Ep 571: Hidden Triggers Wrecking Your Thyroid Health with Dr. Eric Osanksy Transcript

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Podcast Introduction and Guest Overview

Welcome to the Health Fix Podcast where health junkies get their weekly fix of tips, tools, and techniques to have limitless energy, sharp minds, fit physiques, or life.

Hey, health junkies. On this episode of the Health Fix Podcast, I'm interviewing Dr. Eric Osansky. He's a chiropractor of clinical nutritionists and a certified functional medicine practitioner who has been helping people with thyroid and autoimmune thyroid conditions since 2009. and Graves' disease, the hyperthyroid healing diet, and Hashimoto's triggers.

He is the host of the Save My Thyroid podcast and the creator of Healthy Gut, healthy thyroid newsletter. Dr. Osansky was personally diagnosed with Grave's disease.

After seeing how well a natural treatment approach helped his thyroid condition, he began helping others with thyroid and autoimmune thyroid conditions.

And today we're going to talk about what happened with Dr. Eric, how he developed the Graves and what he did about it, and now how's he mostly helping folks with hyperthyroidism conditions, but he definitely does see folks, with Hashimoto's And we dive into, you know, a lot of the triggers for autoimmune conditions.

So if you're listening to this and going, well, I don't have hyperthyroidism. Well, and you don' have grapes. Doesn't matter. This is a great podcast for anybody wanting to learn more about how gut, about toxins, how viruses and other things can impact your body and cause auto immune conditions, it's It's also a great podcast I'm gonna recommend to share with someone in your family, someone you know that might need to hear this info because autoimmune conditions on the rise, auto immune conditions can go together.

You can have more than one and we don't need be going to drastic measures like actively radiating our thyroid or removing thyroids or even medications if we have to.

And Dr. Eric shares some really sage advice in this podcast. So I'm excited for you to listen to Dr. Eric Osansky and I chat all about, yes, hyperthyroidism, but also autoimmune thyroid conditions.

Let's introduce you Well, I could not turn down someone to talk to about thyroid conditions in general, and of course, grapes, because we have not dove into any of that on this podcast.

And so, of, course I wanted to bring that and gosh, i don't know if you've noticed this, but it seems like every single day I am getting someone coming in and we are finding autoimmune antibodies and talking through what to do about the thyroid in, general so.

How Stress and Overtraining Contributed to Graves' Disease

Probably gonna hear that from you quite a bit and of course since it's your specialty you probably do get that But do you feel like things have been on the rise in the last decade or so because I know you've been practicing for a while Yeah, yeah, I definitely do feel Like they're more and more cases of graves and Hashimoto's which is what I deal with So I imagine other autoimmune conditions.

That's the case as well. But yeah definitely I've seen a rise over the years and It's just and in one of your books, of course, and we'll get to those books there, guys, you know, he's got a website, save my thyroid dot com forward slash book.

You can check that out. We'll put it in the podcast notes. But in particular, Graves and I saw the big toxicity sign there. And I think for a lot of people, we've now woken up to like, okay, the universe is a little toxic, our food's a litte toxic.

Can I say little? Totally pun intended with little. And it seems seems that, you know, with the rise in the toxicity, a lot of people are getting sick, but it's also like, why do some?

Why not others? What's this thing? And for most of the people listening to my podcast that may have autoimmune types of conditions, I know the biggest question I got when I said, hey, have got some coming on on thyroid.

They were like, okay, tell us how to fix it, how prevent it. How to prevent our children from having issues and the whole nine. So we've got a lot of questions for you today, Dr.

Eric. But first and foremost, now you have, you came to specializing in thyroid conditions because you had Graves yourself. And of course, because it's heavily tied to toxicity.

how do you feel it came about for kind of what's your thought process in terms of how it showed up for Yeah, great question. I mean, I definitely think stress was a big factor and not to say it was the only factor, but prior to my Graves's diagnosis, I mean, most people deal with stress.

Not everybody deals with the stress, but I was also overtraining. I overtrained. Restricting calories. So I did a lot of things I should know better with my background.

But still, especially the overtrain, I just wasn't listening to my body. And even when I got diagnosed, it took an adrenal saliva test to convince me that my adrenals were in as bad shape as they were.

I mean, you know, because I knew stress was a factor. I just thought I was doing a good job of handling at least emotional stress. Again, I still ignored the overtraining until again, when I saw that, especially when it's all the adrenals and I like what really was just evaluating my situation or realized I need to stop the over training.

You know I needed to make some changes with the diet and then yeah, the emotional stresses. It's always that's a work in progress. Oh man, I think that is one of the hardest things for a lot of folks, you know, myself included.

And I also think we live in a society where, at least for us who are in our late 30s, 40s and beyond, we've been kind of primed to be like, just suck it up, keep going, and keep doing it.

It bites us in the end. It fights us. So in terms of your overtraining, because I think a lot of folks are going to be like, what were you training for?

What were we doing? You know, What are you up to? Yeah. And it wasn't like where I was running marathons or doing triathlons. I wasn t that extreme. it was just really going t the gym and working out longer than I should, more intense than i should have just doing high intensity interval training without the intervals.

So just really high intensity nonstop and just, you know, going to the gym really for an hour, doing too much cardio, not focusing enough on resistance exercise.

So that was probably the biggest, um, biggest factor as far as the over-training. Like I said, I wasn't running marathons or doing anything crazy. I've had patients that have done that where they see me and they're doing triathlons and I'm like, okay, yeah, maybe we need to at least take a break from that while healing.

But with me, like I said, it was the cardio, but just going to the gym and just not listening to my body. I think that's common for a lot of folks. And you also mentioned that you padded it with the restricted calories.

We're like, oh my gosh, you know, I'm gaining weight I got to cut calories and I gotta speed up and get more You know cardio in and so I am sure a lot of people are hearing this going like now another big question I have, You

Know about it in terms of the cardio side of things that's someone's like stress management tool too.

Was it your stress Management like main stress-management tool back in those days to train hard and then you felt better in Terms of just getting some of cortisol at that time out of this system yeah without question i mean even today obviously now i'm not overdoing it but still it's when i go to the gym and i work out and I do some cardio but definitely more resistance exercise more weight lifting and yeah i It was a form of stress management, you know, getting, yeah, like you said, the increasing cortisol and epinephrine.

So yeah. It definitely felt that high. But I mean, pretty much after the workout, I was wiped out. During the work out, it felt like I felt high afterwards.

Like I said. The signs were there. I just wasn't paying attention. But, uh, but yeah, I mean, exercise, you're right. Cause a lot of people think about exercise as a form of stress management, But it's a little bit different because you are in a more of a sympathetic state compared to that parasympathetic rest and digest.

So I think it is of course important for people to be active in exercise. But and again, if you do it the right way, it can certainly still be a former stress manager.

And, obviously it was a bit of different than blocking out time to incorporate mind body medicine techniques. Yeah, I wanted you to just kind of share it with us because I think that is one of the big areas where a lot of people will end up kind running themselves into the ground, you know, trying to find the right balance between getting their dopamine hits with their workouts, but also trying get the weight down, try to keep the body healthy.

And then it just compounds on them. So you mentioned the cortisol testing, the saliva cortisol, testing.

Testing Cortisol and Understanding Adrenal Dysfunction

Of course, we talk a lot about testing on the podcast here. What's your favorite go-to for that? I mean, are you still doing those kind of tests now with your clients?

And what did you see on yours? What did it show up as? Yeah, great question. Yeah, I, so to answer, there was a few questions there. So I definitely still look at adrenals.

Look at the circadian rhythm of cortisol. I don't exclusively use saliva tests. Do I still do a lot of saliva testing? I like the company Diagnost-Tex.

I also use some Dutch testing, dried urine testing which looks of course not only at adrenals but also looks at sex hormones and how you're metabolizing the hormones.

So it really depends on the situation. But when I dealt with Graves and I did the adrenal stress index test from Diagnostics, I had low, my first two cortisol levels were in the tank.

They were like a six and a four which is pretty low. My DHEA was a 2, which, you know, I've seen worse DHAs. You could have a 1. I think that's like the lowest on the…

I mean, it's not as big of a scale. It's, like, 3 to 10 is the range and 3 is borderline low. So ideally you want like at least a 4, so I was at 2. And then it looks at 17-hydroxyprogesterone, uh, Which was also low, and I forgot the number.

Maybe like 20 or something like that and then it looks at secretary IGA which as you know lines to mucosal services the body including the gastrointestinal tract and and that was like undetectable so Yeah, so it was so pretty much everything was was low.

Everything was depleted. Oh my goodness And so, you you for a lot of folks listening they might be thinking like oh man, You know that this is a possibility but you were still functional and I think for for all of us will think our cortisol

is that, that tanked, we may not be functional, and we maybe, you know, really fatigued.

Most of conventional medicine, of course, is going to say it's either, Addison's or not, kind of extreme. And you're proof that there are some degrees along the way of how the adrenals become insufficient.

fatigued of sorts. What's your terminology in that case? Because I know a lot of people kind of balance or delicate balance around how they say this because we don't want folks to be thinking that the adrenals are dead because obviously we would not be alive.

Yeah. I mean, I'm open-minded. If someone wants to use the term adrenal fatigue, I tend to use here HPA axis dysregulation, so I use that more, but not everybody's familiar with that, So you've got to give a little bit of an explanation about how the hypothalamus communicates with the pituitary, and the pituatory communicators with adrenals, And of course the Pituatary also communicator with a thyroid gland, You could have dysreglation of the HP hypothalamic-pituitaria-adrenal axis, Just like you have dysfunction of hypothalaamic pitutary-thyroid axis.

So yeah, like I said, if someone, If I'm having a conversation on a podcast and someone brings up adrenal fatigue, I'll go with the flow. But yeah. I don't want to say it's outdated because still a lot of proxies should use it, but yeah I mean, you're right though, everybody's different because with that pattern you would expect fatigue.

and I definitely did not experience fatigue, and part of that might be because of the hyperthorism, like hyperthyroidism increases in a lot of people, energy, not everybody, it also puts a lotta stress on the mitochondria, which could lower energies, but again, that's why you just never know.

I'll consult with people with hyperhthorism and their adrenals look like mine, they're definitely fatigued, then there are other people where their you know, again, looking like mine and they're not fatigued, and then there are people with high cortisol and their fatigued, then you would say, oh, well, you, know they shouldn't be fatiga, because they are enough, that's still that fight or flight stage, but again there could be other factors as we know other than adrenals that can cause fatigue.

Absolutely, absolutely. I'm so glad you gave that breakdown there because that is kind of the crux at which a lot of folks come to us because their symptoms are all over the place.

Maybe they're not following a particular pattern or just in the autoimmune realm because there's so much overlap. And so, of course, we're going to talk about the, you know, overlap between Graves and Hashimoto's hair in a second.

So, my biggest question next, though, Anya, and the reason I want to go through this just for folks who are listening, like, why are you drilling them so much?

I wanted to see your trajectory of how things unfolded because for a lot of people, it sometimes takes a while to get a Grave's diagnosis unless we've got the obvious eyes bulging, really kind of crisis situation.

So you had the adrenal testing done before after you looked at the antibodies for the thyroid. How did that play out in terms of your investigation on your health?

Yeah. Well, yeah, that took place after. I mean, once I, what would happen is again, so I was over trading, under eating, and I losing weight.

Graves' Diagnosis and the Overlap With Hashimoto's

Realizing I mean I'm sure some of the weight loss was due to my overtraining and under eating but one day I was walking around a retail store and they had one of those automated blood pressure machines and I took my blood Pressure which was normal, but my heart rate was 90 And I was like, well, I walking around, maybe that's it.

It wasn't like truly resting. So the next few days I just manually took my heart rate, my pulse rate. And it was

anywhere between 90 and 110 beats per minute.

That's when I realized something was up. I went to a regular doctor, like a primary care doctor. He didn't test the antibodies, he just tested I think it's TSH and T4.

which confirmed hyperthyroidism, and then it took a few months before I saw an endocrinologist who did the antibodies. Again, of course, knowing what I know now, I mean, back, even back then, not knowing when I knew.

I still, probably could have just tested my own antibodies, but I was just, again, just to, you know, follow the recommendations of the doctor. So I went to the endochronologist and got the official diagnosis with the anti-bodies for Graves, And then yeah, that's when after that I started doing the testing.

So, you know, in between that, I was kind of feeling sorry for myself and just like I'm just wallowing in my misery. And just because, it's different.

I mean, again, It's a shock to anybody. But especially, when you have a natural health care background, whether it is chiropractic or naturopath, You feel like you're doing a lot of the right things.

Even though again I wasn't doing that a right thing. You know more than you know the average person because you went through the schooling and it just again another lesson that really anybody could develop these conditions no matter what your background absolutely absolutely i appreciate you being real on that because a lot of times folks will think that yeah because your healthy because u have the background that you have a leg up and anybody these things can happen to anybody it's just kind of like the perfect storm and things that happen and blind spots too One of the biggest things that I would love you to kind of dive into and one of things I wanted to dive in to for folks is really looking at the overlap between Graves and Hashimoto's and into the hyper and the hypothyroid conditions that are autoimmune because a lot of folks, you know, will ask me, can I have Grave's, and then go to Hashimoto's?

And can I have like a thyroiditis condition where the thyroid gets inflamed and then can i end up in a Hashimoto's state because I've heard stories where people have kind of had the hyper picture and Then the Thyroid crashed out on them So kind give us your story on what you've seen with the overlap between the two and if you experienced it yourself or how things play out for a lot of a little bit more closely associated with Hashimoto's, although a lot of people with Graves also have TPO antibodies, but they're still more close.

Tpo, thyroid peroxidase, is an enzyme that's important in the production of thyroid hormone, and so if you have that antibody, you know, that is more likely to have damage to the thyroid gland, like lower over time.

I mean, not everybody with TPO antibodies has hypothyroidism, but again, more likely to have hypo than hyper. And then there's second antibody is thyroglobulin antibodies.

Those are definitely more specific for Hashimoto's, and with thyroglobin is again a part, it's a protein of the thyroid gland. So when you have thyoglobilin, antibodies that could indicate that your immune system is damaging that part of a thyroid, gland and again over the time, that's more likelihood to result in hypathyroid.

And then we got thyroid stimulating immunoglobulins, the third type of thyroid antibodies. So those are more specific to Graves. They stimulate the TSH receptors of the thyroid, which is what leads to hyperthyroidism.

It's like I said, in my case, I just had the TSI, thyroid-stimulating immunoglobulin. But a lot of people have two or three of those antibodies, it's not uncommon for people to have the antibodies for both Grave's and Hashimoto's.

And so that kind of relates that overlap. Now, when they're seeing me, usually they are predominantly one or the other. Like usually, it's not like they bouncing back and forth.

I mean, not to say that can happen, but more like, for example, if someone has hyperthyroidism, like if they were diagnosed with Graves, they might have the Hashimoto's antibodies, But they usually presenting with

hyperthoridism.

And again, over time, that might switch to Hashimoto's. Again, I see the opposite too. Usually, i see more commonly person with Graves' disease, they also have the antibodies for Hashimoto's, and again, our goal is to try to prevent them from making that switch over, but it is more common, it seems, for people to have Grave's and eventually switch to Hashimoto's.

Even though, again it's a little bit tricky because essentially they might have antibodies to all three, so when I say they switched to hashimoto, They didn't really switch.

They had those antibodies. Many times they had the antibodies for a while. Now, which ones they developed first, the honest answer, we don't know. Again, because we do not do predictive antibody testing.

So, I know with Hashimoto's, those anti-bodies could be around for sometimes 10-15 years before it affects the thyroid. and um on a blood test and you know and then of course symptom wise with Graves it does seem like to be a little bit quicker because if you Know if someone has experienced that more hyper symptoms, it's more noticeable So it''s not to say it can't be like someone can have those antibodies, you, know for many years before symptoms develop it just seems like it' s not as long as Hashimoto's just because when someone develops symptoms it is more noticable, but Yeah, I'm not sure if I am answering the question, but the overlap, there's definitely a lot of people that have the antibodies for both Graves and Hashimoto's, and most of the time they're presenting with either more hyper symptoms and hyperthyroidism on a blood test, or again Hashimoto's with that elevated thyroid stimulating hormone, the elevated TSH.

But yeah, we definitely see that overlap quite a bit. And really because it leads back to one of the big things that I heard you mention on your website, on the video about the thyroid being removed, or radioactive iodine situations and things of that nature.

When, you know, do we really need to do that? Or is it just an effect of toxicity? And of course, there are cases in which thyroid needs to be removed or radiated and there's nothing else that can be done.

But when we look at it, like with so many people getting this, it's an essential part to our body. What gives? There's gotta be the triggers. I would love for you to talk about what you've seen in cases of where folks go for the radioactive iodine treatments, where they don't have to even go as far as having thyroid removed and all kinds of extreme types of situations.

And in this case, give us a little scoop in terms of that so folks can kind of understand that you're able to help people not have those kind extreme treatments.

Yeah, so I mean, like you said, there is a time and place for conventional treatments, including thyroid surgery. But unfortunately, a lot of people get the radioactive iodine in thyroid, surgery who don't need to get that.

And so there's what's called the triad of autoimmunity, or also known as a three legged stool of water immunity. So and that doesn't just pertain to Graves and Hashimoto's, even though that's of course this conversation, but really all autoimmune conditions, There does seem to be a genetic component, which is that one component of the Triad.

Autoimmune Triggers, Gut Health, and Environmental Exposures

And then a second component is exposure to one or more environmental triggers. And the third component, is that leaky gut component. That increase in intestinal permeability.

So we can't change the genetics. We can modify the expression of genes, but we cant completely change genetics, by finding and removing triggers, healing the gut, correcting other underlying imbalances.

we can reverse the autoimmune component and I hate using the word cure just because there is that genetic component even though again it feels like I've been cured and there's also been times when I felt like a relapse but

thankfully didn't like when i had certain infections like I had chronic Lyme disease and COVID and all that um but but anyway so yeah like it's it definitely is possible now it doesn't mean it is easy to do it does take time and sometimes it can be challenging to find and remove the triggers I mean I always recommend to start with diet and lifestyle factors Clean up one's diet.

Block out time for stress management. Again, make sure you're not overtraining and getting sufficient sleep. But many times you need to go beyond diet and lifestyle in order to, like if you might have an underlying infection that you needed to address.

I mean, you mentioned earlier the impact of environmental toxins and toxicants, it's just crazy the amount of toxins, and toxins toxicans were exposed to.

And obviously, we can't completely eliminate our exposure, but we could do a lot to reduce our reduce, our exposures, reduce or toxic burden. So yeah, I mean, that's really just in a nutshell, again, make it sound easy.

But like I said, in some cases, I don't want to say easier than others, but I mean, it's very common for people to hit roadblocks. But every now and then there'll be someone I work with and they're progressing without a problem.

Their antibodies are lowering. They're feeling better. It's a gradual process. More times than not, it is like a rollercoaster ride when someone's recovering and you just got to be prepared for that and it's not necessarily a bad thing.

It's just, again, like the body is complex, autoimmunity is a complex. But the reason you want to address the caustic problem is, I think I mentioned earlier, if you have one autoimmune condition, you're more likely to develop other auto immune conditions in the future.

And so if all you do is if get radioactive iodine or thyroid surgery, and again there's a time and place and if But even if you do get those, you still want to focus on the immune system for someone, let's say, with Graves.

And same thing with Hashimoto's. Unfortunately, Hashimoto's, most people are just given a prescription for levothyroxine and nothing's done for the autoimmune component.

So same with HashiMoto. You can address and reverse that auto immune component as well. I'm glad you mentioned the roller coaster component, because I've definitely seen that in my clients as well.

And it can be really frustrating to see this up and down and up. What is your, what is you're typical sequence of running the antibodies? Because I think a lot of people want to their antibodies every test that lab tests you do.

I don't know. what have you found like a good sweet spot so that you are not getting too much disappointment along the way in checking antibodies. yeah um i mean it varies but you know i usually recommend for blood like to do a thyroid panel like every six to eight weeks so i do like, to keep on top of that that doesn't mean they have to, do the antibodies every 6 to 8 weeks but like you, know tsh free c3 free t4 And then with antibodies, I think it's fine if they wanted, like if, they do it every other time, rather than, now some people want to do every single time.

I don't think, it could be frustrating, you know, if you do and then every six weeks, let's say, and six week later you see an increase and you're like, oh yeah, okay.

And you then do another six and it like increased a little bit. It's like oh no, i'm getting worse. You know, I try to keep expectations in check. I'd rather them check it every 6 weeks than check every six months.

That's a little bit too long to do. But again, like you said, if they're doing it ever 6 week, it's going to be that roller coaster ride a lot of times.

Not all the times, but again it is not uncommon. It's more common than uncommon to see the increases and decreases. Yeah. So again, I just need to let them know that like if they do, they can do that baseline test before

we get started.

And then six weeks later, if the choose to look at the antibodies and it's worse, it doesn't mean that what we're doing isn't necessarily working. It is a little bit too early to come to that conclusion.

Absolutely, absolutely. Thanks for backing me up on that one. Now in terms of reversing autoimmune conditions, because obviously I've kind of shared in previous podcasts and you heard my one where I was talking about my lupus antibodies going up and down and we're talking viruses and exposures, there is this intricate connection between the immune system and the nervous system, and exposure and how the body really kind of will re cause a flare.

I call them flares, you know, please, give us a little bit background there on terms of like, okay, how are you managing triggers? What are some of the like core things that you're like?

You know? People need to be thinking about when working to reverse autoimmune conditions. You had mentioned the gut and yes, a ton of folks in my industry are gut, gut gut.

But it's more than that really. And that's what I've kind figured and everybody kind has their their special sauce. Give us give Look into what is your protocol for for helping folks with reversing?

Yeah, sure. So I mean, again, just looking at some of the different categories of triggers, there's food, I think most practitioners that at least the ones that I know have included myself will recommend to avoid inflammatory foods like gluten is almost always recommended to be avoided by just about all functional medicine practitioners.

I mean, some say it could directly be a trigger, but there seems to no doubt that it can affect permeability of the gut, increase perme- and that leaky gut component is part of that try to avoid immunity.

So yeah, just try and avoid the common allergens. Again, dairy falls into that category, I'm not saying everybody has to void dairy permanently. Some practitioners would say yes, some would, say no.

I think some people could reintroduce dairy later on. That's just my experience. But while healing, I usually would recommend avoid gluten, avoid dairy, take a break from grains, Take a Break from Nightshades.

Again, doesn't mean everybody reacts to those foods, but just that's part of an elimination diet is not everybody's going to react, But you want to try to get rid of the foods that are most likely to react to, foods that are mostly likely have negative effects on the gut.

It goes without saying, at the very least you want to try to avoid the processed foods, stick with whole healthy foods. Try to eat organic as much as you can, avoid fast food.

stay well hydrated, drink not only water but purified water, try to avoid water out of plastic bottles, which also can act as endocrine disruptors and affect the thyroid in a different way.

So yeah, so food of course is extremely important. I mean, you know, there's someone could be following, I don't want to say perfect diet, because there really is no perfect diets, but someone can be doing amazing with the diet and not getting good results and that just is telling us that there is more in that person's situation than the diets and it gets frustrating because you could join, now there are all these Facebook groups and I have a couple of them and then you'll join and you will have some people saying, oh all I did was eliminate gluten and my antibodies dropped and like we just said even one test doesn't tell the whole story and it could have been other things but you know then someone else followed an autoimmune protocol an AIP diet and they're no better and again the comes down to everybody's difference and there's different triggers.

So food is one. You know, I mentioned stress and stress, one thing I didn't mention was trauma, that kind of, so it's not just about recent stressors and just being stressed out because of your job and doing too much.

And I mean, the overtraining definitely is something important, which is why I brought it up. But even past traumas can dysregulate the body, dys regulate the nervous system.

And that could be a factor and that can be challenge and just, you know, a lot of people don't think about that. And I also have been one that really, I don t want to say completely dismissed trauma, but really just over the years focused more on just regular stress, like fight or flight reactions and fight of flight responses.

But then I had some people on my podcast who spoke more about sore trauma and Convinced me that yeah, it definitely could be a factor and then seeing people who addressing the trauma, you know healing compared to just blocking out time for you Know doing mind by incorporating mind body medicine, which again that could help but it could Be a factory with stored trauma But many times people need to go beyond that and do things like nervous system retraining and stuff like that so the stress the Trauma We mentioned infections, so certain types of infections can definitely be a trigger.

In the literature, H. pylori, there's a correlation between H pyrori graves, Hashimoto's. I know correlation doesn't always mean causation, but I have seen in my practice, I've seen, you know, The challenge is we're not just, like, if someone has H.

pylori, that's not all we are doing. We're just saying, let's treat H pilori and ignore the diet and trust management and everything else. So if we treat h pilari and they're cleaning up their diet, and stress management, do we know 100% that it was the H Pyloria being, you know, getting rid of the h Pilaria?

No, we don't. But if I see it positive, I'm going to recommend, again, a natural protocol. I am not going recommend for someone to get The triple, I think now it's quadruple therapy, you know, getting multiple antibiotics.

Again, it is up to them ultimately. So if they choose to do that, but usually I'll just encourage them to take more of a natural approach. Same thing if there's like parasites or again, without question, viruses could be a factor.

We saw an increase in people coming in during the pandemic. And yeah, so infections could definitely be factor and then the environmental toxins and toxicants.

You know, just I mentioned the plastics which are widespread and plastics, microplastics, nanoplastics, you just really can't escape them. But they not only are endocrine disruptors, as I mention, but they also do affect the gut.

They've been shown, which I didn't realize until I started diving into the research, that affecting permeability of the good as well. And so many things affect permeabilty that we don't know of.

And then there's, of course, glyphosate, which many people do know that that affects the gut microbiome in a negative way. And we know heavy metals like mercury and lead, you know, can have obviously negative effects on our health.

So just trying to, and then mold, I didn't mention mold and mycotoxins. You're hearing a lot more about mold. People becoming more aware of the impact of mold on their health, so.

So yeah, you know, it's not… So where do people start? I mean, again, they start with the foundation. So I'm not saying you go crazy and you do like every single test to look for infections and heavy metals and all these things and everybody needs to test for mold.

I means, some people recommend that with me. Definitely start what the foundations, clean up your diet. I do, like, adrenal testing. Do like comprehensive blood testing I do a lot of stool testing, but I don't do it in everybody.

I can't say I have a hundred percent of my patients do like a GI map or GI effects, um, But I, I'd do, a decent amount of those. It really comes down to the health history and, and the truth is testing is not a perfect science.

You know, it's one of, those where, you know. You could be conservative and then you miss things. But then on the

other hand, you could do a lot of testing and the person spending a lotta money unnecessarily.

Supplements, Iodine, and Thyroid Support

So it's really just trying to get that balance. And sometimes I do testing that I think's gonna show something and it turns out to be looking good. Then sometimes, I recommend more conservative testing based on health history.

and then we end up needing to do more testing later on. And when I dealt with Graves, again, I did basic testing. I didn't do a lot of tests and got good results.

So that's why I tend to be more on the conservative side. But like I said, it depends on a person. If someone's self-history indicates that mold might be an issue, then yeah, i'm going to recommend, you know, let's do urinary mycotoxins test and or, test your home for mold.

You know if someone has a lotta gas bloating when eating certain foods, maybe we'll do a SIBO breath test, for example. So like I said, it really does depend on the person.

You know, It's good to hear you say that. And I think for a lot of people listening, they're like, okay, because I, I. Think so many people are convinced that functional medicine means like when you go to the doctor, going to test every thing, whether you need it or not.

and truthfully, yeah, the comparison of like what someone presenting with what, you know what's obvious, let's, look at what obvious. Now, one of the big hot topics in the thyroid realm is iodine.

Is it good? Is is bad? is it gonna kill us? It's one these hot topic that is fascinating to me in terms of how much press it's gotten in last year or two over over all the other minerals that are out there.

So what have you seen with iodine? What have seen even with some of the minerals like selenium and magnesium for the thyroids? Either way, being Graves, Hashimoto's being just general thyroid health, what's your take on them?

what've you found to be beneficial and what you've seen work well for your folks? Yeah, I mean, all minerals are good. You just got to be careful, you know, so there's really I wouldn't say there is like a bad mineral like iodine being bad.

But I, mean to first to address the less controversial minerals like magnesium and selenium. Yeah. I think most people could benefit from selinium and then there was a debate.

Well, can I just get the selanium from Brazil nuts and not take a supplement in? I mean the answer is yeah, but the problem is we don't know how much magnesium or I'm sorry how Much selenium is in a single brazil nut it varies So I do recommend when I recommend seleneum supple like I usually recommend Supplementation while healing but you know, I don"t take I actually eat brazill nuts on a wellness basis rather than take selennium supplements So, you but again, i'm not taking it therapeutically and so yeah so I think most people could benefit from selenium with both Graves and Hashimoto's, including those I didn't mention, but a lot of patients have, I, think you kind of alluded to it a little bit, like thyroid eye disease, very common.

And again, selinium could help reduce oxidative stress and sometimes could hope with that as well. So, so yeah, Selenia, magnesium, a, lot people are deficient and a of people can benefit magnesium.

And yeah, so, I mean, let's, talk about iodine, also zinc. I, mean they're all important. So we could like, yeah. Zinc's important, really all the nutrients are important but, but yeah iodines a little bit different because iodide, it is important for a formation of thyroid hormones.

so we definitely need iodides. But the, the problem is that there's some practitioners that recommends really high amounts of iodine. And then there are other practitioners that recommends the opposite.

So like, you know, there's, uh, like Dr. David Brownstein, Iodine, Why You Need It, why you can't live without it. You know again, his book has been around for a long time and He was one of the first practitioners who recommended higher dose iodine for really both Graves and Hashimoto's and included myself.

A lot of practitioners jumped on that bandwagon years ago and was recommending to do urinary iodide testing like an iodone loading test and if someone's deficients, you know, to have them supplement with iodine in milligram amounts, not microgram amounts.

And then you got other advocates like Dr. Tatis Karazian, Dr Alan Christensen, who recommends the opposite, like very, very low amounts of iodide. like really try and say your best to avoid supplemental sources of iodine and i mean research i i there's no research I'm aware of so let me backtrack before i say what i'm about to say so like i said i had in the past i took higher i personally took high amounts of iodine I personally had good experience with it and as a result, when I first started practicing over 15 years ago, I recommended for all my patients to do urinary testing and then most people would show up as deficient so I would put them on, again, like higher doses of iodine, maybe not as high as Dr.

Brownstein recommended in his book, but still milligram doses. And a lot of people seem to be okay, but I did see some people not being okay. And then around, I guess a few years later, that's when you heard more practitioners like Dr.

Tatis Karazian saying like, yeah, you got to careful about the iodine and the research is showing the opposite. And the research, there's really not research out there that I'm aware of showing that you should be taking like 50 milligrams of iodine or 25 milligrams iodide.

And there is research showing iodines can in some people. be problematic in like higher doses. So, over the years, I'm definitely not anti-Iodine, and I've just been more cautious about iodine.

I mean, you still hear success stories about people taking iodide in their goiter, greatly decreased, then, we know it could help with breast health, so it definitely has benefits, but again, everybody's difference and that's what makes it a little bit scary is that you could have someone take iodine and you know supplement iodide and get great results and then you have Someone else take Iodine And they might have their hyperthyroidism worsen or you might see that our antibodies spike up and again Is that related to the iodines or is it something else?

You know again sometimes it's hard to make that connection and And again, some will say, well, you know, if you take selenium and other antioxidants with the iodine, that'll prevent that from happening, but it doesn't always.

So, like I said, I'm not anti-iodine but I definitely have changed the approach over the years. I can't say I test everybody for iodide and then have everybody supplement iodides.

You know if, read my book, The Hyperthyroid Healing Diet, and even my other books, Hashimoto's Triggers, Natural Treatment Solutions for Hypothyroidism and Graves' Disease.

Again, I'm more conservative now with iodine. I recommend starting slow if you are going to supplement with Iodine, and I should say I am not really nervous about someone taking a multivitamin with iodines or eating some foods with a iodines, but it depends.

If someone is eating a lot of kelp, which is really high in iodide and some people can cause problems, then again if someone's supplementing with high amounts of Ioderol, again some people will do fine but others won't and you just don't know who will fall into that category so I didn't give you like a straight answer and part of it when I'm on these podcast episodes too I never know what the person interviewing me is thinking too because I was on a podcast and again not to say if someone loves iodine I am going to like say oh yeah everybody should take 50 milligrams of ioterole.

But again, I've been on podcasts where I pretty much gave what I just spoke about iodine like I did now. And the person was heavily in favor of iodide supplementation.

They weren't too happy about me saying that not everybody to take high dose iodines. Again, that's my perspective. Even if your perspective is different, That's what makes it interesting because different functional medicine practitioners will have different perspectives.

You'd like to think Dr. David Brownstein has had a lot of success recommending high dose iodine or else he wouldn't be doing it similar with those who recommend low dose.

So again, to me, like I said, it does depend on the person. And I'm in the same camp as you because I've given people iodine and it didn't go well. Their antibodies shot up, their thyroid slowed.

And then I had it where it sped up and the other direction. At the end of the day, we don't know. Really, I think that's an important thing for everybody listening to hear is that there are certain things that we can't guarantee one direction or the Same thing goes with using glandulars too.

And so for those of you listening, like what's a glandular? It's, it's uh, cow part of a cow thyroid. and here we have a lot of companies now that are selling animal parts and you know, I don't know.

I, haven't seen anything too wild happen, but any stories of, of glandulars going south on you with folks taking them and, and the thyroid either sped up or slowed down considerably.

I don't recall any like crazy stories, but I mean the thing is with glandulars. I Mean some of them clearly have thyroid hormone others claim, you know claim that they like remove the thyroid Hormone from the glandular.

So it's just like and you're just taking it for support but not the you um so no i mean just uh yeah i can't say i've had like crazy uh stories with glandulars and yeah um i'm with you i'"m cautious when it comes to the glandular not to say I'm opposed to to glandulars but just yeah you're right there's not really research you know out there you, know when, it, comes, to at least maybe there is and iIm just not aware of it but But yeah, and again, just every company's difference and if it's a company that's not third party verified, you really don't know what's in really any supplement, let alone the glandular, but yeah you're right.

You know, there's a lot of things out there you gotta be careful about. Like, a lotta people, um, this is a different topic, but methylene blue is big and, and you know then recently I heard where it might negatively affect lactobacillus, which makes sense since it is also used as an antimicrobial, so I'm not against methyline blue, I am just still learning.

I still haven't incorporated it in my practice and I honestly bought a bottle. and experimented very little, I took it like once or twice, just like, you know, honestly I just wanted to see if my urine would turn blue, which I guess I didn't take enough because it really didn' t like turn like as blue as I would have liked, so.

But yeah, again, like I said, ya gotta be cautious with these things because, y'know, it's easy to jump on the bandwagon, and just I did years ago with iodine, with methylene blue I definitely took is slower.

And like I said, then I heard that it could negatively affect the gut microbiome, which, you know, so I'm still learning about that and other things as well.

Oh my gosh, aren't we all? Aren't The terminology someone wants to use here, I mean, it's all of that stuff with like, this supplement's hot this week and then next month it is this one.

And it gets a little overwhelming. I don't know if you feel that way, but I see all these things and I'm like well it looks cool, sounds like they've got great promises.

But you know, how do we actually incorporate these? How do know it will work? You know how are we doing this safe? it's tricky i hear you i same thing about you know methylene blue you name it ldn you're a lot of the different popular things that have like came to be popular and then kind of went away colostrum all of them so of course want to bring it back to autoimmune stuff want bring back too to thyroids you I think at the end of day just what i'm

hearing you saying kind what I've kind come back is like the basics looking back at foundational Causes looking at the gut looking out the triggers you dial that in first before reaching for the medication reaching For you know, the magical supplement that might help here and there is Is the way to go is that kind of what what I'm gathering from you kind your take at it?

go back to the yeah definitely i mean you know i'm not shy about recommend supplements but that's usually not the solution is like not to take like 20 different things 30 different if you're you, know if, you are supplementing and you not incorporating the foundations you probably not going to heal where it is possible to incorporate the foundation and do minimal supplementation and heal like again it's a you supplement When I do it, it's really based on like the testing, like I'll give some general recommendations.

I mean, I recommend an omega-3 fatty acid to most people just because most of people, unless they're eating fish multiple times per week, and then that's all the controversy.

Should we be eating, fish, multiple, times a week with the toxins? And anyway, that a whole different story. But again, if you're, we can't deny there's still a good source of omega three fatty acids.

And if someone's eating. Fish once a month. or not eating fish at all, they're probably deficient. So again, there's in that case, a hundred percent. I'm going to recommend a fish oil or, you know, algae oil if someone's like a vegan, but, yeah, your, right.

Books, Programs, and Where to Find Dr. Osansky

It definitely wants to start by incorporating the foundations. And then, I mean, for some people, the found incorporating foundations might be enough, But for many people they might need to go beyond that and do some of the functional medicine testing we discussed.

Makes sense. And of course, you've got your three books. Um, and that's over at the website, save my thyroid.com forward slash book. Now let's recap the books because you mentioned them already once, but let us give folks the three, three bucks.

Then I would do want to talk a little bit about your six steps to reverse gray's disease and Hashimoto's naturally, because he already talked about it.

But that way folks can get an outline of it, I'm guessing from the web site. Yeah, so my three books, the very first one I released, Natural Treatment Solutions for Hyperthyroidism and Graves' Disease, that was released initially in 2011 and just came out with the third edition in 2023. So yeah, definitely proud of that book.

And then 2018 is when I came up with a book Hashimoto's Triggers, which is a comprehensive guide when it comes to all the different triggers. Some of them we spoke about here, some of the we didn't speak about, and then my latest book which came out in 2024, so just a year ago, the Hyperthyroid Healing Diet, just focusing on different diets again.

The title is misleading because it suggests that there's one diet for everyone with hyperthyroidism. It actually talks about multiple different types of diets for those with different type of hyperthroid conditions.

Mostly Graves, but other conditions as well, such as toxic multinodular goiter, even subclinical hypertherroid. Cool, oh that's good, that good. Yeah, subclinical is such, it's a hot, hot thing.

I see a lot of folks headed that way and I really think it is a manifestation of diet and lifestyle. And it kind of like the pre-diabetes of thyroid stuff, I don't know, as me.

But nevertheless, no, you also have a hyperthyroid and a hypothyroid program as well as consultations that you're doing too with folks aswell, correct?

I do, yes. I mean, I, do have a program for both, but honestly I see a lot more people with hyperthyroidism just because of my backstory and then just quite frankly there's just not a lotta practitioners out there that focus on hyperthorism.

So yeah, i would say at least 80% of the people I work with have Graves' disease or another hyperthermic condition. But yeah I Ido see people what Hashimoto's as well.

Work with them one on one. Nice and natural endocrine solutions, correct? Is that that's your website? Make sure. Yeah. Well, there's two there because you mentioned the other one saved my thought.

So the first one naturalendocrinesolutions.com came out in 2010. And so it's been around for now over 15 years. Then the Save My Thyroid podcast came in four years ago.

I'm like, you know what, savemythyroid. com is a lot easier to remember. the naturalendocrinesolutions.com, but a little bit of a dilemma because I have so many articles on naturalentocrinesolutions.com and so I didn't want to really mess with that.

So I still have that and I, you know, savemythower. com. Again, it's easier. That's where I host my podcast. And so yeah, I'm one of the unique practitioners who have two websites.

That's okay, that's ok and you know we'll make sure guys that we get that in the podcast notes at drjcrossnd.com and then of course listening to your podcast as well for folks that'll give them a lot of great insight there and are you on social media at all?

Instagram, Facebook, do you have anything in those areas? Yeah, I'm an Instagram newbie. I've only been on Instagram for a little less less than a year But yeah, i've actually been pretty active lately on on instagram And then I have a couple of facebook groups I Have a youtube channel if you visit say mythower.com forward slash youtube I believe or you could just go to youtube and just type in my name Then you can find find me that way as well.

But um, but yeah That's how I am on some of the social media channels Excellent. Well, Dr. Eric, this has been great to chat with you and learn more about how you're approaching things, but also just hearing going back to basics makes me happy to hear.

Yes, I'm biased that way because it does seem that we've gotten off in tangents and forgot, you know, we're chasing the shiny.

Sponsor Message and Podcast Outro

any, you know, magic pills and really when the reality is, is we've got to go after the basics. And so, gosh, good stuff. I look forward to checking out your podcast as well, listening in, and guys, we will have all the notes at drjkraussnd.com.

Thanks again for coming on. Yeah, thank you. Thank you so much, Dr. Janine. Really appreciate you having me on and really enjoy this conversation. My pleasure.

Hey, health junkies, before you go, I want to tell you a little bit about something. If you are watching this on YouTube, you probably saw me drinking a pink drink while recording the podcast.

Well, that is from my sponsor, Foria Wellness. They are the makers of Mellow. These are magnesium super blends that help with feeling more chill. And hey, let's face it, this day and age, sometimes with all the things going around, we need a little more chill.

This is 300 milligrams of magnesium in a pretty powder that tastes mildly sweet, nothing overpowering. It also has L-theanine and GABA. These are things that help calm our nervous system.

And if I could tell you anything about the body, if we have a dysregulated nervous system that's on fight or flight mode all the time, we're not as productive as we could possibly be.

And we are not a centered, focused and grounded as it could be possibly. So this can just help you out to get there. Check out Foreo Wellness's magnesium super blends and see what you think.

There's a couple of them. This pink one here is the pomegranate, there's the purple one that's lavender berry, and then there is one called Naked that is just plain and you can throw it into smoothies.

But hey, let's face it, plain magnesium powder isn't as tasty and I'm always looking for something that pretty and tastes good too. So if you're looking for a little bit of support when it comes to helping your nervous system get in a parasympathetic, chill state, Mellow from Fourier Wellness is something to look into.

All right, have a great day, whatever you doing. Hey fellow health junkie, thanks for listening to the health fix podcast. If you enjoyed tuning in, please help support me to get the word out about the podcast, subscribe, rate and review and just get that word.

Thanks again for