



1096: What Iridology Reveals About Your Health
With Dr. Angel Hill

Child: Welcome to my Mommy's podcast.

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Give it the time it needs. They back every order with their money back guarantee. There's genuinely no risk. And you can use this link to get this personalized deal that's not available on their main website, which is get.justthrivehealth.com/pages/wellnessmama. I know that's long. This will be linked in the show notes as well.

Katie: Hello. Welcome to the Wellness Mama podcast. I'm Katie from wellnessmama.com, and I am here today with an in real life friend who I am excited to keep learning from. Dr. Angel Hill is absolutely amazing. I've gotten to work with her privately, and she's a naturopath and a master iridologist. She's worked with thousands of clients with amazing results.

And what I love about her work, well, so many things, but she's able to read the eyes in a way that uncovers some underlying things that might be going on with a person's health, and this was a new concept for me. I'll admit that I was a little skeptical at first, which she and I have even talked about, and I've also seen exactly how accurate this can be and how helpful it can be based on the recommendations she gives.

So I'm so excited to share her with you today. Dr. Angel, welcome and thank you for being here.

Angel: Thank you so much for having me, Katie.

Katie: Well, I can't believe in over 1,000 episodes I have never even remotely touched on the topic of iridology, and I cannot imagine anyone more qualified than you to, introduce us to this topic and take us on a deep dive.

So to start with, this might be a new word for some people. Like I said, it was for me, and I was a little bit skeptical until I understood it. So can you walk us through some background knowledge on what is iridology and how does it actually work? Okay, and it's actually iridology.

Angel: If you think about the iris, it's studying the iris, so that is a common thing I have to tell people about. But... And it is uncommon, iridology. When I was in school, there were actually 300 people in this one class I was in, and they asked who was interested in the iridology, and only three people raised their hand, so it isn't something that a lot of people do. But historically, it's been practiced for centuries.

It's actually been found in Egyptian, tombs. They've pulled out the, map, and I actually got a little map here, things like this they show, in the map. And then in Germany in the 1800s it was actually modernized. And then Dr. Bernard Jensen, he was a chiropractor in the United States, he actually went and lived in Germany for a while and brought it back to the United States, and now it's practiced all over the world.

Katie: That's so cool. I will try to make sure I pronounce it correctly for the rest of the episode.

Angel: No, you're fine.

Katie: And that's fascinating to me that it has such a long history, and that now there's actually seemingly a lot that backs up how well it works and why. And I learned from you, like, there's a lot of things we can read in the eye, most things actually that, what are going on in the body, and a few things we can't.

So what is... Like, when you look at an eye, what are you able to read from looking at an eye, and how does that work? Like, how does the eye show us what's going on in the body?

Angel: So there's 28,000 nerve endings that come into the eye, so anything that hits a nerve I should be able to see. So that knocks out blood, when you think about blood pressure and things like that, I can't see.

But I have my map right in front of me. One of the biggest things I see is the gut, so not only the stomach but the intestines, the transverse colon, you know, everything, all of that. Lungs and breast, heart. I have an interesting heart issue. We can't tell if there's something going on in the heart, but we can actually tell if there's a heart attack happening.

So I used to work at a health food store, and we had one year, it was 2019, we had three different people that come in that year thinking they were having heart problems, and all we could tell is that it looked like an active heart, attack was happening. So we went and sent them to the hospital, and all three actually were having heart attacks.

So it's interesting, you can tell that. It looks like a lightning flash in the heart area of the eye, so that's fascinating. I see things like, kidney issues. One of the biggest things I see is joint issues. The whole spine is actually in the eye, so you can see that as well. You can, see like C2 is having issues, and shoulders and hips.

A lot of hip issues. So many people are sitting these days that I see a ton of hip issues. Inner ear is a big one I see a lot too, 'cause a lot of people have, dizziness and stuff, so we'll see a lot of that as well. One of the most things people get excited about though is there's something called stress rings in the eye, and you can have up to five stress rings in each eye.

In this country, we will, allow for three stress lines. Every other country in the world allows for two stress lines, so we allow for more stress in this country. But people always, when they've seen me before and they see me again, they wanna know where their stress lines are. They get really excited about that.

Katie: Yeah, this is so fascinating to me because i- in, before I understood this at all, it was, I thought of like kind of every eye looks so different. And so it was amazing to me that there are actually patterns that are sort of readable across humans. And I'm curious, I haven't actually gotten to ask you this yet, does eye color make a difference in any of that or in how able you are to see what's going on?

Or do these patterns kind of exist across the range of whatever eye color or eye pattern someone might have?

Angel: That is a great question. They do go across eye colors, but people ask me a lot, "My col- my eye changes. It goes from blue to light blue or dark blue," or things like that, or green or whatever, and that is actually things happening in your body.

So if your eye is changing colors, if it's getting lighter, it usually means it's more inflammation in your body. So the color of the eye doesn't matter. Colors inside the eye matter to me, like if it's darker or lighter in the eye. But if you see your eye suddenly change colors, that's something to look at.

There's something happening.

Katie: That makes me curious if, like for instance heterochromia or heterochromia within the eyes, like central heterochromia, if that is actually like indicative of something going on, or can those also just be genetic variations that people have and then the same patterns would apply?

Angel: Typically, not always, and I kind of have to dig on this one. But usually it means the area where it's at is actually an area of concern. Not necessarily that something's gonna happen, but there's a predisposition for something happening there. So that's fascinating. Another area of the eye that people really like, and it's kind of in that 12 o'clock area, is called the brain flare.

And the brain flare is really cool because you can see like, attention deficit issues, dementia coming on. Also something else you see there, and I love to see this in babies, is how, the potential for their IQ basically, how, what their mental potential is, which is really awesome and I love looking at babies and seeing that.

Katie: That's really cool. And having a baby now, I've gotten to have him evaluated by you, and it's so interesting what you're able to see. I'm also curious, I've heard anecdotal accounts of people who resolved health issues or who did like some extensive detox protocols with their doctor, and their eye color changed.

Like most often I, these people had like maybe like greenish eyes when they were little or blue eyes, and they got like darker and more like either gold or brown, and then they went back to a more clear color that was there in childhood. Is that something that you see as well? Like could that changing eye color actually indicate there's like a toxic load on the body or there's a health problem going on? And then can it change back even in adulthood if someone resolves those things?

Angel: Absolutely. And you and I know someone who had some extensive damage done to their body, and what's interesting when I look in his eye is I don't see the damage, but he

has done a lot of work, you know, emotional work and everything like that to work on his body.

So when I see changes like that... Another example I have is a lady I knew who I'd seen for years, and her eyes were just a mess. And when she got a divorce, literally within three months after her divorce, her eyes were completely different. All that stress from her marriage had just shown up in her eyes, and her eyes were completely clear.

And people who didn't do iridology would say to her, "Wow, your eyes look so clear. You look so amazing." So it's amazing what happens when you clear up things in the eyes.

Katie: That is incredible. And I know an important nuance, maybe before we even dive deeper on some of these health topics is, is iridology considered diagnostic or something else?

Like, what might someone think of when they're coming to you for help and when they're getting this information about their eyes? 'Cause I know that's an important nuance to understand.

Angel: Absolutely. It is not diagnostic. So I like to think of it as a complementary tool to modern medicine. I am not an emergency doctor, so if I see anything that looks like an emergency, I'm sending somebody to an emergency situation.

Most people who come to me, though, are dealing with normal, normal health concerns, and they're just not happy, like, taking a pharmaceutical all the time, so they're looking for other options, and maybe looking for a deep root - a deeper root of what's happening rather than just what the doctor's saying.

Katie: Yeah, and I love that. I feel like it's a very helpful complementary tool, and I've certainly called on you a couple times when I'm like, "I've got this thing going on, and I don't know, based on what I can tell, if it's this or this," and you were able to give me some great context. I also love that your approach is almost always, because of the data you're getting, are not like a take this for the rest of your life type thing.

It's like a here's what's going on, let's fix the underlying imbalance, and then let the body do what it does best. So you're not putting people on, like, lifelong extensive protocols. And I've actually seen results in short times from things that you've suggested before, which I think is really fascinating.

And I wanna make sure we reserve time at the end of this episode to dive deep on, like, the hormone side, thyroid side, some things that I know are pain points for people listening. But before we get there, I know that from working with you, there's also some maybe, like, non-

directly physical health related stuff that's really fascinating that you get insight from the eyes about, specifically things like personality patterns.

You mentioned the stress lines. I'd love to go deeper on a couple of those because I... We hear anecdotally the eyes are the window to the soul, but it seems like there might actually be some physical stuff to back this up.

Angel: Absolutely. I'm gonna start with the stress lines and then I'll go to eye personalities.

Stress lines, like I said, you can have up to five. Everyone has one. Babies are born with one. Interestingly, if a baby has a difficult birth, they have more stress lines. It's fascinating how that all works out. But stress lines are very easy to come on. For instance, a lot of people I see I've seen for a long period of time, so it's interesting to see how that all works.

I had a, a lady whose husband died suddenly, and she went from one stress line in each eye to five stress lines in each eye. It was pretty quick. Unfortunately, that takes years to go away. So stress lines do come on in a matter of minutes, but I've seen it take up to years. The quickest I've seen stress lines, I think, come back or go away is in about a year.

So it does take our body. Our body works in three-month cycles, but those stress lines stick around longer. Now, when we're talking about eye personalities, that is fascinating. There's four main types of eye personalities. There's jewels, shakers, streams, and flowers, and then you can have mixtures of those.

And so, for instance, a stream/flower, they're people who tend to be more perfectionist. They have usually really tight fibers in their eyes, but they also tend to be pretty healthy people, which is kind of nice, and they tend to get along with everybody. That's their eye personality. Shakers, who are great for being a match to the streams.

Actually, I have this whole little chart if you get into my program, and I show you what your eye personality is and who you match with, what kind of people you match with. But a shaker is somebody who, like, usually runs a business. They don't necessarily get along with everybody, but they get along really well with those streams 'cause those streams keep them happy.

And shakers tend to have a little bit more health issues. And then when we get into the, flower and the stream, I don't... Those eyes you don't see as often. The flowers tend to be more, people who are creative, like chefs and architects and things like that. I used to, when I worked with people in person a lot, I would look at them and pull back and say, "Okay, is this your job?"

And they'd be so surprised because they, their eye would tell me what I thought they did. And then the jewel is really interesting because people can tell if they're a jewel or not. If

you see somebody, and, we kind of talked about this a minute ago, that looks... People call them freckles. They have little freckles in their eye.

That's usually a jewel eye, so if you see little freckles, they're a jewel. So, yeah, it's just... And you can have mixtures of those. You can have a stream jewel, a shaker flower, things like that as well, but it's fascinating how you can pull all those different things in to just the eye.

Katie: That's probably a very cool party trick to be able to do too, like look at someone's eye and guess their occupation.

I bet that's fun in groups. And I'd love to now kind of dial into a lot of the people listening are women and moms specifically, and I know I've worked with you, and I know you've worked with many moms and helped resolve all kinds of things. I'm curious what kind of across the board shows up most often for women and moms, and I feel like that's going to, like, uncover some of our deep dive topics for today.

Angel: Absolutely, and that is actually something that I tended at, at... The store I worked at, I worked with my father. He's actually a naturopath as well, and I tended to get a lot more of the female clients, and over the years I started realizing that there were things I needed to look at with them, and men too, but really particularly females.

So in the traditional way that iridology is taught, we are taught to look at the stress lines first, and then we start with the left eye at 12 o'clock. We go around the clock, and we go to the right eye and around the clock. And what I discovered through the years as my own way of doing this is I call it the iris hormone map.

And what I do is I look at the stress lines, and then I actually go to the cortisol, insulin, thyroid, and sex hormones, see what's happening with their hormones, and then I go back and pick up any other things I, we need to pick up that, you know, will help them have a healthier life for sure. So it's a different way of doing things, of looking at the eye, but it gives me a really quick snapshot of what is happening with those hormones.

Katie: Which I think is so fascinating because often when it comes to testing hormones, women are often given kind of all kinds of different recommendations and then there's controversy around are these accurate and is it the right point in the cycle, and these things can shift over the course of hours or days or what time of day it is or if you're fasted.

So there's so much that can contribute when we're talking about hormones. And I feel like this is really cool because it offers a vantage point that many people have perhaps not considered. And certainly I hear from so many women, especially when we hit the perimenopause age, but really across the board, that hormones are a big factor and they

feel like they have trouble kind of, it's like Whac-A-Mole, trying to figure out what's even going on, and then from there even trying to figure out what to do about it.

So I would guess is it kind of like a large percentage of women that come in that have something identifiable related to hormones specifically?

Angel: Absolutely. And I would say men and women, cortisol, which is the base of the hormone hierarchy, you know, is off in almost every single person I see. So that is something I like to work with immediately.

And I'm a light in the morning person just like you are and a deep breathing person, so I try to work with them with a lifestyle situations to get them where they're at. But I will go to supplements if that's what somebody wants me to do. But I would say the bottom is almost every client I see, cortisol is an issue that we have to work on in some way or another.

Katie: Yeah. That seems really relevant. And even if someone... I've seen this over and over, people taking exogenous hormones, but if they're not addressing the cortisol issue, even putting the hormone in the body doesn't help because the body's trying to give an indication that something underlying is going on and until that's addressed.

Whereas conversely, I've seen people who, like to your point, really like dial in their light environment, their sleep cues, their- when they're eating, not just what they're eating, and see other hormones shift that they weren't even directly focused on. So I think like this idea of cortisol being the, the main lever is such an important one.

And I hear a lot on social media, I'm sure you probably see this too, all these like different cortisol programs and detoxes, and I'd love to get your take and your nuance on that as well. Because my thought has always been the body makes cortisol on purpose. This is very important. It's vital, like you said, to all the other hormones.

The goal is not to get rid of cortisol. The goal is to have the right rhythm of cortisol. And I know many people often will have a kind of an inverse pattern of their cortisol being high when it's supposed to be low and vice versa throughout the day. So I'm curious what your approach is and kind of what do you guide people through.

Obviously team morning light all the way in, as much sunlight as possible all the way. But how do you guide people in the cortisol equation?

Angel: So, first off, I would like to say that I can do testing. I just don't tend to do testing because I see so much in the eye. So that saves a lot of time when I can just look at it and say, "Oh, this is what's happening."

Cortisol in the eye, the eye takes about three, months to change, just so you know. So I'll look at somebody and then I can see them about three months later and see changes. However, in that timeframe, things will change as well, so it's not everything changing all at once. So with cortisol, I can actually see that changing a little bit quicker, but more than we can tell from the person's energy.

And I tell people in one week I can get them some energy, and basically I say, you know, get that 10 minutes of sun in the morning for sure, preferably at lunch and at, dinnertime as well, or sunset. But, and then the deep breathing. But we, I also, a lot of times, depending on where people are at, we will use supplements as well.

So it just depends on what they're doing. But I also, I feel like cortisol and insulin work really closely together, so I'm all about getting 30 grams of protein at every meal as well, and walking after their meals. And I find that if somebody spends one week truly working on those things, getting that the electrolytes in them, getting the 30 grams of protein, and getting that light, they literally notice a difference in a week.

And so usually by the time people get to me, they've seen every doctor and they are kind of at their wit's end. And so if I can get them to just do that and get a win really quick, that helps them. Because when people are tired, they don't wanna do anything. And so if I have to go to a supplement, I will just because I know how tired people are.

And so I wanna get them to a place where at least they're stable and then we can work on getting their, you know, everything else and the hormones and everything else fixed.

Katie: I love getting your kind of clinical hands-on feedback on that because I know I've seen it in my own life, and I was a person who was doing all the extensive, expensive hormone testing.

And so I had that data to really look at and be like, oh, actually getting light and sleep dialed in and getting protein and minerals, those were the big levers that even eventually contributed to my thyroid recovering and all kinds of other things. But those are free, and I feel like they're so easy to underestimate because they're simple and they're free, and they also, if we really prioritize them, can be one of the most impactful things we can do.

And I, I'm so glad you mentioned insulin as well. I feel like I'm hearing more in the mainstream about insulin, about insulin resistance. People are starting to be aware that it's not just glucose, it's insulin and the underlying environment and how that affects hormones, and I think because of GLPs, that's entered the conversation as well.

And I think that maybe that's the silver lining of the GLP conversation is we're starting to understand metabolic hormones in a different way. So for people who are maybe seeing all

kinds of conflicting information on social media about insulin and what we're supposed to do to kind of help our insulin be in the right range, what are some levers that we can pull that are maybe not pharmaceutical that can positively impact our insulin?

Angel: Absolutely. And I just wanna mention, this is so funny, 'cause the lies, eyes do not lie to me, and people lie to me though. So I will be in a, assessment with someone, and they'll be like, "I don't eat enough... I, I don't eat a lot of sugar," or, "I don't do this." But there, there are four spots in the eyes, two in each eye, that you see the pancreas.

And if all four of them are lit up for me, somebody is doing too many carbs and sugars, whether they know it or not. And so that's why we have to get in the details sometimes with them and look at their menu, see what they're doing. But when it comes to insulin, my biggest thing is we gotta get protein.

And I like real protein. I- it's okay if you're a vegetarian and you do it, but I like it with food. I mean, obviously, sometimes people do it with protein powders and things like that. But I, give my clients all kinds of thing, sheets and stuff of different ways they can use food. And people, when they think of breakfast, I want them to think savory.

I'm always so surprised that people eat sugar for breakfast. I need my first meal of the day to have protein and fat in it to, to get me going through the day. And you notice such a difference when you switch that out. And I tell people, "Even eat your leftovers from the night before if you want." That's kinda easy.

I'm just trying to find easy ways for people to get the protein. Another something, hopefully is easy for people, is just to walk for about 10 minutes after they eat. And I tell people to house walk, you know, if you don't wanna go outside, 'cause I'm in Florida, it's really hot here. You know, I walk around during commercials if you want during that.

Just anything, just somehow to get that movement, because that's gonna get that insulin move- going to the muscles in your body instead of where it shouldn't be going. Another one that I steal from Glucose Goddess, I don't know if you've ever had her on here, but she talks about clothing the carbs. So, like, if you are eating a carb, eat fat and protein with it as well, 'cause that helps tap down that, sugar as well.

And I'm actually somebody, if we do do, blood testing, I like to check the insulin levels. You mentioned the glucose, and glucose is usually always checked, but I like to see where insulin is because I real- that really gives me an idea. But like I said, in the eye, if I'm looking at four marks and they're all popping up, I'm seeing that anyway in the eye.

Katie: That's interesting, and it makes sense because I feel like a lot of things I see floating around online try to give, like, objective numbers on how much carbs, sugar, et cetera,

someone might need, and it makes sense to me that each person would be very individual. So they might not be consuming according to the averages, quote-unquote, "a ton of sugar or carbs," but it might be more than what their body can handle, at least at that point.

And what was interesting for me in, in my journey with especially thyroid, which I'm gonna get to in a minute, is with labs over different times, I saw sometimes my insulin was actually really low, like too low, and my leptin was super low after years of kind of chronic dieting and undereating. And so to your point about the protein, I actually had to learn to really intentionally start fueling my body the right way, getting enough protein, micronutrients, minerals, and that was like a light came on in my brain after years of really, like, without knowing it, under-fueling myself for so long. And it seems like this is maybe a, a pretty common thing in women, especially just moms who are busy and/or people who have been on, in diet culture for a long time, is under-fueling.

And so maybe some of these alarm bells we're getting from our body are actually the body requesting vital nutrients that we're just simply not getting.

Angel: Too much exercise as well. That is another one. The, both of those things, not eating enough, it's amazing how often I see that, and too much exercise. I actually am working with a client right now, and she has Hashimoto's, and we discovered she is just exercising too much.

We've got to get that down 'cause her cortisol is just going crazy right now for her. But yeah, so I think extremes of anything. I'm, I'm more of a middle-of-the-road person than extremes of anything, and I, I tell my clients who are dealing with cortisol issues, I like to them to fast only 12 hours if they're gonna fast, unless, you know, sometimes for religious reasons and other thing, reasons to do that.

But on a general basis, you know, I have a client literally told me yesterday, I'm like, "What's going on? Your hormones have just gone crazy in the last three months," and she had been doing a water fast for like five days a week and only eating two days a week, and she'd been doing this for a long period of time.

And for someone, that might be okay, but for her, it was really messing up her, all her hormones.

Katie: Which I think is actually encouraging news for a lot of women because we've been told this kind of false idea or at least not complete idea that it's we need to eat less and move more, and I have seen it in my own life, and I've seen it in other women, too.

Actually, sometimes it's that we need to train our bodies to eat more and to get all the right nutrients and move less for a little while. That's not a forever thing. Of course, we're not saying don't get exercise long term, but sometimes the body needs that sort of nervous system calm for a little while and, like, all those safety signals of getting enough food to be able to be like, "Okay, now it's safe to heal.

Now it's safe to not hold onto everything. Now it's safe for my cortisol to go back to where it's supposed to go and be in alignment with nature and be in alignment with the food cues I'm giving myself."

Angel: Absolutely. I just, I think things are so simple, but we make them so complicated is what it ends up being.

Katie: Yeah, absolutely. And I think that probably is a perfect segue into the thyroid conversation. I think because of my journey with thyroid in the past, a lot of listeners also have found me through thyroid help as well, and so I'd love to bring this into how this affects the thyroid. And I know from my own experience actually that, like, undereating, of course, affects the thyroid and our conversion of thyroid hormones.

Chronic dieting, stress levels, all of those things, of course, come into play. But I feel like you have really unique insight into this based on what you can see in the eye as well.

Angel: Absolutely. And I'm gonna go back just a step here. I actually find I look at the gut before I look... like, when I see something's going on with the thyroid, I kind of go back to the gut a little bit, because it seems like a lot of people who have thyroid issues have gut issues going on.

And as I mentioned, the, in the eye, if somebody wants to look, right around the iris is the stomach, and then right around the stomach is the intestines. And so I go in there and see a lot of people have acid reflux or things like that going on that could be causing some issues. I see a lot of colon issues.

Ascending colon and descending colon a lot of times will have, clogging areas in them, or the sigmoid where things are coming out, things will be clogged. The small intestine occasionally I'll have issues there. That's a whole nother ballgame. When people aren't digesting food, I'll see a lot of small intestine issues.

But I go in and I pull out the gut. I rarely do gut testing, 'cause I can see so much in iridology with the gut that I rarely do that. So I'll see what's going on in the gut, we work on that first, and then we'll start working on the thyroid. When it comes to the thyroid, though, I do believe that is a bottleneck for a lot of women.

They can get the cortisol and insulin balanced. They're doing pretty good there. But when they get to thyroid, they don't know what to do. Something I've heard over and over again through the years is 7,000 people I've seen is I'll look in their eyes at 9 o'clock in the left eye and 3 o'clock in the right eye is where the thyroid is, and both eyes will pop up.

And I'll say, "Okay, if both eyes are there, there's something going on." And they'll say, "My doctor said nothing's wrong." And that is where about 10 years ago I brought in functional blood chemistry analysis. So when I look at your, first off, doctors normally don't order all the thyroid blood work.

They should. And so I will look at that and say, "Okay, what do we need to get tested?" And then we test it, and I go through it and show them how according to my numbers they are off. So I'll see it in the eye, and then it... A lot of times people will just trust me. But if they don't want to, we'll get that blood work in.

And that's just a, a bottleneck I find. They, people really can't... Doctors aren't necessarily helping with the thyroid. But once I can get some people help, and again, it goes back to that basic things we were talking about, the wa- the sunlight and things like that. The client I talked about earlier who has Hashimoto's, she has gone from, 1,000 in her numbers to down to, below 100 in just a few months now by just doing those simple things that, you know, that we talked about, the sun in the morning and things like that.

Katie: I love that because I-- anytime there's a simple answer that is, like, supportive across the board, I love to bring light to those in these conversations. And that was my experience as well after literally a decade of trying all the, quote-unquote, supplements, protocols, medication, all of the things for thyroid that I was told was not curable.

And my direct experience indicates that is not actually the case because I no longer have it, and my labs are not just, quote-unquote, normal, but optimal. But I think you spoke to an experience maybe many people listening might have, which is when they're just looking at lab testing. They're often told by conventional professionals like, "Oh, your labs are normal."

I heard that so many times, and I'm like, "Then why am I literally taking a nap in front of the door so my kids can't run in traffic? Like, my labs on your paper may look normal, but I do not feel normal." And I had to kind of do my own investigative research around that, which I'm so grateful for because it uncovered, many of the things we're talking about today.

But I loved that message of hope, especially for women of even if you've been told something is, quote-unquote, normal, be willing to question the system and ask what is normal determined by, because often it's other people taking the test who also suspect they have a problem. So there's that nuance as well.

But I think it also speaks to when we support the body in the way that it's trying to communicate that it needs support. It is absolutely incredible what it can do. The body, in my mind, is designed to thrive. It's designed to heal. And when given the right tools, it almost always can, and sometimes much more quickly than we think, based on what we've perhaps been told by other professionals.

So I would love to hear some of kind of the-- 'cause you and I have chatted before of, like, these incredible stories of people who, when they're giving the body what it needs, the body responds beautifully and quickly often.

Angel: Yeah, I have a, a funny story actually. A lady came to see me, and she actually came to see me for her thyroid, and we, within three months we got her thyroid working.

She was amazing client because she did everything I told her to do. But she got accidentally pregnant, and I say accidentally 'cause she wasn't planning, but that happens to me a lot. I have people, I, when I was at the store people walk in and, "You got me pregnant." But it's amazing when we can get that thyroid fixed, the beautiful things that can happen, including pregnancy.

I'm sorry, what was your question again?

Katie: Just like maybe some anecdotal stories that indicate like how quickly can the body respond? And the fertility one makes so much sense to me because if, if the body's, is perceiving a state of stress, even if our mind doesn't feel stressed, it makes sense to me that the body would say like, "Okay, this is not the ideal time to get pregnant if I don't feel like I have the resources to sustain it."

So it makes sense to me that that would be one that could shift very quickly when the body gets those safety signals. But what are some other ones? 'Cause I know you've wor- literally worked with thousands of people.

Angel: Yeah, now I would say the average time is about three months, but I'll give you an example of a young man.

This was an interesting story. He came to me, he was 21 years old, and he was having all the classic symptoms to me of thyroid storm. It was really bad, and he said, "I keep going to the doctor. They keep telling me nothing can be wrong with my thyroid 'cause I'm a young man." And so I gave him words to use to go to the emergency room, and he actually got admitted and was in the hospital for five days because all along doctors were telling him, "Young men don't have thyroid issues, so we're not gonna test that."

And he didn't have insurance either, so there was a whole other issue there. But then I saw in the eyes what was happening and we got him some help. After he got out of the hospital,

you know, we gotta get him stable. Literally within a month he was back to not having any, issues as far as the physical issues.

We still had to work with him a couple more months to get the numbers down and everything. But just by doing basic things, he was within a month able to get that down, and he went from emergency situation to a regular. So if I have somebody who's in, you know, a normal kind of thyroid thing, we start seeing an issue, I mean, things start getting better usually in about five weeks they start seeing, things.

And the happiest thing that women tend to like is that usually about a, at five weeks in they start losing one to two pounds a week if they need to lose weight. That'll start happening, so women get really excited when that happens.

Katie: Yes, no pharmaceuticals required. I love that. and I know you have a program called Hormone Heaven, and I would love to talk about that one because I know like hormones are kind of a convergence point of a lot of health things that can be going on. And like I said, a tricky one for a lot of women who feel like they are so confused by all the things out there and that there's, they don't know tangibly what to do even if they're, like, willing to be your ideal client and, like, do this stuff.

So talk to us about Hormone Heaven.

Angel: Yeah, so basically what I, I base it on is the hormone hierarchy, in that a lot of times somebody'll go to the doctor and say, "You know, my periods are all messed up." And so that's where they start is the sex hormones. But for me, that's the last place we need to start.

We need to start on cortisol, then insulin, then thyroid, and then sex hormones. And I have found when we go the right way of that, by the time we get to the sex hormones, almost always those are fixed. Like, fixing those bottom things really get that last thing fixed. And so I'm working with a lady right now.

She is in her early 30s, and she's been trying to get pregnant for three years, and that was her experience is everybody was working from the top end. And she decided, her body told her kinda, "Let's start from the bottom end." And we just started working together, but already in one week she's noticed a difference.

Her period, she came and it was already a little bit better even though that's a small time frame there. But I like that, when you have the eye to look at to see how things are changing, you really can make adjustments as we're going along too. So that's what Hormone Heaven is, is I tell people I'm getting them to Hormone Heaven by really starting with that bottom hormone that we need to work with and then working our way up.

Katie: And I love that because while, of course, people are bio-individual, also, like, hormones do work in predictable ways. And so it seems like there are some things that are very much within our control, even without, like we talked about, the expensive lab testing and the really complicated protocols that can make a massive difference and quickly.

And I'm gonna ask a question I already kind of know the answer to, but that is I've gotten to work with you both personally and I've even, like, emergency called you virtually. So how do you often work with people? And if someone's listening but not in our area of Florida, can they work with you?

Angel: Yes. So how it works is I do Zoom consults with people, and they just take pictures of their eyes and email them to me, so it's pretty simple. And if they wanna send blood work, they can. If you're in the, like, Pensacola, Florida area, the Northwest Florida area, I do still do some in person. But Zoom has become popular because I have clients that would come through the area and then they'd leave and they're like, "I need help."

So about 10 years ago is when I started doing this, and it's so much easier now 'cause phones really take so much better pictures than they did 10 years ago.

Katie: Yeah, and I feel like your fusion of the naturopathic side with iridology is so fascinating. And, like, because of that, it's almost like it seems like compounding.

Like, you can get results so quickly. And like I said, I also love that you, the suggestions you've made for me or for people I know have not been like, "Here's eight pages of things to do or supplements to take," or some extensive protocol. It's usually very short, and like, these are the probably the biggest needle movers that we can start with.

Here's, like, two things to do, not like here's 100 things to do.

Angel: And I think I position myself that way because people are busy. I, and I realized that when I would be, come in the store. They were like, "I gotta get out of here. I got things to do." And so I feel like if I can pick those big things, a lot of, almost all the time, you know, the downward trend is gonna be so much better.

And I can't tell you how many people have come back to me and said, you know, "I'm pregnant. I feel better. My blood work is better now. I'm able to play with my kids where I wasn't able to before." So I love being able to help people get better quickly. That's kinda my thing.

Katie: I love that. And I realize two things that I have not asked you about that I'm guessing are applicable to a lot of people listening, the first one being sleep, and what can you see in the eye related to sleep?

'Cause of course, with an audience of moms, I hear a lot about sleep struggles.

Angel: And that goes with cortisol as... Yes, and we can see that's actually part of my map in the eye. It's in the left eye at 12 o'clock. Most people could see this if they want to. So look at your friend. In the left eye, if you see, like, a long black line there, that could be, depending on how long it is, depends on how long the issue is.

But I find that, when I talked about earlier everybody doing the sun and everything in the morning, I find that after a week people notice a real difference in their energy, but it takes about a month. And then at that four-week timeframe, I find people are really sleeping well. And it's interesting when I, I do a review with people later, like three months later, "How are you feeling?"

The number one people, thing people talk about is sleep, and I'm always find that fascinating 'cause that usually isn't why they came to me. They came to me for something else, but they're like, "Man, I can't believe how much sleep, how better my sleep is."

Katie: That's awesome. I feel like that is a really tricky one.

And since I see you in person occasionally, I might have someone to send you next time who's having some crazy issues with sleep. But I would guess this ties in as well, but I hear from people who have questions or concerns related to adrenal health. And often in mainstream medicine, they're told, like, "Adrenal fatigue is not a real thing.

The adrenals are fine. If you're alive, your adrenals are working." I know there's a cortisol connection here as well, but can you see anything in the eye specific to the adrenals?

Angel: Absolutely. They're on top of the kidneys in our body, and in the eye they're kind of at 6:00 in both eyes. So that is, that is definitely part of my hormone map, and that's actually usually where I start is, with the, excuse me, with the adrenals 'cause that tells me the cortisol level.

And then there was something else I just wrote down. I forgot. Oh, well. There's something else about that.

Katie: Well, and what I love about this, like you said, is not only can things shift quickly and you can kind of see that play out in a short time, but the, the friend that you mentioned that I have permission to share a little bit, but he has, like you said, he's been through some intense physical things including, like, actual physical trauma from being shot, and those things no longer showed up in his eyes.

And his story's incredible to me because he spent years, and he talks about this very openly, where he would go to the beach and just be his feet in the water and he would, like,

micro move his spine trying to get his mobility back or to get out of pain, and in the sunshine, in the water, grounded, in that mineral-rich water.

And he did the inner work and the emotional work, and it, those things no longer show up in his eye. He no longer seems to have problems with it. But his story also makes me curious, how often do you see things related to, like, nervous system or emotional patterns in the eye? Because that was another big piece for me was, like, I had done all the, quote-unquote, "physical things perfectly," but I had this sort of, like, unaddressed emotional stuff that ended up being one of my pivotal pieces in shifting things.

And do you see that often as well? Like, does the work also sometimes involve doing that mental, spiritual, emotional work?

Angel: So yes, and it brings me back to something I see in the eye that I was about to mention earlier and forgot. I see people when they clench their jaws. You can see that. And it's interesting because the higher the stress line, the more you can see people clenching their jaws.

And, I definitely see a lot of times things that will show maybe there needs to be emotional work. I do not do that with them. I farm that out to other people. But yes, I definitely do. We actually, my father and I way back did work a little bit of that in there, but it got to the point where people were so overwhelmed and just crying and really struggling to get through the assessment that we decided we're gonna work on the physical and let somebody else handle that emotional.

But definitely one of the biggest things I've seen, and it was that lady I talked about earlier with the divorce, she went through a lot of emotional work as well, and it was just amazing to see how that all changed in her eye. And also our friend that we just discussed is, they're miracles to me.

Katie: Yeah, I love that. I've heard Dr. Zach Bush say is like, "You know, spontaneous remission is the word that we use in medicine when we can't write miracles in someone's chart." But he's also worked with thousands of patients and he's like, "And these things are very real and they do happen," and I loved his context on that as well.

I would guess that there are a lot of people listening whose interest is very piqued by the things we've talked about. Like I said, I went from skeptic to like, "This is so fascinating and I wanna learn more about it." So for anybody who wants to resolve their hormone underlying issues or work with you and see what, if you have insight that their doctor might not have been able to give them related to something that's going on in their body, I'll of course put links in the show notes, but where can someone find you if they wanna engage with you and work with you?

Angel: Yes, and skeptics are welcome. I love skeptics. You can find me at angelhillonline.com, so it's A-N-G-E-L-H-I-L-L online.com. But if they wanna use the link in the show notes, that's gonna have a little surprise for them. So that'd be the best way for to go to the show links and get that link.

Katie: Amazing. Well, I'll put those links in the show notes, especially for any of you guys listening on the go.

It'll also be in my newsletter if you're listening the week this airs. Is there anything that I either did not ask you that you wish we had touched on, or any misconceptions we haven't gotten to kind of like resolve in this episode?

Angel: I think the biggest misconception people have is that it's some kind of voodoo kind of thing that I'm doing, and I just want them to know that it's really based in science.

It's based on a long line of wisdom, and yes, I love woo, but this has really got some you know, some meat to it. So I hope that people at least, in the, stuff I have for 'em, there's a video where they can watch me actually with real eyes talk about different parts of the eye. So if they look at that, may help understand it a little bit better.

Katie: Amazing. Yeah, and my parents have both gotten to work with you now as well, and I would say they probably came from more of the skeptic side as well. My dad, in the past was an actual literal rocket scientist who worked for NASA, so he... Like, the science is important to him. And I think understanding the nerve endings and how they connect and also how eerily accurate you were with past health stuff, including stuff they had forgotten about.

And then when you said it, they were like, "Oh yeah, that did happen. Whoa." So I just think it's super fascinating, and I love that it is so much more accessible, less invasive, and seemingly, like, can work quickly, compared to a lot of other things people might have tried. So I love when I can share tools like that.

I also just really enjoy you as a person, and I'm so grateful we got time to connect again and record this conversation, and I look forward to seeing you soon. Thank you so much for your time and for your wisdom and for your infectious energy.

Angel: Thank you so much. I can't wait to see you soon, Katie.

Katie: And thank you as always for listening and sharing your most valuable resources, your time, your energy, and your attention with us today. We're both so grateful that you did, and I hope that you will join me again on the next episode of the Wellness Mama podcast.