# Fatigue, Weight Gain, And Hair Loss? The Overlooked Thyroid-Menopause Link Transcript

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## Introduction and Karen Martellu2019s background

Welcome back to the reversing Hashimoto's summit. My guest today is Karen Martell. I'm going to tell you a little bit about her before we dive in. Karen Martell is the CEO of Hormone Solutions.

She's just a badass in the whole hormone arena. She heads a clinic and product line offering bioidentical hormone therapy and a holistic approach to addressing hormonal dysfunction in women during Perry and post menopause.

Karen is a certified hormone special and transformational nutrition coach, and she really is a distinguished authority in women's weight loss and hormonal health.

She's the host of the highly acclaimed women's health podcast The Hormone Solution with Karen Martell, where that's where she dives deep into all the intricacies of female fat loss, hormone optimization, and all the things that we're going to be talking about today, especially as it relates to the thyroid.

So, Karen, thank you so much for coming on. I'm excited for this discussion. It me too. And just so everybody knows, the badass part isn't actually in my bio.

That's totally ad libs. I know, just because I know you know, that claim. Is a badass. But yeah, I'm a badass. We'll say that for sure. You are. You are. That's why you're okay.

So that's why it's going to be a really good discussion. So, you know, I mean, you and I have talked offline about hormones. You've been so amazing in my community educating women about hormones as well.

And and I want to get into this interplay that really starts to occur in a women's 40s moving in the 50s, perimenopause, menopause. And we both use the term thyroid pause.

And this is where I define it as basically when your thyroid crafts the bed from fluctuating hormones. I'm sure there's a much larger definition for it, but but that interplay between the shifting hormones and the down regulation of thyroid hormone production.

So that's why I really want to dive into today. So I want to let you start wherever you want to start, and we'll just let this conversation flow. Yeah.

## Perimenopause, thyroid pause, and hormone interplay

Because, you know, when we talk so much about estrogen, progesterone, testosterone, and I tell you what, I have seen and read thousands of women's labs that are in perimenopause, and I would say more than 50% of them start developing a thyroid problem in perimenopause.

So these are the women that have never had a thyroid problem or that they knew of anyways prior to reaching midlife. And then suddenly it's like, oh, sirens going down and I just started to see this more and more and more and I was like, why are we not including thyroid?

In this conversation of menopause and perimenopause? And we know that hormones, all of our sex hormones and our adrenal hormones, like they all influence each other, they all work synergistically together.

And thyroid is in that as well. And it has great impacts that thyroid has an impact on all of our hormones and all of our hormones. All of those other hormones have an impact on our thyroid hormones, and so we have to start

watching it and consider thyroid replacement therapy for perimenopausal and menopausal women.

It's a huge thing and it's very prevalent. So, I'm glad that you coined that sirup, cause, term because it's something that needs to be talked about more.

It really is. It really is. And just like you said, women don't realize it. So even as it relates to Hashimoto's, we can see that Hashimoto's switch turn to the on position when hormones start to shift in perimenopause and menopause.

Right. Because estradiol specifically and progesterone but estradiol more so influences our immune system. And this is one of the reasons that they found out during Covid time was women weren't getting as sick as men and they realized it was because of our hormones estradiol and then progesterone.

And so it helps our immune system to stay strong. And so as astronauts on progesterone drop, then you have a higher risk of flipping on those genetic switches for an autoimmune condition.

And it's not even just Hashimoto's. What I actually see more of is a conversion problem. What about you. What I'd like I'd love to actually know I'm going to interview you Amy.

What do you see. Like do you see it being more Hashimoto's being triggered or do you see a conversion problem. I just you know when whenever we're looking at thyroid conditions I see it across the board.

I mean, you're going to have that woman that for the first time ever, she's having positive antibodies. And it's like, oh my gosh, I didn't know I had Hashimoto's.

Now she could have had this for decades. As we know when antibodies show up, it could have just been brewing underneath the surface. Or it could have been from some kind of of trigger like shifting hormones or pregnancy.

So we have that. But yes, to your point, when women start to decline in progesterone and then that's followed by, you know, testosterone estradiol, we will see that reverse T3 go up.

And sometimes when we start addressing that through hormonal replacement therapy, we will see the reverse come down. Even if there's no change to the to the thyroid hormone replacement that a person is taking, or they're not even on thyroid hormone replacement, but they have this really high reverse T3.

When we start treating hormonally, we'll see the thyroid improve and that reverse T3 come down. So conversion gets better. Yeah. Yeah yeah. Now you had talked before about estradiol and having too little is as bad as having too much.

And you and I both talk about estrogen dominance pushing up that reverse T3 and causing conversion issues. But what about the low estrogen. Yeah low estrogen can is a problem too.

And it's interesting is estrogen is kind of correlated with thyroid a lot of the time in a negative light. And that's because things like oral estrogen therapy raises thyroid binding globulin.

And thyroid binding globulin. And it is going to bind up your thyroid hormones. And so a lot of the time you'll hear practitioners and people talking like, oh, estrogens bad for the thyroid.

And if you start estrogen replacement therapy, watch your thyroid numbers.

## Hormone shifts, reverse T3, and thyroid conversion

But what's interesting is when you get into the research, there's nothing that really holds to the fact that if you're using transdermal estrogen therapy, bioidentical estrogen therapy, it doesn't you can't find research that shows that it does raise thyroid binding globulin.

It's the oral that does or oral contraceptives that does. And so when you start digging, you'll actually find evidence that shows that estradiol is one of the most important hormones to how thyroid to function optimally.

It actually helps our receptor or thyroid receptors to be more sensitive. And then as we go through perimenopause, we start losing this very important estradiol.

And estradiol is all actually also very important for helping us regulate stress. And we know that cortisol and thyroid are like two peas in a pod. They have so much interaction with each other.

So a lot of this thyroid dysfunction can actually start on the stress level because estrogen and progesterone are going down. And we know cortisol goes up in menopausal women.

That's very common. And that's been shown in the research. Estrogen actually helps raise cortisol binding globulin. And so it helps to, you know, take up some of that free cortisol and balance it.

And so as estradiol goes down we actually start to unbind. And as cortisol. So now we have more free cortisol. And so cortisol is going up astronauts going down.

And that combination is having an impact on thyroid. Because we know that Astro now helps us to have the thyroid better reception for the thyroid hormones.

And then cortisol going up is going to block thyroid function at the at the receptor. And we know that it impacts it. So too little too high cortisol both impact thyroid.

And so we have this kind of perfect storm. And then we know that progesterone also has impact on receptor sensitivity as well as our metabolism. And how thyroid is functioning.

So there's this testosterone has been shown in research to actually once it lowers it can trigger Hashimoto's like there is some evidence showing that.

So we have many factors that are coming into this, estrogen being being really good for gut integrity, you know, so as as we lose these hormones now we can start having more leaky gut, more inflammation.

So what what problems are we seeing? That's where the whole T4, T3 conversion issues come in. We convert a lot of our thyroid in the gut, right. If you're inflamed you've got bad gut and lowering hormones.

This is like a perfect little storm to have thyroid issues suddenly, especially if you already had, which is so common an undiagnosed or subclinical hypothyroidism.

Right. And so if you have this history of always thinking, and I don't know if my thyroid is that great, whenever you do labs, it's like suboptimal. It's in range, but it's on the lower end of the range.

So no doctors would treat you right. Then you hit this perimenopause phase and that's when you'll see it drop even further. Yeah. And then compound the symptoms as well because you already are dealing with this like beginning stages of Hashimoto's or subclinical hypothyroidism.

Now you have the decline in hormones. And literally your symptoms stack upon themselves. And become worse and worse exponentially. Yeah. And and it really it just it really drives people into the pit of despair because they're like, what's going on with my body?

I just don't understand it. And yeah, and there's no answers. Now, and there's so many of these symptoms that overlap each other. Right. So, you know, the fatigue, the, you know, lack of libido, the hair loss, the dry skin, the weight gain.

And so, yes, it can absolutely be from the loss of the estrogen and progesterone. But it could very likely just also be

the thyroid or a combination of it all.

And so we really we we need to be watching. It needs to be part of the lab work that we're getting done in these early Perimenopausal years. So we're watching it and we know, oh, look, this went down from last year and I'm 42.

And look suddenly my thyroid numbers are dropping or suddenly that reverse T3 is going up so that you're watching it. And this is when HRT can be very helpful.

So it's very common for women to be told that they can't start HRT until they've got no hormones. Right? Until you're in menopause, you can't have any estrogen.

You know, we've got to wait until there's none left. And then if you're suffering enough, then we'll treat you right. Right. Same with progesterone. Some depressions.

Definitely easier to get than estrogen. But as I said before, estrogen seems to have some of the largest impact on thyroid function.

## Why low estrogen, cortisol, and gut health affect thyroid

So we we need to be watching this and this could all be part of why we gain so much weight and why we're having some of these symptoms could be thyroid.

And so the trick is, is to avoid this is you want to stay on top of the hormones, especially if you don't have a history of a thyroid issue. Because what we see happening in practice is if we can top up these hormones, the progesterone and estrogen and testosterone that are dropping out, and we stay on top of that, a lot of the time we can wait three months and we see that thyroid getting better without having to take thyroid medication.

Right. And this is the one time where I'll say, like, you might not need medication. Like I'm all like, I'm definitely one for like, oh, we got to just, you know, we got to treat your thyroid so you can feel good, right?

And you can do the things that you need to do to get to the root of the thyroid problem. And then maybe you can come off right. Like that's that's how I've always seen it because I'm a good patient, as are you.

And we know what it's like to be hypothyroid. And I don't want some doctor being like, let's get to the root of your. Let's just fix your adrenals, Karen.

And then, you know, two years later, you know, maybe you'll feel better. And you're suffering and you gain an extra 50 pounds. Exactly, exactly. Yeah.

Yeah, it's I just don't think that that's the best approach. And so with this though, I do see, because so much of what I'm seeing in the labs is suboptimal.

So just more so somebody had totally normal functioning thyroid had good range. And then suddenly they're at the bottom of the range or just under. But typically it's at the bottom of the range.

They're free T3. And so it's dropped. They're feeling it there have some symptoms. And it's like okay, before we put in some thyroid meds, let's just see if we can optimize that progesterone or optimize or whatever all of them put together.

And in three months let's see what that T3 is doing. And surprisingly it actually does tend to come up. If anything, we they might need a baby dose like a 15 microgram T3, so not enough to cause a strong negative feedback loop I find, but enough to top up that that that low end of T3 with the other hormones.

And that seems to be a nice combo. And so if you don't see that the hormones have made the numbers any better in 3 to 6 months, three months typically, then I think, then okay, let's not mess around.

Let's just get you feeling the best you can. And let's put a little bit in, because lately you probably always had a bit of a thyroid issue and now it's just gotten worse.

Yeah. Now it's just showing itself because when you and we always use the cutoff of 40, but for women it could be earlier than that. It could be 30, 35.

It could be slightly later than that when your hormones really start to shift and decline. But roughly, you know, 40 is that hormone shifts perimenopausal time.

So it really is common for things to pop up and your body to change in ways that it never had before. So, you know, we hear often from women, you know, I was I was real thin.

I had this tiny raised in an hourglass shape. And now I'm wide, I'm square, I'm straight down, I have belly fat all of a sudden, and it goes completely against the way their bodies have been for 40 years.

And it really is that combination to your point of of the declining hormones. And then pulling in that thyroid, maybe turning on Hashimoto's or at least down regulating the thyroid hormone.

So you're not getting the beautiful metabolism and energy and the lifting of the brain fog that you do when your thyroid is optimized. Exactly. And so we it's it's got to be watched.

It's critical. And thyroid is also going to help your cortisol to function properly like metabolized cortisol. You want to be able to metabolize your cortisol.

And if you don't have thyroid function you're not going to do very well. And so it's not just the these hormones impacting thyroid thyroid. It's also going to impact your other hormones and your stress and then stress.

And the cortisol is going to impact your HRT use. And the other hormones. So be watching. And also know that HRT doesn't have to wait until you are in menopause because it can be over a decade.

And so do you really want to spend ten years accumulating all of these issues that tend to happen? Right. 85% of women are going to have symptoms of perimenopause.

Some about 25% have severe symptoms. And we're being told that we have to wait till we're in menopause to get treatment. And so by that point, yeah, you're going to you if you're having an impact on your thyroid, you're going to have full blown hypothyroidism, you're going to have full blown, you know, you can have full blown type two diabetes at that point.

High cholesterol from these dropping hormones. And you can be you have lost your figure. You're 25 pounds overweight. Now if you're going to start HRT, let's say you're now you're 52.

You're in menopause. So now your doctor's going to give it to you.

## Preventing thyroid decline with early HRT support

Look at all the things you've got to try to reverse. And I will tell you, as I've worked with thousands of women, as has Amy, it is way harder to reverse at that point than it is to prevent.

Right. Like, you see these women that have like they're well into their menopause years have never had any their and they start it. And yeah, they can definitely feel better right away.

But the metabolic stuff that happened during those perimenopause years, oh it can be tough to get rid of like really tough. Yeah. And so I always encourage women that as they're losing these hormones, you know, there's no amount of dieting.

There's no amount of supplementation or stress reduction that is ever going to bring back ovarian function. And so you have to be on top of this where it's like, okay, I'm 43.

I'm not obviously eating any more. Clearly I've got the signs and symptoms, which means I don't have very high progesterone. So no amount of weight hacks or diet or anything is going to suddenly go, oh, we're going to give you some more eggs so you can keep ovulating it, right?

It doesn't happen like that. And we have to really get that through our heads where there's comes a time where, yes, all of those things should be part of the picture.

Of course, I'm a big proponent of healthy living, a lifestyle, a. Lifestyle. Right? 100% is going to help you in these years. It's going to help your thyroid to function better.

But the hormone, nothing can do what that does. And you know, I get it's not for everybody and it's everybody's individual choice. But educate yourself on the use of hormone replacement therapy because as I said before, I can't tell you how many women I've seen who started that progesterone when they should have it in their early 40s and you see their thyroid come pick back up, you know, or do they start the estrogen before they put on the 20 pounds while their estrogen is going down in their mid 40s and they're like, I'm going to top my estrogen production up now.

And they use it. And sure enough it's like they don't gain nearly as much weight. They feel so much better. These Perimenopausal years are enjoyable. There's like no more brain fog.

They can put muscle on. They they have a libido and their thyroid stays functioning. Exactly, exactly. Now, before I let you go, I do want you to touch on one topic that I'm sure is swirling around many of the listeners minds, and that is on the safety of hormones, because we've been told for years that hormones cause cancer.

And it all stemmed from the Women's Health Initiative study that I'll let you expand on. But since then, even the authors of the study have come out saying, you know, we just we didn't really nail it.

It's it's it's not right. And they're retracting that that statement that hormones cause cancer. So can you speak on that? Yes. Yeah. Well, first of all, common sense is that I always start there, which is why in our whole entire fertile lives are we able to produce boatloads of estradiol and estrogens, and nobody is telling us that we're at this higher risk of breast cancer because of our natural production of estrogens.

That's not said. And so why do we have this fear of it suddenly? Why is it become a death sentence to have the exact hormone that our body makes given back to us in perimenopause and menopause?

Why suddenly is it going to be dangerous? It just that to me doesn't make any sense at all and there's no grounds for it. So in the research and the why study, as well as newer studies that have been done, have proven that when women replace their estrogen, even with horses, estrogen, which is what was used in the study, horses estrogen, which is not like our own, it's a lot stronger.

It was taken orally. The wrong way, like blah blah blah. Even that showed a reduction in developing breast cancer by 24%. But we don't hear about that.

Even though the authors of the study even have come out to say, oh, we were wrong. It was the progestin arm of the study where women were on progestin, which is a synthetic progesterone that's in birth control pills and other medications that caused in a small to increase risk in developing breast cancer.

Was it one extra woman out of 1000? But do you remember the study where the women were on prem and only the horse's estrogen had a reduction of breast cancer by 24%?

And if any woman went on to develop breast cancer, they had and they had been using and they had a 45% reduction of dying from that breast cancer, and the effects lasted for decades, like the protection that it gave lasted

for decades.

And so do we hear about that?

## Safety of hormone replacement therapy

No, we don't. And that's what's so like it's just doctors need to be saying to women, oh, hey, Amy, you're you're 48, you're estrogen going down. You need to get on top of this because estrogen is going to help protect you from getting breast cancer.

It's going to help protect you from all causes of mortality. So it gives us a reduction by 33% in all. All cause mortality, a reduction. So all causes of death.

If women use HRT, they can reduce their risk by 33%. That's huge. Like what do you know of that can reduce your risk of all causes of mortality by that much?

There isn't anything. Now you know. We know that it can help reduce drastically reduces our risk of Alzheimer's and dementia. Osteoporosis. We don't hear about this and we're being fearmongering.

I just had a client who a patient of ours who went to her doctor for a pap test she had on the gown. She was in the room ready to jump up on the table, and doctor came in and she started to talk to her about the fact that she would like to start hormone replacement therapy.

She's working with us too, right? So she was like, all knew what she wanted. And she's like, okay, I want to start hormone replacement therapy. I know the benefits and blah, blah, blah.

And the doctor stopped. She said, put your clothes on. I'm not going to help you if you want HRT. And I would advise that whoever you go to next, don't tell them that you want HRT if you want them to treat you.

And she walked out the door. There was a doctor that was literally a couple of weeks ago. So it's and this is I hear these stories on a daily basis. And so we are being fearmongering by the medical system and it should be just the opposite, where if they were looking out for women's health, they would be saying to us that in perimenopause, hey, let's watch those hormones because they give you the one of the best anti-aging benefits that you can ask for, and it'll help prevent you from taking a whole boatload of medications, could help you take a whole boatload of medications down the pipeline, like down the road, right?

And that's where people will say, oh, but it's not natural. You know, we're supposed to go through menopause. Well, we're supposed to develop heart disease from aging.

I mean, that's our number one killers. Heart disease. So are you going to deny the medication that could save you if you develop heart medication? Because it's natural.

And this is part of aging? No. You would never. Right. Are you going to say no to the antidepressant because you're so depressed suddenly because you have no more estrogen, which is can be a very big cause of depression in women, in menopause or anxiety because you've lost your progesterone, are you going to say no to the anti-anxiety or the antidepressant?

If it could really help, you know, you would say yes. And so when we look at hormones, we have to look at it as this option in a toolbox of what are our what's our best choices that's going to give us the least amount of negative side effects.

And that's going to be most aligned with our body. And that's hormones. I mean, they're they have been proven time and time again to be safe and to be beneficial.

These are things that we've had our whole life. And then suddenly, like I said before, there's this death sentence. It

just makes no sense. It's like, hello.

Give it to me now, if it's going to help me prevent all of the number one killers of women, I want it. If it's going to help me stay youthful and have my brain intact and my skin looking better and my, my inflammation down and my immune system up and my mitochondria up, like, I mean, the list goes on.

Hormones are everywhere. They're not just for fertility. And so the takeaway here for everybody is it's not just about thyroid, it's about your whole system health.

And make sure that you stay on top of this and get the right information for yourself and make an educated decision when it comes to perimenopause and this time in your life.

Absolutely amazing. Karen, thank you so much. Such a vital piece of information that women need to hear. And where can they find you if they want to look you up and follow you?

Yes. Karen Moore Telecom, we have a hormone replacement telemedicine, clinic, I guess on online. It's not a it's a virtual clinic. We can prescribe in every state.

We've got some good group coaching programs. I've got my own podcast, Hormone Solutions, which Amy's been on several times.

## Where to find Karen Martell and her resources

And she'll come back again and again. And we talk about so much of the same stuff. I know we love anything. It's amazing. And you have a line of hormone creams too, which are absolutely unreal.

So you can find those on your website as well. Yeah, you can, you can get those without a prescription. So we've got progesterone, we've got an extra out and we've got a biased, as well in the face cream.

So with estrogen so you can purchase those, like I said, without prescription, which is nice. So you can DIY your own hormones. So if you're not getting the help that you need, that's it.

You could you could start there. Absolutely. And now that you know the importance, ladies, I recommend doing so. So Karen, thank you so much for your time today.

I greatly appreciate it. And thank you for being part of the Reversing Hashimoto's Summit. Thanks for having me.