Introduction and Background

Hi, welcome to Doctor Talks. I am your host, Doctor Kelly Halderman. We are so excited to have with us today, Doctor Jen. She is an amazing doctor. She's an author practitioner.

I'm just excited today to talk about Hashimoto's, condition that affects many people, including myself. Including doctor Jen. Doctor Jen, welcome. Thank you so much, Kelly.

So I'm doctor Jen. Doctor Jen, like, I'm a double boarded physician. I am boarded in emergency medicine and integrative medicine. And I am an author. I coauthored a book, eat, sleep, move, Breathe A Beginner's Guide to a Healthy Lifestyle.

And I have a practice in Ohio. And also I own a supplement company with some supplements that help with thyroid and gut health and all of that. But my big passion is helping people with thyroid disease.

I had Hashimoto's myself. I was actually diagnosed in medical school. And a little bit interesting is they diagnosed it not by lab work but by frozen biopsy.

I had a nodule that we had been watching for years and then it got bigger. So I don't think that I had the proper care. And it was a little frustrating because I lost half of my thyroid in the surgery, but I was able to reverse my antibodies and I'm in remission now.

So my passion is to have patients be listened to. And I'm sure with all the guests that Kelly have had during the summit, you have learned a lot about the different things with the thyroid and symptoms and what to do.

So I'm so happy to talk to everyone today. Yeah, definitely. We've gone down some paths with thyroid physiology, and thyroid care, but I'm excited to talk to you specifically.

Let's start off, about Hashimoto's. What is Hashimoto's thyroiditis? So Hashimoto's thyroiditis. It's a weird name, right? It's a very strange name, but what it is, is an autoimmune disease of the thyroid.

So your body creates thyroid antibodies to attack the thyroid tissue, and this causes the thyroid to not function as well. Now there's different sorts of antibodies that can be elevated.

The most common is anti TPO. There's also thyroid globulin antibodies. And what happens is someone might have signs and symptoms of hypothyroidism. Or they might be declared hypothyroidism or a low functioning thyroid.

And then additional panels are ran to discover that it's Hashimoto's.

What Hashimoto's Is

Okay great. Do you think that the majority in the literature would suggest the majority of people with hypothyroidism? They're looking at a Hashimoto's thyroiditis type condition? Yes.

So when we look worldwide at the most common cause of hypothyroidism or functioning thyroid, it's actually iodine deficiency. But when we look in the United States, the most common cause of hypothyroidism is Hashimoto's thyroiditis.

So very different. In the US it's common. So if a woman is having thyroid issues or something is off with their thyroid or they feel off, that is when I step in and order a full panel.

And not just for H and free T4. We want to look at why a lot of the times, I'll see patients and their thyroid functions

are actually they're in range.

They're TSH, they're free T4, they're free T3. But then we dig a little deeper and we get a full thyroid panel. And they have positive thyroid antibodies.

And that is a perfect time to intervene when it's early. We want to intervene early. So think about you know your body is attacking an organ. We want to stop that and figure out why it's attacking and fix the root cause.

And if we can do that, we can preserve the thyroid tissue and the thyroid. And then you possibly cannot be on meds your whole life. Absolutely. I just, published a book.

We were just talking about this before we started recording and, called The Thyroid Debacle with Doctor Eric Cabbage. And we actually created a panel on request to test.com, that is a website where you can actually order your own labs.

But we created the panel called the Thyroid Debacle Panel because we want even doctors to understand which labs we ordered because a lot of this is mess.

We know, and I've trained in ethnic medicine. You did to we were told to say reflex free T4. We're done. So I love that you're looking deeper.

Diagnosis and Early Intervention

I love that you suggest that and do that in your patients. I think it's something that is missing in allopathic care. So I love that you are an allopathic physician.

You are digging deeper. So let me ask you this, doctor Jen, what can you do once you're diagnosed then with Hashimoto's. Yeah. So getting the actual diagnosis is key.

But then you'll even have, you know, doctors out there and are chronologies say, oh, you have Hashimoto's thyroiditis. There's nothing you can do. Just wait until your thyroid is destroyed by this disease, and then you'll be on thyroid medications the rest of your life.

Like they literally tell you to let your thyroid die. Now, this was told to me. Was it told to you, Kelly? Yes. Yeah. Yeah, it it's traumatic. It's really this is all we're doing and that's just not necessary.

And I've had, you know, dozens and dozens of patients where we've reversed disease and, you know, we don't need to take out their thyroid. You know, we don't need to do all of this stuff.

So that's the problem. You know, conventional medicine does lag a lot. Lag in the studies in the literature. So when you're looking at the thyroid there is more you can do.

So one big thing, one of the the main thing that I tell people to do is change their diet once they get a Hashimoto's thyroiditis diagnosis. And what we want to do is we want to seal up those tight junctions in the gut, make sure there is no leaky gut or intestinal permeability, and decrease that inflammation.

When we have leaky gut, we tend to have our immune disease follow because the body gets confused. There's all these large particles floating around that shouldn't be there.

We get inflammation, food intolerances, autoimmune disease. Now why is it so important if you have one autoimmune disease, your likelihood to get a second one goes up and who has you know who's more common to get autoimmune diseases.

Women unfortunately. And look, both of us you know on the how did I she motos so you the odds are kind of against us. So we need to make sure we focus in on the gut health right away.

And I tell my patients they go gluten free and I prefer they were gluten and dairy free. And then if we have really tough cases, like, I've had a really tough patient where she was swinging between Hashimoto's and Graves and she was going back and forth hyper and hypo, and we just did grain free to we just did it right away.

Right off. And that would be optimal. If you're really in a crisis with your Hashimoto's to just go grain free, because they're very inflammatory and irritating and when we do all this, we're healing that tight junction, we're healing that gut, and we're decreasing inflammation.

Right. And that brings me up. Excuse me.

Diet and Gut Health

The next question would be, and you alluded to this with dietary, proteins and things that are getting through the type junctions, the triggers for Hashimoto's so that B1 can you expound on some of the other triggers for Hashimoto's?

Yes. Another big trigger for Hashimoto's are viruses specifically Epstein-Barr virus or mono. So a lot of times when we look back at a patient's history, we try to figure out what their trigger is.

And EBV is a big one. So sometimes, we can control that with certain supplements or medications and get the viral load down. Sometimes there's other things triggering thyroid disease.

More graves I see parasites. They can be a trigger. Post-partum is a really big trigger. So trauma stress and postpartum for women. That's probably when I see in my office the tipping point is, oh, I had a baby.

And then I started noticing all these hypothyroid symptoms. And I know something's off, but my tias H is normal, I'm told. So there there are a lot of triggers for Hashimoto's that we can do things about.

And we want to fix those triggers because when we do, the body can heal. Absolutely. And I think we probably have this in common is that in our medical training, we weren't taught to look for those root causes.

And I myself, when I, when I was just starting to become ill, when I was in medical training, there was nothing that I had in my toolkit to help with root cause evaluation.

So I had to go get extra education. I'm sure you know, it sounds like that you have as well in that, you know, the root cause it's it's paramount to recovery.

And it sounds like you have the tools in your tool that similar to mine that you go looking for these, infections, parasites, other things. Because that's driving the, again, the triggers.

And I think that's really important for people to understand is that, you know, when you go to your traditional medical doctor, they just don't know about the root causes.

Right? There's nothing wrong with ethnic medicine. There's nothing wrong with your doctor. They just don't under quite understand. We weren't taught that right.

That wasn't on our board exams. Right. So, I love that. Just love your approach. It's just very holistic. And, it really is what personally help me is really getting after the infections and things that heavy metals that were driving, the Hashimoto's.

And I think that once you can get those under control, you have a way better shot of recovery. And so let's talk about some let's talk about medication.

Since you're a medical doctor, can medications help with, with Hashimoto's? Yeah. So when we look at Hashimoto's, there's a few different things we can do.

So first of all, if you if your thyroid is low, if your numbers are low and you're battling Hashimoto's, it's okay to be on some thyroid medications. A lot of people come to me, they're like, I don't want to be on medications.

Well, sometimes it's okay to be on a little support and sometimes that's just levothyroxine. Or sometimes you add a little T3 in with my thyroid or armor.

And I like to get you know, those numbers looking very, very nice and very like what our thyroid puts out, you know, 80% T4 and 20% T3. I like to keep it like that.

So there's there is that option another option. When I have someone that has Hashimoto's, we can support the thyroid. So we can get things like actual Gonda and zinc and tyrosine and you know, iodine.

So we can also get some supplements that will help support that thyroid because the thyroid stressed out, you know, it's stressed out when it has motos.

It's in there family and it's inflamed. So we want to, you know, give it some support and comment down. So two things that I really like for for thyroid and autoimmune.

One is a peptide thymus an alpha one. It's an injection. So hitting when like I said when I have those patients.

Triggers and Root Causes

But we're going to hit it hard. We're doing all the health stuff, but we need a little more because we have to act quickly. Sometimes I pull the trigger on thymus and alpha one.

Sometimes I also add on right away low dose naltrexone or LDN and LDN. What it does is it calms down inflammation. You have a partial binding to that new receptor with the low dose naltrexone.

And that releases healing endorphins. So sometimes that can really bring that inflammation down. And then other medications, you know for going after Epstein-Barr we can use specific supplements and medications.

Parasites same thing. You can use parasite cleanse. So that would be more supplements not medications and then heavy metals. If we need to address those we can use different healing supplements to get those out.

Do you have an opinion on using thyroid gland fillers. Yeah. So personally I'm not a big fan with thyroid gland. So I probably because more of like my allopathic side.

I really like to have things that are very consistent. So glandular is in general I just get them sometimes with adrenal health, if someone's very low and we, we have a saliva test on it.

But thyroid gland I've had some weird situations with patients. Actually recently they were on a thyroid gland but weren't we weren't really getting her levels optimal.

So I'm like, can you find out exactly what the ratio T4 to T3 was in there? And they couldn't get that. So then we went to she went to a different thyroid glandular supplement company and she it was a crisis almost.

She was, almost in makes a diva. I mean, her thyroid levels. I called her and I got them and I'm like, oh my gosh, we have to do something. So now there are thyroid gland users that are like through prescription.

So those would be like ARM or thyroid right. So that's actual pig tissue, thyroid tissue. And now those I'm fine with because they're not you know what you're getting.

It's not more of propriety blend where you don't know what you're getting. So that that's why I really like to keep a number on on what that is. Because once we have someone in there, Goldilocks thyroid medications, you know, their proper t four to T3, they're feeling really good.

You know we know that they're consistent on this and they just stay on that. And that's how it is with me. I have my specific regimen and I feel good on it.

Now I have to take three medicine because half of my thyroid was removed, unfortunately. So even though my Hashimoto's is in remission and that's one thing you have to remember is don't be hard on yourself.

If you're on the thyroid medication, just know that you're not progressing your disease because if you have inflammation in your body, inflammation caused causes disease.

So you have to get to the root cause of that inflammation because inflammation can present as another autoimmune disease later on. Dementia, you know, diabetes, all these things.

So that's why we really want to get a handle on this, like, yeah, I totally agree. And I think that some people think that when they're on medication, like you said, that they're feeling that they're not.

But it it's so appropriate at times. And I totally agree with you. And then I feel like there's people who get off their thyroid medication, pharmaceuticals and move on to a glandular.

But Doctor Eric Welcome is the coauthor of the thyroid debacle. He calls that the greenwashing of medicine, meaning you didn't really change anything.

Medications, Supplements, and Supportive Therapies

You went from, you know, a pharmaceutical and you're using now something that has the active in it when what we want to do is we want to restore your train, we want to get rid of what caused it.

And so, you know, I get kind of caught up in, you know, people going, well, I'm only on a lander. It's like, but what have we gone into the pillars? And have we really fixed your gut?

And have we looked at all, you know, the things that can be causing it? So I really I, I hold the opinion that you do to that, you know, again, you have to be careful with any of this and you shouldn't be your own doctor and you should really have someone on your team to help monitor your labs and things.

And so I think that's really, a really good point, doctor Jen, thank you for that. You mentioned remission, and both you and I, high five are in remission.

Right? So it is it is a thing that we can actually achieve this. It is doable. I two actually still have to take a pinch of pharmaceutical compounded T4, T3.

I just do right. I'm. There's nothing wrong with. I've done everything I can do to optimize all the other systems of of my body. In our book we talk about fitness factors physical health, emotional health, digestive health.

Like all the the fitness factors that you want to optimize. And I've done my best and I don't feel guilty when I have to take my compounded thyroid because, you know, that is really what my.

But there was years of of misdiagnosis, long standing tissue destruction. So it is what it is. But again, I think it's really important that people seek out, medical attention.

But talk to me about your remission. Talk to me again about how that was for you. Yeah, of course. And I do agree, Kelly, I think it's very important with thyroid in particular.

Do not guess. Right. Get get labs, work with the doctor. We work with the health care professional because it's something that it affects all your all your body system.

So we just don't want to mess around with it. Right. And in pregnancy, you know, we're checking thyroid every

month because we want to make sure the baby is getting enough T4.

So I think, you know, we we have to I know like you said, we get in this greenwashing culture or, you know, be your own best doctor and you can. But at the same time, we don't want to mess around with certain things.

So so my remission was I, I finally, you know, I got into this world of integrative medicine, alternative medicine, because I realized that conventional medicine didn't work.

I worked in the same year for about seven years, and would see the same patients over and over again for different things, you know, GI stuff, whatever.

They knew my name. They knew I was pregnant, having babies. I mean, I was like their primary care doctor. And I was like, wow. Like they're going to their doctor's appointments and they're not getting better.

This is there has to be a different way. So I found integrative medicine and went back. And when my kids were, gosh, my six year old was two at the time.

And I'm just like, well, my husband, I'm like, I'm doing this. I'm doing a fellowship. I'm, you know, going back to school and while I'm still working in the air and, and raising kids.

But it was worth it. So for me, my remission look like treating my Sibo in my gut. So my small intestinal bacterial overgrowth and going gluten free. So part of me wonders if I didn't have celiac.

I won't get tested for it now because I'm never eating gluten again. But my my gut health was a big, big part of my development of Hashimoto's. And then I can look back at my childhood when I was first diagnosed with just hypothyroid.

But they never checked my antibodies, I had mono, I had, you know, a lot of the antibiotics my parents would take me, you know, for a sore throat and they would just give me a Z pack.

And of course, I believed in medicine. I thought medicine was good, right? I mean, a lot of people grew up like that. And I think the cultures changing a lot.

So probably gut health was my problem. So once I fixed that, my antibodies went down to zero and they've stayed there. I still check my antibodies every year.

I just want to make sure that nothing is off, because that's the thing. You want to make sure that your low inflammation, autoimmune diseases aren't coming back because they could.

Remission and Personal Recovery

So when we say remission, it's still hard work. You still have to make sure you have to keep the path of health. But I will tell you and Kelly, you probably feel this too.

I will never go back to how I was when I was in residency training. I was, you know, eating gluten, probably stressed out. I was drinking diet pot, drinking tons of coffee.

I couldn't even imagine what like, my cortisol was like at that time. But I will never go back there because I feel so good now. So yes, it's hard work, but you're also you're you don't know what it feels like to feel good until you feel good, you know?

And then then when you start feeling bad again, you'll never go back. Yes, absolutely. We you know, we've actually never met in person, but I'm like, we are so similar in so many ways.

We did that residency training I was drinking day about do delivering babies at two in the morning. I mean just a

mess right. So we kind of got set up for really like getting like sledgehammer like in the face, like, okay, we're, you know, we're really this body's really sick.

So I'm so glad though, that you shared your story that remission can happen. Again. And I love the point. You said we work at this every day, right? It's not something where our mission.

And then we go and have a donut, right? It's where you really just keep working on every, pillar of health that that we possibly can. I notice I'm pretty sure you and I both have a Juve light in the back.

Yeah, that's one right there. And there's my matching dude, like red light therapy. Are you a fan of red light therapy for thyroid health? Yeah. It's great.

I think it's very good. Especially if you're going through a huge, you know, situation of healing. But put that red light. You can just put it on your face and get your neck to or get your neck and get your face, because it's good for skin too.

It's funny. That's when I got my red light when I was in my last pregnancy. So I'm like, I was 38. I was advanced maternal age pregnancy. So I'm like, what am I going to do for my face?

You know? So it's it's nice. It's very nice for that. So red light is just another great adjunct if you can afford it, you know, buy a red light instead of a new purse.

Like, you know, I mean, it's a good investment. It's investing in you and your health. Yes. Very good, very good advice. Okay. So I think that you've done a marvelous job of really going through Hashimoto's and all the pillars of that.

I love what you conveyed today. I'm so appreciative of your time. Why don't you tell us how we can get Ahold of you, where we can find you? I see your book.

Eat, sleep. Move. Breathe. Awesome. I'm going to buy that you get off the podcast. Tell us about your supplement company and all of that. Yeah. So I hang out the most on Instagram.

I do the most teaching on Instagram, and I have a great community. So my handle is integrative. Doctor mom. So integrative Dr. Mom and my website is health ology by Doctor jen.com.

And there you can shop supplements. You can look at the blog.

Red Light Therapy and Closing Remarks

I also have a lot of protocols on there. From everything you know to a virus related to to gut health. So it's a good resource because I do have a brick and mortar business in Toledo, Ohio, but I have quite a bit of a waitlist, so I like to teach and, share information, other ways to get people healthy.

I mean, Americans, we are just not a healthy country. So I really just think we need to band together. There's a lot of things that we need to fight against, ingredients in our food and bring on crop.

So I think that, you know, the more we can learn and have community together, the stronger and healthier will get. So perfect. I couldn't have said it better myself.

Well, Doctor Jen, it was so nice to meet you and thank you so much for being on doctor talks. And I hope to, see you again on a summit, perhaps. Yes. Thank you so much, Kelly. It's been a blast talking to you.