

MERYL: hey everyone. Welcome back. This is your Rebel Nutritionist and welcome to our podcast. Today. We are talking with our very own Jordyn Perkins and this podcast actually came about in a little bit of an unusual way because we happen to be having just a conversation in our office. And then Jordyn has done some subsequent testing and.

The testing has revealed some interesting information. And so we're going to talk a little bit about that today because one of the questions we get often is that **why do we do the lab testing that we do?** Why are the lab tests that traditionally we get from our medical practitioners, not enough and many of us walk around thinking, oh, well, I did my blood work from my doctor.

I'm fine. Right. And I always say on paper, you might be fine at least on the very, very basics, but we really need to take a deeper dive. And today we're going to talk about why we take a deeper dive, why it's so important to really understand and looking a little bit deeper. So, Jordyn welcome.

JORDYN: Thank you for having me

MERYL: so excited because I think this is going to be a great conversation. 'cause. I always say I'm so far in this work. That for me, it's, it's just rote, right? It is like, what do you mean? Of course we're doing this kind of lab work and you being so new to this world came in a little naive for lack of a better way to say this.

Right. Because you're so used to the medical model, right. You think, okay, my doctor runs these tests and I'm fine according to the test or maybe not so fine. So one thing that I want to talk about, because we were talking about this the other day and it really made me think is that

you had come to me and you said, well I'm not feeling well and I want to run these tests and just the confusion around what you were getting from your practitioner. And then knowing intuitively that you had something going on, but not having that confirmed until we've subsequently done the follow-up test. So I guess, give us your jumping-off point. You know, give us a little bit of your story and your frustration.

JORDYN: Okay.

Jordyn's health history

So for many years now, probably for as long as I can remember, **I've had chronic constipation and I had this IBS**, the generalized word IBS, and I didn't really know how to go about that. And I went to my doctor several times and they said take some fiber gummies, take some Miralax. And none of that was helping me.

I had no idea what was going on. They test me for Celiac. They test me for Crohn's. It all came back negative. You're okay. You're within normal limits. The famous quote. They like to say, and that was very frustrating to me. And then a couple of years ago when I started this medical program and I was learning about pathologies and disease, all these different types of things, I'm like, wait a second.

My thyroid is severely screwed up and I have **all these symptoms between sluggishness fatigue, anxiety. Constipation**, all these different things are playing a big part. **My hair is falling out**, what is going on with me. And I know I'm tired from school and working and all this stuff.

So it was a lot of, okay, is this my thyroid? Or am I just really overdoing it? And it got to the point where I'm like, I need to go see somebody for this. I think I'm this IBS is causing this. I'm honestly unsure. So went to go see a GI and I'm 22. He's like, let's run a colonoscopy. So between the prepping and the money and the blood work and this and that, of course.

Oh yeah, everything's fine. Just, if you want some Linzess, we want you to take that and we'll, it'll cure you. No, I'm still dealing with this stuff now. So then when I began working with Merrill, I said, I'm like, I don't know what's going on. We're talking about the thyroid. We were talking about my stomach issues.

And all of a sudden **I find out I have this autoimmune Hashimoto's** and it just. Am I happy? I finally have answers. Yes. Is it crazy? I've been walking around for how long now with this, **I have these answers, which is wonderful**, but how can so many people be walking around, not knowing unless they run these tests.

How do these doctors not know to run these specific tests? Because they don't want to deal with it. They just want to throw it aside. You're fine. Great. Move on. Let me get my money from insurance. Call it a day. And it's just so infuriating, because not many people know about this, unfortunately, and you know, people don't want to go somewhere if it's not paid for does, it cost a lot of money to get these answers?

Yeah, I could, but I do think it is well worth it because now you can find the cure to why something's happening and. You know, somebody will walk around it's so infuriating.

MERYL: Right. So, yeah. Right, right. So you're on the other side of, of where I come from every day when I'm like, oh my gosh I talk about this all the time, as far as **we're not always running**

the right labs and we're not looking a little bit deeper and morally more importantly that **we're not really looking at the root cause of what is going on.**

So we're taking a little bit here and taking a little bit there, like you said, well, I went for a colonoscopy and then I went for this test and I went, but nobody is connecting those dots, right? Nobody is, I always call it was **running quarterback for you and organizing your care and your strategy in a way that makes sense** or even in, any organized fashion.

And the other frustrating part is that they run these diagnostic tests. And okay. You might come up from physiologically, right? There was nothing physically on the scope on your colonoscopy or endoscopy. But they weren't looking any deeper. Right. Nobody was looking a little more cellularly, whereas I call it **we're not looking at the biochemistry of what's going on in your body.**

And that is really where the magic is because **that's where we find these imbalances.** And yet people aren't told this because that's not what is offered. Quite frankly, **out of the scope of what many traditional medical practitioners do.** And so yeah, until you came to us, it was, you felt like you were going in circles and on this path of, I just, I know something's wrong with me.

Right? That's the thing. And then you were made to feel almost minimized, like it's in your head. And so, and we know it's not in your head and. That's the sad part of this is that you were so dismissed. **It was dismissed that it wasn't a thyroid problem because they didn't really measure the right markers.**

They were doing very few of the thyroid markers. We didn't, they didn't run antibodies ever because again, a lot of these medical practitioners. If they ran it, they'd have to treat it. And the

problem is, is **they don't necessarily know how to treat it**. It's beyond their scope. So we end up on this vicious cycle of running from doctor to doctor, to doctor to get answers.

The problem is you don't get answers and you end up with just more medication.

JORDYN: And bigger bills.

MERYL: So I always say when people say I'm one of the things I think we talk about because you are sort of the face of this business, right? You're out there in the front, on the front lines, so to speak here and, and people often say, oh, well **this type of work that we're doing is expensive**.

But I think it's less expensive in the long run.

I want to do all the tests and all these things, but I have to keep being kind of mindful right now, but in the long run, thinking about it, if I only knew about this, not even a year ago, **if I started doing this. Even a few months ago, I would have probably saved a ton of money** just because I wouldn't have to do a bunch of different tests and figure out what's going on.

I would have been able to do one or two tests and known my answer is instead I'm jumping from doctor to doctor. Because no one has answers for me. They're just so quick. Oh, the normal thyroid measures are fine. Don't worry about it. Come check back in a year. No big deal. And I was a little alarmed by that because yes, am I learning this stuff?

Maybe I'm diagnosing myself. I wasn't off. I was not to toot my own horn, but these doctors are wrong and I was right.

So I was just going back and forth with all these different thoughts. Am I, this am I that? And **it was getting frustrating because I was taking this IBS medication for no reason.** And I think it was screwing up my body a little bit. And I just didn't know why I was feeling the way I was feeling.

And then I got an ultrasound actually, and my thyroid lit up like a Christmas tree. Oh, it's normal. Come see us in a year. That was every single response I was getting. And it's so disheartening because you trust these doctors, they went to school for how long to tell you to come back in a year. What are you going to do for me in a year?

The same thing. Oh, you're fine. So it's just really frustrating. Cause it's all I hear. You're within normal limits of borderline you're still surviving. Right?

What labs do traditional doctors do?

MERYL: So, so that's a good point because I think a lot of people are dismissed. Their numbers are high and they're allowed. So let's talk about that for a second, because that's a really important point that I want to articulate and let our listeners know about is that most of the labs let's, **let's talk about the basic labs.**

When you go to your physician for let's call it **routine yearly lab work**, right. They're running a general chemistry profile. What does that mean? A chemistry profile involves looking at. When **we do blood work, it's the leftover metabolites. It's, what's already been metabolized by the body and it's kind of, let's call it the leftovers.**

Right. So basically all we're really looking at is, are the things. Is your liver working properly? Are your kidneys functioning properly? Is your heart working properly? And is your bone marrow functioning the way it should? Right. If we're doing a comprehensive, it's called the CBC comprehensive blood count.

We're looking at red blood cells, white blood cells, right? So is your, **is your immune system and is your blood cell count in the normal range?** Right. But those are very, very limiting tests. All we're looking, if all we're looking at are our organs functioning. Okay, great. My liver is working, but it doesn't give us really what is going on.

As I call it under the hood metabolically, **what is happening in our body doesn't just stop with glucose.** Right? We have to look, if we're looking at blood sugar abnormalities, we've got to look at things like insulin and things like C-peptide same thing with the thyroid. We've done a podcast on that.

All of the things that we need to look at, it's not just TSH and it's not just T4, right. It's all of those markers. It's free T3, free T4, reverse T3, all of T3 up to all of these numbers and the antibodies, thyroglobulin antibodies and TPO antibodies are really, really important because then we miss part of the picture.

If we're not measuring those same things with when we run inflammatory markers, right? C reactive protein and myeloperoxidase and oxidized, LVLs, all of these things that give us. A really comprehensive look at what is going on on a cellular level. And so that is where **we're really only getting part of the picture.**

When we do our routine labs. Number one, number two, the range has become so broad.

Because really, I mean, let's face it it's because insurance companies just don't want to have to pay for medications. **So they just keep making the ranges broader. So people fit into what they call normal**, but if we really look at those values, pre-insurance company kind of involvement.

Those ranges were much, much tighter. So for example, thyroid function is optimal between one and 2.5. Yet, if you look on the labs, I think it's like 0.4 to like six, right? That's a huge range so it's like that bell curve, if you fall on the low side of the bell curve or the high side, you are, subclinically not.

Normal. and I think what happens is people fall into the idea that, oh, well, if I'm in range, I'm in range and I'm okay. And I think nothing can be farther from the truth. it's not true **if you're not in optimal range for so many of these things, then you are subclinical. Off-balance.** Right.

And it's a shame because you were walking around for a long time with a lot of the, first of all, not, not even the right numbers were tested on you and yet intuitively you knew something was wrong.

JORDYN: I totally, I had every single symptom and I would talk to my teacher. I'm like, I think there's something wrong with me.

Like, why don't you get tested? So then I went to get tested, I guess I had a question. Why, why are these doctors not either doing their jobs and looking more in-depth, what's going on with each and every person, all their patients? Why are you one of them walking around like this? What is the idea? Is it because you're lazy or is it because you just don't want to deal with, like, I don't get it.

MERYL: We talk about this a lot here and I think, and I've always said this we diss on the medical practitioners and I think **some of it is the lack of training**. We know that most medical practitioners. Especially in nutrition. **They get 30 minutes of nutrition in their four years of medical school.**

I mean, I've studied biochemistry now for 20 years and I learned something new every day, **it's just not in their scope of practice to understand those values or to understand how to read them**. So don't order them. And I don't think it's laziness. I think a lot of what is going on in the medical community now is just because of how managed care is.

our system is really not a healthcare system. It's a disease management system. And unfortunately, because we are such a sick society and a sick culture, and so unhealthy that most physicians are really doing. It's almost like triage, right? We're doing chronic care, right.

People are coming in so sick. They just need to put on the band-aid to keep them from hemorrhaging, right. To keep them from bleeding, to keep them from being that sick. So they do the quick fix treatment, which is most of the time medication. They're not looking at this chronic long-term illness model, right.

That these people are walking around so sick and **most of the time it's a metabolic issue**. It is blood sugar abnormalities. More people are walking around with abnormal blood sugars than I could even mention, I mean, the statistics are ridiculous about how many people are walking around with elevated blood sugar, right.

Or were pre-diabetes and they don't know it. Same thing. I've had how many people this week alone come in for thyroid testing and they're walking around with that autoimmune

Hashimoto's thyroiditis. Right. Because it wasn't tested and it wasn't picked up properly. And the thing is, is that **everything intersects in our body.**

So we talk about how she motos, but there's a huge link, like you said, right. You've had IBS.

There's a huge link between IBS, constipation issues, gut issues, and thyroid.

JORDYN: It all correlates

MERYL: Exactly. Right. And so, and like you said, look, you can go into the supplement cabinet and grab the supplement. Right.

But I always say what's my famous line can supplement away a poor diet. Right. So **supplements are great, but it's no different at some point than medication. If we are not using them properly** or using it properly, I don't think it's because doctors are lazy.

I think they're well-intentioned and they want to help people. I think they are really just.

Constrained by the system, unfortunately. Right. **They don't get a lot of time with someone because they're billing insurance** I mean, the truth is you go only get reimbursed for a certain amount of time with a certain person.

And this is why when we see someone **we're spending an hour and a half with someone** I am. Going through their history, we're going through their story. Right. Because it's really important to know the details. It's important to know what happened when they were younger, where are they on antibiotics?

All of these questions that we go through, are relevant, right? **Your story is relevant to what your care looks like down the road.**

What differences can Jordyn see now

So I guess from your perspective, right, because again, you've been working with us for awhile. what are some of the things in terms of, in that way that like you're noticing with yourself that has made a difference for you and understanding.

The number's a little bit better, or just some of the perspective of , what we bring to the table, let's say.

JORDYN: So I did come to the conclude, not the conclusion, but I've over time working here. I did realize how much, yes, there are amazing doctors out there. I will not, I don't want to talk badly because there are, there's great doctors they are restrained.

You're correct. They are held accountable for certain things. There's a lot of pressure and I think. Bottom line is a lot of people need to come in here in particular because they're not getting, they don't realize how much is going on with them until they come and do all this testing. And a lot of them are like, oh, it's just a lot.

And my regular doctor says, it's fine. And I think they're more, **they're nervous because they know there's something going on and they don't want to know the results.** And I think that's what it is. Cause you know, it's very emotional people kind of, we've seen stories where people are very emotional because the truth is coming out and doctors.

They're not investigating as much as they probably should be or not that. They're not able to, because of all the restraints, but I think here I'm learning all about these supplements and the

way that people are either taking too much or too little. people are not getting the proper nutrients lately that they need because America is clearly sick.

Yeah. Very sick. But I just, I see countless stories, whether it's your thyroid, whether it's your gut issues, people walk around with these problems all day long with leaky gut to your thyroid inflamed to heart problems, just because your glucose is so high and your insulin and your pancreas is out of whack.

There's just so many things. You don't realize at least I think that was a big thing for me. I didn't realize how much people are suffering until really going in-depth. And I guess that's a big thing here instead of putting a bandaid on it, **you're finding the root of the problem and you're finding a cure** rather than just, okay.

Here's some medication,

MERYL: right. I always say if the medication is. Making you better on some level. **If you're having to be on a medication forever and ever, then it's not fixing the problem.** It's just, band-aiding the problem.

JORDYN: **Food is medicine.**

You're absolutely correct. And the less the medications, the better, right. You can have a healthy diet work out, eat properly. Obviously, there's some things you can't control and that's when. You know, you do a great job finding things to help people, whether it's supplements, meal plans, I can go on and on, but

MERYL: We always talking about **giving people the tools and the strategies to improve their health** and no matter where they are. What your starting point is you just need to start, you need to start somewhere and you need to understand, I always say symptoms in the body, whether it's fatigue, whether it's constipation, right?

Whether it's brain fog, whether it's an inability to lose weight, right. People who can't lose weight, you've tried and tried. That's an issue that isn't a clinical imbalance, right? It could be hormones. It could be who knows. Right. It could be some combination thereof. I think that is the important point is that it's not always about, there's just one smoking gun, as we say, there's never just one.

Cause there's, **it's multifactorial. And everything intersects.** Right? What goes on in your brain is affected in your gut? What goes on in your heart is affected in your brain, right? Your emotions are worn on your body. I always say sometimes **the emotional weight that we carry around is heavier than the excess weight that we're carrying around.**

Be your own health advocate

JORDYN: Right. I think I learned a big part. Here is **you have to be your own advocate.** You can't just let somebody say you're fine. If you think something's wrong with you, Go get help if you're able to, because if I at least didn't talk to you about this, I'd be walking around, not knowing what's going on because I got the answer.

Oh, you're okay. But you just can't accept. No. Right. If you think something's wrong with you or you are gaining weight when you're eating right. You're working out. Okay. You know, there's

something wrong. Go get help. Don't let them say, sorry. Can't help you here. Go invest to go take care of yourself.

MERYL: Right. Again, another really good point is that we have got to learn to be our own advocates.

I think long gone are the days where it's just, oh, we trust what the doctor says because they're a doctor. Yes. They are brilliant. Most of them. And they've gone through all of this training and right. We are taught, oh, trust what the doctor says, but unfortunately, That is true, less and less now because of the way our medical system is run.

And because of some of the principles that are upheld. And so I think that or not upheld, let's say, and this is the work that we do in functional medicine is really, yes, it is. You do need to be your own best advocate because **your body talks to you and we do need to listen to that**. And we do need to become a little more intuitive with that.

And. **More strategic in how we manage our own health**, because there's too much at stake, right. There's too much at stake. And this is part of what we learn in the work that we do is now **with the ability to look at our genetics and look at our own individual blueprint**. Right. And be able to say, oh, wow.

This is how my body operates. This is my individual ness, and I can do these tests that, pinpoint exactly what I need to be paying attention to and not have the fear of, oh, do I have the breast cancer gene or right. It's not about that. It's not **it's really about alleviating fear**.

JORDYN: Finding out sooner, rather than later, if you find this out now it's better to cure before you're 80 years old. Yeah. You're preventing it. Exactly. And I think people are, so I think the

majority, at least I've spoken to, they're so scared to find out what's going on. You know, their family has. History of breast cancer and you're terrified because how can I live my life?

I'm going to be so nervous, get your answers so you can get help. I think that's the bottom line. And that's what I've learned over time. Yes. These doctors, a majority of the time, when they go to med school, they care about people. They want to learn. They want to be better for the community, unfortunately, you're right.

There's that umbrella that they're held accountable for certain things. And there are too many rules and regulations now. And insurance puts all this pressure on them. So yeah, there's just like everything. There's good and bad. And a lot of times people are not getting what they need because of this big problem in this world that we have.

MERYL: No, and it's true. And so I love our conversations because we discover all of these things about the broken system, but more importantly, how we can really help people and, and it's not difficult. Right? I think people think this is such hard work and this is so overwhelming and it's not.

JORDYN: You break down everything.

You've spent an hour and a half talking about it. If they have questions, you answer them. We don't send you out with no plan. there's always a meal guidance, whether it's from you or a health coach, because yes, if someone has weight problems, they're going to need the meal plans. I guess the push to do better.

We don't just send them out into the wilderness by themselves there's the guidance. And I think that's what people need to understand that we're there for them and we're not just signing off.

Oh, you guys are fine. Okay. Moving on next client. It doesn't work that way. And I think a lot of people are scared to find out the answers and scared to do it more.

So. In their own ways. They don't realize,

MERYL: I love that point. That is so true. I mean, the interesting thing is that your wisdom is you know, beyond your years. Cause you're what 22. Right, but I think it's partly because you are in the medical field.

The fear of finding the answers

You've been exposed to some of this and then obviously working here you've been exposed to it, but. Talk about that even, maybe from your peers, right? Like **the fear of starting a program**. I think there's a lot, we hear that all the time. Like I'm afraid to just start a program. And I think partly because **people think we're going to take away their favorite foods**, which isn't true.

JORDYN: And I was just told yesterday that I had to be gluten-free. So I'm still trying to figure out that obstacle we'll work on that one.

MERYL: We will right. but let's talk about that, right. Because it's not like I just throw this out and say, okay this is the latest trend and I want to have you be gluten-free because it's the latest trend, right.

We say that you need to be gluten free when you have Hashimoto's thyroiditis. Right. The autoimmune thyroid disease, because. There is something known as molecular mimicry, meaning that the body is confusing. The thyroid gland for gluten, because **the gluten molecule looks very much like a thyroid molecule**.

Right. And so **the body thinks it's attacking the thyroid**. When it's supposed to be attacking gluten and it's this confusion that goes on in the body. So when we take away the exposure to gluten now, the immune system's like, oh wait, I'm confused. Maybe I don't need to attack the thyroid because this gluten molecule is not there.

I mean, that's a very, very simplistic way of explaining a more complex process, but it is. Partly, this is why we need to take away the gluten and that gluten is so highly processed. It's not that you know, I get on this kick because it's the new hot trend.

Right. We've known about gluten for many years before it was the hot trend.

So. Yeah, that's the rationale behind why we need to take you off gluten. And I think you'll see in a few weeks, how much better you're going to start to feel. And of course, we will, **we will help you as we help everybody else navigate how to be mostly gluten-free**. But I think that is the fear that we're going to take away.

People's favorite foods and it's not like I'm trying to intentionally take away gluten, because I want to be mean, I want to, I right. It's where your own good.

JORDYN: The trend, the hot new thing. Like whether that's keto or gluten-free, or I don't know, paleo, whatever it is, people are just doing. Oh, it's cool.

Everyone's doing it. They're not doing it for their own health benefits. They're just thinking, oh, I want to be that person.

MERYL: I think they're doing it for weight loss too. Wouldn't you say? I mean, I think there are those **diet trends, which we try to really stay away from and encourage people not to do**.

It doesn't mean there isn't some merit to some of them. Right. But most people, I don't follow a keto diet or even a paleo diet the right way. **And there's a lot of people that we know from their genetics shouldn't be on these diets**

JORDYN: and they don't know that unless they do this testing. Cause I know people that are on keto and unfortunately if you're off that diet, at least I've heard from one person you gain that weight back right away.

Right. So I mean there's pros and cons to everything and I just. I think it's baby steps for everyone. And the whole fear of it is real it's I don't at the end of the day, I don't think it's about them not wanting to do it. I think it's just the fact that they're **terrified of what their life's going to look like down the road** yet.

It's going to be wonderful once they do it. But I think the whole process just like school, whether you're in a medical program, a law school, whatever, they're terrified, I'm terrified half the time with everything going on, but you know, that's just anxiety.

MERYL: Right, but it's very real. I mean, that's the thing.

It's not we're not dismissing that fear. That fear is a very real thing, but there's that famous saying faith and fear cannot coexist. You either have faith that you are going to find the right program, that you're strong enough and it's not even about being strong enough.

It's just that you want to be healthy and you want to be, well, you want to feel well. And so that **there is something out there for you to help you feel well, and not just hide behind the fear of this might be too hard**. I mean, I always say this is work, but anything you want, like you said, right, you're going to school, you have to work it, whatever it is that you're going for, right?

You want a successful career, you have to work at having a successful career. You want to be a good parent, you have to work at being a good parent. So **I think anything in life that we want requires work. It doesn't have to be hard. Work just needs to be consistent**

JORDYN: the easy way out of things. And I mean, that's a big thing too.

That's why someone's gonna go to drive through McDonald's or whatever, fast food you like then making a nice, healthy, nutritious salad. Bottom line. It's easier, much easier, but hey. If you **want to see results in progress, you're just going to have to put the little work in just like whatever you're aiming for.**

If you're on your way to a meeting, why are you going to that meeting? What is the purpose they kind of have to, you have to act like your body is another job per se.

MERYL: Yeah, it is true. It really is true. So I think lots of great points here and I hope people do recognize that.

there's more to it than just what's on a piece of paper. I always say **you have to treat the person that is in front of you and not the piece of paper that they walk in with.** And so

JORDYN: they're not just money. They're somebody who needs help and. I just think once you help one person, then they'll realize, oh my God, this is helping me.

Let me tell my friends, let me tell my family. And then all of a sudden everyone's finding out, oh my God, I didn't know I had this and this. Yeah, it's scary. But Hey, there, **I feel so much better in a few weeks.**

Right, right. And that's what we want. **We want people feeling well and leading healthy, productive lives.**

So this has been an amazing conversation. Thank you. Thank you for bringing up the topic. I think it, I think it was a much-needed conversation, so hope everyone enjoyed listening as always let us know if you have any questions. We always love engaging with our audience. And until next time, this is your rebel nutritionist signing off.

Make it a healthy day, everyone.