The Invisible Burden

The hidden cost of everyday pain.

Contents.

The invisible burden.

The Turmeric Co. commissioned independent research into how pain affects everyday life across the UK. Here's what we found:

65%

of people surveyed had experienced pain in the past year.[1]

90%

of them said it had affected their everyday activities.[1]

52%

said they often tell someone they are "fine" when they are actually in pain.[1]

63%

said pain had made them feel isolated, or that other people did not understand what they were dealing with.[1]

Base: n=2,000 UK adults aged 18 and over for prevalence.
Follow-up questions among n=1,298 people who reported pain in the previous 12 months.
Source: 3GEM Research & Insights for The Turmeric Co., August 2026.

Foreword.

I played professional football for Reading and West Bromwich Albion in the Premier League and represented Wales during our historic run to the semi-finals of Euro 2016. But my understanding of recovery began long before those career highlights.

As a teenager, serious knee injuries and reconstructive surgery left me living with pain for more than two years. I was told I would need to learn to live with it.

Our research found that 60% of people who experienced pain in the past year believe it is simply something they have to put up with as they get older.[1] Pain may become more common with age, but accepting it as inevitable should never be the default.

When I went looking for another answer, my father and I began exploring nutrition and other ways to support my recovery. That search became the beginning of The Turmeric Co.'s story.

Throughout my playing career, I saw how seriously recovery was treated at the highest level. Yet outside elite sport, too many people wait until pain has already begun limiting their lives before giving recovery the same attention!

That is why we commissioned this research. We wanted to understand how many people across the UK are living with pain, what it takes away from their everyday lives and why so many have come to see it as an unavoidable part of getting older.

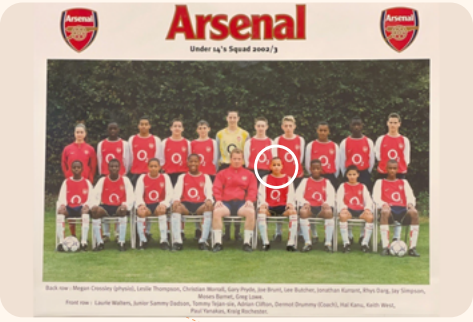
The experiences shared by the contributors are different from mine, but I recognise the way pain can gradually begin dictating what you can and cannot do.

I hope this report starts a wider conversation about taking recovery seriously before pain makes life smaller. Everyone deserves the opportunity to stay active and keep doing the things that matter to them for longer.

Thomas Robson-Kanu
Founder and CEO,
The Turmeric Co.

A timeline.

Joined the Arsenal academy at age 10



Serious knee injury at age 15

1.5 years of rehabilitation

Knee injury reoccurred

2.5 years suffering with pain

The start of
The Turmeric Co. story

Real recovery began

01

The culture of carrying on.

Tilly Milverton is a sports therapist and ACL rehabilitation specialist. She regularly hears people describe things they "used to" do.

Holidays that have become harder to manage and activities that they once enjoyed happen less often, or stop altogether.

As Tilly puts it, **"It's almost as if they don't realise how much they've lost until they actually say it out loud."**[9]

Tilly Milverton, Sports Therapist and ACL Rehabilitation Specialist

Some pain is easy to dismiss. Soreness after exercise is common and many minor injuries improve with time. But 60% of people in our research believe pain is something you have to put up with as you get older. For 31%, that belief is what makes it harder to take action on pain.[1]

Beyond belief, the practical reality of daily life stops people seeking help too. 17% said lack of time made it harder to act. 16% pointed to work or caring responsibilities.[1]

Most people do not have the option to give those up.

Pain can also be hidden in the way people talk about it. 52% of people in our research said they often tell someone they are "fine" when they are actually in pain.[1]

Victoria Abbott-Fleming MBE has lived with complex regional pain syndrome for 22 years and founded Burning Nights CRPS Support. She sees the same thing in people who cannot step back from commitments made to work or family.[9]

"A lot of people with chronic pain do try and do things and go to work and just try and live their life, pushing through all the time."

Victoria Abbott-Fleming MBE, Past Chair, Expert Patient and Carer Committee, British Pain Society and founder of Burning Nights CRPS Support[9]

Russ Jefferys, founder of MOVE Sports Marketing and former CEO of parkrun, says the idea of

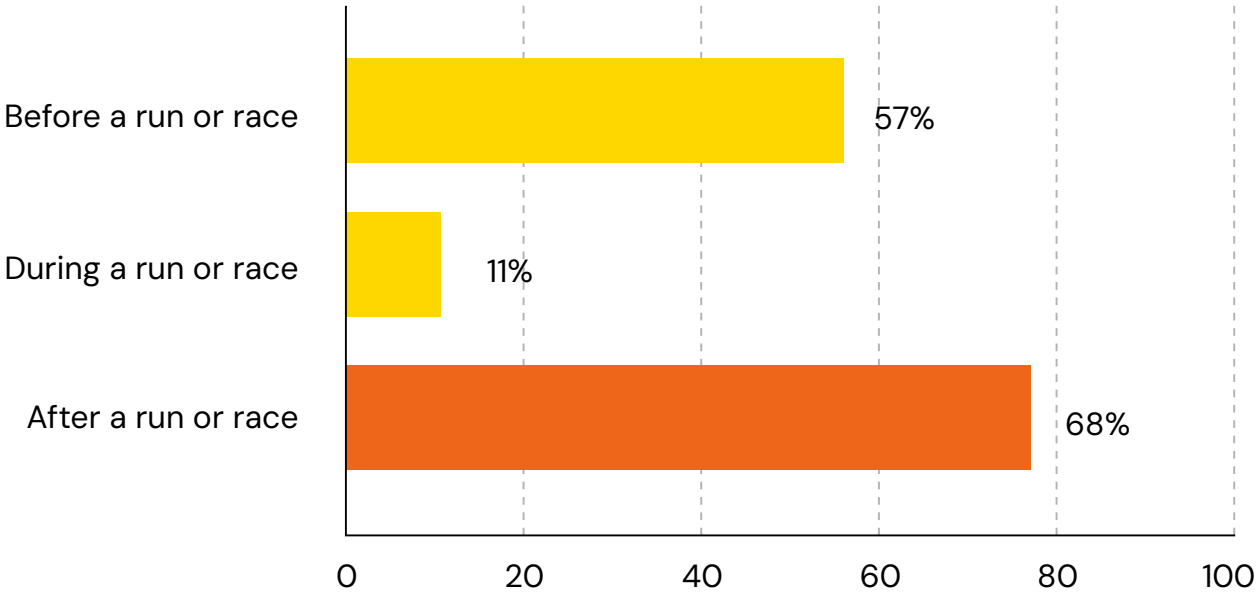
~~"no pain, no gain"~~

is something "we need to banish to history".[9]

parkrun

Russ Jefferys
Founder of MOVE Sports Marketing

This is not just a mantra for those in professional sports. A 2020 study published in the International Journal of Pharmacy Practice surveyed 806 adult UK parkrun participants. It found that **57% reported using non-steroidal anti-inflammatory drugs such as ibuprofen before a run or race, 11% during and 68% afterwards.** Some of those taking them beforehand said they wanted to increase their pain tolerance or continue through an injury.[3] The sample was self-selected, so the findings do not represent all runners.

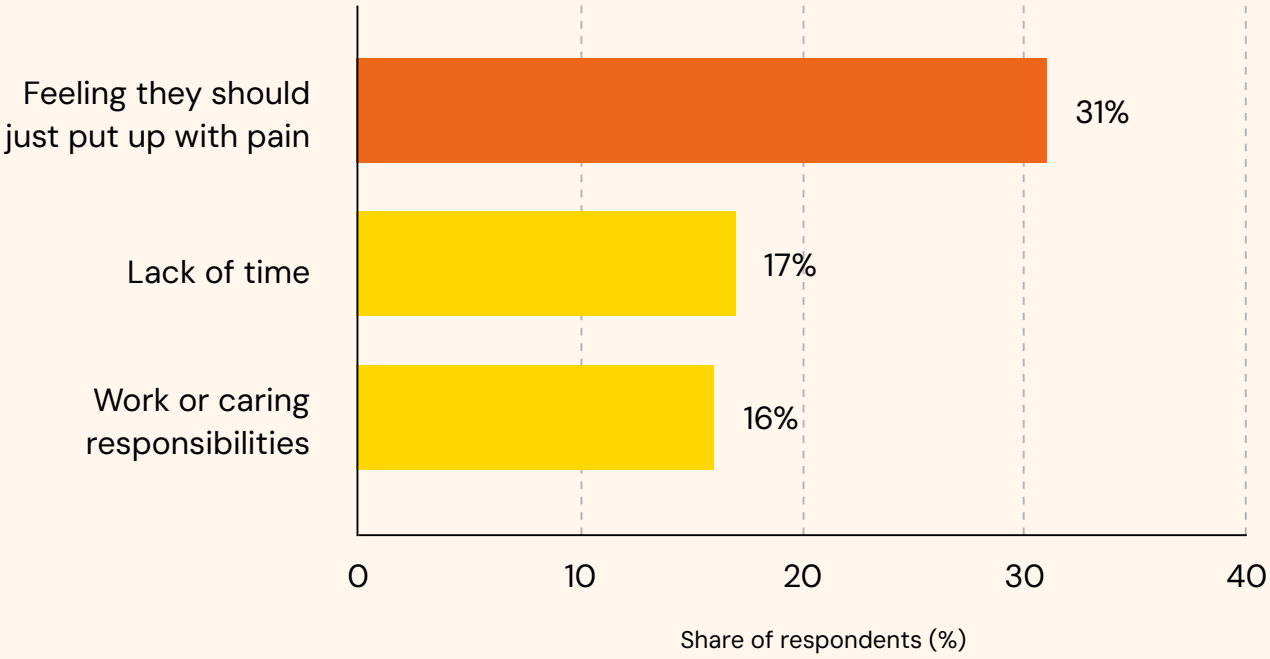


Reported using non-steroidal anti-inflammatory drugs such as ibuprofen

In our interviews, change was usually described as gradual when it comes to living with pain. Often, over a long period of time, people talked about doing less rather than deciding to give something up. The belief that pain is unavoidable makes it harder to act on and seek the appropriate care, or take preventative steps to stop things getting worse. But there are often practical reasons for doing so: work, caring and everyday responsibilities. Pushing through can become the habit and seeking help keeps getting put off.

Feeling they should put up with pain was the most commonly reported barrier.[1]

Selected barriers to taking action on pain.



Base: n= 1,298 people who experienced pain in the previous 12 months.
Source: 3GEM research & insights for The Turmeric Co., August 2026.

02

The scale and hidden cost of everyday pain.

Dr Paul Trikha is a specialist knee surgeon. By the time some people come to see him, pain has already started to affect things such as walking, stairs, shopping, holidays or getting back to sport.[9]

Dr Paul Trikha
Consultant Specialist Knee Surgeon

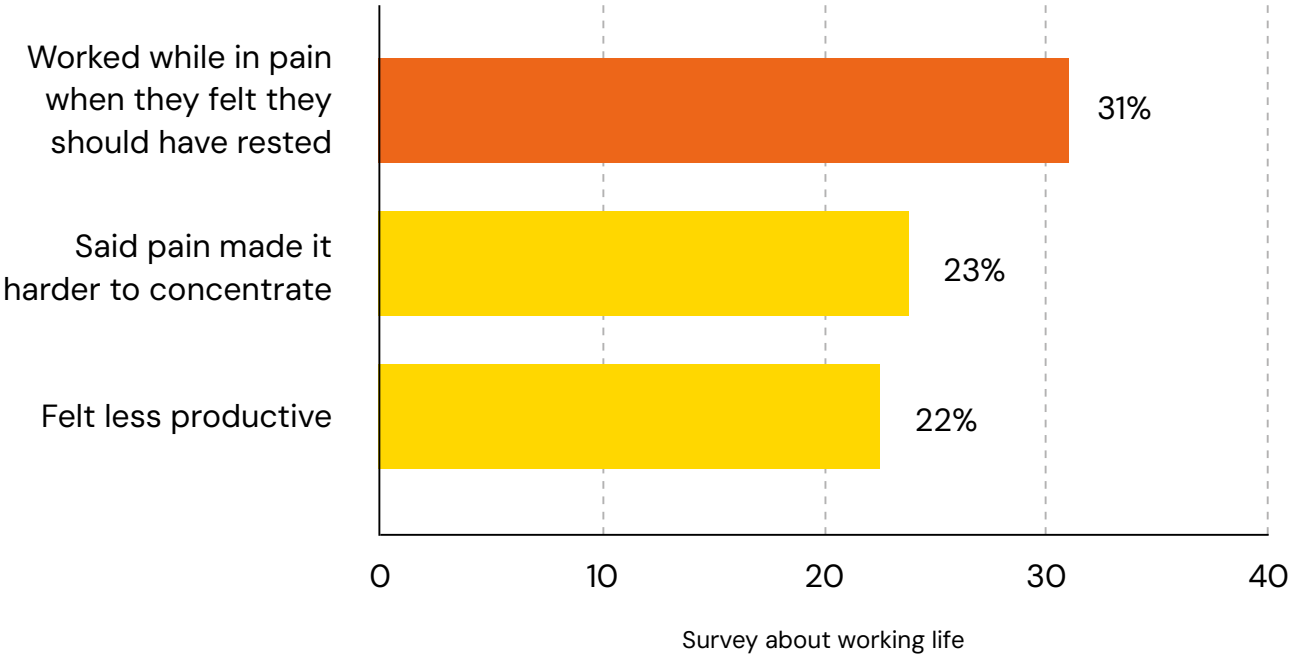
Persistent pain affects millions of people across the UK. UK Pain Messages 2024, developed by the British Pain Society, Faculty of Pain Medicine and partners, cites an estimate that 43% of UK adults, just under 28 million people, live with some degree of chronic pain.[5]
More recent Health Survey for England data found that 26% of adults in England reported chronic pain in 2024, including 13% with high-impact chronic pain that interfered with life or work most days or every day.[2]

Our research shows how common some of those effects are. 65% of people surveyed had experienced pain in the past year, and 90% of them said it had affected their everyday activities. 75% described their worst pain as moderate, severe or debilitating.[1]

Movement was affected most often. 60% said pain affected exercise or movement, and 28% found it got in the way of shopping, housework or gardening every day. Sleep was affected too. 62% had their sleep disturbed at least once a week, most often by waking during the night.[1]

Kate Platts works with employers on workplace health. She sees people staying at work while pain affects how well they can do their job.[9]

Among the 768 people in work who answered questions in our survey about working life, 31% had worked while in pain when they felt they should have rested. 23% said pain made it harder to concentrate and 22% felt less productive. Fewer than one in five had taken sick leave because of pain.[1]



Survey about working life

"A hidden productivity loss."

Kate Platts, Group Director of Research and Innovation, Westfield Health[9]

Arthritis UK reported that 26.5 million working days were lost to musculoskeletal conditions in the UK in 2024.[4] These include arthritis and back and neck problems, so the figure is broader than pain alone. UK Pain Messages 2024 also shows the impact persistent pain can have on working life. Among people attending pain clinics, 41% said pain had prevented them from working and 13% had reduced their working hours.[5] These figures relate to people using specialist pain services, but they show the level of disruption persistent pain can create.

Pain affected life outside work too. 47% of people in our research said it affected their mood and 30% said it affected their social life.[1] It reaches the people around them as well.

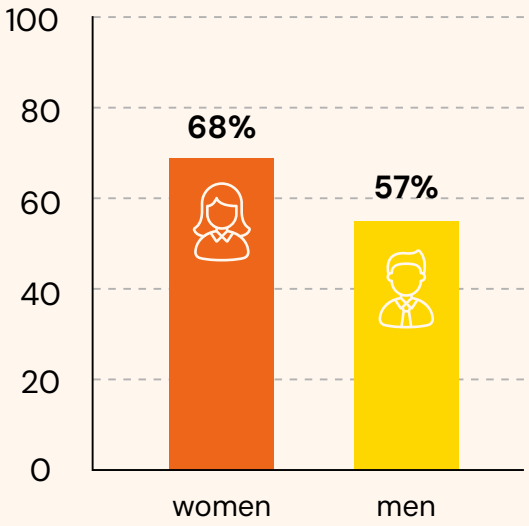
Victoria Abbott-Fleming MBE, who has lived with complex regional pain syndrome for 22 years, puts it this way:

"Chronic pain doesn't just affect the person. It has a ripple effect. It does affect everyone around them."[9]

Victoria Abbott-Fleming MBE, Past Chair, Expert Patient and Carer Committee, British Pain Society and founder of Burning Nights CRPS Support[9]

Women in our research reported pain more often and more severely than men. The clearest difference was in painkiller use. When experiencing pain, 68% of women said they take painkillers, compared with **57% of men.[1]** **Independent data also show a gender difference in chronic pain.** The Health Survey for England found it was more common among women than men, rose steeply with age and was around twice as common in the most deprived areas as in the least.[2]

Percentage of men and women who take painkillers when experiencing pain.[1]



Most people had pain last year and most changed something because of it.

65%

experienced pain in the past year[1]

75%

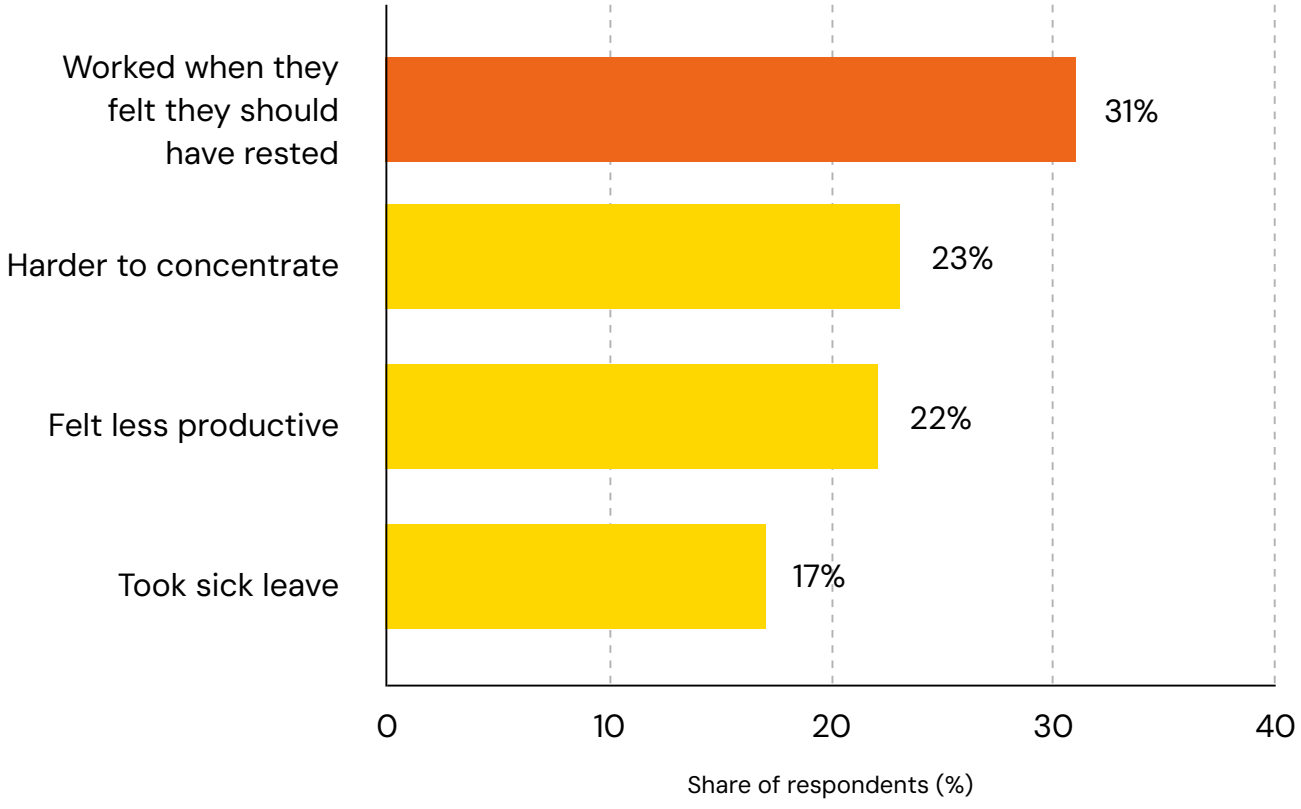
described their worst pain as moderate, severe or debilitating[1]

90%

said pain affected their everyday activities[1]

Base: n=768 respondents in work answering questions about working life.
Source: 3GEM research & insights for The Turmeric Co., August 2026.

Most people who work through pain do not take time off.



Base: n=768 respondents in work answering questions about working life.
Source: 3GEM research & insights for The Turmeric Co., August 2026.

03

Understanding pain and recovery.

Persistent pain can be difficult to interpret. Dr Paul Trikha sees patients whose scans show similar physical changes but who experience very different levels of pain.[9]

While they frequently occur together, pain and inflammation are not interchangeable. Inflammation is part of the body's normal response to injury or infection and contributes to some types of pain, but it does not explain every case of persistent pain.

Diet is also relevant to inflammation and recovery. Corrine Toyn is a Registered Dietitian and Head of Healthcare Professional Marketing at The Turmeric Co.[9]

She reports that whilst there is no single 'anti-inflammatory diet' that cures joint pain, a consistent, evidence-based pattern shows up across the research into influencing inflammatory conditions.[11]

Oily fish provides omega-3 fats with anti-inflammatory properties, and including certain foods such as turmeric, olive oil and blueberries may have anti-inflammatory effects.[11]

A colourful mix of fruit and vegetables supplies antioxidants, while wholegrains, pulses, nuts and seeds add fibre linked to gut health and to lower levels of inflammation.[11] Overall, the evidence is stronger for overall dietary patterns than for individual foods.

"Nutrition can form part of the wider picture of management of pain and inflammation alongside sleep, movement and appropriate medical care."

Corrine Toyn, Registered Dietitian and Head of Healthcare Marketing at The Turmeric Co.

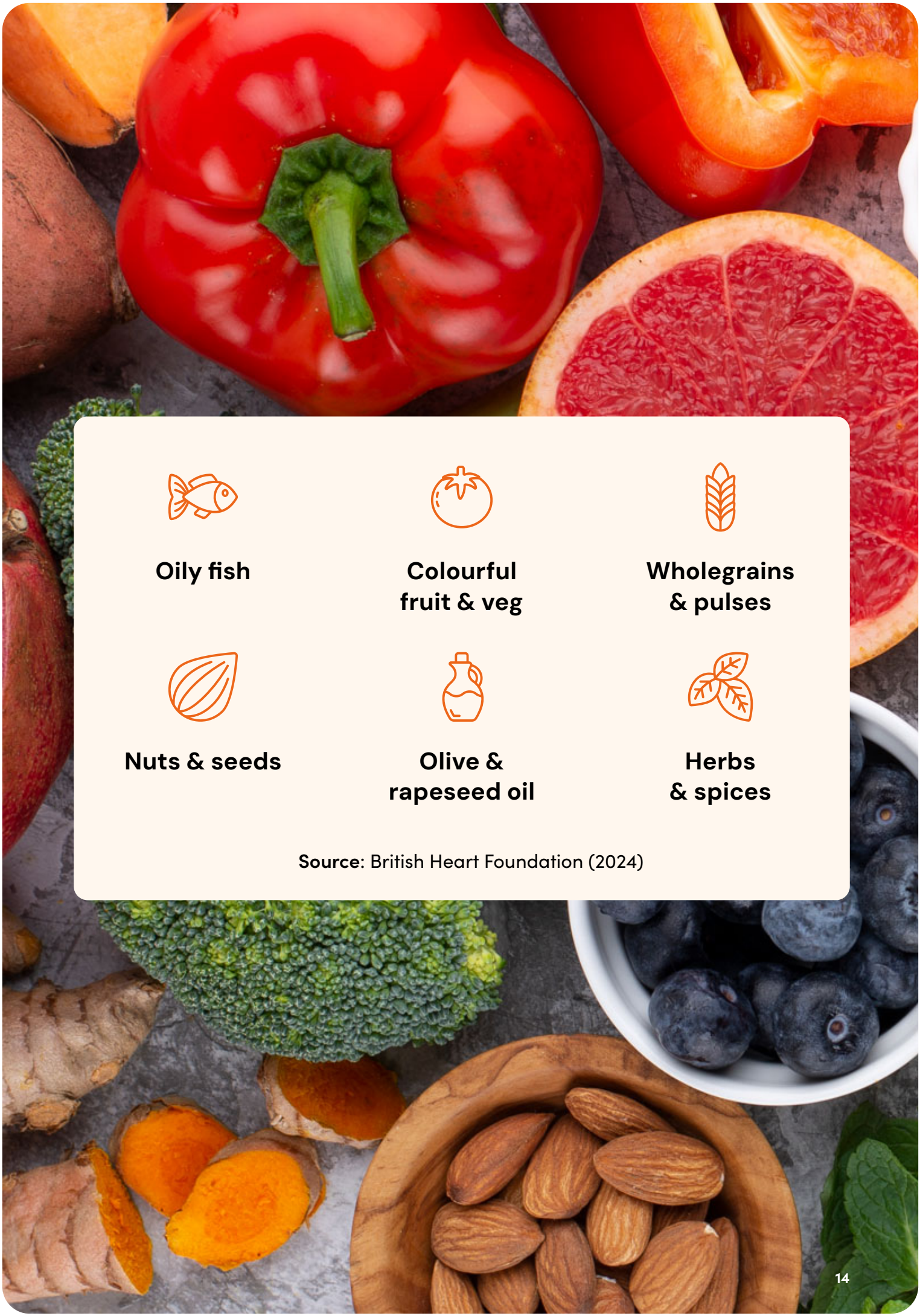
Dr Deepak Ravindran is a Consultant Pain and MSK Specialist and a Council Member of the British Pain Society. He explains that the nervous system can become more sensitive over time, which can help explain why pain sometimes persists or becomes disproportionate to the original trigger. Sleep, stress and general health can also affect how pain feels.[9]

NICE guidance makes a similar distinction. Chronic primary pain can occur without a clear underlying condition, or where the pain or its impact is out of proportion to observable injury or disease.[8]

Understanding what is happening can take time. Dr Kamaldeep Tamber, London GP who contributed to this report said one appointment may not be enough. Sleep, activity, work and what is happening at home can all be relevant. Depending on the person and what is available locally, support might include physiotherapy, pharmacy, social prescribing or other primary-care services.[10]

"They don't get the right kind of information at the right time in the right place. That's the big thing."

Dr Deepak Ravindran, Consultant Pain and MSK Specialist; Council Member, British Pain Society[9]



Oily fish

Colourful fruit & veg

Wholegrains & pulses

Nuts & seeds

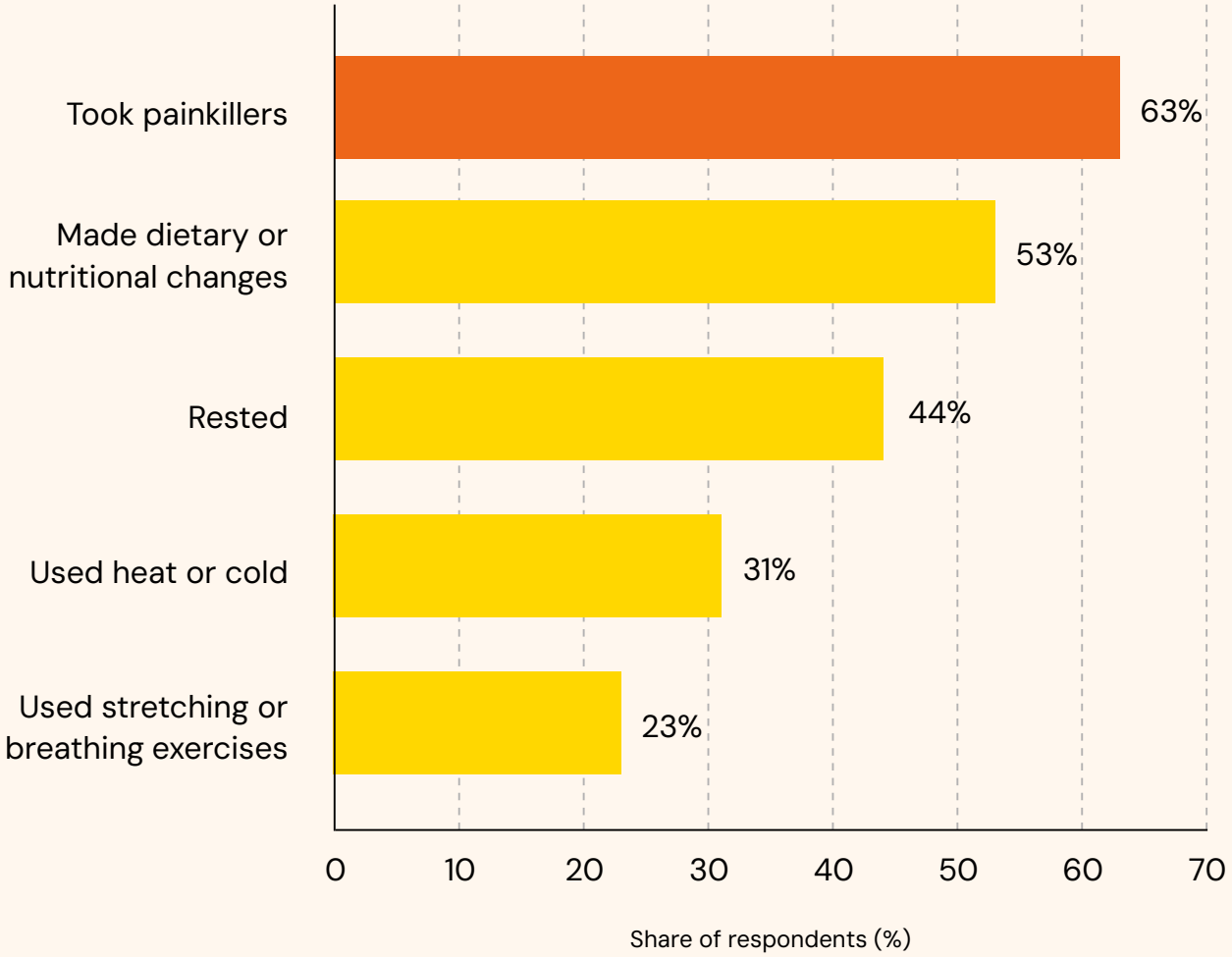
Olive & rapeseed oil

Herbs & spices

Source: British Heart Foundation (2024)

Painkillers are the most common response to pain.

Ways people respond to pain, among those who use each approach at least occasionally.



People already use a wide range of approaches. In our research, 63% took painkillers, 53% made changes to their diet or nutrition, 44% rested, 31% used heat or cold and 23% used approaches such as stretching or breathing exercises, at least occasionally.[1]

These figures show what people reported doing. They do not show whether a particular approach works for a particular type of pain.

Base: n=[X] people who experienced pain in the previous 12 months, who used each approach at least occasionally.
Source: 3GEM research & insights for The Turmeric Co., August 2026.

n=1,298, covering everyone who experienced pain in the previous 12 months. They do not show whether a particular approach works for a particular type of pain.

Sports therapist Tilly Milverton takes a similar whole-person approach. When somebody comes to her with a painful knee, back or shoulder, she asks about activity, diet and what else is going on in their life. The answer may be reassurance, rehabilitation, further investigation or referral to another healthcare professional.[9]

Tilly Milverton, Sports Therapist and ACL Rehabilitation Specialist

Trikha puts particular emphasis on restoring movement and confidence. Controlling pain is not the whole job. He says the aim is to restore function and capacity, and that fear of exercise can get in the way.[9]

Medication, physiotherapy, rehabilitation and surgery can all be appropriate, depending on the problem and the person.

Dr Paul Trikha, Consultant Specialist Knee Surgeon

Recovery is discussed differently in professional sport. Sophie Harries is a sports dietitian and PhD researcher in football recovery. Professional players have training plans, medical teams and time set aside to recover.[9] Sleep, rest and everyday nutrition are all part of recovery. Sophie specifically describes nutrition as one of the practical tools available alongside the wider recovery programme. Highlighting the potential role that nutrition can play in recovery, a pilot study conducted by researchers at Nottingham Trent University involving 24 male footballers found that players consuming two raw turmeric shots per day reported significantly lower muscle soreness and had significantly lower plasma C-reactive protein (CRP) concentrations compared with players not consuming turmeric shots.[12]

Sophie Harries, Sports Dietitian and PhD researcher in football recovery

Read: **A pilot study** PubMed®

"When we talk to people about sport, we're talking about fuelling. You need to fuel for your sessions and we always forget you need to recover from them as well."

Sophie Harries, Sports Dietitian and PhD Researcher[9]

"Having conducted pilot studies on the effects of The Turmeric Co.'s products on soreness and markers of inflammation in professional footballers, we are now aiming to evaluate their potential impact on pain in non-elite athletes."

Loris Juett, Lead Research Scientist, The Turmeric Co.[9]

What recovery can involve.

Understand.

What is causing the pain and what has changed.

Treat.

Medication, physiotherapy or surgery, where appropriate.

Rebuild.

Movement, strength and rehabilitation.

Support.

Sleep, nutrition, stress and general health.

Source: Framework developed for this report from interviews with clinicians and practitioners

Brentford FC

Brentford FC has used The Turmeric Co. products with its first team since 2021. The club describes them as part of players' wider nutrition and recovery routine, alongside the work of its performance and medical teams.

Elite players have recovery planned around training and matches, with access to clinicians, nutrition support and time to manage sleep and fuelling. The Turmeric Co. products sit within that wider routine rather than being treated as a standalone intervention.[13]

04

Real lives, real impact.

Victoria Abbott-Fleming MBE

Victoria Abbott-Fleming MBE has lived with complex regional pain syndrome for 22 years. Pain has affected her physical ability, concentration and emotions, while work, family and other responsibilities have continued around it. She decides what she is going to do based on what the pain is like that day. Some days that means meditation or deep-breathing exercises. Some days it means journalling, or paying more attention to what she eats. She has built up a range of tools to draw on to help manage her symptoms. The cost is felt elsewhere. Rest gets sacrificed and social activity reduces.[9]

Thomas Robson-Kanu

Thomas Robson-Kanu's experience began with injury. He was 15 when he suffered a severe knee injury in a reserve-team football match, damaging the ligaments and cartilage in his left knee. He had reconstructive surgery and spent around a year rehabilitating. His first game back for Reading ended with the same knee injured again. He remembers the surgeon telling his father to consider other career paths and warning that he was unlikely to return to the level needed for professional football.[9]

Another operation and another year of rehabilitation followed. By 17, Thomas was still trying to build a football career but could manage only around ten minutes of jogging before he had to stop.

Pain had also become part of ordinary life. Getting out of bed could take 15 minutes and getting in and out of cars was difficult. When he went back to the club's medical team looking for another answer, he says he was told he needed to "learn to live with pain". He and his father began researching nutrition, herbs and spices, and experimented with homemade liquid blends using turmeric and ginger.

Thomas continued using them through his football career, and they became the starting point for The Turmeric Co.[9]

“I’m all for being proactive as opposed to reactive.”

Jenny Wright,
The Turmeric Co. customer[9]

Jenny Wright

Jenny Wright was not in pain when she started thinking more deliberately about her health and recovery. She is 60 and is training for the Marbella half marathon, despite saying she hates running. She regularly walks between 20,000 and 25,000 steps a day. Hearing people around her age talk about aching joints and reduced mobility made her think about how she could maintain the activity she already had.[9]

She works with a personal trainer and uses compression boots and cold-water recovery as well as The Turmeric Co. products. She describes it as an attempt to establish habits while she feels well rather than wait until pain or reduced mobility forces her to change what she does.[9]

Their circumstances are very different. Victoria is managing a long-term condition. Thomas was trying to rebuild after serious injury. Jenny started thinking about her health and activity before pain was limiting either. In different ways, all three are trying to maintain work, movement and the parts of ordinary life that matter to them.

Note on personal accounts: Thomas Robson-Kanu is the founder and CEO of The Turmeric Co. and Jenny Wright is a customer. Both use The Turmeric Co. products. Their experiences are personal accounts and are not evidence that any product treats or prevents pain.

05

Acting earlier.

Not every ache needs treatment. Soreness after exercise is common and many minor injuries settle with time. For Tilly Milverton, the point to pay closer attention is when pain begins to change what someone can do. It might start happening more often, take longer to settle or make activities that were previously manageable more difficult.[9]

Acting on that change can still be difficult. In our research, 31% said believing they should simply put up with pain made it harder to take action. 17% said lack of time was a barrier and 16% pointed to work or caring responsibilities.[1]

The British Pain Society surveyed 825 self-selected people with persistent pain in 2024. 30% said more than five years had passed between the onset of pain and referral to a pain clinic. Separately, a third said they had waited more than a year to be seen. 95% were already managing their pain themselves and 76% had learnt how to do that without professional help.[6]

Jo Brown of the British Pain Society says there is still uncertainty about what persistent pain means and where people should go. Previous experiences of not being taken seriously can make asking for help again harder.[9]

"There's a lot of uncertainty and a lack of awareness about persistent pain and what that means for you individually and where you can go and get help."

Jo Brown, Executive Director, British Pain Society[9]

Versus Arthritis also identifies supported self-management and access to services as areas needing attention in Our Roadmap for Pain Research.[7]

For Ravindran, earlier support does not necessarily mean specialist treatment. It might mean better information, primary care, rehabilitation, social prescribing or community support, with medication or other interventions where appropriate.[9]

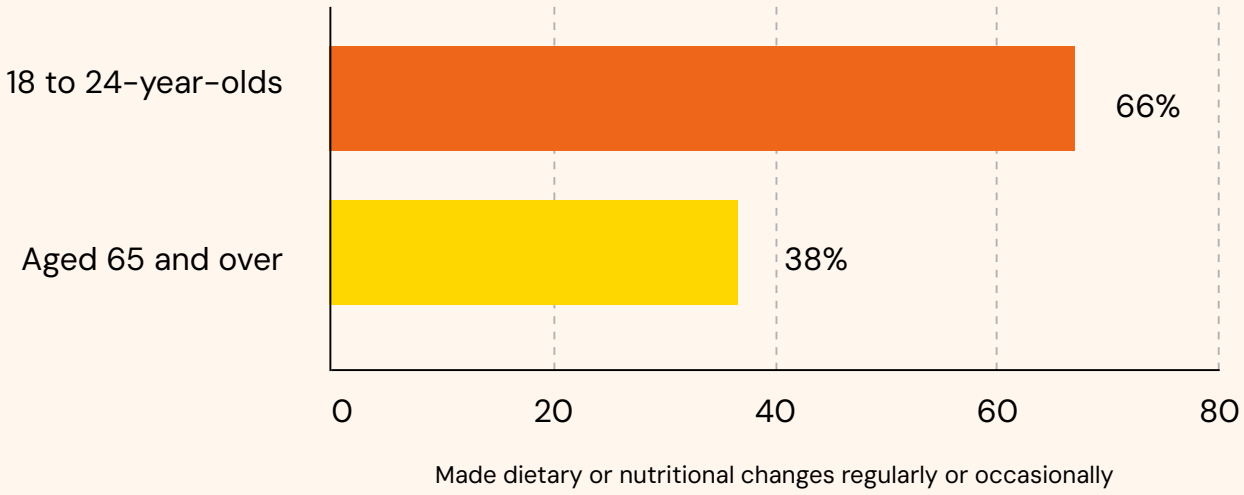
There is another side to acting earlier. Dan Clarke, Health and Sustainable Diets Manager at IGD, sees more interest in healthspan: not simply how long people live, but how long they remain mobile, strong and independent.[9]

"This movement from less talk around lifespan, I want to live to 100, and much more about health span. I want to have 80 years pain-free, being able to pick up my grandchildren, that sort of thing."

Dan Clarke, Health and Sustainable Diets Manager, IGD[9]

He says mobility, strength and bone health are appearing earlier in conversations about health. Our survey shows a difference by age too. Among people experiencing pain, 66% of 18 to 24-year-olds made dietary or nutritional changes regularly or occasionally, compared with 38% of people aged 65 and over. Average monthly pain-management spending was £63.10 among 18 to 24-year-olds, compared with £24.66 among over-65s.[1]

That does not mean younger people experience worse pain or get better results from spending more. It shows that people manage pain differently at different ages, reinforcing the need to recognise when pain is changing before adapting around it becomes normal.



The recovery basket.

What people already buy and do when they are in pain. Among people who experienced pain in the previous 12 months.

Medication

45%

Painkillers, anti-inflammatory tablets and gels

Self-care products

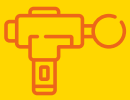
24%

Heat and cold packs, topical rubs, functional drinks and shots

Equipment

16%

Supports, braces, insoles, compression wear



Massage

16%

Massage guns, foam rollers, hands-on treatment

Therapies

11%

Physiotherapy, sports therapy, osteopathy

Nothing bought

30%

Rest, movement, breathing and stretching, heat and cold at home

These figures describe reported behaviour. They do not show whether any product or approach works for a particular type of pain.

Base: n=1,298 people who experienced pain in the previous 12 months.
Respondents could select more than one option, so figures do not sum up to 100.Source: 3GEM research & insights for The Turmeric Co., August 2026.

Conclusion.

Thomas's story began with being told that he needed to learn to live with pain. This report suggests that idea is still familiar to many people.

Pain can affect movement, sleep, work and everyday life while remaining largely hidden.

52% of people who experienced pain in the past year said they often tell someone they are "fine" when they are actually in pain.[1]

We are calling for earlier conversations about pain and recovery, before people have simply learned to live around it.

Recommendations:

For healthcare professionals and pharmacists:

Ask what pain is changing in someone's life, not only how much it hurts. When pain is recurring or affecting daily life, explain the treatment and recovery options available.

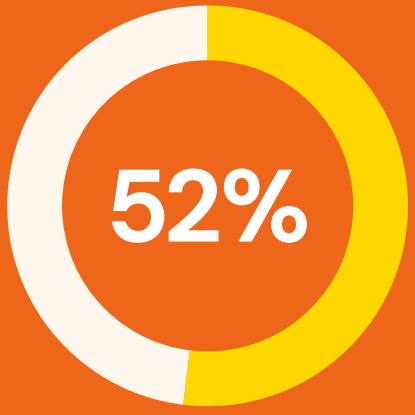
For employers:

Make it easier for people to raise pain before it becomes absence. In our research, 31% had worked while in pain when they felt they should have rested or taken time off.[1]

For individuals:

Notice the things you have stopped doing or now do differently because of pain.

Recovery will not always mean becoming pain-free. For many people, the aim is to keep doing the things that matter to them for longer.



said they often tell someone they are "fine" when they are actually in pain.

Method and disclosure.

The consumer research for this report was commissioned by The Turmeric Co. and conducted by 3GEM Research & Insights in August 2026 with 2,000 respondents aged 18 and over across the UK. Follow-up questions about pain were asked of the 1,298 respondents who reported long-term pain, short-term pain or both in the previous 12 months.

The paper also draws on published research, official statistics and guidance, with citations included throughout.

Dr Kamaldeep Tamber also contributed in a personal capacity. Their employer and organisational affiliations have been withheld at their request. No contributor to this paper was paid for their time.

Victoria Abbott-Fleming MBE is a co-author of the British Pain Society survey cited at reference 6, as well as a contributor to this report.

Personal experiences are used to show how people think about pain and recovery. They are not treated as evidence that a treatment or product works.

Expert and lived-experience interviews were conducted for The Turmeric Co. with:

Dr Deepak Ravindran — Consultant Pain and MSK Specialist, Lifestyle Medicine Specialist and Council Member, British Pain Society

Victoria Abbott-Fleming MBE — Past Chair, Expert Patient and Carer Committee, British Pain Society and founder, Burning Nights CRPS Support

Jo Brown — Executive Director, British Pain Society

Dr Paul Trikha — Consultant Specialist Knee Surgeon

Tilly Milverton — Sports Therapist and ACL Rehabilitation Specialist

Sophie Harries — Sports Dietitian and PhD researcher in football recovery

Kate Platts — Group Director of Research and Innovation, Westfield Health

Russ Jefferys — Founder, MOVE Sports Marketing and former CEO, parkrun

Dan Clarke — Health and Sustainable Diets Manager, IGD

Jenny Wright — The Turmeric Co. customer

Dr Kamaldeep Tamber — London GP

Thomas Robson-Kanu — Founder and CEO, The Turmeric Co. and former professional footballer

Loris Juett — Lead Research Scientist, The Turmeric Co.

Corrine Toyn — Registered Dietitian and Head of Healthcare Marketing, The Turmeric Co.

References.

1. 3GEM Research & Insights (2026) Pain Relief. Survey report and results tables prepared f or The Turmeric Co., August 2026. Unpublished.
2. NHS England (2026) Health Survey for England 2024: Chronic pain. Published 27 January 2026.
3. Rosenbloom, C.J., Morley, F.L., Ahmed, I. and Cox, A.R. (2020) 'Oral non-steroidal anti-inflammatory drug use in recreational runners participating in Parkrun UK: prevalence of use and awareness of risk', International Journal of Pharmacy Practice, 28(6), pp. 561–568. doi:10.1111/ijpp.12646.
4. Arthritis UK (2025) The State of Musculoskeletal Health 2025: Arthritis and other musculoskeletal conditions in numbers.
5. Faculty of Pain Medicine, British Pain Society and partners (2024) UK Pain Messages 2024.
6. Abbott Fleming, V. et al. (2024) 'National Survey of British Public on Experiences of Living With Persistent Pain: A Co-Production Between Patient Representatives and Professionals', British Journal of Pain, 18(1_ suppl), conference abstract P-42, in British Pain Society, Annual Scientific Meeting. doi:10.1177/20494637241265561.
7. Versus Arthritis (2019) Our Roadmap for Pain Research.
8. National Institute for Health and Care Excellence (2021) Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain. NICE guideline NG193. Published 7 April 2021.
9. The Turmeric Co. (2026) Interview transcripts, interview summaries, written contributions and participant sign-off material for Invisible Burden: The Hidden Cost of Everyday Pain. Unpublished.
10. Tamber, K. (2026) Written contribution to The Turmeric Co. white paper. Provided in a personal capacity. Unpublished.
11. Parker, T. (2024) 'Anti-inflammatory diet: what you need to know', Heart Matters, British Heart Foundation. Published 3 December 2024.
12. Clayton, D.J., Burbeary, R., Hennis, P.J., James, R.M., Saward, C., Colledge, A., Scott, R., Gilpin, S., McMahon, R. and Varley, I. (2023) 'Turmeric supplementation improves markers of recovery in elite male footballers: a pilot study', Frontiers in Nutrition, 10, article 1175622. doi:10.3389/fnut.2023.1175622.
13. Brentford FC (2025) 'Brentford extends relationships with 10 club partners'. Published 13 October 2025.

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