5 Thyroid Myths That Could Be Keeping You Sick Transcript

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I still remember the day that I was sitting in the endocrinology office. I like crying, like begging for t3, acting like an addict because I knew that I needed t 3 for my brain to come back online so I could graduate medical school because i probably wouldn't be a doctor sitting here helping y'all now.

Hi, it's Dr. Jen. Welcome back to the Healthy Truth with Dr Jen! I want to talk to you about the top 5 lies that you've been told about your thyroid. So if you want learn about thyroid and how you're being lied to, please stay tuned for this episode.

What if everything that's been said about it is only one part of the story? You're exhausted, you're gaining weight, your losing your hair, and you have trouble concentrating, but your doctor checks your TSH and tells you everything is normal.

Or maybe, like me, if you've been diagnosed with Hashimoto's Thyroiditis and have been told that you would have it forever. As an emergency medicine physician and board certified integrative physician, that is personally navigated through Hashimoto's, I want women to understand that thyroid health involves much more than one hormone in one laboratory result.

Today, we're discussing five of the biggest misconceptions about thyroid help, the science behind them, and what we may be overlooking. I need to let my teenager know that we have to leave at 3 p.m.

Okay, already told them that. Come back home soon. And there you go. That's what it is like to be a mother that also works. But I did want to show you guys that because kids come before work.

Okay. Let's get into them. This is the biggest lie and this really frustrates me is that Hashimoto's is irreversible. There's nothing you can do about it.

You will just, your thyroid will get toast, it will get destroyed, and you'll be on thyroid medication the rest of your life. That is what they always say.

But we should go, this is nuanced a little bit. Hashimoto's is autoimmune thyroiditis. This is an auto immune activity. Your body is battling and fighting itself.

versus permanent thyroid damage. So permanent damage can happen with Hashimoto's. That's what happened with me. My Hashimoto's was undiagnosed for so long that there was permanent damaged.

When they got in and looked at my thyroid, they said it was so damaged they took out the damaged tissue. No matter what anyone tells you on social media that isn't an actual doctor, that you could reverse Hashimoto's and stop all your thyroid meds.

That is not true. I've had patients do that and they have crashed out and it was really dangerous and bad. You might have permanent damage, but not always.

And sometimes we can tap into bioregulators and help restore some of that thyroid function. If you want to learn more about that, go to my YouTube right now and go my channel and type in bioregulators.

And I'll teach you about. So the antibody trends, I do like watching them to see what is flaring people because that will help us get more to the root cause with that.

There is remission though. My Hashimoto's has been in remissions for 14 years. I was told that I would have to live with my Hashimoto's forever and that is just a lie.

If anyone's spoken that over you, rebuke it in Jesus' name. This is like not a thing. We have to know that sometimes there's spiritual stuff too in our thought patterns that can also really impact our health.

There are root causes to explore with Hashimoto's that we have to make sure that We are looking at all of them before we are just throwing our hands up and it's hard because a lot of times it says chronic stress and I'm sorry, but especially women, they don't want to realize that they want a rest.

They always want do, do do and that could be causing your Hashimoto's. There's also genetics that make you more susceptible to it. Their selenium deficiency, you have to look at iron status, celiac disease, other autoimmune conditions and if you have one autoimmune disease, you might just get more.

Environmental exposures are huge for Hashimoto's, especially if they live in the glyphosate belt. I mean, I see so many Hashimottos in Ohio where they spray that stuff like it's not toxic.

It's crazy. And sleep disruption, that can cause chronic stress that really push Hashimoto's there. So, I mean, you may not be able to change the genetics, but you can also investigate the factors influencing how those genes are expressed.

That is epigenetics. Number two, the number two lie. You only need to check your TSH. That is not real. That's not reality. We need to look at the big picture.

There's something called the hypothalamic pituitary thyroid access. This is a negative feedback loop. You need look free T4, free t3, thyroid antibodies.

Along with the TSH, we need a look of the reverse T SH. Sorry, the reverse T3. My cat is like distracting me. She was being very silly. So reverse t3 is really important also.

TSH is a message from your pituitary gland. It's not a direct measurement of every aspect of the thyroid function. TSA is an excellent screening, but it doesn't give us the full picture.

And also the range was a lot smaller and now it's a wider. So we're missing so many people that if we would have gotten a free T4 and a Free T3, we would have been like, wow, something's off.

Maybe we should investigate more. Or maybe we get antibodies. We should get a reverse T3. So it's really frustrating. For me, the reverse gives me a little bit of an insight on if the adrenals are really playing a role or not.

I really like that. But it's so frustrating when there's only a TSH checked, especially with women, postpartum or during pregnancy. And I'm like, what is going on in 2026 that we can't order labs that are only few dollars?

It's just like a pride issue at this time. The endocrinologists don't want to say they're wrong and it is embarrassing for them. Number three, adrenals and stress response.

They don't even matter. We're not even going to talk about them. Your thyroid is just this little thing that is different from every piece of your body.

That is a lie! That's a LIE! Your Thyroid is influenced by the other things in your Body. And as we know, your brain, the hypothalamus impacts everything too.

So we have the hypothalamous, we the HPA axis, hypopatuitary adrenal axis with the the hypo-patuitory thyroid axis the HPT axis. We have all these other hormones and all these other feedback loops that are impacted in the brain to the thyroid.

That is this constant communication, okay. Circadian rhythm is going to impact our adrenals, which is gonna impact, you know, impact your brain and our adrenal and then back to your thyroid, There's this whole loop, and I see it in real time.

Your thyroid, much to the dismay of the endocrinologist, it doesn't operate in isolation. You brain, your stress response, you metabolism, they're just constantly communicating.

I mean, this is how God designed our body. It's beautiful. It's just really interesting that we just don't think stress plays a role because we know that that is not true.

So when people go to the regular doctor and centralize medicine and they're gaslit, it really, really sucks because they are not going to get better. And we in the literature, severe illness and caloric restriction, that can change the thyroid hormone levels and conversion especially to reverse T3, we see that a lot.

And then physiological stress, that can really impact thyroid. And this is where we watch the numbers. Sometimes I'll see normal T4 and T3 free and TSH like really, really high because the thyroid's like trying to keep up with the demand because there is something stressful going on.

We can see this in the lab and sometimes we just support that and watch it. This brings me to the next number four, T4 to T3 conversion doesn't matter.

Really? Because T-4 is the inactive thyroid hormone. T 3 is active thyroid. So if we're only checking TSH and free T 4, then you could feel like complete garbage and no one cares.

That's how you feel. So T4 is a pro hormone, it's inactive, and T3 is the more biologically active hormone. This is how the body activates and inactivates thyroid hormones, so this really matters.

So how do you get T-4 to And active T3, this is the D-ionidase system. This is a D ionidases enzymes. D1, D2, and D3 are the common ones. And this the cellular thyroid hormone activity that happens.

So you have your T4 and it needs to get converted to T 3, the active thyroid hormones. The D Ionidasis takes off an iodine. That's why it's T 4 to 3. So this conversion is physiological, but impaired conversion can happen.

I've seen this with patients on a biologic drug that was really hard on her liver while her free T3 went down because the D-ionidases in the liver are a large conversion factor and they weren't working for her.

So I see this in real time. Also, For conversion to happen, you do have to have proper nutrients that also aid in that conversion, that enzyme reaction.

It's really frustrating because if we're not looking at conversion and if it's proper, then patients can feel like crap. I still remember the day that I was Sitting in the endocrinology office, I was a medical student.

This was post-partial thyroidectomy. My conversion from T4 to T3 was absolutely garbage. I pulled up all these PubMed studies, which were harder to do in like 2006. Geez, 20 years ago.

Wow. Okay. 20 like crying, like begging for T3, acting like an addict because I knew that I needed T-3 for my brain to come back online so I could graduate medical school.

So praise God they gave it to me and that i figured it out and hacked that out 20 years ago before the internet and before podcasts like this because i probably wouldn't be a doctor sitting here helping y'all now.

Yes, God has a plan and his plan is good. Cause I went through all that for a reason to help you listening right now. So how do we, how did we talk to the doctor about this?

Well, You can ask for the full set of thyroid labs, which I discussed, and then show them that you're not converting well. And then sometimes you can use nutrients to support this.

So I have a product on healthybydrjenn.shop called Thyroid Aid and it really helps. It has a little bit of it has a little bit of everything in the supplement, something for the adrenals to support conversion.

It has minerals that help the conversion, it anti-inflammatories to help conversion process and to the thyroid. So this thyroid aid is helpful and I've seen a lot of people that shift the T4 to T3 ratio a whole lot better.

Now if that doesn't work, if you've done all the things, then what you can do is ask for T-3 or NP thyroid, which is T 4 and T 3. And to make it a little easier on your doctor is you could say, I failed T for monotherapy.

I still have hormones." And they just have to write that in the chart. And that kind of covers them, right? Because endocrinology, the board or whatever that makes the drug companies probably support all of their stances on everything.

They still love just levothyroxine as the standard of care. They just want people to feel like crap because if you feel crap all the time, you're not going to work out.

You're going not to eat healthy. you know which i like to be a three at least a 3.0 and they they don't care because you're feeding the system so you need to go in there and you can do this with a conventional doctor play the game it is all a game if you are using health care insurance.

You are playing a game with your health. Okay. So I want to, if people can't pay out of pocket for doctors that actually care and go to bat with their patients like I do, then I will give you the keys to the game to you know, I guess like hack the gain, which is You go in and i can even like write out cpt codes for all of these if it will help i'll put them on the youtube so if you're listening go over to youtube because i'm trying to.

Ramp up my youtube and I will put him on there with cp because you can just copy and paste print out send it into your doctor and make it easy for them and say I don't want to feel like crap anymore.

Yes. And then the keywords are, you know, I failed monotherapy of T4. I would like to try MP thyroid. I will be a good patient and let you know if I start having heart palpitations or if they feel bad.

And I want to have informed consent about this and I wanted to be active in my role. I understand my body and T for monotherapy, I feel like crap on it.

So this is okay. This is OK to help this informed-consent conversation with your doctor. Hey, they might learn something. Send them this podcast. Because they reached out to me, I would love to talk to them.

You know, they're overwhelmed. They are working for the insurance company. they are forced to see more and more patients a day. There working the man, the big system, you know those CEOs that have their private yachts.

That is what they working on and they just trying to pay back their medical school bills. I'm telling you doctors don't make a lot of money. It's not them.

It may be surgeons, but I'm telling you, the doctors you're mad at are not making a lot of money. They're the CEOs of all these big healthcare insurance companies, so be mad.

Don't take it on your doctor. Feel bad for your doctors. Now, if they're a jerk and they gaslight you then pray for them, okay? Don' either. Just pray for them.

Prayer works. All right. Number five, bioregulators and cellular signaling have no role in thyroid health. So this is false, okay? Peptide bio-regulators, I told you to go and watch the whole episode on bio regulators can help, because they are tapping into that reserve that we have, the reserve, that like 20% reserve.

That we are ruining with environmental toxins, stress and all of that. And I go through this in the long video. There's also the concept of tissue specific signaling.

We can have a tissue relatively hypothyroid state, right? This happens a lot when our cells are inflamed or their limbic systems trashed and we're constantly on alert that like, There it's binding but like there's no message.

It's kind of like two married couples sleeping in the same bed, but they don't connect at all, right? That's not what we want. We want passion and connection and our thyroid to work and ourselves to be humming and have energy.

Okay, that should be the normal. The normal for a woman. 20 to 100 right or you know actually zero to under we should have energy. We should feel good.

Okay, part of that is fueling our body part part. Of that, is lowering our inflammation part, of. That is prayer is what I think because then you have peace and you don't have fear but you.

Have power love and self-control and a sound mind so Just a little pep talk. You can have that. That can be yours. Does it take work? Yes. Yes, like this whole concept that like, we don't have to work hard and just like get stuff or like we, no, yes, it takes work to be healthy.

Like yes. And it took self-control to just say no and like eat good. So anyway, that's a peps talk there. especially with Hashimoto's, like you don't need gluten, you need organic sour dough bread, eat gluten free.

Anyway, an animal based. So back to the cells communicating, so this is a thing and this a lot of people that have subclinical hypothyroidism. It's a real thing, but we have to get to root cause with that.

So this is just really exciting stuff. I just want to make sure that you guys feel empowered about your health to get the right information from where you need to Get it, which yes, get The lab work, but also make sure you realize that your body can heal, that you are not destined to feel bad all the time.

Like, That's just that's not an option. We are Not told that. anywhere. We're not told that anywhere in the Bible. Like, we don't need to feel bad all the time.

So I just hope you guys enjoyed this mini episode. And if you want any other topics that are exciting, I want you to put them down there below. Strong in faith, strong in health.

Dr. Jen Sennach. Bye.