Fire Your Doctor If They Only Check TSH. Here's What They're Missing. Transcript

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Welcome to Day Two

Hello. Hello. Welcome back. Day two of the Future of Menopause Medicine Summit. I'm your host, doctor Sharon Stills. Good morning and good day to you.

You've got a wonderful day ahead of us with lots of informative, mind blowing, mind changing, life changing interviews. So welcome back. Or if you're here for the first day because you missed yesterday, welcome.

And as I said yesterday, I'm going to come live every day and do a little teaching for you all. So yesterday I gave some tidbits about hormones and how I look at hormones, and why I have such great success with hormone replacement for patients.

Today I want to talk about another hormone. I want to talk about thyroid hormone because next to sex hormones, at this time, thyroid is one of the other biggest things that Doctor Ben and I treat in our clinic Lasting Wellness Center in sunny Scottsdale, Arizona.

So fire pause happens alongside menopause. Basically, while the sex hormones are all packing up and headed to a hammock in Hawaii, the thyroid and the adrenal.

Why Thyroid Matters in Menopause

Tomorrow we'll talk about the adrenals. The thyroid. Looks over and says, wow, vacation time? Invite me. That looks like a good idea. I'm going to stop working, and I'm going to go lie on a hammock, too.

And your thyroid drops. And this can show up in many, many different ways. There are over 100 different symptoms connected to low thyroid function, from low temperature to low pulse rate to the more common hair loss, constipation, weight gain, feeling cold all the time, depression.

You can also have bruising. You can have asthma. Your ears can be ringing. You can have muscle pain. You can have loss of eyebrows, dry skin, dry hair.

There's so many different reasons or symptoms I should say that can happen when your thyroid is under functioning. And so I talked about yesterday how you want to look at hormones in a 24 hour wet urine, not dried urine test.

And today I'm actually going to talk about blood work. Because blood work is the place we can look for thyroid function. So I've got a few things to say.

And the first is which you've probably heard already, like you got to get the six tests. Don't just rely on TSA. If your doctor's only relying on TSA, then time to fire and find a new doctor because they're living in the dark ages.

Key Thyroid Blood Tests

Just like if your doctor still thinks estrogen is harmful. Dark ages, it's a lot of dark Ages doctors out there. So you want to get the six levels, but you want to have them accurately evaluated, because I see a lot of patients who come in and they have had the six levels and they're still told their thyroid is fine, or they're just put on a little dose of thyroid and their symptoms don't really get better and no one ever changes anything.

So actually, the two most important for understanding thyroid function are your free T3. Not a total T3, not a T3, a free T3. Why free? Because that means it is unbound proteins and it's actually free to be you and me.

It's able to go to the cellular receptor side to knock on the door for the cellular receptor side to say, yes, come in, let's party, and to actually make a difference inside the cells.

So it's very important that little word free means a lot. Now a typical T3 free T3 level is about from 2 to 4.4. It changes lab to lab, but that's on average.

So I see plenty of women who come in and they have a 3.3. They're like right in the middle. And they're told, oh, you're right in the middle of the range.

You're optimal. And this is a functional medicine thing where we're looking for optimal ranges. And sometimes that's appropriate. Sometimes yes, we want you right in the middle when it comes to thyroid.

That's very short sighted thinking. And that's not always accurate. I have more patients than not who need to be at a 4.4 or 5 point 5 or 6.6. They need to be higher than the reference range for their laundry list of symptoms to go away.

So yes, we pay attention to the blood work, but more so we pay attention to you and how you're feeling. Because I'm treating you. I'm not treating numbers on a paper.

It's a great doctor day. When you feel great and your numbers look perfect and then hooray! But first and foremost, we want you feeling good. And you may not feel good at a four.

You may not feel good to. You're at a 6.6. And then another doctor looks at it and says, oh my God, you're hypothyroid. No, if you were hypothyroid, you would know because your heart would be palpitating, pulse would be racing, you'd have diarrhea, you'd be sweating, you'd have anxiety, you'd be a hot mess.

So we have to pay attention to ourselves and how we feel. So your free T3 is something we use as a gauge, but we're more looking at. I have a list I give to my patients.

Optimizing Thyroid Treatment

If you come to our after party, my webinar after the summit, we can go through the list, we can give you the list and you can see for yourself what is actually being affected by your thyroid not functioning optimally.

So free T3 is super important. Much more important than TSA, which is just your brain screaming to your thyroid saying make more thyroid if it's getting really high or when you're on enough thyroid hormone, it will get suppressed.

It will get lowered because then your brain is like, oh, I'm going to take a quick trip to the Bahamas. I can go on vacation too, because there's enough thyroid hormone floating around.

I want to scream anymore. So free T3 is really important and reverse T3 is really important, and a lot of doctors do not even run a reverse T3. So again, a reverse T3 is about a five to a 25 typical range, and we're looking for you to be at the low end.

So if it's a five, you know we don't really want you higher than nine. Anything higher than that. And now your body's taking T4 and turning it into reverse T3.

So instead of like free T3 knocking and coming in and having a good time inside the cell and doing wonderful things for you, reverse T3 is like a bouncer at the bar.

It stands at the cellular receptor site. Blocking it doesn't let free T3 in and it blocks, so it doesn't do you any good. It doesn't help your thyroid function.

Now, there are reasons why your reverse T3 may be elevated. Sometimes that's just you're not a good converter.

Sometimes it's stress, sometimes it's illness, sometimes you're not eating enough calories.

So we need to look a little clinically and see why. But what I want you to take home here, that needs to be done with your physician. But what I want you to take home is that if your reverse T3 is high and you just take T4, it doesn't turn into T3, it just turns into more reverse T3 and you don't feel better.

So often I have patients either on a combination of some T4 and T3, or some patients don't do well at all with T4 and they're just on T3, so their T3 only. And a lot of doctors who do give T3 will give like a five microgram.

And I can have a patient on 60 or 90 micrograms twice a day just to give you a realm. This is not an invitation to go find some T3 and take it yourself.

This needs to be done under doctor supervision, but it's to make you aware that there are lots of options in treatment of thyroid hormone to make sure you are getting optimized.

And when you get optimized, you know what happens. You feel freaking fantastic. Patients often say, and it's so funny to me because it's the same term they use.

They say doctor stills. It feels like someone flicked a light switch and I have energy. I feel like myself again. I can think my brain fog has listed my lifted, my muscle pain has gone away, and so on and so on.

The weight has fallen off that 10 pounds that would in bud. It budged. It left. See you later. So I just want you to know that there's hope. There's always hope.

Thyroid Antibodies and Root Causes

It's really important for me that you know that as far as the thyroid antibodies, the peroxidase and the thyroid globulin, if you have elevated antibodies or you have antibodies that are too high, even if the lab hasn't marked them high, you still may need thyroid hormone.

But you also need a doctor like me, like a two year old going why, why why why why is your thyroid attack? Why is your immune system attacking your thyroid gland?

It's not enough to just take some thyroid hormone and not ask the question why? There's many reasons, from mercury in your mouth to gluten in your diet, to selenium deficiencies, to iodine deficiencies, to blessed assistance hominis in your gut to leaky gut, two two to on and on and on.

There's many reasons why your immune system can be cranky and going after a very vital and important part of your body. So we have to ask the questions why?

And we have to dig a little as far as ts a baseline TS anything over one has me questioning. So if you're coming in in the range is 0.45 to 4.5 and you're at a 4.2 and your doctor's like, fine, you're in range.

Probably time to look for a new doctor. That's way too high. We don't wait till things totally fall apart or till they get out of the range, because whose ranges that anyway?

So that goes back to what I was saying. What's most important is how you feel. So when I'm titrated, someone up a patient up on thyroid hormone on T3, I'm checking how they feel first and foremost before I'm checking if the lab numbers.

I want to know how you feel. I want to know that you're feeling good, and then we can see well, when you're feeling good, what are your lab numbers look like?

Okay. This is optimal for you. Now, if you have tried to take thyroid and you haven't felt good taking it, it may be because you haven't addressed other areas in your body.

As I said yesterday, and as you'll hear me saying throughout the whole summit, we are a terrain. We are an interconnected systems, and the hip bone truly is connected to the thigh bone.

And we have to look at all of you from energy to emotions to physiology to biochemistry, all of it's important to your lifestyle. And so one of the things that I always do is work on the adrenal glands before we start to rev up the thyroid.

The way I describe it is the adrenal glands and the thyroid. Boop boop boop. They go to the playground, they get on the seesaw to play, the thyroid goes up, the adrenal glands go down.

So we've got to be attending to the adrenal glands. So when the thyroid goes up, the adrenal glands go up with it. And we have a new kind of seesaw. So I trust this has been helpful and has served you.

Closing Remarks and Tomorrow's Adrenal Topic

And jot your questions down. Doctor Ben and I like I said we will go live after the summit. Keep your eye on your email from us and we will. I know you have questions because I've been doing this a long time and we will answer your questions, set the record straight, educate you, do all that we can to help you feel good.

Because when you feel good, then wherever you are in the world, everyone around you feels that you can practice your purpose, give your gifts, enjoy your life, be happier with your loved ones and strangers, and it just makes the world a better place and we all benefit from that.

So that's my little thyroid lesson for the day. We've got great talks today, including one about thyroid, so be sure to miss that and enjoy the talks again.

As always, I'm grateful for you to be here. I'm grateful that you're choosing yourself. I'm grateful that you're choosing me and the information and providing and deeply honored.

So enjoy the day and I'll see you here tomorrow. We're going to talk adrenals by.