Achieve Balance: Unraveling The Thyroid-Adrenal Axis Mystery Transcript

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Day Five Kickoff and Hormone Overview

Hello, ladies. Dr. Sharon Stills here with you here. Host of Mastering the Menopause Transition Summit 2.0 day five kickoff. We are we are through more than we have left but we have a lot of great stuff.

l, don't stop now. Keep listening, keep learning. Keep opening your mind. And today, what I wanted to spend a little time talking with you about is your thyroid adrenal axis.

And yes, I did just get out of the shower, so my hair is wet, but I want it to be able to be here. And this is the time I have. So you get me freshly showered when I do some of my best thinking in the shower.

So when we think about hormones for menopause, we are always thinking about progesterone, estrogen, testosterone, and we often forget that, yes, those are the main sex hormones and that's what comes plummeting down during your menopausal transition.

But there are a myriad of other hormones in the body that are affecting us. And sometimes because of you've heard me say the hormones are all a symphony and they all interact with each other.

So when the hormones, the sex hormones come crashing down or jumping off a cliff or rollercoaster ring or sliding down the hill, however you want to say it, it really can show underlying imbalances that were there, or it can trigger imbalances because of the interaction within all of the hormones.

And so today I want to talk about the thyroid and the adrenal, because those are two of the biggest issues I see that are contributing to hormonal stress.

Why Adrenal Support Matters in Menopause

And at the menopausal time and perimenopausal. So first of all, just to remind you that when we go through menopause, it's because the ovaries are are winding down.

They're going on vacation, permanent vacation, and the adrenals are supposed to pick up the slack. But unfortunately, in the high paced, stressful environment planet we live in on, a lot of our adrenals just aren't able to do that because they're already like, See you later, alligator, I'm out of here.

And they've been gone way before you go through menopause. So we really need to look at what's going on with our adrenal glands. Doesn't mean we need to support our adrenal glands so they come back on board and can handle the hormone production.

No, it means we need to take the right bioidentical hormones, as we touched upon in my day to talk. And we need to do the lifestyle things and support the adrenal glands.

So I never told you it was going to be a magic pill. And it's it's not a magic pill there. There are a few things that can can pretend they're magic pills, like an infrared sauna.

They do a lot of things, a red light therapy, some of the tools. But when it comes to balancing our hormones and making sure our physiology and our biochemistry is functioning at its optimal, then there are a lot of moving pieces and we do need to do a little work.

And the adrenal specifically are kind of a lifetime commitment. So you may have something going on. Let's just say with your pancreas and we discover that we work on your pancreas, we give it the support it needs and it kind of regenerates and gets back on track.

But when the adrenals are done or tired or fatigued or not functioning, then it usually is kind of a lifetime commitment that you're going to keep giving them the TLC, you're going to keep paying attention to them, you're going to keep nurturing them, you're going to keep supporting them.

And so think of it as just a an act of kindness, an act of love, an act of self health care that you're giving to yourself. Because the adrenals modulate so much in our body.

They modulate our inflammation, they modulate our stress response, they modulate our blood glucose, they modulate our sleep wake cycle. So they do so many things and we are under so many different stresses from biochemical stresses, internal toxins, stresses, things.

We're not getting rid of. We're the outside external toxins that are coming at us, be it plastics or metals or mycotoxins from mold. And now we're growing mycotoxins in our body that can mimic estrogen.

And so there's so many different ways it could be emotional stress, it could be spiritual stress, just feeling disconnected, not knowing what your next step is, could be relationship stress.

It can be anatomical stress because your spine is out of a line and I can go on and on and on. So the adrenals have a lot to handle and lifestyle what time we go to sleep?

Testing and Interpreting Adrenal Function

And we talked about sleep yesterday, how we feed our body, how we move our body, how we let our mind rest in meditation. All of these self-care things that when we're stressed out often I'm not saying I approve of this, they often get thrown to the wayside.

And I'm really about if you take nothing else from this, think about how important self-care is and how much more important it is when you are stressed out that skipping the gym just makes the stress compound and that much worse.

And it's when we're under stress. I always think about when I was in public medical school and studying for finals and I was on my way out of school to go get a massage because I was stressed out and I walked by all my classmates and they were sitting in the back at the picnic table and they were eating donuts.

And I was like, What are we doing? And they're like, We don't have time to eat healthy. We got to stress, you know, we got to study, we got to pass our finals.

And I just thought, Oh, my friends, you've got it all wrong. And I went and got a massage and I relaxed and I trusted and I prepared and I did fine. Maybe they did too, but I'm sure they stress their adrenals in that in that situation.

And that's not to say that I have not gone through my own strain adrenal stress, because trust me, trust me, trust me. I have I burned down my adrenals when I got mononuclear lysis, which turned into Epstein-Barr down the road.

But I had a bout with chickenpox that my kids brought to me when I was in my twenties. I got pneumonia. I got Epstein-Barr from that chronic fatigue and my drain were just like by and so I'm right there with you.

I live a life of loving my adrenals and it's like, what would my adrenals do? They would say, Say no. And they would say, Say yes. I'm always loving them and I'm always doing the things that I'm talking to you about.

So my favorite way to measure adrenal function is through a four point cortisol test. So your your cortisol is most bioavailable. You can also get your DHEA here to in your saliva.

So I talk about urine in 24 hour, complete collection of urine for hormones. Now we're talking about a different hormone because that's for your sex hormones.

Now we're talking about cortisol and DHEA, and this is through the saliva. You'll notice when I talk about thyroid, I talk about blood. So I am obsessed with measuring the right way so we can get the best information for you.

So that means sometimes we're using saliva or stool or urine. It's always different blood. And so for the adrenals, you want to get your doctor to test you with your saliva and you want your circadian rhythms.

You want a four point. What's your morning cortisol? Is it high like it should be?

Thyroid Testing, Symptoms, and Hashimoto's

So you get that cortisol awakening response and then as it's slowly going down, so by nighttime your cortisol levels are low and it's easy to fall asleep.

So that's the way I tested. And then the results vary because not only looking at your total cortisol output, we're looking at are you high when you should be low, are you low when you should be high?

So it really enables me to very specifically and pinpoint, say, okay, at 8:00 in the morning, you need to take some bioidentical cortisol. At 9:00 at night, you need to take some sacrifice in the middle of the day.

You need to take some pantothenic acid or some adrenal herbs like ashwagandha. So it really helps me to support you the way you need it because it's not just like, Oh, my adrenals are tired and they're always tired.

Sometimes they spike and it's not always you have high cortisol that's causing all your problems. I know that we hear that a lot online. Oh, high cortisol, belly fat.

But I can tell you countless patients who have belly fat and have bottomed out low cortisol, because at some point the adrenal gland said, you know what, I can't do it anymore.

And instead of high production, it becomes a low production. So those are some things to think about. It's really important to have your adrenals checked, even if you don't feel like you have symptoms.

But fatigue allergy is feeling overwhelmed. Pain, inflammation, sleepless night aids waking up in the middle of the night, not being able to fall asleep.

And I can go on and blood sugar issues. I can go on and on and on. There are so many things that can cue you into the fact that there's something going on with your adrenals and certainly stick around.

I will be educating more on the adrenal gland as well. So now I just want to talk about the thyroid and you'll notice I talked about the adrenal glands before, I talked about the thyroid gland and I did that on purpose because it is very pertinent and I see this a lot in my clinical practice that women come in and they're revved up on their thyroid hormone and no one's even addressed their adrenal glands.

And if you read the thyroid without paying attention to the adrenals and the adrenals are already tired and in need of love, it's just going to further deplete them.

So in my land, in my clinic, with my patients, we always check the adrenal glands. And if they're low, we always support the adrenal glands for at least three, four weeks, some good solid support before adding in the thyroid.

So that's just an important clinical tip to think in mind and be thinking about and discussing with your physician. And so thyroid is one of those areas where wholly gluten free macaroni I timeI mean just over the last 21, 22 years since I've been practicing it's just a constant patients come in and their traditional primary care, their OBGYN ran its age.

Nothing else told you you were fine, even though you're sitting there like the poster child and you can't lose weight and you're wearing a sweater because you're always cold and it's 90 degrees out and your hair is falling out and

your skin is dry and your brain is fogged and your muscles are aching and your temperatures are in the 96or the 97 and so on and so forth.

You're constipated, you're depressed. And so, first of all, you're probably not going to get the help you need unless there's like a unicorn out there who is a primary care and OBGYN in the traditional system who understands proper testing.

Then the next thing I see is in the alternate world that the proper tests are run. So I'll just run it through those quickly. TSH Free T3 free T4 entity EPO thyroid globulin, antibodies and a reverse T3.

So they've run those important six levels, but they haven't really if the lab didn't say they were out of range, they didn't really look at the ratios, they didn't really look at low normal.

And so that's another really important thing. When I read the bloodwork, I don't just look at what the lab says is L low or H high. I look at ratios, I look at O of the ranges, 2.4 to 4.8 and you're at a 2.6.

There's a good chance that's too low for you or or even at a 3.2 when it comes to free t three. So it's really important you get some understands how to read the levels that they are prescribing.

You also need to understand with the thyroid globulin antibodies and the anti TPA that those are autoimmune markers. And if those are elevated and you have Hashimoto's, then the treatments become very different than if you just have hypothyroidism.

And I know the word on the street out there is that Hashimoto's is the most popular way of having your thyroid imbalance, the most popular diagnosis in women in this age.

But I can tell you that's not really what I see in my office and I see a lot of women this age. I do see patients who have Hashimoto's, but I see as many, if not more, who don't have Hashimoto's, which is great because we'd rather it not be an autoimmune mediated thyroid issue that becomes much more complicated.

But I see women who just have a primary hypothyroidism or they have a iodine deficiency that needs to be corrected. And so it's really important that all these levels are looked at.

And if you do have antibodies that a doctor doesn't just put you on some thyroid hormone, even if it's bioidentical and natural, that they really uncover why your immune system is reacting against your thyroid gland.

So that's a really, really important piece as well. So you have to run the correct levels. You have to understand how to address the results. And I'll tell you this, that even if your results look perfect on paper, this is how it works in my office.

But you again are sitting there like the poster child, or you have these clear symptoms and a low blood pressure. 90 over 60 is a sign of adrenal and thyroid dysfunction, or you have low temperatures because a lot of doctors say, oh, your blood pressure so low, 90 over 60, fabulous, but that is too low.

So Goldilocks, Goldilocks, Goldilocks, we want to be just right. So even if your levels look okay on paper, if you're still suffering, I will do a trial run with you and see how you feel.

And I would say that 93% of the time that I do that, that women feel better and we're able to keep them on their thyroid hormone or their bioidentical adrenal support, whatever they need, because it differs for everyone.

I have lotsa lots of options in my tool bag but that they feel better. And then we just learn what your normal level is. Oh, even though the range goes to 4.2, you feel good and your symptoms go away and you're a rock star at 4.5 and that's fine.

So same story. Find a doctor who understands what tests to run, how to read the results, how to apply the results,

and how to have an open mind. So I just wanted to give you a little taste.

Stay tuned. There's so much more to the story. And but that is a good, good place to get you started and just give you some things to be thinking about and asking your health care practitioners.

Okay. Day five is packed with amazing information. So I'll see you there right.