Introduction to Thyroid Autoimmunity

Well, welcome to the conquering Chronic Inflammation Summit. I'm your host, Dr. David Jockers. And today we're talking all about natural solutions for Hashimoto's thyroiditis as well as hyper thyroid, also called graves disease.

And if you know anybody, it's dealing with these kind of conditions with any kind of thyroid issue. This is going to be a great, great interview to listen to.

You're going to get so many great nuggets. My host my my guest is Dr. Eric Osansky. He is the bestselling author of the book Natural Treatment Solutions for Hypothyroidism and Graves Disease, which is now in its third edition.

I just recently read this book. Fantastic book. So anybody that's dealing with hypothyroid or graves disease, not only should they listen to this interview, but also consider getting that book.

And he also has another book. A second book called Hashimoto's Triggers. And so all about root cause factors for Hashimoto's and how to address those.

And he's the host of the Save My Thyroid podcast. Great podcast. I've been a guest on there as well in the past, and he has a great website, Natural Endocrine solutions.com, where he has a free 52 page guide, the Six Steps to Reverse Graves Disease and Hashimoto's naturally.

So consider checking that out at Natural Endocrine solutions.com. And in this interview we're going to talk all about thyroid. We're going to talk about major signs and symptoms of Hashimoto's thyroiditis as well as hypothyroidism or graves disease.

How to tell a difference on lab work conventional diagnosis, conventional treatment options and natural strategies, nutrition changes, lifestyle changes and specific herbs and nutrients that you can use to help support your thyroid healing journey.

You guys are going to. You're really in for a treat. You're gonna really enjoy this interview. So without further ado, let's go into it. Dr. Eric Osansky, great to connect with you.

You know, I was saying earlier in my introduction how much I've enjoyed your book on hypothyroidism. Really probably the best book out there, I would imagine.

Most thorough book out there on that topic. And so I really appreciate you taking the time and going through all the depth there. And you're on your third edition now.

So you've really updated that. And my first question is really how did you get into the thyroid health space. Yeah. So great question, Dr. Jockers I had my like a lot of practitioners who do what they do.

I had my own health journey.

Dr. Osanskyu2019s Thyroid Health Journey

And so I developed hypothyroidism. And at that time, I wasn't too familiar with hypothyroidism. I was just, I'm a chiropractor, or I was just practicing.

Just like a regular chiropractor, you know, adjusting patients. And, you know, it was a bit of a shock when I developed hypothyroidism and then eventually so on endocrinologist and was diagnosed with graves disease.

And even though I didn't have a lot of experience as part of my continuing education credits for chiropractic, I always would take nutrition courses. And so some of those courses were actually functional endocrinology courses.

And so I knew there were natural solutions out there for, you know, both hypothyroidism and Hashimoto's. And so when I was diagnosed, I knew I was going to least attempt to take a natural approach.

I didn't know if that would be effective or not. But yeah, long story short, I, you know, I went ahead, I did things from a dietary standpoint, stress management.

And we could talk about some of these and, you know, supplements and just avoided the medication, which is very common with hypothyroidism, anti-terror medication a lot of people take.

But I was able to use herbs such as bugle weed and mother war to manage the symptoms. And then, yeah. And then just realizing that there are a lot of people out there with thyroid conditions, especially, I mean, more so Hashimoto's.

But the problem is, there's not a lot of practitioners who focus on hypothyroidism. And that's why I decided to write the first edition of my book. And then recently, released the third edition, just to update that.

But, yeah, essentially, that's my story. Just, turned my own success story into helping many others with hypothyroidism as well as Hashimoto's. Yeah, I know whenever I put out thyroid information, people are always like, what about hypothyroidism?

I get that kind of question all the time because, again, there's not a whole lot of content out there on that topic because it's a lot less frequent, a lot less common than Hashimoto's, or than hypothyroidism, too low thyroid hormone.

And so let's talk about some of the symptoms you were experiencing when you got your diagnosis. And then really any other any additional symptoms that can clue somebody in that they may be dealing with hypothyroidism.

Yeah. So the first I mean, some of the first symptoms I experienced was weight loss and increased appetite. But I should also say prior to my diagnosis, I was was dieting and detoxifying and which which is good.

But I was going a little bit too extreme. and, you know, but those are common problems because you have an increased metabolism and what hypothyroidism.

And what's the weight loss? I lost 42 pounds, which, is a lot for anyone and no exception in my situation. Increased resting heart rate. the way I really knew that something was up as I was walking around in a Sam's Club one day, it took my blood pressure, one of those automated blood pressure machines, and my blood pressure was fine, but my resting heart rate was 90.

And then, I measured the next few days, found out it was anywhere between, like, 90 and 110. So I had heart rate, increased resting heart rate. Then I developed heart palpitations.

I mean, just, loose stools, another common symptom. And something I experienced as well. I had some tremors. So those are probably like the, the main symptoms and I mean some other symptoms that others experience.

Anxiety is pretty common in some people. Insomnia. and there's also, hair loss. Actually, hair loss is very common as well with both hyper and hypo. And then there's what's called thyroid eye disease which is more specific for graves disease.

So graves just like Hashimoto's those are autoimmune thyroid conditions. And so thyroid disease is also an immune system condition where the immune system attacks the tissues of the eyes and can result in bulging of the eyes, can result in swelling, sometimes double vision.

Symptoms of Hyperthyroidism and Hypothyroidism

And so those are some of the more common symptoms associated with hypothyroid ism. Yeah. Now let's talk about hypothyroidism or really the most common.

You know it for this we really want to focus on Hashimoto's. But in general and Hashimoto's is number one. It's the number one cause for hypothyroidism.

And so what are the the symptoms there for hypothyroidism. How does that differ from hyper. Yeah. So again what hypothyroid. And typically you have that decreased metabolism.

So you'll notice symptoms such as increased weight gain weight gain. And then coldness is very common. Brain fog is common I mentioned with hypothyroidism you get a lot of times loose stools.

With hypothyroidism, a lot of times you get constipation. I mean you also could get hair loss. skin issues actually come with both, hypothyroidism and Hashimoto's.

But like Hashimoto's, a lot of time you get dry skin could also happen with hypothyroidism. But also a lot of people with graves will get rashes. but yeah, the again, the weight gain, the brain fog, obviously low fatigue.

Like again you get low metabolism. So fatigue quite common what hypothyroidism. And so yeah those are I mean there's definitely other symptoms people could experience like digestive symptoms besides constipation and blood sugar imbalances. But yeah those are some of the classic hypothyroid symptoms that I just mentioned.

Yeah. Now let's let's pivot to labs. So if somebody is having these symptoms they go in, they get some labs run. What specific labs help determine and hypo hypothyroidism.

And the difference is there. Yeah. So what most medical doctors do is they test what's called CSH, which is thyroid stimulating hormone, which is actually a pituitary hormone.

And it signals the thyroid gland to either produce more thyroid hormone in the case of hypothyroidism or in the case of hypothyroidism, like just signals to slow things down and not to produce thyroid hormone.

The problem is a lot of medical doctors. That's where they stop. They just do the TSH, and especially if it's within the lab range, it might be it might not be within the optimal range.

But if it's within the lab range, a lot of times that's all they'll look at. And so if like TSH is elevated, they might say the person has hypothyroidism.

And then if it's depressed then that's indicative of hypothyroidism. But you really want to look at thyroid hormone. So there's T4 and T3. The thyroid gland mostly produces T4 produces some T3, but T4 converts into T3.

And T3 is the active form of thyroid hormone. It's what actually binds that are receptors. And so again if someone has hypothyroidism and what you'll see is typically elevated T4 and T3 levels, that's a press TSH that I just mentioned.

And then what hypothyroidism. You'll see the opposite elevated CSH and thyroid hormones. They may be below the range, but a lot of times they're subclinical where they might be within the lab range.

But on the lower side and then do you want me to discuss the antibodies to the difference in the antibodies? What graves and. Let's go into that. And so, you know, just to kind of summarize what you're saying, like TSH is basically the brain telling the thyroid hormone.

So when hypothyroidism TSH is high meaning the brain's really screaming at the thyroid produce more hormone. And yet the hormone levels are low because it's not able to because there's destruction and damage to thyroid

tissue.

And then with hypothyroidism, the brain's quieted. Right? It's not telling. Basically, there's almost no TSH out. So it's not saying anything to the thyroid, but the thyroid just keeps spewing out hormone because the antibodies, the immune system is attacking the thyroid gland.

And it's kind of the opposite reaction. Now, a thyroid gland reacting in a way that lots of thyroid hormones being produced. And so yeah, let's talk about those antibodies.

These are what's actually the immune components that are actually, attacking different parts of the thyroid in the thyroid hormone. Yeah. So with graves disease you have what's called thyroid stimulating immunoglobulins, which is a type of receptor antibody.

And they bind they attack bind. To that one's actually attacking the brain TSH. Correct. That's that's the TSH receptor. So yeah. The receptors. Yep. Okay. Receptors on the thyroid gland.

Exactly. Yeah. Yeah. They attach it to receptors, the thyroid and then. Yeah. And that's what's causing the increased production of thyroid hormone. And then there's probably the most or not probably the most common antibody is TPO or thyroid peroxidase antibodies, which are more closely associated with Hashimoto's, although a lot of people with graves have them as well.

When I dealt with graves, I did not test positive for TPO antibodies, but depending on the source, the literature will say anywhere between 60 and 80% of people with graves, while positive TPO antibodies whereas what Hashimoto's about 90%.

And so those are TPO. Thyroid peroxidase is actually an enzyme that's important in the manufacture of thyroid hormone.

Key Thyroid Labs and Antibodies

So if you have the immune system attacking that process and that yeah, well lead to reduced thyroid hormones and then you have anti globulin antibodies.

So Thora globulin is a protein. It's actually part of the thyroid gland. So when you have those antibodies that means that the immune system is attacking and damaging the thyroid globulin.

And that also is important in thyroid hormone production. So yeah that's our globulin. And TPO antibodies are more damaging whereas those TSC more stimulating hence the name thyroid stimulating.

Immunoglobulins now are most conventional doctors testing those antibodies. And do you have to have elevation in the antibodies to be diagnosed with Hashimoto's or Graves disease.

Yeah. So to answer your first question, it depends. I mean initially they usually won't. They'll just start out with the thyroid panel, which I guess makes sense.

They'll look I mean, the antibodies form before the thyroid panel. So really you know ideally you should be looking at the whole picture. But usually what they'll do is they'll find the TSH out of range.

Maybe part of a physical, but but it depends. what what graves usually. What, like what happened with me? I went to a primary care doctor, and they did, I think they did just TSH and free T4.

So I was hypothyroid and then, you know, referred me to an endocrinologist and endocrinologist, tested the antibodies and, you know, and so that's usually what happens with graves.

What hypothyroidism. Hashimoto's a lot of times it kind of goes undetected for years. Or someone might just

randomly get the TSH tested again as part of a physical.

They'll see it elevated. And then it depends. Sometimes they won't test the antibodies. They might just put someone on thyroid hormone replacement because quite frankly, in the medical world, it doesn't make a difference.

If someone has elevated antibodies. That's in the presence of an elevated TSH. That's probably what they're going to do anyway. So I would say it depends.

Maybe maybe roughly like 4,050% will test for, the antibodies as far as Hashimoto's. But again, what graves. It's more likely because once they once they go to the medical doctor to diagnose that hypothyroidism that a good chance they'll test for antibodies again.

Sometimes they don't. Sometimes they're not familiar with graves. And I've seen that where they tested the Hashimoto's antibodies in someone with graves.

And and again, sometimes they are positive. But you really want to look at the see. And then as far what was, Yeah. oh, your next question was if there.

Well, I guess if they're negative, like if you have negative antibodies, does that rule out Graves and Hashimoto's? Not necessarily. You could have Hashimoto's and Graves with negative antibodies.

I mean, it definitely is more common like most people would. Hashimoto's will have either the elevated TPO and or our globulin antibodies, and most people have graves.

We'll have those elevated TSC now with graves, there are a few different ways you could detect it. Let's say if you have like false negative, you know, TSC like if someone's taking steroids or something suppressing the immune system and causing or there's another cause causing a false negative antibodies.

they there is something called a react radioactive iodine uptake test, which, doctors will give like a small amount of radioactive iodine. There's also radioactive iodine treatment.

So again this is not confused. An actual treatment that obliterates the thyroid gland. But it's looking at the uptake of the radioactive iodine by the thyroid gland.

And when it's elevated, that could indicate that someone has graves disease. not my favorite test because I don't want anybody to take that if they don't need to.

So if the antibodies are positive, I don't think that test is necessary. but then there's also thyroid disease I mentioned. So if someone, let's say, has negative antibodies and they're having not necessarily dryness because that's quite common.

But if they are having some bulging or high pressure or double vision, then maybe in that case they might want to go to an ophthalmologist, get that diagnosis.

And if they are diagnosed with hypothyroidism and thyroid eye disease, but the antibodies are negative, they most likely have graves. what? Hashimoto's is a little bit more tricky.

I mean, sometimes you could tell on an ultrasound, but it's not I mean, yeah, again, it is more challenging if someone with Hashimoto's has false negative antibodies.

But with graves, there are other mechanisms to, to find out. Yeah. And graves disease is treated more aggressively typically and taken more seriously in, in conventional medicine and rightfully so, because it could be life threatening, whereas Hashimoto's is not considered life threatening.

Obviously it's going to it's going to derail and, regenerate somebody's quality of life over time. But, like you

mentioned that pretty much with Hashimoto's, their treatment is thyroid medication, whereas with hypothyroidism they have to decide on medication and surgery, radioactive, you know, treatments, different things like that.

and so can you go into more detail with that? Sure. So, yeah, you're absolutely right. With hypothyroidism, it's not not to dismiss hypothyroidism. Someone has low thyroid hormones.

Obviously you want to address that. But yeah, it could be an urgent situation when someone has an elevated resting heart rate. And you know, I mentioned my range of heart rate, but some people have a resting heart rate of like one, 41, 51, 60 beats per minute.

And so the endocrinologist will usually give the person one of three options to answer thyroid medication radioactive iodine or thyroid surgery. And you know, I think answer three medication is a good first option.

And again, there are natural options like the herbs. so those are options too. But for just talk about the medical treatments and medical options again compared to radioactive iodine thyroid surgery, I would rather someone get into thyroid medication and save their thyroid.

The problem would answer thyroid medication such as meet them is all is Side effects are common. So a lot of people have elevated liver enzymes, sometimes a little depressed.

The white blood cell count. Sometimes people will develop rashes and just have other reactions. And when that happens, typically the endocrinologist will resort to these other treatment methods, say, okay, well if you're not tolerating the answer thyroid medication, then they're not familiar with the herbs.

And and there are other options like if you're familiar with low dose naltrexone on LDN that could modulate the immune system and is what I mean, which is not really known for hypothyroidism.

It has other applications, but yeah. Yeah, exactly. Binds the mycotoxins. But also if you look at the literature, it binds to thyroid hormone. And I've had a few patients who are unable to tolerate the anti throw medication but took the Coley's thiamin.

You know it's not the most convenient cause you have to take it away from everything. But if you're choosing between again that or reactive iodine thyroid surgery.

But yeah you know if from a medical standpoint if they can't take the anti thar medication, they're usually going to recommend either obliterating of the thyroid gland through radioactive iodine or getting thyroid surgery, which are I'm not saying there's there's definitely a time and place for thyroid surgery.

But we need to keep in mind, especially with graves. It's an immune system condition. So if you get those treatments, it's doing absolutely nothing for the autoimmune components and you're at greater risk of developing other autoimmune conditions.

Conventional Treatment Options and Risks

So yeah, I definitely, definitely recommend other alternatives for people who don't want to take the answer thyroid medication or who are willing to take it but are unable to tolerate it.

Yeah. And I think that's important, thing that you just said there was that with graves disease and really with Hashimoto's. Well, it's not actually a thyroid problem.

The thyroid is in a sense, just it's it's the immune system is the bully. The thyroid is is really the victim. And so if we just take out the thyroid, the bullies still there, you know, the immune system still dysfunctional.

And, so we haven't really addressed the cause. Now, in a life threatening situation, you gotta do what you gotta do. But, in general, again, we're not getting to the root cause with the issue.

We're going to go through some of the root causes before we do that. A lot of people have thyroid nodules out there. Really, really common thyroid nodules.

There's obviously an association with with autoimmunity. But what are some of the other factors involved with perhaps thyroid nodules too? Yeah. So just like anything there's causes like what causes thyroid nodules.

And there's a few different factors that could lead to development of thyroid nodules. So one problems with estrogen metabolism. So just the way your body metabolizes estrogen and and again someone who is like in.

Nodules are basically like scar tissue in the thyroid. Yeah. Yeah. Just kind of a build up of of dysfunctional poor functioning tissue in that region.

Exactly. Yep. And yeah. So estrogen metabolism and then insulin resistance, which are well familiar with just with the fasting is one of the great benefits of dealing with insulin resistance.

But, but those two factors and and it's not just thyroid nodules but just in the literature it shows that could also be related to other conditions, other growth such as fibroids, uterine fibroids, ovarian cyst endometriosis.

And so thyroid nodules also fall within that category. So those are are two of the big factors. Now there's a lot of controversy with iodine. So iodine you know, my first book, the first version of the book, I was very pro iodine.

And I'm still not anti-AIDS. I'm just more cautious with iodine. so I'm not you know, I don't tell people like to take large doses of iodine. I'm not telling people to, like, completely restrict iodine.

But iodine deficiency in some cases can also lead to thyroid nodules. Gets a little bit tricky because sometimes it could also stimulate thyroid nodules.

More so in like cases of what's called toxic multinomial goiter. but again so iodine deficiency just even inflammation could be a factor when it comes to thyroid nodules.

I would say those are the biggest factors. The, you know, estrogen metabolism problems, insulin resistance. Sometimes an iodine deficiency inflammation also could be a factor.

Yeah. Really good. Now with Hashimoto's, you know we were talking about those labs. There are cases though where Hashimoto's you might actually have like a hypothyroidism pattern for a short period of time, or at least more thyroid hormone then than as expected.

As can you explain that in more detail? Yeah. So there is a well, there's a few different situations. So one, there's Hoshi toxic ptosis. and then there's also postpartum thyroiditis.

A lot of times women will have it's Hashimoto's but the develop hypothyroidism. And yeah, what happens is, in these situations you get the thyroid gland, the immune system, damaging the thyroid gland and then thyroid gland.

I'm sorry. The thyroid hormone rushes into the bloodstream. And so essentially that person has a transient hypothyroid state. And, you know, it could be a few hours.

It could be a few days. I mean, sometimes longer than that. but yeah, a lot of times, especially in the case of harshly toxic doses, they may be misdiagnosed as graves disease when they and people could have all three antibodies.

I didn't mention that earlier. You could have the antibodies from both Hashimoto's and Graves, so that's possible too. But if someone is presenting with hypothyroidism and let's say those thyroid stimulating immunoglobulins are negative, we said it might be negative side negative antibodies, but it might be harshly toxic doses.

So you might want to look at those TPO antibodies, anti-viral globulin antibodies and see if those are elevated. And

then in the case of postpartum thyroiditis it's similar.

You know you get it's really Hashimoto's, but you get damage to the thyroid gland and the thyroid hormone, you know, goes through the bloodstream presenting as hypothyroidism.

Yeah. So there's just a number of these different patterns. And that's why you want a skilled clinician to really be able to sort through that and understand it better.

Now, from your experience, what what are some of the root cause factors? I know you mentioned a few there with the thyroid, with the with the thyroid nodules, what would you list as kind of the root cause factors that you know need to be looked at when somebody is developing an autoimmune condition like Hashimoto's or Graves disease?

Yeah. So there are definitely different factors as what's called. I'm sure you're familiar with the triad of autoimmunity, also known as the three legged stool of autoimmunity, where you have genetics, exposure to one or more environmental triggers, and then an increase in intestinal permeability, which is a leaky gut.

And so obviously we can't do anything from a genetic standpoint. but thankfully by finding removing triggers and healing the gut, those could be big factors in reversing the autoimmune component.

And so, you know, starting with the gut, I mean, again, according to that triad, everybody with an autoimmune condition has a leaky gut. You know, some question, but still very prominent.

So if if not everybody, most people have a leaky gut with graves, Hashimoto's, other autoimmune conditions. So just finding the factors that are disrupting the gut, is important.

So whether it's foods such as gluten, which also could be a direct trigger, and not just a leaky gut trigger. And then infections like H. Pylori parasites, which again, also could be a factor directly.

and we could talk about those after, but but yeah, just what's causing the leaky gut. And because a lot of people just jump into, like, gut healing, like drinking bone broth and taking out glutamine, and those are great.

Root Causes of Thyroid Nodules and Autoimmunity

but you want to find out what's disrupting the gut. So definitely healthy gut necessary for healthy immune system. As most of the immune system cells are located in the gut.

And then as far as the different triggers. So I mentioned a few of them. Like food sometimes could be a factor such as gluten, dairy, even corn. And then we have I mentioned infections like certain infections, such as I mentioned, H.

Pylori, which is a correlation with both Hashimoto's and Graves in the literature. Epstein-Barr, which is a virus that could also be a factor. Even stealth infections such as well, viruses are stealth infections too.

But but Lyme disease, Bartonella can also be potential triggers. and then stress I mean stress is a big factor too. Just as I would say, at least from what I've seen even more.

I mean, what both Graves and Hashimoto's, all different autoimmune conditions. But even in the literature on their graves, it shows that stress is a big factor.

And we could be talk about chronic everyday stress. We could be talking about like childhood trauma, you know, which is also quite common. but either way, you want to do things to help with the stressors.

I mean, some things you could do on your own, you could definitely block out time for stress management, incorporate mind body medicine. You know, in some cases you might need some additional help, maybe speaking with a counselor or work with someone else, especially if there's, you know, past trauma in your life.

and then toxins, environmental toxins. Obviously, we live in a toxic world. It's not getting any better. there are so many different environmental toxins out there, and, some of them can directly affect the thyroid, and some of them can affect the immune system.

Some of them can affect both. So like some heavy metals such as mercury, can directly affect the thyroid and also affect the immune system and be a potential trigger of graves or Hashimoto's.

And then we have xeno estrogen, such as bisphenol A, that also could act as endocrine disruptors and affect the thyroid, but also could affect the immune system and, you know, glyphosate, which is, as you know, the, ingredient in the herbicide roundup.

And that could cause dysbiosis of the gut microbiome, which, you know, could also be at least a factor, in the development of graves Hashimoto's. So, again, some too many toxins to, to talk about, too many toxins to test.

You can't even test for everything out there. so, yeah, but, you know, mold, toxic mold I didn't mention. I mean, that also could be a potential trigger.

Also, could affect the the gut microbiome, those mycotoxins and. Yeah, again, so the oh and nutrients efficiencies I should mention that as well. Not I don't really consider them necessarily a trigger.

More so of an underlying imbalance of someone has like deficiencies in vitamin D, selenium, zinc you know, other nutrients are I mean all the nutrients obviously are important.

But those when it comes to thyroid health and the literature, vitamin D, a lot of research with vitamin D in Graves and Hashimoto's and selenium definitely is one of the big ones as well.

Yeah, vitamin D with really with autoimmune conditions all across the board, all all autoimmune conditions have vitamin D. We're seeing that quite commonly people aren't getting out in the sun like, like our ancestors used to.

So yeah, that's true doctor. Now how commonly are you seeing gluten. You had mentioned gluten. How commonly do you see gluten sensitivity or gluten intolerance.

be a trigger for for individuals with autoimmunity? Yeah. I mean, honestly, it's hard to tell because I can't say that I test everybody for a gluten sensitivity.

It's really where I just tell them to eliminate it. Just because when I have done such testing, it is common for it to show up. And I mean, I do test people for celiac disease because if someone has, as long as they're eating gluten, I mean, if they're not eating gluten when they're seeing me, because some people have already given it up prior to seeing me.

And you need to be eating it to for the test to be valid. But if someone has Graves or Hashimoto's, they're more likely to have celiac disease, and if they have it, they probably want to know.

So if someone has watching this and if they're, you know, if they're currently eating gluten and they have graves Hashimoto's, you might want to do a celiac panel.

Just, you know, make sure, you know, either confirm or rule out. But as far as like a non celiac gluten sensitivity, like I said, I don't I can't say I test everybody for that.

But the research does show that even if it's not a trigger it can affect the the gut. I mean some sources say like in every body like the it could potentially cause a leaky gut in everyone.

So really just to play it safe, I tell I, I advise that not everybody follows the recommendation, but I advise everybody to avoid gluten while healing.

And then after they heal, I mean, you know, we really don't need gluten. So I mean, it would be ideal for us to all avoid it permanently. But let's focus on at least healing and not worry about it.

And then once someone's in remission, you know, we could have that conversation as far as reintroducing it. Yeah. Because gluten, everybody has a different threshold for how much they can handle.

But gluten, when we're consuming it. That compound increases vanillin which increases that permeability of the tight junctions in the gut. And you had mentioned intestinal permeability or kind of layman's term, leaky gut, as you know, one of the that that triad, the three legged stool, it's one of the key factors, you know, we don't have outer immunity without having intestinal permeability.

And so if gluten is, is is increasing the permeability, even if you have a higher threshold where your immune system isn't reacting to it, you're still allowing more permeability, more potential pathogens getting into the blood and endotoxins getting in the blood, which can trigger inflammation.

So it's a good idea. I recommend that also for anybody with autoimmunity is taking that out and going organic as much as possible. Of course. and and that transition transitions us perfectly.

What are the solutions what what sort of lifestyle solutions to start with? And then we can get into more of the nuance with Hashimoto's and with graves as far as herbs and, and nutrients and compounds that can be effective.

Yeah. So with regards to diet, I mean died and lifestyle factors for really everyone with what even if they have a non autoimmune thyroid condition. But you know if someone's dealing with graves Hashimoto's usually I'll recommend either a paleo diet or an autoimmune paleo diet.

and autoimmune paleo diet is quite restrictive. So if I recommend it, it's it's definitely not long term. So I'm usually not recommending it or always not recommending it like, you know, for a year or, but I will recommend it sometimes for like three months and some, you know, sometimes longer than that.

And and then if someone finds that absolutely too restrictive a paleo diet or regular paleo diet is a good option. And, you know. What's the difference there?

Like, like, for example, I know paleo diet eggs are good, but on a healthy autoimmune diet, because a lot of people have sensitivities to eggs, particularly people with autoimmune conditions, even though eggs are one of the most nutrient dense foods, if your immune system is reacting to it, creating more inflammation, it's not good for you.

and so they would take that out and then there's a whole bunch of other restrictions as well. Can you do you remember those? Yeah, sure. So so yeah. Exactly.

With so like the similarities. So you're able to eat meat and poultry and fish and vegetables and fruit. And so you're right, the eggs are allowed on regular paleo but excluded on autoimmune paleo.

And then nuts and seeds are allowed on paleo diet but excluded from IPE just because they can be harsh on the gut. And I, I actually experienced this when I dealt with graves back in 2008.

There was no autoimmune paleo, so I was just following regular paleo, and I wasn't really much of an egg eater back then, but I was eating nuts. I was in a good amount of nuts, and I kind of hit a roadblock, and I gave up the nuts and that kind of set me back on a healing path.

So again, a lot of people have. Sensitivities to almonds, right? Different types of tree nuts, things like that. Common sensitivity. Peanuts. Real. Yeah.

Yeah. Exactly. So and then the other big difference is the nightshades. The nightshade. Vegetables. So tomatoes, eggplant, peppers and white potatoes are excluded from an autoimmune paleo diet just because again, they could in some people be inflammatory.

And also potentially be harsh on the gut in some situations. Yeah for sure. Well that's good. That's good. Summary there. What are what are some of the other lifestyle things people need to be doing.

Yeah. So we spoke about stress being a potential factor. So blocking out time for stress management. And you know I encourage everybody to do this on a daily basis.

And what I usually recommend is just start. If you're not doing anything currently, start off with five minutes per day.

Diet, Lifestyle, and Detox Strategies

Everybody could find five minutes per day. And you know, if you can't find five minutes per day, then you really need to incorporate stress management.

So so yeah, start out with five minutes a day. Get in that routine of doing it every single day for a couple of weeks, and then you could gradually increase the duration to ten 15 minutes, however long you want to do it, but definitely do it every single day.

And one thing I didn't mention earlier, which is obviously important, is sleep getting sufficient sleep with any chronic health condition. And sometimes we need to, whether it's correct things like insulin resistance or someone has elevated cortisol levels or other imbalances, we might have to address those factors to help them with sleep.

And, you know, I mentioned toxins. So doing things to reduce your toxic burden. Just you mentioned eating organic. So from a food perspective, that definitely is helpful.

the cleaners, cosmetics that people use in their home or the chemicals that a lot of people use, there are natural alternatives. And, you know, I realize some of them might not be ideal, like, you know, I recommend like an, a deodorant without aluminum and a common complaint as well.

You know, the all the deodorants without aluminum, they just don't work as well. And there are some actually good ones out there. But you know, again, some people just yeah, the truth is again, some of the natural most of natural products I think are really good.

But yeah, some of them don't compare to the chemicals. But again you're trying to avoid anything that will have a negative effect on the thyroid, negative effect on the immune system as well as other areas of the body.

And if you have children in your home, you definitely, you know, even regardless of whether you have an autoimmune condition or not, you know, you really want to minimize the chemicals.

I remember my mother like spraying air freshener when I was like growing up and, you know, again, so. So yeah, definitely in your home, there's a lot you could do and you know, and then as far as like infections, I mean, the thing is what infection sometimes it gets tricky because, you know, almost everybody has Epstein-Barr.

It doesn't mean Epstein-Barr is a factor or trigger. And everybody with Graves and Hashimoto's, sometimes it could get reactivated and cause problems.

So it's not a bad idea to test for it. But many times, you know, just because it's present on a blood test doesn't mean I'll necessarily treat it. And even if it's reactivated, a lot of these infections, like especially stealth infections, I look at more as an immune problem than, you know, a pathogen problem.

So, you know, like you could take antivirals and for Lyme and other things you could. And I dealt with chronic Lyme. And you know, again, you could there's a lot you could do.

But sometimes you just need to improve the health of the immune system rather than take antimicrobial. I mean, if you have H. Pylori parasites and yeah, there's a time and place for, you know, whether it's antibiotics I prefer, like the herbal antimicrobials and then like with toxic mold, the most important thing is removing the source of the toxic

mold.

And then, yeah, maybe you need to take some binders and do some other things. help with the detox. But removing the source really is, a big factor when it comes to both these infections and toxins.

Although, again, with infections, you're not going to be able to permanently remove everything like Epstein-Barr. Once you have it, you have it Lyme, arguably, once you have it, you have at some will debate that.

But yeah. So those those really are the main things. You know detox I should also say not only eliminate the source when it comes to toxins decreasing the toxic burden but increasing that elimination.

So like for example, I do sauna therapy three times a week. infrared sauna. And so that's something a lot of people could benefit from. Although if someone has active hypothyroidism and they have a resting heart rate that's really high, they might want to be cautious because that will further increase the heart rate going into our hearts on, but certain supplements, such as an acetylcysteine or liposomal glutathione can support detox supporting lymphatics with like dry brushing.

rebounding also could be beneficial. So there's a lot of ways to increase royal toxin vacation. Liver, right. There you go. Yeah, exactly. Those castor oil packs can be really helpful too.

Yeah, yeah, yeah. So boost detoxification. Remove the source. support detoxification pathways. I think it's always really good in a detoxification lifestyle in general.

I think that's, that's good, good advice that people should be looking to do. And, yeah, the body is remarkably resilient. Now, the longer you've been sick, the lower your resilience level is.

But the body's remarkable resilience. So a lot of times removing the source, or the source is, I should say, removing all these different types of sources, reducing your exposure to these things and then supporting the body's ability to heal and supporting the immune system like you were talking about, just giving it a nudge.

Right? And oftentimes the body can really bounce back quickly. And so so that's a great first line. Now what are some other key compounds. Herbs. Let's go into a little bit more of the nuance.

Let's start with graves disease. you know you had mentioned a couple of herbs, mother Ward things like that. that can be really helpful for graves disease.

So let's go into that in a little more detail. Sure. So yeah, what I dealt with with graves, I had the choice to take the antiviral medication and chose instead to take an herbal approach.

So the herbs I personally took, I took Buga weed, which is an herb. What anti thyroid properties helps to reduce thyroid hormone. And then mother Ward is kind of like a natural beta blocker.

So I didn't mention beta blockers earlier. But some people with hypothyroidism are recommended to take beta blockers to help lower the heart rate as well.

After dealing with high blood pressure. so mother Ward is more of a natural beta blocker, so focuses on the cardiovascular system. also has some other benefits too, just like all herbs.

But that's the main reason I would give that to somewhat hypothyroidism. lemon balm is I didn't take lemon balm when I dealt with grays, but a lot of people could benefit from that.

Has a calming effect and, Type effect. Exactly. Yeah. the. Yeah. There you go. Yep. And, and then l-carnitine so l-carnitine in higher doses has been shown in the literature to help with hypothyroidism, between 2 and 4000mg.

And, and I wouldn't take it if someone has a thyroid storm. So a red storm is like an emergency situation. But but

some of the literature says that you could take it in the case of a red storm.

So again, I wouldn't take l-carnitine, but I'd just bring it up just to show that how effective. I wonder what. The mechanism is there, because when I think about L-Carnitine, I think about it helps shuttle fatty acids into the mitochondria to be used for energy.

That's kind of the main, I guess you could say, function of l-carnitine, but I'm sure that has got secondary functions. I wonder, do you know the mechanism there for how l-carnitine helps with hypothyroidism?

Yeah, according to the research that shows again, what higher doses it blocks the entry of thyroid hormone into the cell. So like it. So that's that's what it says I'm not sure if it's just like buying things that are receptor or and just like kind of just that. Yeah.

But but it's so time doses. You were saying 24,000mg somewhere in there. That's what the. Yeah. Yeah. Exactly. There's a few studies that show like the higher dose.

Multiple times a day or. Usually usually. Yeah, I will recommend I mean honestly with most of these like Big Ed Motherboard, l-carnitine I'll usually have the person take it and divide the doses.

just have them split it up, usually around breakfast time and then. Yeah. Before dinner. Yeah, yeah. Good to know. So those are the three big ones, that you're using with clients for hypothyroidism and seeing good results.

anything else there before we pivot to, Hashimoto's? I mean, from a symptom management standpoint, you know, the herbs, I mean, there are a lot of great herbs.

you know, I will say so. I love ashwagandha, so ashwagandha. there's a little bit of controversy, though, about hypothyroidism because ashwagandha, it's great for the adrenals, but it also affects the hypothalamic pituitary thyroid axis, the HPA axis.

So in some cases it could actually increase thyroid hormone. So I mean, there's times I mean honestly I'll still like I took something called a luthra when I dealt with graves Siberian ginseng but which also has not it's not the same as ashwagandha, but that also in some cases trans cause transient hypothyroidism.

Herbs and Nutrients for Graves and Hashimotou2019s

But, and I did find and a lot of people do. Okay. What, What? Ashwagandha. But I just want to throw that out there where that is one of the more controversial herbs.

So if someone has Hashimoto's. well, let me let me backtrack. To work well with Hashimoto's as well. Even though ashwagandha is considered in the nightshade family.

I was just about to say I was going to backtrack. I was gonna say for Hashimoto's. I was going to say it might be okay, but you're absolutely right. It's a member of the nightshade family.

So if someone's trying to follow a strict autoimmune paleo diet IP diet, then they might want to take a break or not take ashwagandha. And again, everybody has, you know, with these food sensitivities, everybody has a certain threshold for how much of those particular foods or the active compounds in those foods that they can consume.

So somebody might be on a IPI diet, but actually nightshades aren't their trigger. Yeah. and. Rate with actual kind of or it's a certain amount of nightshades that really triggers the immune system.

And then they're just taking, herbal extract. It's not going to hit that level a threshold. So everybody's different, you know. But in general, taking herbal extracts usually not going to trigger a threshold unless you are not going to trigger a symptom, unless you have a very low threshold for those particular compounds.

Exactly. Yeah. That's right. And one more thing I should say with hypothyroidism, a lot of people, when they take the anti thoroughbreds, they have the elevated liver enzymes.

But sometimes even without taking the meds, their liver and like just the hypothyroidism could put some stress on the liver. So taking like an herb like milk milk thistle can help.

nac also in in acetylcysteine I like a lot. So those giving liver support and then CoQ10, especially if someone's on a beta blocker or someone just taking like propranolol atenolol, which is common hypothyroidism, it depletes CoQ10.

So in that case, you probably want to take some CoQ10 if you're on a beta blocker. Yeah. Or you could feel really fatigued. Exactly. You need for energy production. Yes.

All right. Let's go into Hashimoto's. We had started with ashwagandha, which helps with that, that, adrenal pituitary thyroid axis. Yeah. So ashwagandha from I will say from a symptom management standpoint, really the only natural options are like, there's no herb that can take the place of thyroid hormone.

So if someone is, you know, deficient in thyroid hormone because of the damage taking place to the thyroid, you know, there's only I mean, ashwagandha is not going to really help with that.

now, if someone doesn't want to take leave out the rocks and which is usually prescribed, then there are natural options. There's desiccated thyroid such as ormer NP thyroid and that has T4, T3, T4, T1, T2, which is not as understood and you still can't test for it in a lab.

and then there are glandular errors that you could get, over-the-counter or online. So the, the armor nature or armor NP thyroid require a prescription just like levothyroxine, where it's like certain glandular like there's one thyroid goal that, that has T4, T3 and doesn't require a prescription.

the downside, it doesn't come in as many doses, like with typically levothyroxine and desiccated thyroid. You have different dosing options, a lot of different dosing options.

Whereas with, just with the thorough gold, you only have a couple of options. biotics research has one g.t.a for today that also, you know, in some cases could be a substitute for thyroid hormone.

But, you know, always consult with the practitioner. I wouldn't just like stop taking thyroid hormone for those who might be watching or listening to this and thinking about switch.

And so glad you probably want to work with someone just before making that transition. So yeah, that's super key. And then you had mentioned some nutrients like zinc and selenium.

That's real key for the T4 to T3 conversion, right? Which takes place in a liver. So you need healthy liver gut function. exactly. So there could be some compounds there.

Maybe probiotics to support the gut. Omega threes. Yes. Official threes. Yep yep. Yeah. those. Yeah I pretty much for everyone I'll recommend omega threes.

And usually in the form of fish oil just because of the EPA and DHEA. And you're right probiotics I commonly recommend to support the gut prebiotics. And you could get it. Of course you get it through the food too.

Same with the probiotics. But you know, I find most people don't eat enough of the probiotic foods like the fermented foods. And yeah, selenium also has been shown to help with antibodies helping with the immune system lowering antibodies.

And then yeah, you mentioned zinc. And you know, we spoke earlier about vitamin D, which is very important for modulating the immune system as well. Magnesium is also commonly deficient and has many different benefits.

So that's also something you know. And I'm black human so black human I'll throw one also that's at least in the literature, more popular with Hashimoto's.

And I can't say I give black humans to everybody, but black human, does have anti-inflammatory effects. also been shown to, help with one of the things with H.

Pylori, too, but, black human, a number of different health benefits. So that's, also something that some people might consider. Again, there's a lot of a lot of supplements out there.

Like again, liver support I commonly recommend, which we discussed. I mean, and a lot of it depends on what we find, you know, like just love. Sure. What you do just right.

You know, just it depends like, if someone does, gut test or you know, an adrenal test or a dried urine test, a Dutch test. We'll see what the findings are.

So there are general recommendations I'll give like omegas and probiotics. But I can't say I give the same supplements to everybody because it really depends on what findings we have, what the testing we do.

Yeah, absolutely. Makes sense. Last question. You had mentioned H. Pylori a few times. I know there's big a big correlation with H. Pylori and Hashimoto's.

is that the same with graves as well. Oh yeah. Yeah. And again this is in the literature. So yeah if you type in into PubMed you type in graves and an H pylori, you'll find a number of different articles, journal articles, you know, related to H what H.

Pylori related to, to graves. So yeah, with both graves and Hashimoto's it can be a potential factor. I mean, there's controversy, as you know what H.

Pylori some will say, you know, like you don't want to address it if someone unless if someone's having heartburn and reflux. But because that a correlation I've seen people where you know, we address it.

H. Pylori, Recovery, and Final Takeaways

And again I wouldn't address it with antibiotics unless, you know, I mean, if someone's having the heartburn reflux, then maybe in that case and even then I would try to do that like a natural and herbal approach.

But but again, I've seen over the years so many people with Graves and Hashimoto's, with H. Pylori and, and not having the symptoms and we put them on like a natural antimicrobial protocol.

And again, at least that seems to be a piece of the puzzle. Maybe that's not the whole thing. We have to do other things too. But yeah, that's definitely a factor with both Graves and Hashimoto's.

Yeah. And pylori is an issue because it shuts down your ability to produce stomach acid, which is going to limit your ability to absorb zinc, magnesium, vitamin B12, iron, a lot of these key compounds.

And oftentimes we'll see deficient in that in those individuals. Protein in general just amino acids puts a lot of stress in the body, too, obviously, which can cause more dysbiosis later down in the gut.

So yeah, it's definitely something to consider with those kind of conditions really all autoimmune conditions. That's, something that you want to be looking out for.

So really good stuff. Dr. Eric. obviously people can find out more at your website. naturalendocrinesolutions.com I know you got a great guide there. The six steps to Reverse Graves disease and Hashimoto's, naturally.

So definitely check that out. And, you also have that great books, natural treatment solutions for Hypothyroidism

and graves and then the Hashimoto's Triggers book and your podcast saved my thyroid.

So if you're out there, definitely check out the podcast, check out the books. And his website. Any last words for our audience here? Yeah. Just, again, if you have, thyroid or autoimmune condition, there's definitely hope.

I mean, if you go to, conventional medical doctor, they're just going to do things to manage your symptoms. And that just comes down to their training.

They want to help, but they just don't know how to. But you definitely you go beyond thyroid hormone replacement for those with Hashimoto's and beyond the antthony medication for those who graves disease.

Yeah, great. Well, thanks so much for your time and your expertise there, Dr. Eric Osansky. Guys, check them out and we'll see you on a future interview.

Be blessed everybody.