Introduction and Guest Background

Hello everyone. Welcome back to Reversing Hashimoto's and Thyroid Disorder Summit. And I'm your show host, doctor Angel Gupta. And I have a very special guest today, Doctor Ritamarie, with me.

And we have a great topic to discuss about blood sugars, metabolic syndrome and insulin and how it relates to Hashimoto's. So let me introduce Doctor Ritamarie first and we will delve into this great discussion.

So Doctor Ritamarie is the founder of the Institute of Nutritional Endocrinology, is passionately committed to transforming our current broken disease focus system into a true health care system, where every practitioner is skilled at finding the root cause of health challenges, and uses the nature based healing methods combined with science back research to restore balance to.

Rita Murray is a licensed Doctor of Chiropractic with certifications in acupuncture, nutritional, herbal medicine and also Hartmut. She specializes in insulin, thyroid, adrenal, and digestive imbalances.

She's also a master at using palate pleasing, all fresh food as medicine, and is a bestselling author, speaker, an internationally recognized nutrition and functional health authority with over 30 years of clinical experience.

Her podcasts, Reinvent Health Care provides health and wellness practitioners around the globe to be part of the movement to provide root cause care to people in need.

Doctor Rita Marie, welcome to our show over here. Well, thank you so much for being, inviting me here. I'm excited to talk about these topics to your audience.

Absolutely. So I think I would just like to go ahead and delve into this great discussion or topic about how blood sugars and insulin is involved in thyroid care, because most people cannot pu put these two together, they feel that, you know, all the hormones are separate.

So like to kind of shed a little bit more light about this. Well, I'm going to start with what you just said. People thinking about all the hormones as separate.

And in reality what it is, is it's a weave, right. And the hormones talk to each other, the hormones talk to our cells, and the hormones send signals to the cells as to what they should or shouldn't be doing at any given point in time.

And what one hormone does is interacted with by many, many, many other hormones. So I love the connection that people I love that people don't make this connection because I can always shed light on the connection between thyroid and insulin.

And there's a lot of mechanisms there in which that the insulin levels and the blood sugar levels affect thyroid, and also that the thyroid affects the blood sugar and the the receptors and all that.

So, couple of things. One of the things is that when people are eating a lot of sugar, that's messing with their metabolic health, that's messing with their insulin and glucose control, So that affects how the body perceives the fuel coming into it.

So when we have sugar coming in through the food and that doesn't mean like eating table sugar. I mean all foods get broken down into their constituent macronutrients carbohydrate, fat and protein and the sugars.

You know, that's what fuels the cells. And so when the sugar needs to get into the cell, it needs an escort, right? It needs to have insulin as an escort.

It can't just naked sugar can't enter the cells.

How Blood Sugar and Insulin Affect Thyroid Health

So the insulin is secreted by the pancreas. And as the sugar levels go up in the blood, the insulin brings it down. So it should be just a nice gentle curve of goes up a little bit and comes right down.

If everything's working properly. When the sugar system is dysregulated, we oftentimes get a situation where the cells are resistant to insulin, where because think about it like look around and see what people are eating.

They're eating nonstop breads and pastas and cookies and crackers and sugars in soft drinks and fruit juices. And so we're bombarding this insulin glucose regulation system constantly.

And so the cells can be damaged by too much sugar going into the cells. And they put up their borders. They make the cell resistant so that the the transport mechanisms don't allow the sugar and the insulin to get into the cells.

And so the body keeps producing more and more insulin. Well, that creates a system of inflammation in the body. And going back to how that affects thyroid, right.

If we are in a situation where there's inflammation, guess what. The thyroid receptors get resistant as well. And nobody very few people talk about thyroid receptor resistance, but they go hand in hand.

Insulin resistance can lead to thyroid receptor resistance because those cells are very sensitive to inflammation. All the inflammatory markers, like cytokines and interleukins and all these other things, they cause the cells not to see the thyroid coming in, right.

The inflammation also affects the immune system. Right. And when there is inflammation, we end up a lot of times that leads to an autoimmune condition.

And Hashimoto's in reality, in my world is not a disease of the thyroid. It's a disease of the immune system. And if we just address it by thinking the thyroid just went haywire on its own and just give it more T4, which is the traditional medical approach, then we're missing the mark on truly helping people get well.

So we need to be addressing the immune system, stop the attack on the thyroid. We need to be addressing the metabolic system and so that the insulin is not causing the thyroid resistance.

And there's a whole bunch more that I'm sure other guests we'll talk about in terms of homocysteine and vitamin A and all these other things that affect the thyroid and, the Hashimoto's situation.

So those that's just a little overview. But the other thing I want to mention is that elevated insulin and elevated blood sugars can affect TSH, T3, the conversion from T4 to T3.

We mentioned a little earlier about sugar and that excess sugar in the blood. That and ends up affecting the gut microbiome. It affects the liver, it affects the gut and all of those are involved in the thyroid.

The conversion from, say, to 43, the active form. So all of these things are affected when we have dysregulation and we have metabolic problems while.

So it's just not one particular way. There are multiple ways that this metabolic syndrome or insulin resistance is causing problems with the thyroid. And I just want to kind of talk even more in detail about this resistance.

Right. Because everybody kind of know a little bit about insulin resistance. We know because people know that in diabetes, especially in type two, people have insulin resistance.

But not many people talk about thyroid hormone resistance, right. Because a lot of people are being bombarded

with several doses of thyroid medicine, but in reality those don't work.

So they might have thyroid hormone resistance. So shed a little bit, talk a little bit more about that. So people can grasp what we are talking about or what we mean by this thyroid hormone resistance.

Yeah. Well it's very similar to insulin resistance and a lot of form hormones. You can develop resistance. So we mostly hear about thyroid resistance.

Insulin resistance. A lot of people are talking now about the leptin resistance. Right, about why people who are overweight are producing a lot of leptin, the satiety hormone, end up still craving food because their appetite doesn't go down, because the cells become resistant.

So we know that hormone resistance is common, but insulin resistance can lead to resistance at the cellular level for all of the other hormones. And I did a whole workshop one day, a whole full day workshop on this for health practitioners to share with them the connection between insulin resistance and all the other thyroid resistance.

So when in medical school, doctors are taught that if somebody comes in with hair loss, depression, constipation, high cholesterol, low energy, inability to lose weight sounds like a thyroid problem, right?

So doctors are taught in medical school to test the hormone PSA, which is produced by the pituitary. Well, when they do that oftentimes the TSH is perfectly normal.

So they tell these people who are suffering from symptoms of low thyroid, they tell them to go away and take laxatives and anti-depressants and, you know, put lotion on their skin for their dry skin, etc., etc..

Take statins to lower the cholesterol, when in reality it is a thyroid problem. But it's not a problem of the thyroid, not necessarily producing enough thyroid hormone.

And in fact, when you treat somebody who has symptoms of thyroid and you give them thyroid hormone, you can create thyroid receptor resistance. So what is receptor resistance?

Receptor resistance is the receptors on every cell for all the hormones. Some cells have all you know some of the hormones have receptors on all cells.

Others don't. Right. It may just affect the gonads or, you know, wherever else. So with thyroid, every cell has receptors because every cell needs to know what its metabolic rate is and it needs to be regulated.

So when the resistance happens, it's that the hormone is there. There's plenty of hormone there, which means the TSH is going to look normal, plenty of hormone there, but it's not able to get into the cell and into the nucleus of the cell where it makes its mark, basically where it does its thing.

Because those cell receptors are not accepting it. There's a number of things in thyroid resistance.

Thyroid Hormone Resistance and Hashimoto's

We already said inflammation, high levels of cytokines, which means that if there's a lot of stress, high levels of cortisol that affects it because that increases the cytokine levels.

So too much cortisol, too little cortisol can affect how well those receptors take in the thyroid. The other thing that can affect it is high levels of homocysteine.

Too much homocysteine in the system, which is an inflammatory marker, can cause those receptors to become resistant. Not enough vitamin A can cause it.

There's a lot of, response retinol receptors and all that retinol activated receptors. So retinol is vitamin A, so we

need vitamin A to be able to accept it.

So we can have all the thyroid hormone. You want have a problem. The other thing that causes receptor resistance for all hormones is too much of a given hormone.

So if we're giving somebody, thyroid hormone and they don't really need to be given more thyroid hormone, the levels go up and the receptors basically close their ears.

It's like, I have enough. I have enough, and they become resistant. So there's a lot of different things that caused that mechanism. And insulin resistance, high levels of glucose, high levels of insulin in the system can create thyroid resistance.

So we think that somebody seems hypothyroid, right. They seem to have those symptoms. Yet it's not that their thyroid is not producing when we go to connect it with Hashimoto's.

And so Hashimoto's we know is an autoimmune condition where the body is basically attacking some component of thyroid function. And when we have that situation and doctors are not recognizing it, because in medical school, most doctors are not taught to measure the antibodies.

Right. So they like, oh, you have a low thyroid function here. Take this medication, when in reality it's not helping. It can actually be hurting because it's creating receptor resistance superimposed with the autoimmunity.

I think the two most well, there's actually three really important components of low thyroid function that most doctors miss. One is the autoimmunity right 90%.

You probably have talked about this on your summit recordings here or summit interviews. 90% of thyroid hypothyroid is or more is autoimmune. Right. So we're missing that.

We're missing the T4 to T3 conversion because most doctors don't measure free T4 three, free T3 and total T4, so we don't know what the the ratios are.

And that's important because the active hormone is T3. So if we have plenty of T4 and we're measuring T4 and it looks fine, but we're not measuring the T3, we're not seeing that there's a conversion issue.

And insulin resistance and metabolic syndrome can affect that conversion. And then the third one is receptor resistance. So those are really, really critical that if anybody is listening and you have symptoms of thyroid and you've been told by your doctor that you're fine, you don't have a thyroid problem, it's probably one of those three.

Absolutely. I think that's great that you have put up, you know, and explain this resistance. You know, the toroid hormone, because a lot of people have been pumped with higher and higher doses of thyroid hormone, and that we feel worse than feeling better.

So this thyroid hormone resistance can easily be, you know, like the explanation that they need. So thank you for doing that. Now let's talk about like what is this role of insulin and metabolic syndrome in the autoimmune process?

Because that's the second process that you said, you know, is playing a huge role in Hashimoto's, this whole community. So how does insulin play a role over there?

Yeah, inflammation. So when we have excess insulin in the system it triggers inflammatory responses. Inflammation is part of the attack mechanism so to speak, of the body.

And when we have any kind of autoimmune disease we have elevated levels of inflammatory markers. Unfortunately, again in medical school, doctors are taught to measure these things like more and more.

They're starting to measure C-reactive protein. Some are starting to measure homocysteine, but for the most part

they're not. And so we're missing the fact that there's an inflammatory condition going on.

And insulin resistance is a big part of creating that inflammation in the body. Absolutely. I think, again, a very, very important factor that most people are not checking their fasting insulin levels.

And we know that the high fasting insulin levels is one of the first markers of inflammation that is present in the body. So I think that's a very great point that you put up over here.

Yeah. And it affects uric acid levels. So insulin resistance and uric acid elevations go hand in hand. Most doctors aren't testing uric acid anymore unless somebody tells them their big toe is swollen or their knee is swelling and they suspect gout.

So these are things that can be early triggers. And I totally agree with you on fasting insulin that it's usually not tested until late stages and somebody is already diabetic.

And even then I see some doctors not testing insulin even in diabetics, which I think is criminal, but that's that. I can't get into that right now. But it's really important that we measure the insulin, especially in those people that come in and say, I can't lose weight.

I'm trying really hard. I'm exercising, I cut down on my calories, I can't lose weight. Oftentimes it's that elevated insulin that's triggering the fat.

It's an anabolic hormone that triggers the storage of fat. And that's a very, very important point because again, a lot of thyroid patients, you know, are unable to lose weight.

You know, they might not be gaining weight, but once they gain that weight it is not able to lose, especially the stubborn belly fat, you know, is very common in the diet of patients who have absolutely this metabolic syndrome or insulin resistance can be a very major factor playing a role over here.

Absolutely, absolutely. And then it also is the interaction with adrenal stress and the stress cortisol, the stress hormone, can trigger that because it has a whole interplay with the blood sugar and the insulin levels.

Right now. Let's talk about the third aspect that you said, which is the conversion. Because again, most people you know are taking the liver drugs in medicine, which is only T4.

Right. And I think that some people might not be converting the T4, T3, and people have no idea what might be playing a role. So shed some light of how insulin or metabolic syndrome kind of interferes with this conversion.

Absolutely. So there's an enzyme that converts T4 2 to 3 called five prime Dionysus. And it has to do with iodine and taking one iodine off of the T4 and making T3, because that's what 23 the difference is for iodine versus three iodine.

And so this enzyme plays a role in taking one of the iodine specific iodine off and making T3 the active form. And so what what affects that too much cortisol too little cortisol inflammation selenium low doses low levels of selenium low doses of magnesium.

Sometimes low doses of the B vitamins. Also leaky gut problems with the gut. Dysbiosis in the gut. Bad microbes in the gut because 25% of that conversion actually happens in the gut.

Liver dysfunction 50% of that happens in the liver, right? It's not happening in the thyroid. It's happening in these other organs. So if somebody is exposed to a lot of toxins, right, who's not exposed to toxins.

Right. And depending on how well their liver can handle and manage those, that will affect how well the liver plays a role in converting to 43. So those are all factors that we need to be looking at.

Absolutely. So that's a very big list of things that we will have to look into. So it's a pretty complex phenomenon and people don't understand it. You know they think, oh, you know it should be simple and should be happening to each and every person.

But your overall health, you know, your liver health, you know, your gut health definitely affects this conversion. So again, that was great information for people to understand what might be interfering with this conversion.

So now let's talk about you know people there is insulin resistance. You know like that might be causing this inflammation that might be leading to autoimmunity, that might be causing thyroid hormone resistance.

What can people do about it?

Insulin Resistance, Inflammation, and Autoimmunity

Like what are the steps, do you think that restoring the metabolic balance can be an important key in reversing Hashimoto's, or what have you seen with your patients?

Yeah. So absolutely, it's not just important. It's critical. Right. Restoring metabolic health. We can have a healthy thyroid if we don't have restored metabolic health.

And we can't really have good metabolic health and less we do the thyroid. So we have to play them together. And I've seen this happen. I've seen this happen where I have a program.

It's called the Sweet Spot Solution. And we take people through a group of people through and we take them through processes to get their insulin resistance under control, to get their metabolic health improved.

And we had one lady who was 110 pounds overweight. She had been diagnosed with Hashimoto's when she was 14 years old. She was now 65 years old. Okay, she'd been on thyroid medication for all that time, maybe a couple of times off of it.

She'd been retested, and this was fortunate that they actually did test her antibodies and diagnosed her. But she'd been retested many times. And so she came into our program and she because she was freaked out because the doctor told her she was pretty diabetic and her her glucose was fasting like 112, 215, something like that.

And when she asked what to do, he said, come back in six months and we'll put you on metformin or some kind of diabetic medication. And she was like, I'm not waiting to become diabetic.

So she found our program. She joined our program within like 4 or 5 months. She had lost 70 pounds. Wow. That's huge 70 pounds. She followed it to 80.

She went back to a doctor. She had moved to a new town and she had to go in for the doctor. And she had had all her records transferred over. And she went into this doctor and the doctor's looking and going, this chart doesn't look like you.

What have you been doing? And she tells her and she said, all right, let's take you off all your medication for a month, come back in a month and we're going to retest you.

So she went off all her medication, continued to lose weight. She ended up losing all 110 pounds. But she went back in in a month. And the doctor said, you don't need any of this medication.

You were misdiagnosed. And she said, I wasn't misdiagnosed. I mean, look at my records. There's at least five different doctors that diagnosed me. I had clearly high levels of this antibody.

I've been on medication since I'm 14. She's off. Right? 50 years later, she's off. Okay. Let's see. Got rid of this 110 pounds. And there she is. That was ten years ago.

So that's huge. I want everybody to kind of again listen to the story. You know, like when we talk about reversing Hashimoto's, it's actually a reality if you do the right things, when, you know, if you take care of your root causes, you know, like in this situation, clearly metabolic syndrome was the main root cause, then you can actually reverse the disease which you have had for years.

So thank you for this great story and sharing with all the people and giving them hope that they actually can get better. Do. Yeah, it's sad because they're told over and over again you can't reverse it.

And I was even talking to somebody yesterday and she said, oh, my parents both have diabetes and I know you can't reverse that. I'm like, no, tell my patients about that because we've helped lots of people reverse their diabetes.

Absolutely. So why don't you share certain steps or tips? You know that you will like to kind of share with people you know who have this issue, and they want to kind of get better. Yes.

So when they have the interaction with the insulin resistance and and in general, if you have Hashimoto's, you need to get all the stressors under control.

That's what happens in an autoimmune disease. You have to get all the stressors under control. And one of the stress stressors is the glucose dysregulation.

So what are the steps? Well, here's the thing. People are looking for the magic pill. They're looking for the magic supplement combination, the herbal combination that's going to cure their Kashima.

There is none, right. You have to do the work right. And you have to choose what you put in your mouth at the end of your fork. It's not just random, right?

I'll just eat whatever I've been eating and take this magic bullet thing and take some selenium and take some, you know, herbs. No, it doesn't work that way.

So it's like really getting in touch with the first step for us when we do it is get in touch with what you want most. What's your big why? Why do you want to lose the weight?

Get rid of the Hashimoto's. Why? What most people is I want to feel better. And then it's why. Well, because I want to be able to, you know, go on hikes again and they can't go on hikes or I want to be able to play with my grandchildren and roll on the floor with them.

And I don't have the energy to do that or whatever that big. Why is you keep digging? So that's the first step. The second step is you choose what you put at the end of your fork, right.

You've got to get rid of the processed in the ultra processed food out there. You've got to get rid of all the garbage food that's killing you. Basically, gut, toxins injure the receptors for all or all hormones.

Improving Metabolic Health to Support Reversal

Right? So we've got to get rid of all that stuff. That's a biggie. The third step I recommend, and not everybody has to do this. I've seen people get well without doing it, but a CGM can be amazing.

This is a CGM. It's basically a continuous glucose meter. You wear it and it tells you what your glucose is at any point in time, and you can monitor how it reacts to your foods, and you can monitor how it responds to your stress so that that one, two, three fourth step, I would say would be get your stress under control.

You can't control out there. You can't control what's happening in the world. You can't control the natural disasters, the web, an ebb and flow of the stock market.

What you can control is how you handle it, how you respond to it. So we teach people all kinds of stress techniques to perceive when they're in that fight flight mode.

You know, the heart's going and everything's going. That's the worst thing for insulin resistance and thyroid when you're in that state, because it triggers the body to release stored glucose, elevate the glucose, caused this whole cascade of reactions.

So that's that's something that everybody needs to do and keep your body moving. Whether you're a, you know, a lead athlete, you know, and can move on, you know, great levels, or you just walk around the block or have a little, you know, machine in your house, a stair stepper machine that you can go on or go up and down the stairs a few times.

Whatever is within your ability, that ability will increase and get better and better as time goes on. But highly recommend just keep your body moving because trained muscle cells pick up the glucose much better.

So that's an important piece. It doesn't mean going to the gym and working out for two hours a day. That actually might be counterproductive for some folks.

It might push them into a state of too much stress, right? The other one is sleep. We've got to sleep. We have to get to bed at a reasonable hour. And a lot of people are just staying up late and watching the news right before bed, and then wondering why they toss and turn and can't fall asleep because their mind is going in.

Their fear is going in there in a sympathetic overload state in the nervous system. So those are just some of the steps that I get people started that.

Absolutely. So why don't we start with talking a little bit more about, you know, what people are putting inside their body, which is the food right now, the different kinds of diet that people have been proposed, you know, whether it's a low calorie diet or a low carb diet.

Sometimes people are on a ship and the newest fad is this carnivore diet. So where are you with terms of the diet and what you suggest to your clients in terms of, you know, with, in respect to this insulin as well as Hashimoto's, I propose finding out what's right for the person.

Just like size eight shoes doesn't fit everybody, even if that's the national average. It just the diet doesn't work. One size doesn't fit. All right.

So I believe that initially I do what's called the I, what I call a 30 day metabolic reset. I've been doing this for like 12, 14 years with people for 30 days.

We measure whether it's be with a, a continuous glucose meter or just a little device. You can buy it at the pharmacy for $15 and prick your finger. People don't like that because it hurts after a while, but you get an idea of which foods, which of the things raise your blood sugar.

And then we go from there. I say everybody starts with get rid of the processed food in the ultra processed foods. Most people. I'm not a big fan of the carnivore fan.

I carnivore diet. Sometimes it helps people in the short term because you're eliminating everything, but in the long term it hasn't been studied. So I'm a little nervous about that.

They claim in on the carnivore diet that you get plenty of antioxidants from the meat. You know, by that, there's been so many studies that show that all the phytochemicals and all the antioxidants and all those things in vegetable foods are good, keeping the glycemic load low.

So there's ketogenic diet, right? Which is usually very animal based. I use a plant based ketogenic diet. So I eat a ton of vegetables and a lot of fermented foods and nuts and seeds and avocado and coconut and very little on the

side of grains.

Right. So we find what works for individuals. And when we take people through our 30 day metabolic reset, it's because they've had a couple of weeks before where we're helping them to test and try and test and try and find what feels better.

It's not just the glucose, it's how they feel and how they're gut's reacting and how their brain fog is and all that. But I think that there's no one perfect diet.

I lean towards a higher a plant based or a plant strong diet for most people, but there are times when they need to take a break from that. I can understand, but I just don't.

I don't buy that there's a one size fits all that works for everyone. That's great. You know, I think my stance is very similar that we when we are going towards extremes of the diets, that's where we get into trouble, because eating it with food categories is really important for our body, and we are eliminating one particular category completely that sometimes can be very dangerous.

And the plant is so important because, as you said, antioxidants from the plant based diet. We have so many research studies which do support that.

Diet, CGM Tracking, and Practical Strategies

So I'm glad that you are on a similar page and that you are proposing, you know, eat your veggies, make sure you are doing a colorful diet, lots of veggies, not filling up on breads and pastas, which a lot of people do, and a lot of people don't play the value of a of a plant based diet because they're looking at what people go, oh, I'm going to go on a plant based diet, and I'm going to make fake meat, fake meat, and lots of bread and lots of pasta.

I don't eat bread or pasta, eat a ton of veggies with whole food, plant based fats, right? Not oils because oils are not whole foods. Oils have been denatured and stripped.

It's just the fat. And whenever you take a fat food that has fat in it and you do a process to it, those fats get oxidized. They're very sensitive to heat, light and air.

And so I'm a big fan of whole foods, plant based fats, lots and lots of veggies. As much fruit as your body tolerates from a blood sugar perspective. As much grain, whole grain, not processed grain as it tolerates.

Most people don't tolerate gluten, especially autoimmune, if they've got an autoimmune disease. I'm saying you've got to get off the gluten are 100%. Absolutely.

So let's talk a little bit about the CGM device. You know, because some people might not be aware of it. You know, like how you get it, you know, and then, can they read the information on their own or they need a practitioner to interpret it like, you know, tell us a little bit more so people are aware of it.

Yep, yep. So CGM is in the US up until just recently have been you have to have a prescription. And so over the last few years a lot of doctors are saying, oh, you're not diabetic, I won't give you a prescription, which is kind of stupid, right?

No, the insurance is not going to cover it unless you're in stage diabetic. But but the point is they can write the prescription. It doesn't cost them anything. It doesn't hurt them.

But there have been companies that have popped up over the last few years levels the a health, neutral sense. January dot I there's a bunch of them that you can go through them and they will get the prescription for you and send you the CGM.

There's an extra cost because there's that extra layer. So typically if you get a prescription from your doctor and

you go to the Walgreens down the street and you fulfill it, it's usually around $68 to get one.

This is in the US. Okay. So you get one. Now there's sometimes coupons and you know, we've gotten them as low as 38 to $40. That way when you go through these other companies it's usually around $100 per sensor.

And so if you're going to do it for a long term, it can add up because those sensors usually last about two weeks. More recently, Abbott and Dexcom, which are the two companies that manufacture these, they will they have recently created and got FDA approval for an over-the-counter version.

Now, they're not that widely available yet. They've just been released. They're not that much less expensive, though, unfortunately. It just you take out, it's like it might be $80 for a sensor, right?

It might be cheaper if you get the first batch. I don't know the exact prices, but the point is that they can they're now more available. Now, as far as reading the data, almost all of these have some sort of app.

We teach people how to read it so they they don't need me. My goal in life is to put myself out of a job I don't want people to need me. I want to teach them what they need to know and empower them to be self-sufficient.

Yeah, if they have an emergency, yeah. We're going to need, you know, to to go into a doctor. But I want most people to take charge of their health. So we teach them exactly how to read it, how to know how high that peak should go, how low that peak should go, what to do involved in that.

And then we teach that in, you know, self-paced programs. Absolutely. I love that. And, you know, I've been using CGM in my practice for a long time. It's a game changer, as you said, because some people will just not move the needle. They are not just not losing that weight.

Even with low calorie diet, it might be certain foods which is spiking their insulin levels or their blood sugar levels. So you might be thinking it's a healthy food, which is generally it is, but it might not be the healthiest food for your body.

So for you, when I tested when I first started testing myself about, I don't know, 12 or 14 years ago, I found that pineapple, which I loved, shot my sugar up into the one 70s, right?

Oh my goodness gracious. Yeah, it came down within two hours. And people say, well, it comes back down. But the studies show that every time your sugar is up to those levels, there's damage happening to the beta cells in the pancreas, the retinal cells, the peripheral nerves, and the kidney cells every single time.

So if it just goes up, you know, once, once every couple of years or every couple of months, not going to be a big deal. But if it's happening every day or every other day or multiple times a week, you're having damage.

Little by little by little, you're eating away at those tissues that usually are just connected to diabetic complications. But people have diabetic complications, sometimes decades before they're diagnosed.

They may never get diagnosed by criteria because the criteria are a little bit off. They're not checking insulin. They're not checking a onesie. So these are the things that I believe very strongly in.

Absolutely. I think that's very important for people to know that it is not a one time damage. It's an accumulated damage over the course of weeks to months to years, which ultimately leads to, you know, whether diabetes or even Hashimoto's.

And then finally, one day, your body breaks down. Exactly. And when it's not that today, yesterday, you were fine, today you're not because you, you know, crossed over the border of the criteria.

No, it's been building and building and building and building. And why don't we find that out earlier? And that's what I find with people when they join our program.

And they start to test either with the CGM or with the finger pricking, is that I didn't know I had this issue, but they had other problems that they were trying to solve.

Brain fog, fatigue, starving after a big meal, craving sugar is, you know, low energy in the afternoon. All of these things that nobody associated with their metabolic imbalance and then.

Oh, wow. And they can prevent the Hashimoto's from developing, prevent the thyroid from going awry when they catch it early on. So I believe that metabolic imbalance is the number one cause of just about every disease out there, right?

Awesome. Yes, absolutely. Totally agree with that. And we have so many research studies supporting it. You know, like, oh yeah, we can spice, you know, our link to like any autoimmune disease, you know, any different kinds of cancers, you know, and number of like, you know, chronic diseases, even heart diseases.

So absolutely I think you have to totally correct about that. You know, this insulin spike and metabolic syndrome is a major factor in playing with all the diseases.

Yes. Absolutely. Absolutely. Great. I think we have covered so many different topics. I hope people understand that why and how these insulin spikes are connected to Hashimoto's disease.

And I'm so glad that you laid it out in different steps. You know, like how they can control it any other, like, you know, tips or any other parting words you have for people.

No, I mean, what we what we find and you know how quickly this stuff can be reversed. We I don't know if you've ever heard of the fasting mimicking diet doctor Valter Longo has done a lot of stuff.

So I've looked at that and I said, well, how could we do that with real food rather than having to buy these packaged things and all? And I looked at the package things, and I'm a foodie and I'm not I'm not eating that stuff.

Fasting Mimicking, Resources, and Closing Remarks

So I created a process and we call it fasting while feasting. And it's a five day process that follows his guidelines of macronutrient intake and calorie intake, etc..

But it's real food foods you can buy at the grocery store. And what we find is that after 3 to 4 days on that, people who have had diabetes for a long time and been on medications are having to have their doctors drop their levels of insulin and metformin after four days.

Right? That's how big a difference it makes. And yeah, we mostly focus on the diet there. Although I tell them, you know, get some rest, etc. but there's just so much people are going to do.

Diets easy to control for five days. Right. All those other habits are over, take a little longer. But the diet, you know, here's my diet. I'm going to eat this every day for five days.

People do it and have amazing results. So we've created this program. It, you know, soon we'll be able to have people just go in there any time they want and take that program.

They don't have to wait for us to run it. Absolutely. And I think you have a great hand out, you know, about people, how they can rebalance different hormones and that you want to share with people.

So tell us a little bit about that free gift. Yes, I created it initially as how to reverse and restore insulin sensitivity in the cells. But then I realized it has to do with this and this.

So there's a section for each of the major hormones. So insulin, adrenal thyroid. I'm not sure I don't remember which the other ones are, but there's a page for each one and there's lists of foods and supplements, not foods and

supplements, but but supplements maybe.

But mostly it's foods and herbs, things that they can incorporate daily for balancing each of those hormone areas. And there's a big section on thyroid.

Absolutely. That's great. So we will have that free gift for you guys. So please download that. So you can kind of have know how you can kind of rebalance all these different hormones.

Where can people find you. Well I'm at doctor them recom for practitioners out there because I teach practitioners these principles. I and e method.com I'm on Facebook, I'm on Instagram on YouTube and we have a podcast called Reinvent Health Care.

So all those places are available. And if you go to fasting while feasting.com, I believe that there's something downloadable there as well. Absolutely. Thank you. So much. Again.

You are a wealth of information. I think we can keep going on and on, but, I think that was a great snapshot of all the information that people needed to know today, so that they can kind of bring these two hormones together and have the connection.

So thank you so much for sharing this information today. Thank you so much for having me. Absolutely, guys. This is it for today. Thank you so much. You will see you next time. Bye bye.