Introduction and Dr. Miles Nichols' fatigue story

Hello. It's Dr. Jen. Welcome back to the Heal Your Thyroid and Reversing Hashimoto's summit. Today we're going to talk to Dr. Miles Nichols and he is going to be the perfect person to talk to about thyroid and fatigue.

He himself struggle struggled with some chronic fatigue in his early twenties and since then he has written books and he has a great practice in Colorado.

So, Dr. Miles, welcome. And tell us a little bit about your story and how it how you got to where you're at. Thank you, Dr. Jen. Happy to be here. It was something that I didn't understand what was going on when I was struggling with fatigue so significantly that I walked into I was actually called into principal's office at the medical school the that I was at. And she said, your grades are great.

And you're intelligent and you're doing well on testing, but you're arriving late to class. And that's threatening your education, that's threatening your capacity to be able to potentially become a practitioner.

And I said, I understand that and I wish that it were easier for me. I do sleep 8 hours a night, 9 hours a night, 10 hours a night. It doesn't seem to matter.

When I wake up, I'm dragging. It's hard to get going in that first class the day. It's just really hard to get to and she said, Well, I think something might be medically wrong.

And I said, I agree, but I've gone to the doctor and they said They did all my labs and they said, everything's okay. Maybe you're depressed and you know, maybe you can go see a psychiatrist.

And I didn't particularly feel depressed. I felt tired, but I wanted to acknowledge and own that, okay, maybe there's something going on there. However, it didn't resonate and I started to have these things of looking at myself in the mirror and wondering, Do I have what it takes?

Should I just give up? Should I go do a different job? Can I even complete this path? It's an intense path to get to where I want to go and I mean, I was, you know, at the point of being near giving up my dreams.

And I it really when Valerie called me into that office and had that talk, it just put a fire under me. And I said, You know what? You're right. I'm going to figure this out.

I don't know how I don't know what it's going to take, but I'm going to figure this out and I went to sleep specialist and got a diagnosis there that helped me sort of make it through school, but it didn't really help in a significant way.

And that led me to seeking everything I could. I was going to different practitioners, different providers, different modalities, trying to find what was going on.

And it took a long time and I had to actually do a lot of it on my own and research a lot. And then I found a couple of good, functional medicine mentors who, because I was going down the path, I was able to order some my own testing and do some of my own experimentation.

But I found some mentors to help and train me along the way. And what I realized is that my thyroid markers, my sage, my thyroid stimulating hormone, it had been when that original doctor said nothing's wrong, it had been above four, but that wasn't something that was flagged as an issue.

Actually, it was in the normal reference range with the lab put out, although now I know that that's a two broader range and that I really like to see PTS much lower than that. And that led me to say, oh, maybe I have a subclinical

thyroid issue here that put me down the rabbit hole of, okay, well what is contributing to thyroid issues?

And then I started to learn about a connection with the gut and I learned that H. Pylori Could we treated lower thyroid antibodies? And I learned that most thyroid, even if you didn't see antibodies on the initial testing as often, is still autoimmune in nature.

And so I tested one stool test, came out negative, I tested a second stool test about two weeks later, came out positive for H. Pylori. It took two tests to find it and treated that and then felt a little better but really started to feel like, okay, this is a journey.

This is going to take a while. I've got to figure this out is not going to be overnight. And I started testing and treating a lot of different things.

I discovered along the way some antibodies against cells in my stomach.

Family history, thyroid clues, and the need to dig deeper

We'll talk about that later. And those played a significant role and are very common in people who are struggling with Hashimoto's and thyroid issues.

I discovered that there were two chronic infections Lyme Co-infections and Bartonella and Babesia. I discovered that I was living in a more the environment and that I had a genetic predisposition to accumulate that toxin and not be able to get rid of it appropriately.

And I discovered that I had a methylation dysfunction issue and some cellular issues and some mitochondrial dysfunction, and the list goes on. But what it was is that it marched me into a journey that I realized that, Oh, there is something I can do.

There are things that are legitimately going on. It isn't all in my head. I'm not just not cut out to do this work. It's actually that there are some things that I can, when addressing those things, feel tremendously better.

And today I feel amazing and my energy is much, much better. And that's something that I really want to pay forward to others. And I really want to help others too, who are struggling, who are feeling like, well, I haven't been told this is necessarily a big issue or it isn't issue, but I don't feel like the treatments are adequately addressing my symptom because for me it wasn't as simple as just take some thyroid replacement and that's it.

It was a much more complex process of getting at multiple underlying causes that led to my feeling better. So I really am passionate at this point about helping people to understand a little more about the complexities of thyroid, of Hashimoto's, of autoimmunity, and of the chronic infections, toxin accumulations and other things that can impact the thyroid and thyroid autoimmunity.

What a great story. Thank you for sharing that with us. And I think it's a tough one. Like you said, you went to the doctor, you got lab work and then you were told to see a psychiatrist.

That happens a lot to patients and that is very frustrating. So if someone tells you, oh, you feel bad and nothing's wrong, go see a psychiatrist. Keep digging.

So I think that's the big thing to realize is just keep digging. And yes, it's the the the lab values for that way, too broad way too broad. So it really is harmful to the patient because you could be catching an early autoimmune disease until it becomes, you know, now we're just waiting for them to be full blown.

And that's not good enough because we can reverse things and look for root causes and heal the thyroid. So that must have been very frustrating to you.

But I have found a lot of us that are where we're at now. It's because of our own health history. So it's kind of a

blessing in disguise. Yeah, hindsight is 2020 and I in hindsight actually recognize it to be a family pattern that I didn't realize before.

When I was when I was in my teen years, my when I was 15, I was babysitting for a friend and my sister had a friend and I was babysitting for her while my sister and her friend went out and I got a call and it was someone from my family's church that said, Something's happened.

Your father's in the hospital. You're going to have to go immediately. And he had passed on suddenly and unexpectedly from cardiovascular issue. But looking back now on him and his situation and having tested some family members and seeing that there are a couple other family members who have thyroid antibodies, it really actually has become apparent to me that part of his cardiovascular underpinnings that allowed for that to happen and it was completely unexpected.

He was 64 years old. He was in the pinnacle of his career, and he passed on suddenly and unexpectedly. And I know now and it used to be that the thyroid was given for cholesterol issues and certain heart issues.

It's not done so much today anymore. But there's a an absolute link there. And I feel like it really actually was part of the the puzzle for what led to my father's untimely passing and that tragedy for our entire family.

And so and and I think it's playing a role in some other family members of mine. So this is really important. It's really deeply passionate for me. It's touching in my life in multiple ways.

Yes.

H. pylori, parietal cell antibodies, and B12 issues

And I like that you brought that up because even the thyroid impacts every organ. So when you're looking at your cholesterol's off, yes, you should look at thyroid and not just as say you should dig a little bit more.

And I think that is what is frustrating because people have a multitude of complaints. But in medical school, maybe we're just taught, you know, to look for thyroid, a few a few symptoms.

And really there's like 50 symptoms that you could have if you're hypothyroid. But then also you need to look at why, you know, why is your thyroid not acting correct?

Because that's another thing. We just can't stop at diagnosing. We have to say, why did you end up here? So, Dr. Miles, when you went through your thyroid struggle and discovering this, it kind of led you down to lots of research and investigate.

And so can you go through that in a little bit more detail for us? Yeah. Yeah. So I had mentioned the bacteria called H. Pylori in the stomach. What I one of the first papers I read was that it actually turns out that people with thyroid antibodies, if they have H.

Pylori and treated those already antibodies tend to go down. So that was amazing to me. I had no gut symptoms. I had no gastritis, ulcers, acid reflux, things you would think of with H.

Pylori that if you look at, oh, what are the symptoms of H. Pylori, I had none of them, but I did read this paper that said that thyroid antibodies are connected.

And so when I tested for H pylori, I found it, I treated it and it helped. And then what I also discovered in a paper is that 20 to 40% of people struggling with Hashimoto's thyroiditis have also other antibodies against certain cells in the stomach called parietal cells previously antibodies.

At the time I had never heard of them, even though I had already gone through functional medicine training and the and it just wasn't a commonly ordered test.

And when I looked it up, it was like, Oh yeah, maybe for pernicious anemia you'll measure this. But it wasn't like something that was accessible, available and routinely screened even for people with thyroid issues.

And even when the data in the research is there some 20 to 40% of people? Now, in my questionnaire in my clinic, I have a set of questions that are related just to pride of self antibodies.

That's how important I believe it to be. And what I discovered is that I did have them, I tested and I did have them. And these are antibodies against cells in the stomach that produce stomach acid and produce something called intrinsic factor.

Intrinsic factor is something that helps to metabolize and digest vitamin B 12. Vitamin B12 is largely the deficiency symptom. If you look at the symptoms of deficiency of B12 fatigue, neural apathy, some of the things that fatigue in particular overlaps quite significantly with thyroid issues and weirdly oral B12 doesn't seem to correct the issue when parietal somewhat antibodies are elevated.

The research is very clear that you can take high dose oral and doesn't lower the antibodies. And I've tried various things. I've had patients show elevated on parietal cell antibodies, I've tried sublingual forms, I've tried topical forms, I have tried liposomal forms.

And the only thing I've ever seen to be able to lower pride or certainly antibody, which is consistent with what the research says are injections, B12 and injections of B12.

That sounds weird. Wait, so these cells, they make intrinsic factor, which digests B12, but you inject B12 and the antibodies immune system attack against these cells go down it that it's a vicious cycle where you're not metabolizing the B12 and getting it into the body, but it's the B12 in the body that helps with this particular antibody level to lower and without injectable B12.

In the case of elevated parietal cell antibodies, there's not much that can be done from a research based perspective so far. Hopefully there are other things and treating H.

Pylori actually does help a little. But what I found for myself is that as soon as I started to inject B12, the levels went down. I found this from multiple patients as well.

Prior to so antibody levels went down, I my energy went up enormously and unexpectedly because I had already tried sublingual B12, I had already tried oral B12 and so I thought I had ruled out B12 and B12 in my blood was adequate.

But for whatever reason, this process relates to significant fatigue in some cases and oral symptoms and certain other symptoms related to B12. And there's another antibody called Intrinsic Factor antibody, which also is similar in that similar vein.

And I do see a lot as well with people with thyroid issues. So those were a couple of pieces of research. And then I started researching causes because aside from associations, we have thyroid against PIs, you also have parietal certainly antibodies.

I wanted to understand, okay, what are the causes for the immune system to begin to attack thyroid tissue? And of course, the conventional view is there's this genetic predisposition that may get activated.

And I actually see that is true in my family. I see that some people are carrying that gene most likely. That being said, there's also a trigger. And triggers are for example, there's a paper that I found that looked at a segment of the DNA from Borelli, a Bergdorf array, which is the bacteria, the spiral Ketel bacteria that causes Lyme disease.

And there's actually an image, the image, it's really profound. It's an image where it looks at a gene snip and of the Lyme bacteria. BORELLI Bergdorf.

Farhi and of thyroid tissue. And it shows how similar they are. And it shows that there's what's called this cross-reactive autoimmune unity potential.

What that means for people who haven't heard of this is that the immune system is trying to deal with the infection. The Lyme disease, the Borrelia. BERGDORF Right.

And it's creating antibodies against Borelli to fight that bacteria. It just so happens that certain parts of thyroid tissue happen to look a lot like Borrelia burgdorferi bacteria.

And that auto antibody response cross creates antibodies against thyroid tissue and in creating antibodies against thyroid tissue. Now the immune system not only is attacking the Lyme infection, but also is attacking thyroid tissue directly.

So as I started to look at root causes like that, I thought, well, I need to do on myself. And for patients I need to do Lyme co-infections testing. I need to look to see if this might be an auto antibody response.

And there are many other examples of triggers. There are viral triggers, Epstein-Barr virus, there are other triggers that maybe more food based triggers and gut related triggers.

But there are a number of identified triggers at this point that can initiate the cross-reactive auto immune response, that can lead to the immune system attacking the thyroid and starting to destroy that thyroid tissue and creating some of those symptoms associated with thyroid issues.

Root causes of Hashimoto's: infections, toxins, and triggers

But maybe also there are other symptoms associated with a chronic Lyme infection, a chronic Epstein-Barr reactivation or others of those issues that may be present.

Yeah, I loved how you explain that. And you know, these were made of bacteria and viruses. So we're going to come in contact with these things. So the best thing to do is to make sure our gut health is is operating correctly, make sure that our inflammation is low.

So I know it can be frustrating listening to this, like what can we do? But it's also important to have the knowledge. So then you know what you can do, how you can attack this if you have an autoimmune disease back in going back to the intrinsic factors or you said that your B12 in your blood so that's going to show normal.

So you just are screening your patients by testing them for intrinsic factor antibodies. Yeah. Also B12 in the blood which I have a different functional range for than the lab range is going to show for the U. S..

I like to see well above 400, ideally above 500, but the lab ranges can then go down to the low two hundreds. And I'm going to see and I do see I just looked at a lab last night that for a patient coming in, that's 327.

And I'm thinking, well, that's different. That's a subclinical deficiency. It's not what we call a clinical deficiency, which is where it's lab low. But even labs in Japan have started to call that clinical deficiency at this point.

So so there's good evidence that B12 in the blood should be at least 400 and some evidence suggest even 500 plus. However, what I've seen is that a lot of people maybe take a b-complex or a multivitamin or they're taking some B and they're getting their blood levels up.

But there's still this antibody response that does not respond to that treatment, to that intervention. So by testing the antibodies, we can find a an issue with an underlying autoantibody process that we know response to inject will be 12.

So I do actually test both the blood levels of B12 as well as urinary methyl melanin acid, which methyl melanin gas that can show an earlier deficiency than will be found in the blood.

But then also parietal cell and intrinsic factor antibodies will really round out some of the things and homocysteine and these all of these sort of play into B12 B vitamins, calling in certain other nutrient factors that are important that I see deficient along.

Yeah. And it can be really common and other things. Candida can kind of hijack our B6. So B vitamins are very important to make sure you can get a urine test like use of the urine metabolites to make sure that you are producing an adequate amount or metabolizing them properly is with fatigue.

That could be just another piece of the puzzle when it's your thyroid, but it's also fatigue due to lack of vitamins or lack of absorption. We see that a lot with leaky gut also.

Yeah, a lot of people want the smoking gun. The one thing that's causing their fatigue or it's all the thyroid and usually there are multiple players on the field when it comes to fatigue.

And usually it's a combination of three or four issues. And so that I mean, people feel like, oh, well, that's so complex. Why can't I just have the one thing and well, if it was that simple, then it would be easier to resolve these things so we wouldn't have such a complex dynamic to work with as providers in practice.

I mean, that'd be great if we didn't need to do this work, but we do because it is complex. That being said, there are some simple things that people can start to get a handle on or understand and flesh out understanding related to thyroid.

I mean, in the clinic, what I try to do as best I can, which is a little bit hard, but is to give a step by step process that is okay. Step one is we're doing some an assessment process to gather information to find the likely multiple issues.

And as you mentioned, vitamin deficiencies and nutrient deficiencies are one of those elements that will test for, screen for and look for on top of looking at a much bigger thyroid panel, directly on top of looking at intrinsic factor antibodies and parietal cell antibodies, on top of looking at some of the root cause triggers, we'll look at intestinal permeability, bacterial overgrowth.

H. Pylori will look at lyme co-infections. Well, look at Epstein-Barr reactivation. We'll look at all these elements in the in the lab, the assessment phase and try to get a sense.

But I know that that, you know, is disconnected for a lot of people out there. So there are some things even before that phase that are really important for people to do.

And I think a lot of people know and understand some of those things. But if we want to go into them, we can. Yeah. So if someone out there, they have a thyroid problem and they're wondering what the next step is, what are some top tests that you use and solutions for people struggling with thyroid dysfunction?

Yeah. I mean, you know, if if you have a PCP and you can get what you can get through them, you know, be that TSA agent, advocate for yourself, ask for some more markers, ask can I get a free T3, can they get thyroid antibodies, can they get a period or selling antibody?

Some of these markers aren't so expensive, even if they're run cash pay outside of insurance. But of course, if you can get some insurance coverage through PCP, then then get what you can get lab wise and ask for in particular.

You know, some some conventional practitioners will be open minded about adding a couple. If it's within reason, they may add a couple of markers on and you can get a little extra data for yourself that way.

Another way to gather data for yourself is to look at what are called research validated questionnaires there. There is research that shows that certain symptoms will be highly indicative, for example, for parietal cell antibody.

So if someone has a sore tongue, if that's a I mean, it's a weird symptom, but but that's a symptom that almost

certainly that person has thyroid antibodies in the research or there are certain throat symptoms and dry mouth.

If you wake up with dry mouth, that's very, very commonly parietal still antibody.

Testing strategies and self-assessment for thyroid dysfunction

So there are what are called research validated questionnaires or there are research papers that will correlate the percentage of people, over 90% of people who have this symptom have this antibody.

And then without any testing, you know, you're pretty likely going to have that antibody. And then if you come in with that research validated questionnaire to your primary care or whoever your provider is, or if you seek a provider understands this stuff, you're going to be just come armed with the data, information that's going to be compelling to get going with treatments that can be effective and helpful for you.

And so research validated questionnaires are an area and their research validated questionnaires for some of the multiple systemic infectious diseases that can be triggers.

So since MCI AIDS is a research validated questionnaire that you can take that can tell you if it would be prudent to go get some screening for multiple systemic infections.

And there's a serious questionnaire that can tell you if it would be prudent to go look at toxin exposure to things like mold, toxins that may be playing a role in thyroid VCs or a visual contrast sensitivity test you can do at home from your computer.

So these are all self-assessment tools that you don't need to rely necessarily to get some initial diagnostics on what might be going on. And then of course, taking also an honest self assessment is important.

Are you doing some things in your life? Because we know with we know even though there's genetic predisposition for auto immune issues like Hashimoto's, it is very clear that those genes turn up or turn down that the what we call DNA methylation can actually turn those genes higher inactivation or lower inactivation depending on the environment and the triggers.

So there may be an infection trigger in your body that you can't do anything about easily without some actual treatment from a provider. But there are other things that may be triggers that are related to the food that you're consuming, excessive alcohol that may be related to certain medications that are over the counter that you're taking, that may or may not be helping your gut and helping some of the situation that's underpinning the thyroid issue.

So when it comes to stress and sleep and nutrition, take care of the basics and do it on a self-assessment on in May. Doing some things may be getting in the way of my overall health picture because again, it isn't as cut and dry as it's just one thing.

And what I find is that the people who tend to be most successful in recovering and feeling dramatically better are those who take seriously the foundations of sleep, of nutrition, of stress management, and to really do some self work and to embody some mind body practices, you do some breathwork.

It's meditation, some mind body practices that are movement based in nature and this tends to be the kind of person who's able to recover quite well. Does that gets a base foundation gets so far and then adds a professional on and a provider to take them to the next level.

And that's what that's who I love to work with are the people who have done that based foundation work that we can. We know, okay, it's like we're going to refine that stuff and keep working on it because foundations are important and we're going to go into some of the more advanced.

But what I see, some people bypass the basics and try to go straight into some of the advanced stuff. And I feel

sometimes like, hold on a second, think focus here first on like if you're regularly doing some activities, if you're only getting five or 6 hours of sleep a night, you're still going cigarets and drinking alcoholic.

Don't go buying all these supplements. And I mean, you can, but there's some foundational work to do first. Now, I know a lot of people are already okay.

I've done a lot with my diet. I've done a lot with sleep, I've done a lot with stress. I've actually been doing yoga, I've been doing meditation, I've been doing some breathwork and I've been working on my sleep.

I've been doing some sleep hygiene, I've been working on my diet. Okay, now is a really great time to go to summits like these. Educate yourself further, try some new things and to seek out, help find a provider and work together with a team that can help on these cases.

I agree with that, especially when you look at how extensive some of the testing can be and some of the solutions. So yeah, get that basis first, you know, get the pillars down, get the sleep down, get the breath or get the nutrition, get the movement and then then you're ready.

Your, your guts already cleaned up, your your colon, your liver is operating properly. And then you can actually get down to more of the root causes because it can be difficult if you're just throwing on all these supplements and even treatments and they're not working well.

Or worst case scenario, you have some sort of a detox reaction, like a jerk reaction because your body's not operating properly and then you throw all the stuff on top.

So I really think that's a great point for those listening out there to just start just start today, making prioritizing your sleep, you know, turn off the TV, turn off the blue light, go to bed.

So stuff like that I think makes a big difference. And I'll add in that there is some good research on some freely available things you can do at home without a provider.

For example, there's really great research on a certain breathing technique for lowering inflammatory markers like IL six and IL two. Interleukin two TNF Alpha.

These inflammatory markers are strongly correlated with autoimmunity and the autoimmune process. We see a rise in these inflammatory markers, but often, sometimes in certain autoimmune conditions there.

And medications are used to lower inflammation, but those come with lowered immune response as well, usually aren't used in the case of Hashimoto's because they do come with serious side effects.

However, there are breathing exercises that have research studies validating a significant lowering in inflammation and they're being investigated now for a variety of autoimmune conditions because of an ability to reduce inflammation, to increase the anti-inflammatory cytokine interleukin ten and the ability to help people to feel less affected by toxins.

There's an endotoxin study where they inject that E coli into the bloodstream and people are doing this breathing and they don't get sick, whereas the people who aren't doing the breathing do get sick and feel symptomatic.

Foundations: sleep, stress, nutrition, and nervous system regulation

And there have been some studies on cold exposure that show reductions in inflammation, and I haven't seen any directly looking at thyroid function, but I would imagine if I wanted to exer size the thyroid, I might make myself cold and see if I can get it to kick in gear to warm the body since they know that's a function related to thyroid is this metabolic process that generates heat and with this metabolic process that generates heat.

I personally and I don't know how much of this related to my underlying thyroid issue, but I hated cold. I was the kid

who was in the swimming pool with blue lips in Tucson, Arizona, where it's really hot out.

And I didn't like cold at all, and I was having a really hard time dealing with cold until I recognized at some point I wonder I wonder, is this like, should I be intentionally training myself and exposing myself to cold?

And I found now that as I've embraced the challenge of it, because it's very challenging for me as an embrace, that challenge, not only have I felt like my metabolic function has kicked into gear and is improving as I continue the practice, but I also feel that there's this it's done something completely different for me, this metaphoric sense of being able to go into a physiologic stressor, which is the cold and training my body to relax is actually translated into thinking about stressful situations, like getting the call about my father and feeling like I'm able to regulate my nervous system when I get a stressful input on the fly.

And we know there's such a strong link between nervous system function and hormonal function in the body and immune function in the body. And I believe that interventions that can help with nervous system regulation are probably quite helpful in a variety of chronic illness, including thyroid issues, not the only solution, but one significant piece of the puzzle.

And so I do think there are some things like gradual or controlled and safe cold exposure together with things like certain breathwork practices that have good research already that people can do at home beyond the normal foundational stuff that we talked about that can take it even to another level as a way to self-regulate, to learn, to train your own metabolism.

We train muscles. People will wait, train, they'll stress out their muscle. And then that muscle will grow in response. Not a lot of people are stressing the metabolic function in a healthful way to give it what we call a comedic stress, this healthful stress that pushes it a little on the temperature regulation side and trains it to kick into gear because we're living in these temperature regulated environments today where it's very easy to just put on the clothes and set the thermostat and keep things at a certain temperature.

And we we know that's not natural. We know that we frequently we're dealing with cold in nature. It was getting colder at night. There's now lots of studies coming out showing that sleep improves dramatically in a colder environment, that then most people keep their sleep environment and so several areas like that have led me to understand that there are some things that people can do to intentionally induce a little bit of healthy stress in order to train and build what we call resilience.

And that's Title one of my book, Stress Resilience, because I believe that it's really important to have this sense that you're not when when I was super ill, I felt fragile.

I felt like like I couldn't push my sleep. I couldn't push my diet. But what I've grown to be able to do is feel that if my sleep is off for a while and if I, you know, for whatever reason, my diet plan goes out the window for a meal or a couple of days, that it doesn't affect me much now because the resiliency is high enough.

And there's a concept that I think fits into the thyroid picture quite nicely called our static load. And our static load means that there's a certain threshold of, of, of onslaught that your body can take.

The body is resilient. It can take some infection. To your point earlier, you mentioned, Dr. Jen, that people it's not that you can't you have to avoid exposure to every single infection. People are going to have some infections.

And it's not that you can avoid exposure to every single toxin and chemical that's been researched to maybe have some negative effect on autoimmunity or the thyroid.

You can't avoid that. You can minimize it and it is good to reduce exposure. And that's why I like the concept of a static load, because our static load says, okay, there's a load that you can, there's a threshold that your body can stay balanced within.

And as you start to accumulate some infections and, toxins, if you're down here, you're good, like the body is able

to regulate, handle and stay out of a chronic inflammatory state.

But once you add on infection here, some toxin exposure there, some sleep deficit here, some stress there, and it starts to build. And then you're above that threshold.

Now there's chronic inflammation that sets in and people are wondering, what's that one thing? Well, the one thing maybe gets you down like this, but then like there's another thing and there's another thing and there's another thing and there's another thing.

And then you build a little space and you build a little threshold of a buffer. And that buffer allows for there to be a resiliency to, okay, if I go into a place that's moldy, even though I have an experience of having had significant reactivity to mold, now I can walk in and I can be there for a couple of hours and I'm not going to experience anything major and I'm just going to be able to know to take a few binders after and I'm good and to have that capacity and build that in over time, I feel is really helpful.

An important concept for people to understand and help to to stay hopeful. Because if you chip away at stuff, even if you're not feeling it in the moment, you're chipping away at that load, you're chipping away.

And if you get down far enough, it's the body will. It's almost magical. But the body goes out of chronic inflammation at some point when you reduce the load enough.

And that's incredible to see. And we see all these lab markers change and all these things happen and people feel so much better.

Resilience, cold exposure, and where to find Dr. Miles

And it's a beautiful process when it occurs, but it can take it's like that low that you might be up here and it might take a long time to get there. So just keep with it.

Keep hope, because I've seen people who feel like they've tried everything and and we are able to find some things and get below that threshold of chronic inflammation.

Now, our bodies are really beautiful and love to be in homeostasis. And I have dabbled a lot in cold therapy over the last year and I love it. It's just it's great, it's challenging and it's fun.

And the research I have read on it is it doesn't impact the thyroid in a negative way. So I recommend it to my thyroid and Hashimoto's patients. And it's, it can be free if you just do the cold shower.

I like being submerged better personally, but you can just do the cold shower also. So yeah. Yeah, it's Dr. Miles. I love this conversation. I know you are so passionate about this and you have done amazing things for yourself in your community.

So let the listeners know where they can find you, how they can purchase your books and all of that best places. medicinewithheart.com that's my clinic named Medicine with Heart because I really want the process to step by step process to be done with care, with attention, to be very contrast.

So medicinewithheart.com is the website there's a lot of free information on there a lot of blog articles about thyroid and other topics, interesting cutting edge topics like peptides and certain things that might interest some of the audience.

You can find out medicinewithheart.com in the blog area and also on that same website, medicinewithheart.com, you can find a link to book a call with one of the staff members.

My clinic who can help you to understand if there are any other additional education or work inside of the clinic that could be useful. You and I do work with people all over the country so you can get in contact with staff member and

and get a sense for what it looks like to work together in the clinic.

And that also is the best place for information about guides and for each chapter of the book. And and then on Amazon you can find as well the books. So, so please go to the website as the central resource is the best place to get some more information.

Awesome. Thank you so much. It's been so nice to talk to you today. Pleasure to talk to you, Dr. Jen, and thank you so much for educating the community and sharing this message that's so important.