis question. Okay, hold on. Let me get back to the Q & A. That's where, I think I'm in on two different-

Jonathan: Yeah, no worries. On your computer, if you're still on there. So just click on the Q & A box. Go all the way up to-

Dr O. Joseph: Found it.

Jonathan: Yeah. Perfect.

Dr O. Joseph: Okay. So to rheumatoid arthritis. Here's the thing with rheumatoid arthritis: When you're dealing with rheumatoid arthritis, sometimes you're actually dealing with other autoimmune disease. We know one thing with autoimmunity is when you have one diagnosis, you are at a higher risk for others. So you've got to be careful and go into more functional testing. You also [inaudible 00:19:16], or what's on with the tract or whether you have Hashimoto's, swelling joints, and joint pain.

Jonathan: Olivia, you're breaking up. I think your phone might not be connected to the Wifi network. Is that possible?

Dr O. Joseph: Let me see, give me a moment.

Jonathan: Yeah, no worries.

Dr O. Joseph: I'm gonna flip this way.

Jonathan: Yeah, just check that out for a second.

Dr O. Joseph: I am on my Wifi.

Jonathan: You are. Okay. So it should be the same.

Dr O. Joseph: I am. So let me go back to Zoom.

Jonathan: Okay. Try again-

Dr O. Joseph: So if it, okay. Worst case scenario, if we need to, I can get off the microphone and hop back on the computer if that was working better.

Jonathan: Exactly. [crosstalk] No worries. But let's keep going. Sounds like [inaudible 00:20:02].

Dr O. Joseph: So as far as the medication question, I think that one thing that is definitely to your advantage is that whoever started you on this medication has a starting point and an ending point. And that's not something that you get all the time. Many people with autoimmune disease that are put on medication, they're put on it indefinitely or forever. So I think that really it's up to you to make that decision because there is an end point with that. I think you can't just go off, or you shouldn't just go off the medication. There's a reason it was prescribed to you for a certain time period. But if you're looking for things that are a little bit more natural, it's still a medication, but there is a medication out there that's not as toxic as methotrexate called low dose Naltrexone, which I'm sure your community has heard about.

Dr O. Joseph: So it's not as toxic and it's designed to signal your, it does cross the blood-brain barrier, and it signals your brain to tell your immune system not to attack itself. The only thing with LDN is it doesn't work quickly. It works slowly. And you, in some cases, you have to slowly work your way up as far as the dosage is concerned. So I mean you're kind of between a rock and a hard place, but if you do have an end in mind, I think really you have to make the decision. But if you're already on the medicine, why not tough it out? It's not a forever thing.

Dr O. Joseph: If you think you would benefit from doing some additional testing, looking to see if you have other autoimmune disease along with

rheumatoid arthritis, as well as checking the immune cells within your gut. And there's a really, really cool test out there. It's called the wheat zoomer, and it allows you to see what tissue gluten is attacking. So you can see if it's attacking your thyroid, your brain, your skin, your joints. So I think that that is something to consider to see whether it would be beneficial to, you have to be gluten free with any autoimmunity. Now gluten doesn't cause the autoimmune disease, but it certainly fuels the autoimmune disease. So that's something to take into consideration.

Jonathan: Thank you Olivia. Do you wanna just hit mute on here and come back over to the computer to see whether we can get a more consistent stream just in case?

Dr O. Joseph: Yes.

Jonathan: Okay. So if you can just mute that. I got it. Hold on, there you go. You're on muted.

Dr O. Joseph: Hold on, hold on. I'm unmuted.

Jonathan: Yeah, that's cool. You can just hang the other one off, but let's just see how we go there. That should be fine. And apologies to those that, just so you understand, the reason why I try and get you to clearest audio possible is it allows us to keep using information in different ways, but it's fine. It's totally fine, but that's just so you understand why we make these choices sometimes with [inaudible 00:23:03].

Dr O. Joseph: Okay. So which way are we getting better?

Jonathan: Oh no. Did you go back, stay on your computer.

Dr O. Joseph: Stay on the computer. Okay. I'm just going to disconnect from the phone. Okay?

Jonathan: Yeah, sure. All right. Cool. So now next one. Let's get back up to the top one there, and so coming up to Chris. What was your answer? I read the question out so people can, they've heard that, and then Chris obviously knows what she asked, so you can scan over it again and then just give your answer when it comes to thyroid help for Chris. I've removed you there.

Dr O. Joseph: Okay. I think we got it. I got out of the phone. Hopefully you guys can hear me. We're okay?

Jonathan: No worries. Yeah. So let's go over that Chris one. So 39 year old female. Can you answer that one?

Dr O. Joseph: Yes. Okay. So, I'm looking here and I do see some things that are concerning to me. The TSH is fluctuating and I don't care if something's in normal ranges, what I care about that it's in optimal range, especially with T3. So I think in your case, Chris, you definitely need to look at your thyroid antibodies to make sure there, because if your TSH is fluctuating that much, that's the concern. I'm looking at your free T3. That's your active thyroid hormone and you want to see that as close to 3.0 as possible. Should you be concerned? I think you're doing a good job with your diet as far as you avoid gluten and dairy, but at the end of the day, sometimes with the appropriate testing, you can find out if there are other foods that are creating inflammation in your body. I think it's phenomenal that you're doing a parasite cleanse or any type of detox and gut cleanse because when you detox it improves your ability to convert thyroid hormone. So it'd be very interesting to see what your numbers are after you do something like a detox and a gut cleanse.

Dr O. Joseph: So should you be concerned with the more frequent menstruation? I mean, obviously yes. When we go into perimenopause you start having more frequent cycles, but to me, 39 years old, that's a little bit, I mean, that's pretty young to be going into perimenopause, so I would be concerned with potentially an estrogen dominance. And you can find that out with the appropriate testing because when your body doesn't detox estrogen properly, that estrogen gets trapped in fat and glandular tissue and it can kick in the uterine lining, which can lead to abnormal cycles, fibroids, polyps, things of that nature. So there's a huge connection between your hormone system and your thyroid. So I do think that this would require a little bit more investigating. I would be concerned with more frequent menstruation, but I do think if you look at your testing a little bit more functionally, you can have more answers because you have a lot of good information here.

Jonathan: Great. All right. So now let's go onto the next one. So we had Julie, I've answered that one. We're onto [Baron 00:26:59]. You gave the answer there. So then anonymous attendee asks-

Jonathan: -the answer there. So then Anonymous Attendee asks about lichen sclerosus or ...

Dr O. Joseph: Yes.

Jonathan: Yup? Okay. So that's all that's been asked. I guess any insight there [crosstalk]

Dr O. Joseph: That's a rare one and sadly with that, it's not easy to get a diagnosis first of all. Second of all, it is not easy to find practitioners that have a lot of confidence in this specifically. It's a very, very,

very specialized type of autoimmune disease. With anything related to any type of, again, skin tissue is with skin, you've gotta ... With a lot of autoimmunity affecting the skin, I become very concerned with parasites or intestinal infections. So to somebody like this, if you're not already 100% gluten free, grain free, I think doing something like a stool analysis would be valuable to somebody like this or doing a parasite gut cleanse can be beneficial to this. But without a doubt you've got to be staying away from not just gluten, probably grains in a case like this. The one other thing that's interesting is when people do have autoimmune conditions related to skin, oftentimes, they're very reactive to eggs and what it has to do with is not that eggs are inflammatory, but the sulfur within the eggs tends to really flare up skin conditions.

Dr O. Joseph: So when you do an autoimmune paleo diet, you are removing nightshades. You're removing eggs as well. So you might do well trying something like that.

Jonathan: Great. Okay, now Walter asks, "Are there non-GMO organic grains with gluten? Are they okay to consume if one has hypothyroidism? Two, what is treatment of Bell's palsy? Three, what supplements to take at end stage of Parkinson's disease? Four, can pernicious anemia be treated by only food with high concentration of B12, such as [inaudible] are needed for lifelong?" Okay, so then let's see if we can kind of get these four in one question.

Dr O. Joseph: Yeah, so these are very good questions. They're very specific. They're very advanced. But they're very good questions. So I'm just gonna roll through these. Is it okay to consume organic gluten for example? Not if you have elevated thyroid antibodies. So this is where it's very important to test your thyroid antibodies because if you have elevated thyroid antibodies that caused your hypothyroidism, absolutely not, absolutely not okay to eat gluten. No, no, no, no, no,

because even organic gluten still has a high gluten content compared to gluten that our ancestors ate. Absolutely not. But if you don't have elevated thyroid antibodies, I think that that's negotiable. What is the treatment of Bell's palsy? You've gotta be conscious of what triggered the Bell's palsy, right? Bell's palsy is thought to be a chronic viral infection. It's definitely triggered by stress. So using natural supplements that are antiviral that boost the immune system are good. Using natural things that are used for neuropathy are very good. I personally in my practice with Bell's palsy have seen a lot of success.

Dr O. Joseph: But when I see Bell's palsy in the earliest stages, I'll be very aggressive doing acupuncture treatments and there's a supplement out there I really like called EasyFlex by a company Metagenics that I use a lot in Bell's palsy and in a lot of neuropathies. Now with that said, what triggered it? Stress? Diet? With that said, do you have a chronic viral herpes virus because if you do, that's gonna create other problems, not just fascial paralysis. What supplements to take at the end stage of Parkinson's? Supplements are not gonna fix the end stage of Parkinson's. But I would tell you that there are some things out there that are very, very good for brain in general, high, high doses of DHA, which is derived from good quality fish oil. But also something called SPMs or specific pro-resolving mediators. You've got to reduce inflammation in the body. That's where I think that tumeric can be very effective in reducing inflammation. But with Parkinson's, you're dealing with imbalances within brain chemistry, particularly dopamine. So I think it's very important to look at where your brain hormones are made.

Dr O. Joseph: They're made in the gut and it's very important to focus on gut health as well as brain health. Dr. David [Pearlmoter] is a neurologist and he teaches more on it and has more research out there on the gut brain axis than anything and he does teach quite a bit on Parkinson's. So I think really what I would do is not just take a bunch of supplements. I would focus on the gut aggressively.

Last question, can pernicious anemia be treated only with food? No, I think that supplementation is the best approach to pernicious anemia. But you gotta be careful with B12 shots because most B12 shots are made with [inaudible 00:32:27], which is synthetic. Methylcobalamin is natural. So I would rather you take sublingual methylcobalamin in high doses several times throughout the day than actually take an injection because usually the prescription injections are not even the natural form of B12. [crosstalk]

Jonathan: Yeah, no, thank you. Good job. Yeah, very interesting [inaudible 00:32:56]. We had Dr. Ben Johnson share on that and that opened my eyes to the fact that that's synthetic versus the methyl B12 and how well people do with it, especially with a lot of people wouldn't know if they had the MTHFR mutation or not and then even if they don't have that mutation, then the methyl B12 is going to be a lot better, same with [inaudible] acid, correct?

Dr O. Joseph: Absolutely. So the methylated form is always better. But at the end of the day, say it's not MTHFR, I always wonder what is blocking the absorption of B12. So certain medications with block the absorption of B12, particularly antacids or PPIs which are proton pump inhibitors. But another thing that will affect it is if you don't have enough acidity in your stomach, you're not gonna be able to absorb those nutrients properly, which is why going to a sublingual may be your best option. But again, with so many of your questions, it comes back to gut health, especially with a thyroid. I'm never gonna say it's okay to eat gluten. I can't justify it. But I would say with your thyroid antibodies, that's a better indicator of whether or not you could eat gluten than just hypothyroidism.

Jonathan: Yep, and just for the clarification on the question, what's interesting is that wheat, Olivia and I would be on the same page where we would condemn it, would say it's not good for anyone, right? Whereas then the question then comes up

spelt and other grains like [inaudible] that technically do have gluten, but spelt in 700 BC has not been tampered with. The gene is the same as what it was. Is it going to be okay for people? I would argue that historically and factually it has to be. But on the other hand, people that have issues, they do seem to do well just getting off all grains that contain gluten. So it's an interesting question. I think we're at the front stage of knowing how deep the gluten hole goes and what the relationship is with wheat and with our body's sensitivity because if we turn back the clock and we went back to 300 BC eating spelt grain, probably don't see issues so much with grains. You look at our historical records. You see gladiators would eat grains and they were clear minded. They had to.

Jonathan: Otherwise, they didn't have bread head, foggy brain and that's why they were basically vegans to keep ... There's all these interesting historical records on grains not being as nefarious as what they are now. So very, very, very fine and interesting conversations and questions. Again, we'll go onto the next question. Olivia, I'll get you to do something fun for me, which is just to grab that phone. Don't worry about switching anything. But just hit record on it so I can use that and just have it on video facing towards you just sitting somewhere so you're in the middle of the shot and then I'll be able to use that in my post editing so I can grab that kind of unadulterated audio.

Dr O. Joseph: Got it.

Jonathan: Yeah, it's because I love your wisdom and I hate to ... I want to have it the best quality. So just saying. Okay, so we're on the next one. Your wisdom is amazing. [inaudible] All right, back over to Jennifer Levine. "Hi, are we supposed to ask our questions? Is this ..." Yes, it is. Okay, answer is yes.

Jonathan: Pat, "I was diagnosed with fatty liver three years ago. But my doctor told me it was no big deal with my elevated liver enzymes being fine too apparently. I ate a healthy diet, no junk food. So it did surprise me. Now, three years later, I have developed autoimmune hepatitis and apparently have big holes in my liver and am really sick. I've never been a drinker, smoker or drug user. I switched to an all organic, vegetarian diet and got my liver enzymes back down to near normal and walk three miles a day, seven days a week. But I keep getting sicker. Is there anything else I can do? I just wish my doctor had been more interested in my care and known that my fatty liver could have been reversed with a proper diet. Allopathic docs seem to know little to nothing about the value of proper nutrition."

Dr O. Joseph: So to comment, right what you said. Allopathic docs, it is a very broken system. We know that. At the end of the day, a standard doctor goes to school for a long, long time and spends a lot of money and time and energy and at the end, only gets about two to three hours of training in nutrition. I think one thing when you see elevated liver enzymes or fatty liver, it's very important to understand that the number one cause of xerosis used to be alcoholism. But now, it's actually diabetes. So I think it's very, very important to look at your glucose metabolism to keep an eye on your A1C, your fasting glucose, your insulin, things of that nature. You want to keep your carbohydrate and glucose intake lower. But you also want to improve your body's ability to metabolize sugar. So glucose metabolism takes place in the liver. This is a major reason why we see things like fatty liver in diabetic [inaudible] autoimmune hepatitis, that's different. That tells me that you have had autoimmunity brewing and attacking your liver, not your thyroid, for quite some time.

Dr O. Joseph: So is there anything else you can do? I do think that somebody like you detoxifying more frequently about once every three months would probably be a good idea, eating foods that are very good for the liver. There are many, many

foods out there that are good for the liver. So I think that that's really your best option. But clinically, keep an eye on your hemoglobin A1C and your fasting glucose. You're someone who's gonna definitely want to see it on the lower side because if you don't properly metabolize glucose in the liver, it's gonna be an issue. Gut health is still something to take into consideration because most of the research being done on diabetic xerosis or on diabetes and glucose metabolism is being done on gut bacteria. So anything autoimmune, it comes back to the gut.

Jonathan: Okay, great. Well done. Okay, so now coming over to Anonymous Attendee. I might have overlooked this before. No, I didn't. Okay, I'm not there. Okay, so [Jory 00:39:42]. "I have cataracts and glaucoma. I read that if this is the case it means that there was already early cognitive impairment. Also, does inflammation cause numb arms while sleeping?"

Dr O. Joseph: Okay, so going up to the first question, I read that if this is the case, it means that there was early cognitive impairment. No, not necessarily. With cataracts and glaucoma, again, I'm gonna go back to diabetes and blood sugar issues. Those definitely cause cataracts and glaucoma. But another thing you gotta be careful of is mold toxicity because when you do have a mold toxicity, that's gonna effect your ocular health. It absolutely is. So you can develop cognitive impairment as a result of mold toxicity, not necessarily because you had early cognitive impairment, which led to cataracts and glaucoma. So I don't know that you can definitely connect those dots. But that's something to consider. Now does inflammation cause numbness in your arms while sleeping? Usually that's something more structural, right? Because it's happening when you're sleeping. So something's going on structurally for you to have numb arms only when you're sleeping. So inflammation definitely aggravates that. Inflammation does affect eye health as well. So you're asking good questions. I don't know that we can connect all these dots. Inflammation definitely affects eye health and will affect your nerves.

Dr O. Joseph: But with all these dots, I'm gonna go back to what's this person's glucose average because that's where I could look clinically if I was working with you. Without a doubt, I'd be keeping an eye on your sugar levels.

Jonathan: Fantastic. Okay, next point. Let's go on. Do you want to read that next question out and see where we're up to there? You've got KR is [inaudible] for lichen sclerosus, which you already did. Anonymous Attendee has found a big lump on their breast, already went to the doctor and got mammogram and ultrasound, waiting for results. What can I do to have the lump get smaller. Thank you, and so one thing I would just quickly say to everyone is I would advise against mammogram and ultrasound at this point and what I would say to everyone is to go first for thermography to one of two reasons. The nontoxic part is the biggest part. The second part, which is equally as big is the ability to detect it when it's smaller. Thermography can detect once it's the size of a pinhead, whereas mammography can detect when it's the size of a lump or a bump. So which one do you want? You want thermography. That's real prevention right there. Mammography isn't prevention. It's [inaudible] the issue becomes something that's dangerous or potentially harmful. So back over to you.

Jonathan: You can give her any advice in that direction.

Dr O. Joseph: Yeah, so I think that's very scary and I think the most important thing you need to do right is to wait to get the results from the testing. Let's wait and see what that is. The other thing is it would be helpful if we knew what the lump was, right? You can get what's called a lipoma, which is just fatty tissue, totally benign. It's literally a lump of fat. Who cares? You can get it anywhere. I can get it on your spine. You can get it all over. So I understand that's scary.

So I think a couple things come into mind because my mother has had five hormone positive cancers, five. This is something I've studied at nauseum. So one thing we have to careful of is estrogen metabolism and if you are estrogen [inaudible 00:43:29], that's scary because it increases your risk for hormone positive cancer. So increasing your intake of cruciferous vegetables because cruciferous vegetables are high in what's called indole-3-carbinol, which is gonna help you with detoxification. Doing things that help detoxify [inaudible] like exercise are very beneficial.

Dr O. Joseph: So sometimes, you get a lump because of too much caffeine in your diet. You can get lumps, which are good because of estrogen dominance because of low progesterone. So a lipoma, which is just fatty tissue, I think that there's a lot you can do. Definitely exercise [inaudible] high amounts of organic cruciferous vegetables and you could do hormone testing, which would look to see whether or not you are in fact estrogen dominant. I think you have to get to the root cause.

Jonathan: Right on. Okay, so Lisa. We'll just read the first names only. Lisa. Do you see that one?

Dr O. Joseph: I see that.

Jonathan: Yeah, go ahead read that one out and go from there.

Dr O. Joseph: Okay. Oh gosh. "I have muscle wasting disease inclusion body myositis. I do a lot of fasting, especially long fasts. Is that concerning to do fasting when you have a muscle wasting disease?" Oh, it's kind of a Catch-22 because fasting can be so beneficial for so many things. But you do have to be careful when you're losing muscle tissue. When somebody has sarcopenia, which is age related muscle loss, it's very important to get

enough protein and branch chain amino acids in your body about every two to four waking hours and it does not have to be plant based protein. Ladies and gentlemen, I love plant based branch chain amino acids and proteins. In fact, I recommend one. I personally use one that pea and rice based. So it doesn't have to be animal based just to get you the nutrients you need to support muscle function. You can see honor intermittent fasting, which would be [inaudible] cutting, eating off around dinner, going about 12 hours before you eat again. So you can do intermittent fasting even with what you have going.

Dr O. Joseph: But I would be more inclined with somebody like you to encourage you to use some branch chain amino acids with plant based proteins every two to four hours.

Jonathan: And then keep going and just keep doing the next one. That way, I'll [crosstalk] let's see if we can get through ... What? We got a goal to get through [crosstalk] 46 in the next 40 minutes. Let's see.

Dr O. Joseph: [inaudible] So, Ralph, your story, your daughter has major skin eczema that started ... I'm sorry. Every time somebody posts another question, which is so exciting, it bumps my Q&A. Let me find that one. "[crosstalk 00:46:50] major skin eczema reaction since she was six months old, much better now that she's 10. [inaudible] to cats and dogs. She's allergic to peanuts, has food intolerances to some fruits as well as allergies. We think it may be related to vaccines when she was a baby. What's the best way to help her past her allergies?" Wow. Good question. Okay, here's what I'm gonna say. Ralph, I have a similar scenario. My daughter too had eczema all over her body when she was a baby and I never vaccinated her ever. She's never received a single vaccine. What I will tell you is that my daughter when she was a baby, she got a stomach bug. I was traveling at conferences. I took my baby with me and when I was traveling, she got a stomach bug and she

was vomiting for a week and had diarrhea for a week. That was very scary.

Dr O. Joseph: But I know that altered what was going on in her gut. So when she's so reactive to things in the environment, like cats, dogs, as well as things seasonally, that's a good indicator she still has high amounts of inflammation inside her body. What's the best way to help her past her allergies? There are some amazing natural antihistamines that you can use what I did with my daughter was I did food sensitivity testing with her. I also did stool analysis on her. I did and what I found out actually was that my daughter had horrible food allergies. We removed so many foods. We used digestive enzymes, probiotics, L-glutamines to heal her gut. She got better. We retested her for food allergies and she had really improved. She wasn't reactive to as many things. But the real secret for us to helping her was when she got a stool analysis and when we got rid of parasites and she also had yeast overgrowth. That's huge. You can use natural antihistamines if you really think they're related too. Vaccines, they alter your immune system. So you might be onto something. That might have 100% triggered it.

Dr O. Joseph: Is it metal toxicity that's affecting it? So I think the best way to help her is to work on her gut and do the proper testing and do some [inaudible] testing and stool analysis because you're going to get so much farther faster with kids than you will with an adult. So moving on, I'm just gonna move on. Okay, just so Jonathan doesn't have to keep going in and out. Thank you for doing this webinar. Thank you. Thank you to Jonathan. I'm so excited to be here. [inaudible] of my kids have autoimmune challenges. I'm so sorry to hear that. But we know autoimmunity is genetic. But you're not genetically programmed for a specific autoimmune disease. So the likelihood is you all have different autoimmune diseases. I heard that fasting is appropriate for inflammation and detox to help with autoimmune. What is appropriate for kids between 10 and 15? Beyond 12 hours overnight. Is it safe to do 16, 8 or

more with them if they want to? Katie, really this is gonna be between you and your kids.

Dr O. Joseph: What I will tell you is there are many cultures around the world that do longer fasting periods. Here in America, nobody's gonna die of starvation if they don't eat for a day, if they don't eat for 24 hours. You can only go minutes without oxygen. You can go days without water and you can really go weeks without food. So if your children are up to the challenge, I know some top healthcare experts that have done total water fasts with their kids for days at a time. I'm gonna say this is between you and your family. Keep your kids hydrated. Give them water and to do 16 to 8, I don't know that that's gonna be as advantageous of maybe doing a 24 fast every so often and then just sticking to those 12 hours. There's a lot of ways to fast. You can also do a three day liquid fast, where you're doing bone broth, where you're doing fresh crest juices that are very antiinflammatory. So there's liquid fasting that's options too and then you can go a few days at a time instead of just playing with the hours.

Dr O. Joseph: That's how I would answer that. So next one is Jennifer, 58 year old female on menopause, 5'2", weighs about 185. Three months ago, you started getting very dry eyes combined with overproduction of mucus. Eye doc wants to put you on some meds for a month and wants to put plugs in the eye drains. He says it's hormonal. I want to see if I can correct it via diet. Eye doc also suspects rosacea, eating mostly plant based. Not sure what supplements I should take and also when. Okay, so if we're gonna blame hormones, here's my thinking. We do not blame hormones unless we test hormones, right? I had a client I was working with yesterday with severe depression and anxiety and her mom is involved. She's an adult. But her mom's very much involved in her healthcare and her mom's telling me it's genetic. It's genetic and I'm saying, "Well, what gene is there that causes depression and anxiety?" I mean, really? So I think that we're gotta be careful when we label things. If you're gonna label

it a hormone, show me. Show me what hormone is causing you to have dry eyes and rosacea. I'm going to target that way more as inflammation. So with something like this, I'm gonna use specific pro resolving mediators. I'm gonna use natural anti inflammatories, like ginger boswellia. I'm going to eat a diet that does contain higher amounts of healthy fats and essential fatty acids because those are gonna make your cell membranes more hydrated. That's what I'm gonna target, an antiinflammatory diet and supplements. So next question from Patti. "How can you regulate an overactive immune system? I have a lot of inflammation due to toxicity and infection. But most supplements to lessen infections will active an abnormal immune response or I have brain flare that feels like septic shock or a cytokine storm to the point of some serious reactions. Thank you for your help." I totally get what you're saying. What you're describing sounds a lot to me like die off, right? So what happens is is when we have these really nasty infections, whether it's Lyme disease, mold toxicity, CIRS, which is chronic inflammatory response syndrome, yeast overgrowth, CEBO, when you start killing off these infections, these infections release toxins into your system and can make you really sick.

Dr O. Joseph: That's where it's very, very important to use something that's called a biofilm disrupter. There's a lot of them. Some really natural ones are a lemon balm. Some-

Dr O. Joseph: The actual ones are a lemon balm. Some N-acetyl-cysteine is also a biofilm disrupter. Then you have to use something that's a binding agent. Activated charcoal is a good binding agent. Colostrum is a good binding agent. That's how you're gonna lessen the effects of the die off, which is what I think is happening to you. I don't think you're having an abnormal immune response. I think that as you're killing off these infections they're releasing toxins into your system, and you're being affected by that. That would be my advice to you, Patty.

Dr O. Joseph: Cheryl, "Any advice for someone struggling with eczema?" Yes. Do a food allergy test because it's crazy, I mean I've seen people with almond allergies, egg allergies, beef allergies, garlic allergies, pineapple, green bean. These are healthy foods, but if when you eat them they're producing an inflammatory response in your body I would do testing, including a stool analysis and food sensitivity test. If you're not into testing and you want to just do things diet wise here's what I would do, Cheryl. I would cut out not just gluten, but gluten, dairy, and eggs. I would be using enzymes and probiotics, and implementing things that help with cellular regeneration like healthy fats, or essential fatty acids. That's what I've seen successfully help eczema. Okay. Moving on. I'm sorry my questions just moved, okay. Let's go back to where ... oh, okay.

Dr O. Joseph: Emma, "I'm recently diagnosed with myasthenia gravis. Does functional medicine work for this rare autoimmune?" Functional medicine is designed to improve the function and balance of your body to remove toxins and to detect incorrect nutritional imbalances and deficiencies. It's only going to improve your case, but if I were you, personally, I would work with a functional medicine practitioner that has a background in neurology. There are many of them out there. One place you can look is called the Carrick Institute. These are doctors who are trained in functional medicine as well as neurology. With myasthenia gravis I do think you have to find somebody who understands not just autoimmune disease, but also neurology, okay.

Dr O. Joseph: Next question. "My son doesn't do well with probiotics. He starts crying after taking probiotics even with just a little bit of the capsules sprinkled in his drink. Why does he react to something good like probiotics?" You gotta be careful of what's in your probiotics. Sometimes probiotics contain dairy, and if he's really dairy sensitive that could be it. The other thing is, is he could very well

have die off occurring, so when you take good bugs and they start to feed on those bad bugs you start getting this die off reaction where he may have bloating, nausea, things of that nature. I would play around with different types of probiotics as well as ...

Dr O. Joseph: Again, I go back to stool analysis especially when talking to an autoimmune group because it allows you to see what's going on in the gut. I wouldn't give up on probiotics. I would be very careful that you're using probiotics that don't contain sugar, don't contain dairy. I would play around with different probiotic strains. For example, some people do well with *saccharomyces boulardii* particularly when there's a yeast overgrowth. Different strains of bacteria are good for different things.

Dr O. Joseph: Moving on to the next question. "I have well controlled Graves' disease for nine years, so that's two autoimmune diseases for me now. I wonder if they are related? I'm 69, normal weight." I don't know what the other autoimmune disease is. That you didn't list that, Pat, so that would be helpful. One thing I will tell you with Graves' disease is that I commonly see Graves' disease and Hashimoto's. I've had some endocrinologists tell me that you can't have both, and I just laugh and scratched my head. I'm like, yeah, you absolutely can. They're different antibodies. One causes hyper, and one causes hypo. And when you think of how the immune system works it makes perfect sense. Your body is trying to create balance and harmony, but unfortunately you have a huge immune attack going on in your thyroid. I don't know what your other autoimmune disease is, so I'm gonna move on.

Dr O. Joseph: Next one is Patricia. "How do I change my eyes back to their bright color, not lifeless?" Patricia, I hate to say this, but sometimes as we age our eye color changes. I have really, really dark brown eyes so did my dad. My dad's now 66, and they're getting light. They're like a hazel green color. My eyes are not as dark as they once were. Sometimes that

does have to do with scary things like glaucoma and cataracts, but sometimes that just has to do with the aging process and the color lightening. What can you do to make them the bright color? Especially the white in your eyes, it's very important to keep your inflammation down because having high amounts of inflammation in your body will definitely affect the whites of your eyes. Having poor blood flow will affect the whites of your eyes.

Jonathan: And then this could be, Dr. Joseph, Pat has included at what, 8:42, "Thank you. My blood sugar has always been good, but I have had an autoimmune disease for nine years now, Graves' disease. I will follow your advice about watching my blood sugar and detoxing, just in case that helps. Any other insight?"

Dr O. Joseph: Okay, okay. We have some Pats and some Patricias in there, so I'm sorry if I'm not connecting the dots. The next question is Biocidin good for detox, parasites, and metals?" Biocidin is very good for parasites. I don't know that it's good for metals. I'm familiar with that formula, and I don't really know how it would really help metals to be perfectly honest with you. But I will tell you it's good for parasites, so I would say that.

Dr O. Joseph: The next question. Corky, "I'm on Nature-Throid and they're running out. What should I transfer to, and I can get off the script through diet? I'm just starting the protocol diet. I have not done any cleanses yet." Hold on. Your question got bumped. "But I want to know what I can hope for with thyroid because I've had breast cancer and have scleroderma." I'm sorry to hear that. They all seem to affect each other, Corky. Okay Corky, here's what I would say. Don't be afraid of Nature-Throid running out because there are other ones. There's Armour and there's WP, so chances are you can get your hands on one if not the other because they're all pig thyroid, right. I mean that we had this happen with Armour a while back. Armour ran out. There's three. There's

Nature-Throid, WP, and Armour. I'm gonna let you guys in on a big secret, a big secret. Jonathan, can I share a supplement that's a big secret that I keep in my secret toolbox.

Jonathan: Yes, please. Yeah, I mean we love secrets. We're all about secrets here.

Dr O. Joseph: Okay. Be careful. Keep an eye on your thyroid. I don't think you can get off medicine and just attack this through your diet, honestly. You're gonna need some nutritional support to transition you. There is a company called, Biotics. They make a supplement called GTA Forte. It is the strongest natural thyroid supplement I have ever seen, and all of you should not go on it. It does lower TSH, raise T3, raise T4. It's very strong, and I have seen many people successfully use this instead of medicine, or to wean off medication. I don't think you can wean off, just go off medicine and just hope for diet.

Dr O. Joseph: Corky, I think you've got to take a look at your thyroid antibodies. It really depends what's going on with your immune system because if you do have Hashimoto's all Hashimoto's is not created equally. Your antibodies might be 90, or your antibodies might be 900. I wouldn't approach those the same way. As far as they all seem to affect each other, you bet they do. I think somebody who has had breast cancer, and has scleroderma it's very important to focus on gut health and detoxification. But back to the thyroid, I definitely let you in on one of my little secrets.

Jonathan: Awesome. The name of that product is again?

Dr O. Joseph: It's GTA Forte. It's by a company called Biotics. Not for everybody. It will change your levels. It will, it will, it will, but that's a good thing. I'll use it in clients that work with me. Often times they're on

medication and their levels still are not in the optimal sweet spot. I'll add it in those cases, or I have some people who go on medication and they feel worse. They can't tolerate it. They do very, very well with this supplement. It's probably-

Jonathan: I'm actually having a hard time finding it. Can you help me again with the other possible name of it because I just put in GTA4A.

Dr O. Joseph: Forte.

Jonathan: Oh.

Dr O. Joseph: I'll type an answer. Let me type the answer right there. It's made by Biotics.

Jonathan: Yeah, I've got it now. GTA Forte, and now it comes in where there's two. GTA Forte 2, or GTA Forte without the 2, which-

Dr O. Joseph: The regular, the regular. There's so many different formulas.

Jonathan: Yeah. [crosstalk] They keep the regular. Got it. [crosstalk 01:04:24]. This is using pig thyroid. Is that right?

Dr O. Joseph: Yeah.

Jonathan: Got it.

Dr O. Joseph: It actually [inaudible] pig thyroid. It's

the supplement. It's not a medication. Back on to Carol.

Jonathan: Yeah.

Dr O. Joseph: "I have a constant thirst problem that gets worse at times. I'm not diabetic. My adrenals are fairly good. My thirst goes along with dry eyes and fatigue, hit me all at once, typically in the afternoon, but not always. I've gotten more cavities because I don't produce proper saliva. 52, went through chemo." There you go. It probably started with the chemo. I'm gonna tell you, you're getting leg cramps at night, started potassium. See if that helps. Takes magnesium at night. "If it's a change in my electrolytes what would be the cause?" Okay. I think you're on the right track taking magnesium. I think using some coconut water, Celtic sea salt is a great idea. It's not enough just to drink water. You need to absorb your water properly. That's where the electrolytes, magnesium, things like that come in, and the salts.

Dr O. Joseph: I think that the chemo probably created some problems. I will let you know if you can find somebody who does acupuncture there's actually treatment points they can do to increase your salivary output. When I used to actually practice acupuncture and do it on my clients I would see a lot of people who were going through chemotherapy, and they had dry mouth and doing acupuncture really, really benefited them.

Dr O. Joseph: Also, just to increase moisture in your mouth you can do things like xylitol, xylitol mints, xylitol gum, xylitol toothpaste. That's beneficial. And if you're getting more cavities I actually use something called a [inaudible] tooth, and gum tonic. It's a rinse, and it's oil based. It has essential oils in it, and because it's an oil base that oil will stick to your teeth and mouth and it will help with a little bit of moisture. That's something that I would suggest.

Dr O. Joseph: "What food program would you recommend I follow in order to help my detox?" When you're doing a detox, organic, organic, organic, plant based, nature made, right. You don't want to eat anything that is not found in nature. Now whether you're paleo, or whether you're a vegetarian, or vegan I can tell you things that are processed on almost every diet. If it walks the earth, if it grows from the earth, if you can get it organic, free range, wild caught, raw, that's the type of food you want to be eating while you're detoxing. Foods that support detoxification are things like cilantro, parsley, beets, cabbage, apple cider vinegar. Those are good foods to incorporate while you're detoxing. Okay.

Dr O. Joseph: "My wife has polyps in the gallbladder. What causes this and what's the best way to get rid of them?" I've never heard of polyps in the gallbladder to be honest with you. I see a lot of people that have low gallbladder function, gallstones. I've not heard of a polyp in the gallbladder. I would make sure that the liver is in good shape because the liver dumps toxins into the gallbladder to put them into the digestive tract. I would make sure that your pancreatic enzymes are okay. That you're digesting fat and protein properly. What I would do is give the gallbladder a vacation. Go on a low fat and a low protein diet, plant based. Use some gallbladder friendly foods like beets, and cider vinegar. And maybe incorporate some types of liver, gallbladder digestive enzymes for about 30 days, or so because I think that if you let your gallbladder rest that would be beneficial.

Dr O. Joseph: "For my missing gallbladder what's the best bile salt enzymes product to take?" There's two that I really like. I've used both of them at the same time. I use a lot of Lipo-Gen. Lipo-Gen is made by Metagenics. I use a lot of A-F Betafood made by Standard Process. Those are probably my top two favorites, but there's a lot of good ones out there. I think there's a lot of good ones.

Dr O. Joseph: Next question. "I had thyroid cancer, and it's calcified. What do you recommend I do daily, monthly, or yearly to prevent any cancer from returning?" If it's calcified I'm always concerned because calcium when it ends up in the wrong places it creates a lot of problems, not just calcification, but stroke, dementia, kidney failure. You want to make sure calcium stays where it's supposed to be. Keeping your vitamin D levels healthy is important. You actually don't want them to be too high when you have high calcium. And making sure you have a lot of vitamin K because vitamin K will help bind to some of that calcium, so will phosphorous. I would say green leafy vegetables like crazy. Anti inflammatories, I definitely favor turmeric, ginger, and boswellia.

Dr O. Joseph: I think to prevent anything you have to know what's causing it, so I would figure out what caused your thyroid cancer. Make sure you don't have elevated thyroid antibodies, or Hashimoto's. But honestly, I think you've got to ... There's a calcium test called, Calcium Score. And if you have high calcium score you've got bigger problems because that can lead to stroke. That can lead to kidney stones. That can lead to calcification of things you don't want to happen. You want to keep calcium out of the blood. I will say that. Okay.

Dr O. Joseph: Anonymous, "I started taking magnesium citrate called, Calm. I'm wondering how much of it I can take in a day? I just started an autoimmune protocol. Is this normal? Two teaspoons, I'm up to four teaspoons a day, and I'm still real constipated." No, that is not normal. Okay, so here's the thing with citrate. Citrate is not highly absorbed, so it's a great laxative. How much can you take? You can take it all the way up to GI tolerance, which is diarrhea. You're gonna want to keep increasing it, increasing it, increasing.

Dr O. Joseph: The fact that you're still constipated is

concerning. I think it has to do with potentially your Hashimoto's because when you have thyroid disease the motility in your gut is much, much slower, so you really have to speed up that thyroid. One thing that I think works beautifully is called, Super Aloe. Aloe is not a laxative. Aloe increases the slipperiness of your intestinal tract, so things can slip right out. In somebody like you I would be using digestive enzymes. I would be using probiotics, and I would add aloe to the party. But how much can you take? You can take it all the way up to GI tolerance.

Dr O. Joseph: Next question is from Christina. "What steps can I take to heal from my PCOS while I'm nursing a baby? Do I need to stop nursing?" Absolutely not. "I thought I eliminated it, but postpartum I had extreme weight gain, brain fog, anxiety, sensory overload. I'm sugar-free, gluten-free, moving towards organic. My TSH is 2.4. What else can I be doing besides adrenal support, and iodine drops to get my body towards healing?" Christina, you gotta check your thyroid antibodies because if you have elevated thyroid antibodies, and you're taking iodine that's a big, big problem. You're actually feeding your thyroid antibodies. I'm not so worried about your TSH being 2.4. I would want to know what is going on with ... And make sure your thyroid antibodies are negative before you touch anything that contains iodine.

Dr O. Joseph: With PCOS it's really important that you keep your progesterone levels healthy, as well as keep your glucose down. I think you have to have your progesterone evaluated. It's entirely possible that you do low progesterone. That's what I would be conscious of. I think you're on the right track too taking a look at your adrenal function.

Dr O. Joseph: Christina, "I randomly check my fasting blood sugar a few times a week. My sugars were 130 twice, 180 once, 103 once. I haven't had blood sugar issues before, but my fasting sugars did occasionally get up to 100 to 110 near the end of my pregnancy. I try to avoid blood sugar spiking eating

blood sugar balanced food. What else can I do to get my sugar to stop spiking? A1C is 5.6, but it was 4.9 last year." You've got to get your A1C back down. 4.9, something was going on with your diet at 4.9 that was good that is not going on with your A1C being 5.6. Your body is not metabolizing carbohydrates properly, or sugars properly, or you're eating too many. I don't know which it is. I'm not working with you. You have to improve your glucose metabolism. The goal is to get your fasting glucose around 80, definitely below 100. Your A1C is way too high. 5.7 is considered pre-diabetes. It's very important in this case to try to be physically active after meals. And then in cases like this I would use nutritional support to improve glucose metabolism.

Dr O. Joseph: Jory, "Is there an alternative treatment to a second knee surgery? I've already had two knee replacements?" I would really consider stem cell or some PRP. I don't know how many more knee replacements you can have to be honest with you. With knee pain, joint pain I'm hitting this hard. I'm hitting it with glucosamine, chondroitin, MSM. I might use collagen, a form of collagen called UC2. I definitely use turmeric, ginger, boswellia. I think you have to do whatever you can to reduce the inflammation and help rebuild the tissue. I think that acupuncture is a great treatment for knees, but I do think maybe look into some stem cell or PRP. Kim, "I've dealt with colitis since 2002, kept it in remission until 2018 with prescriptions. Major flare up this Summer, and the GI wanted me to start biologics. I don't like doing it due to the side effects. I've ordered Dr. Jay Davidson's entire protocol. Should I discontinue the infusions while doing this parasite protocol?" Uh-uh, no. No, no, no, no, no, no, no. If you have started biologics you keep doing it, you wait until your colitis is in remission, and then you have a conversation with your doctor. The fact that you're working on your gut, that you're working on parasites, good for you. Good for you. Dr. Jay Davidson's protocol is gonna eliminate parasites. It's also gonna eliminate small intestinal bacterial overgrowth, which is a known trigger for ulcerative colitis. I'm very familiar with colitis. I'm very familiar with biologics. I'm very familiar with Dr. Jay

Davidson's protocol. Do not stop the biologics. Do not stop the protocol. You're doing everything right. Don't mess with it.

Jonathan: Great.

Dr O. Joseph: Okay.

Jonathan: [inaudible] that's the good news.

Dr O. Joseph: Yes, yes. Jennifer, 58, in menopause ... Hold on. I think we already covered Jennifer. Okay, "I thought I might have gout." This is a follow-up question. "Is possible to have rheumatoid and gout together." Of course, they're totally different. Rheumatoid arthritis is autoimmune, gout is not. "If I have gout why is it not showing on my toes, only on my knee?" Good question. I'm gonna get back to it. "I'm drinking turmeric, lemon, and ginger to help reduce the inflammation. Should I continue to do this?"

Dr O. Joseph: I'm going to say yes continue to do that to reduce the inflammation. But gout is not always caused by high levels of inflammation. Sometimes it's caused by other issues that can create problems in the kidneys, like high levels of oxalates, which are found in a lot of healthy foods. "It's only on my knee." Gout is tricky. It really is. I do think you should try to reduce inflammation. This is where I think going on a plant based diet is very beneficial. Try to pull meat out of your diet for about 30 days, see how you do. Just make sure when you pull meat out you're not replacing that with gluten and dairy. Black cherry juice, or cherry juice concentrate is very, very good for gout, if that is what you really have. But gout can show up for a lot of reasons, and it doesn't always show up on your toes.

Dr O. Joseph: The next question. "I've had MS for 14 years, gone off gluten, sugar, and dairy. I can't walk. I'm sleepy all the time, cognition's altered. Is there more I should be doing?" Yes. "I have Type II diabetes and heart disease." You're not gonna have energy if you don't reverse your Type II diabetes. That's what

you have to target because right now that diabetes ... Diabetes affects your brain. They're about to pass a new diagnosis called Type III diabetes, which is diabetic dementia. If you reverse your diabetes that's the best thing you can do to reduce your heart disease. But also, [inaudible 01:18:34]. If I'm working with you that's what I'm gonna hit all day every day. You have to bring glucose levels down. Okay.

Dr O. Joseph: [Irlindanos] syndrome, my daughter's been diagnosed with this. Any suggestions [inaudible 01:18:47]?" That's a tough one. That's a tough one. I actually think that collagen can be very beneficial to somebody with this. Focusing on an anti-inflammatory diet, gut health, but with [inaudible] I'm gonna go with collagen supplementing. I think that, that could be particularly beneficial to somebody with this syndrome. I actually have a patient who has this.

Dr O. Joseph: "My husband's been suffering from autoimmune liver disease, taking various doses of medications. When he weans off he relapses with elevated liver enzymes. He's now on prednisone and Imuran together after a recent relapse regardless of our constant gluten-free diet." Let's see here. "He's been taking supplements from a naturopath. Nothing is helping him get off the evil steroids even after six years. What would you recommend might help him get off the medication?" Okay, that's really tricky. What's tricky about that is, is if he's been on prednisone for this long he likely has a significant amount of both yeast and fungal growth. I think that you may need to approach this from an anti-fungal standpoint. More specifically working on anti-fungals and gut health because we know it's autoimmune liver disease. I bet that naturopath that you're working probably has some good protocols that are anti-fungal, as well as some gut testing such as stool analysis. That's how I would approach that because likely all those steroids have created problems with yeast and fungus.

Dr O. Joseph: "I have a lot of digestive discomfort like it's raw there. Anything I can do to help improve the intestinal tract?" [inaudible] the middle of

elemental diet and getting this feeling as if it's raw." I think I would try to find out what is it that you're doing for your [CBO 01:20:57]. How I approach CBO is I use high dose ... I use very strong [inaudible 01:21:03].

Dr O. Joseph: High dose [inaudible] enzymes, antifungals, and I do use those probiotics, specifically *saccharomyces boulardii*. I'm not sure what feels like it's raw. I don't know if you're talking about your digestive tract or rectum, or stomach. One thing that I will say is very, very soothing is L-Glutamine. There are some great L-Glutamine options out there that are combined with diglycerides, [inaudible] and aloe. That's probably going to be a good option for you.

Dr O. Joseph: This is Jake. My Connie has been dealing with Parkinson's. I'm so sorry. We've been looking for natural options for coping with this disease. We realize this is a complex issue. We need guidance in knowing how to manage this. Do you have any special advice?

Dr O. Joseph: I'm going to [inaudible 01:21:55]. There was somebody else earlier who was asking if functional medicine could be helpful, I would find a functional manager trained in [inaudible] in this case. If you do look at the Carrick Institute, you should be able to find a [inaudible 01:22:11], because somebody with Parkinson's is gonna need functional medicine and nutrition but they're actually gonna need neurologic rehabilitation. You're not gonna be able to tackle something like this just with diet or supplements or testing. So I would do that.

Dr O. Joseph: What's the best way to detox when you have a hard time digesting food? You gotta figure out why you're having a hard time digesting food. You have to understand that's what our body is designed to do, is to digest food and absorb nutrients. If you're not digesting food properly, the question to ask is why? Is your pancreas not making enough enzymes? Is the hydrochloric acid in your stomach too low? Is your gallbladder not digesting fat and protein? Where is the problem? And then you know how to approach it. Because you should

be able to eat, that's what your digestive tract is designed to do and if you can't, you gotta figure out why.

Dr O. Joseph: Okay. Liver autoimmune hepatitis. I'm so sorry, there's a lot of people that have this, that have this going on. So you got your liver enzymes to normal in 30 days from 22 [inaudible 01:23:21]? I think your story is amazing, and you need to tell us what you did to get your liver enzymes into normal. I bet you had very high glyphosate poisoning [inaudible] so afraid to say that.

Dr O. Joseph: Lastly, I know you're just giving information here but if you can prove you have glyphosate poisoning and you can find out where or how you got it, you've got a very good case to go public with. And I think that more people need to hear your story because there are so many people suffering without autoimmune disease because they were poisoned by glyphosate which affected their gut health, their immune health, and then these things got triggered. We seem to think that it's okay to consume glyphosate but we don't have science and research that says it's okay, and really, we as humans are the guinea pigs. We are the experiment right now with glyphosate. So if I were you, I would encourage you to go public with your story. Be an advocate. You have a background in science as an MD, as a naturopath. You have authority, I would go public with that, share your story and let people know what you did to get your liver enzymes back in normal and prevent autoimmune hepatitis. I think you're someone that might need to be interviewed.

Dr O. Joseph: Okay, how do you check a home for mold toxicity? [crosstalk]

Dr O. Joseph: I think that, you gotta check your home for mold toxicity. Okay, you can't check your home for mold toxicity, you can check your body for mold toxicity and you can check your home for mold. So if you have five people living in your house right now, not all five of you are going to have mold toxicity if there is mold in your house. We can do a whole hour and a half just on mold. This is

probably one of the most complicated issues that natural healthcare providers are dealing with. It's very complex, very complicated, very, very hard to work with. What I would do for you, is I would check some immune testing. I would run a complement C4A test or a complement C3A, C4A. If your C4A is high, then I would have your home checked because a lot of the mold testing that you do in your house is very expensive. It's on average about \$2000. So if you can get a complement C4A test and that's really, really high ... that's an indicator that you may have mold toxicity. Then you spend the money to test your home. But if everybody ... if your home has mold, not everybody in your house is going to have mold toxicity. Usually you're more genetically susceptible with this HLA genotype, which about 25% of the population has. So, mold is very tricky, is what I'm gonna tell you.

Dr O. Joseph: Okay. Jeanette: 62, overweight, hypothyroidism, medication sensitivities, fibromyalgia, arthritis, metal implants, IBS, motility problems, hot flashes, hysterectomy at 25 ... wow, why? Surgery in September, severe reactions to meds. My condition continues to get worse. Gluten free for three years, no beef in 10 years, sugar-free, alcohol-free, free of a lot of things. I'm Canadian and have not found help here so I wonder, can a doctor in the U.S. treat me based on my symptoms and very little lab work? I don't do drugs. Have not been diagnosed with heart disease, diabetes, cancer ... have 90% of the symptoms for thyroid, adrenal, endocrine disease. What should I do?

Dr O. Joseph: Jeanette, you can order your own testing whether you're Canadian or American. As long as you self pay for your testing, you have access to it. So as far as taking a closer look at what's going on, if you really want to work with someone functionally, you can work with a functional practitioner in the U.S., no problem. To do a stool analysis, to do a DUTCH hormone test, those are things that you can do to properly know how to approach this. Another thing to consider is, there is a test call a pharmacogenetic test that shows what drugs will work for you, which drugs will not, and

which ones are potentially dangerous. So this way you have a game plan because the reality is you may need medicine at some point or surgery at some point.

Dr O. Joseph: I think you need to work a lot more on the gut, it's evident if you had to have a hysterectomy at 25 and you have these gut symptoms. You do have access to this testing even though you're Canadian or in Canada. I actually have a client I work with virtually in Canada and we got the testing to her no problem, you're just not gonna bill insurance for it.

Dr O. Joseph: I'm sure, sorry, not sure if you said I shouldn't do fasting with a muscle issue except intermittent or could I go longer fasts, if taking the protein powders? You can actually get branch-chained amino acids by themselves without the protein. Because what will happen, Lisa, is if you take protein powders you're not fasting. You're not, you're breaking fast. But you can take branched-chain amino acids and still honor fasting if that's something you choose to do. I'm not working with you, I'm not going to tell you what to do or what's right for your body. And somebody like you, I would probably only recommend intermittent fasting. But if you are going to do longer fasting periods, just get your hands on some branched-chain amino acids that don't have protein because if they do have protein you're not really fasting, so why not just eat?

Dr O. Joseph: Best alternative medicine and diet to treat Parkinson's. I'm so sorry, it's not that simple. Parkinson's is very complex and anything that's neurological, you've gotta go back to the gut-brain access and we know Parkinson's has to do with a dopamine imbalance. Dopamine is made by hormones like serotonin and melatonin and these are brain hormones that are made in the gut. So there is no diet to follow, you really have to work on gut health and neurotransmitter production.

Dr O. Joseph: Okay, thank you so much. I'll move forward with the fasting, I have allergies and asthma as well which our answer to Ralph's question about his daughter would be good steps for me to take

with my kids as well. We've tried muscle testing, we don't eat wheat, soy, dairy. We use natural products. What would be the first most important bang for the buck after we start the fasting regimen with the kids that I choose? We have a severely disabled child, we're actively treating with the help of the Institute for the Achievement and Human Potential and it's working beautifully. That's great, you should share what you're doing that's working. It restricts our ability to go after all the kids at the same time, we're triaging problems.

Dr O. Joseph: I get it. Katie, I think that the answer to your question is, is what's your one size fits all approach, is to work on your gut. It's to work on gut health. So, how are you going to work on gut health if you don't know what's going on in the gut? I do think food sensitivity testing is very valuable but you might just have to do an elimination diet with your family because you're trying to work with so many people at once. So I think that doing some research on an elimination autoimmune-paleo diet might be the best way to go. If you guys are willing to go autoimmune-paleo, cut all the foods and then start reintroducing one food at a time, that might be a good direction. I also think using probiotics in your family is a great bang for your buck because you can give it to everybody. You can make foods that are rich in prebiotics like kimchi and kombucha, and sauerkraut, and kiefer, and all that good stuff. So that's probably how I would approach the most bang for your buck with that many people trying to be on board.

Dr O. Joseph: Johnathan, I know we're at 8:33, I see some people here that have questions I haven't gotten to and then I see some people who are getting through their second round of questions so how do you want me to approach that?

Jonathan: Actually, so let's just come to a wind down here to respect your time here. Maybe you can just grab one or two more and then get [inaudible] the first time they have asked the question so we can make sure that we're getting to a couple more

people and then letting you have a little bit of family time before everyone goes to bed.

Dr O. Joseph: Okay, so the next question is really, really related to hypothyroid and Miss Shirley put the medicines she is taking as well as her labs. When I look at your thyroid labs, I'm not too concerned but when you have muscle wasting, breast pain, loss of vision, that's way concerning. I think you're beyond thyroid with this. I'm worried that there is some type of neuropathy, impingement. With that aside, extreme fatigue, keep an eye on your vitamin D levels. Check things like iron and ferritin because those are some other things that can cause fatigue that are not thyroid. I know you had endometrial cancer in 2011. I'm looking at hormones, I'm checking for an estrogen dominance because if you have that, your risk for another cancer is higher. But really in someone with extreme fatigue and thyroid disease, I would look at cortisol because cortisol affects the absorption of your thyroid hormones. So that's what I would say to that.

Dr O. Joseph: Patty is having brain flares without taking supplements. Trying to lessen infection or toxicity, there is no die off happening in the ... I think Patty has come back a few times. You think that the overactive immune response is a direct connection now with diet and stress. Much more than a [inaudible] response.

Dr O. Joseph: [inaudible] You have to understand too, I'm really impressed with the knowledge of this group, really, really impressed. The one thing I will say is, this is not basic stuff, right. Generally when I'm working with somebody, I'm really digging deep into their history, what they've done, what their frustrations are, where they're failing. I'm doing testing and I'm working with somebody on average with autoimmunity for about six months.

Dr O. Joseph: When you experience die off, you don't treat, I don't put people on protocols unless I know they need that program or protocol. So I'm trying to give maybe a little bit more general advice to this group. I do think that you're onto something.

If there is a direct connection to diet and stress, then you will figure out through trial and error what to do with your diet, but as far as stress, we can't ... we do everything we can to reduce stress, eliminate whatever stress we can but the reality of it is we can't remove all stress. So one thing we need to do is we need to increase our body's adaptability to stress. And that has a lot to do with cortisol, sleep, exercise, breathing, meditation, things of that nature. So thank you for responding to my comment. I'm in complete agreement with you. You know your body more than ever and I think if you know what stressors are triggering it, and you know in your diet what's triggering it, then you are your best doctor. Okay?

Dr O. Joseph: This is somebody, Lindy, who got sick after being exposed to VOCs and glyphosate. My thyroid was badly affected. I addressed the high reversed T3 and I have Hashimoto's and the thyroid is better. Good for you. I've addressed leaky gut, that's improved. Great. I no longer suffer with debilitating fatigue. I'm still tired, but tired on waking and by late afternoon. My question is how much exercise should I be doing?

Dr O. Joseph: Okay. So I think what you need to do is take a close look at your cortisol levels because when you're tired in the morning and you have that afternoon crash, that has a lot to do with cortisol and cortisol does affect the absorption of thyroid hormone. That's where I would take a closer look. And depending on what your cortisol levels are doing, that's gonna dictate your exercise. Because if you're actually overproducing cortisol, you don't want to do intense exercise like high intensity interval training. You're gonna want to do things more like walking, yoga, tai chi ... versus if you have low cortisol levels, you need to take a look at DHTA and other hormones like testosterone. Because if you have low testosterone and you weight train, you're not gonna build muscle and you're gonna feel worse. You're gonna feel muscle fatigue, brain fog, joint pain.

Dr O. Joseph: So my approach, is take a closer look at hormones. When you have a high reverse T3, Lindy.

High reverse T3 separate from your Hashimoto's, is an indication of a cortisol imbalance. As functional practitioners, that's a red flag for us, when we see a high reverse T3. Our minds go right to, what's going on with cortisol? So I think you've got cortisol written all over you no matter how many steps you get in a days time. You could increase your steps to 10,000, to 12,000, I don't think you're going to see great improvements in your energy without properly addressing cortisol.

Dr O. Joseph: Okay, this is going to be the last question. [crosstalk]

Jonathan: Thank you. [inaudible] about this, Olivia, you're such a gem.

Dr O. Joseph: [inaudible] so much. Gosh, when you're talking autoimmune, oh my gosh, there's so many different autoimmune diseases out there but the reason I'm going to take this last question for Rose, is because I've seen many, many patients with Sjögren's and Raynaud's, many. I've been in remittent fasting for 12 months, I haven't lost any weight, I've cut out gluten, pasta, rice, sugar, dairy. I also had glaucoma at 30, cataracts at 40. Blood work is normal, fasting blood sugar is 89.

Dr O. Joseph: Rose, you took the words right out of my mouth. I would look at glucose, Now, just cause your fasting glucose is good, doesn't mean your A1C is good. I'd still like to see an A1C because you get a 12 week average of glucose. But I do think that this is not just a blood sugar issue. You know, when you're not losing weight ... so what is Sjögren's? It's definitely autoimmune, so my question would be, do you also have Hashimoto's? Because if you also have Hashimoto's, that's gonna inhibit your ability to lose weight. When it comes to weight loss, I look at inflammation and I look at hormones because when you do see high levels of inflammation, cortisol imbalance, low sex hormones like testosterone ... it makes it very, very difficult to lose weight.

Dr O. Joseph: So those are some things that I would

look at because when you do good things with your diet, with your exercise, and you don't see results there's always a reason why and that's what our job as functional medicine practitioners is to do, is to be detectives and do the right investigation to find out why. One thing I will tell you though is if you're not detoxing and if you haven't detoxed, that's step one. Because if you have poor detox pathways, good luck with weight loss. Your body creates fat cells to store toxins to protect you. So if fat is your major issue, I think that's where you have to start.

Jonathan: Fantastic. Well again, thank you Dr. Joseph. You are a gem, I love that you have certainly taken a care and interest in peoples well being. For starters, let's just have a look at the fact that you got through 50 questions, 48 questions ... there was probably a couple more than that so let's say 50 questions. And if you have appreciated what Olivia has shared with us today, why don't you just give her a hand. Raise your hand there, click the icon that the raising hand [inaudible 01:40:26], just raise the roof 40, 45, 50 people have given you some praise there just ... dropping any word of thanks or appreciation or what you liked about what Olivia shared and that's gonna come in a second. And again, so thank you again, I can't wait until we reconnect. I'm going to do something which everyone is going to enjoy and that will give me chance to get some of the questions back. You're gonna love this, Olivia, check this out. You want to see a one minute trailer of a new film series that you're in and that you get starred in this [inaudible 01:41:03]?

Dr O. Joseph: Yes! Absolutely!

Jonathan: Alright, alright. Look, okay, that's the answer I want to hear, okay can you see my screen?

Dr O. Joseph: Yes.

Jonathan: Okay, cool, alright so now where did that video go? Here it is. [inaudible] Hold on. Okay, everyone hold your horses for one second while I pull

this down [inaudible 01:41:25]. The suspense. The suspense is killing me. Okay, alright everyone can see this. Okay good. Alright here we go. Can you see my screen? Black?

Dr O. Joseph: No.

Jonathan: No?

Jonathan: Okay, maybe it's [inaudible] ... see that now. Can you see my screen now?

Dr O. Joseph: Yes.

Jonathan: Okay, cool. Alright here we go.

Speaker 1 -film:A thousand years ago the human body wasn't much different than it is today. What was healing to us, 2000 ...

Dr O. Joseph: Johnathan, I can't hear, I know you muted me ...

Jonathan: [inaudible] Okay hold on a second. Here, okay.

Speaker 1 -film:A thousand years ago the human body wasn't much different than it is today. What was healing to us, 2000 years ago, 5000 years ago, is still very healing to us today.

Olivia -film: America right now, we consume more medication than any other country in the world and we're certainly not the healthiest. So why do we take that medicine? They think it's good, but we're ignoring the five to ten consequences that pop up with doing this one good thing.

Speaker 2 -film:Health is not the absence of disease. We've got to be proactive with that. We've gotta make sure that we're walking 10-20 years down the road.

Speaker 3 -film:The physiology or the dysfunction that is creating the symptom, supplement altering substance, That's what drugs does. The FDA regulate

that. Supplement correct the underlying imbalance, but your body's balance is soon to go away.

Olivia -film: We have to take care of ourselves now, today. Tomorrow could be too late. Today is the day because if we don't take care of ourselves, nobody is going to do that job for us.

Speaker 2 -film:[inaudible] profession is about making progress.

Olivia -film: You're bringing experts to the public and you're educating people, which means you're empowering them to take responsibility for their own health.

Speaker 3 -film:Your body is your responsibility. It's not mine, it's not your doctors, it's your responsibility. Don't keep doing the same thing over and over again expecting different results. You must be willing to adapt and be open to learn new things because there's new things being discovered all the time.

Olivia -film: My best patients are educated. And I think that what we're doing a great job of, is bringing real information from the experts to these people.

Speaker 2 -film:Life is short so let's make sure that we grasp it.

Jonathan: What do you think?

Dr O. Joseph: That's awesome. Oh my gosh, I'm so excited I can't wait to see it! I love all your content.

Jonathan: Thank you.

Dr O. Joseph: You do such a good job.

Jonathan: I appreciate that, Olivia. Look at that, you starred [inaudible 01:44:28], I love your pieces, wasn't she a star?

Dr O. Joseph: I didn't even know that was coming! So I'm even more excited! Even if I wasn't in it, I would still be very excited.

Jonathan: Alright, cool. Very good at getting

[inaudible 01:44:42], you showing up, that's the last thing. But hey, thank you so much and you've been getting lot of praise there in the comments there, so thank you so much Victoria, thank you so much [inaudible] ... Sylvia, Rose, thank you both. [inaudible] amazing, three exclamation marks so everyone is loving it. So thank you again, get to your family and let's reconnect really soon. [inaudible]

Dr O. Joseph: Absolutely. Bye everybody. Thank you for having me.

Jonathan: Thank you. God bless. Bye.