Hyperthyroid Symptoms in Hashimoto's (Hashitoxicosis) Transcript

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Introduction and Dr. Eric's Background

Hi. Welcome back. It's Dr. Jen here. Welcome back to the Heal Your Thyroid and Reversing Hashimoto's summit. Tonight we have Dr. Eric Osansky on. He is a chiropractor, a clinical nutritionist, a certified functional medicine practitioner who has over 20 years of experience in health wellness and has been helping people with thyroid and autoimmune thyroid conditions since 2009.

He's the author of the books Natural Treatment Solutions for Hypothyroidism and Graves Disease and Hashimoto's Triggers. I am so excited to have you here, Dr.

Eric, because you have a personal story, kind of like me with the thyroid. So welcome. Yeah, thank you. Thank you so much for having me, Jen. Yeah. Tell us a little bit what your story is with Graves Disease.

Sure. So in this happened in 2008 and I was walking around a Sam's Club and, you know, it had one of those automated blood pressure machines and, you know, decided to take my blood pressure.

And the blood pressure was fine, but my resting heart rate was elevated. And, you know, I thought, well, maybe it's walking around, you know, walk around Sam's Club.

But I took my my heart rate the next few days and it was consistently elevated. And you know, I was also losing weight at that time, but I was also exercising and I was dieting detoxifying.

So I had attributed the weight loss to that same thing with like increase in appetite. So but once I had the resting heart rate, I was, you know, I wasn't that too familiar with hypothyroidism, never dealt with it before.

Then myself or had patients that dealt with it because I was practicing traditional chiropractic for four years and not the functional medicine. But long story short, went to a primary care doctor, diagnosed me with hypothyroidism, eventually went to an endocrinologist and and she diagnosed me with graves and even though I didn't know much about it, I actually did attend.

Even though I practice chiropractic, I always attended nutritional conferences to get my credits. And so I did attend a few functional endocrinology seminars and you know, just like functional medicine mostly focuses on hypothyroidism, Hashimoto's.

But this one did talk a little bit about hypothyroidism and really spoke about natural solutions for both and and I remember that. So I, you know, long story, I got another long story short.

I decided to take a natural treatment approach. I didn't know if it would work at the time because, again, I was my first my own first patients. And, you know, but yeah, I did end up getting into remission.

Graves Disease Personal Story and Recovery

And then from that point on, 28 into 2009 as my when my journey happened and then since then, I've been working with people, you know what hypothyroidism, graves, disease, hypothyroidism, Hashimoto's and yeah, that's that's my story.

That's amazing. And I love that you, you healed your body because patients will go to the traditional doctor and her chronologies and they will be told for graves that you have to be on medication and then we have to, you know, give you radioactive very not and you have to be on medicine the rest of your life.

And then people with Hashimoto's are told the same thing. Well, we just wait until your thyroid is destroyed and

then we give you medication for for life.

So I think it's great to hear stories of, you know, doctors. And that's why I have a similar story, because it became my passion. It's it's hard to not be passionate in this when you have been through it, right?

Yeah, exactly. You know, before my journey, you know, I had no intentions of helping others with our conditions and especially hypothyroidism. But yeah, you know, it just you know, when you go through that journey and you're right, unfortunately, most endocrinologists will recommend well, a lot of them will say just take their medication.

Let's you know, take it for a year and a half, two years and see. But a lot of them do Russians that are radioactive iodine or surgery. And, you know, unfortunately, once you get those procedures done, you know, there's no turning back.

So, you know, I thought it's not going to hurt to take a natural treatment approach. Again, I didn't know for sure if it would work. But, you know, thankfully it did.

And, you know, over the years, you know, just like you've helped a lot of people with Hashimoto's, you know, with the autoimmune component, same thing with Graves, it's just really I'm trying to find triggers, correct?

Underlying imbalances and yeah, just been a been a pleasure just helping all these people over the years. Yeah. Fun stuff. So for everyone listening out there, what is the difference between hypothyroidism, which is graves most of the time, and hypothyroidism or Hashimoto's?

Sure. So so like you just mentioned, most cases of hypothyroidism are graves. There are exceptions like toxic multi knowledge or goiter. And then same thing with hypothyroidism.

And so with with hypothyroidism, which again is more common, you're looking at lower thyroid hormone levels. So I guess I could talk about symptoms and blood tests like how what presents.

So on a blood test you would see for hypothyroidism, if it's overt hypothyroidism, you'll see lower thyroid hormone levels, lower free T3 of free T4. A lot of times what Hashimoto's it's subclinical where they'll be on the lower side of the reference range but still within the lab range.

So it's considered to be normal. TSC age thyroid stimulating hormone typically will be elevated, you know, when it comes to Hashimoto's and then we'll see, well we'll see you know, different antibodies, but I guess we could hold off on that because again as far as the hypothyroidism hypothyroidism, so that's the hypothyroid part with hypothyroidism we'll see the opposite.

Well hypothyroidism is the elevated thyroid hormone levels and the TSA thyroid stimulating hormone will be depressed. And reason for that is because PSA is a pituitary hormone.

So like in the case of hypothyroidism, it wants it's signaling to the thyroid gland to produce more thyroid hormone. So it's increasing. You want more of that sage to try to get more thyroid hormone production.

But what what hypothyroidism? It's the opposite. You have too much that's saying, okay, we've got to slow down here. So, you know, so that's why you have typically undetectable to sage and as far as symptoms so again what hypothyroidism you're getting you know slowing down of everything so a lot of times you get fatigue, you get coldness, you get weight gain, constipation, you know, those are some of the brain fog is another symptom.

And what hypothyroidism, everything's revved up. So you have elevated resting heart rate palpitations, sometimes tremors, anxiety is quite common.

Hypothyroidism vs Hyperthyroidism Basics

Again, I when I dealt with hypothyroidism, I lost £42. Not everybody loses weight, but I lost a lot of weight.

Increased appetite, sometimes loose stools or diarrhea.

Insomnia. So yeah, that's really, you know, so definitely different symptoms. I mean, there could be some overlap. Some people with hypothyroidism will experience fatigue as well because their bodies in overdrive.

And you know, of course, a lot of different factors can cause fatigue, not just not just thyroid. And then again, not everybody would hypothyroidism experiences, you know, weight, weight loss.

Some people experience weight gain. And then as we'll chat about some people with hypothyroidism actually experience hypothyroid symptoms. So we'll definitely talk about that.

Yeah, it can be overwhelming. You have all these symptoms, you don't know what it is. Maybe it's your thyroid, maybe it's not. And then another problem is sometimes you find out it's your thyroid, but no one checks for antibodies.

So that's also important because then you could start working on the the root cause for that. And remember when they a couple of years ago they actually lengthen like the range of the test age.

So then, you know, they made it higher. So what that they made that she has a higher so then people with clinical hypothyroidism they were even missed more where we like to look at a more narrow range or optimal range of thyroid stimulating hormone.

So that's sure. Yeah. So let's talk about kind of a cool word that we don't hear a lot. Hashitoxicosis. Can you tell us what that means exactly doctor?

Yeah, so. Hashitoxicosis is essentially Hashimoto's, Hashimoto's, thyroiditis or transient hypothyroidism. So when you get, you know, autoimmunity is associated with inflammation, but it, you know, affects us differently.

And when you're experiencing Hashitoxicosis, you know what happens is the inflammation associated with the condition that damages the thyroid follicles.

And as a result, the thyroid hormone was released into the bloodstream and so the person experiences hypothyroidism. And, you know, most of the time it's transient, could be, you know, a few weeks, could be a month or two.

There have been some case reports where it's been a few years. But I was reading like one case report where they said it was like a two year bout of Hashitoxicosis, but the person had elevated CCI thyroid stimulating immunoglobulins, which are the antibodies for graves.

But they didn't think he had graves because the the radioactive iodine uptake to test was lower where usually it's elevated, you know. But still, you know, I usually rely more on antibodies for for diagnosis.

So so I questioned if that was a true Hashitoxicosis, but in most cases it's usually a few months and then the person will will become hypothyroid. Sometimes I'll actually fluctuate back and forth between hyper and hypo.

What makes it a little bit challenging to manage the symptoms but that that's what how she talks psychosis is. Yeah it's it's like the swinging effect you get almost and patients get a little frustrated because because you're just swinging back and forth and it's like what's going on.

Interesting that you mentioned that case study. I had a really interesting patient that she was we thought she was swinging. Hashimoto's like that back and forth, probably like Hashitoxicosis, but she did have positive TSI also.

It was very tricky. I mean she she's doing beautifully but you know, she was kind of frustrated and her endocrinologist, why she ended up seeing me, her endocrinologist was just all over the place with her treatment.

So she, you know, buckle down and did did the things we needed to do and put everything in remission. So that's a good thing is it's thyroid can be a little crazy sometimes, but once you figure out why it's so mad, it settles down, you know?

Yeah. And you know, it's the symptom management aspect obviously differs and we could talk more about that. But you know that both whether you know the approach, whether it's Hashimoto's are graves from an autoimmune standpoint, there definitely is a lot of overlap.

So you know the big challenge. Yeah, you want to know is it how she talks psychosis or graves, you know but from especially from a symptomatic standpoint but you know, from a underlying imbalance standpoint, you know, it's again, there's the approach is is very similar with both conditions.

So are there any additional reasons why people with Hashimoto's may experience hypothyroid, avoid symptoms? Yeah. So there could be a few reasons. So one could be postpartum thyroiditis, you know, when you know woman's thyroid is inflamed after giving birth.

And so that doesn't always present what hypothyroidism. But again, typically you get transient periods of hypothyroidism and you get or it might fluctuate back and forth between hypothyroidism and and hypothyroidism.

So that and you know, it's what postpartum thyroiditis and again, you know this but some of the listeners might not know this. It's you know, it's not like the birth process triggered, though.

I mean, it's an autoimmune. I mean, it's autoimmunity. But, you know, the person had, you know, like there's like the autoimmunity timeline, which, again, it takes takes a long time for autoimmunity to develop.

Hashitoxicosis and Fluctuating Thyroid Symptoms

So the person in all likelihood had autoantibodies during pregnancy, probably well before pregnancy. And so it was I guess you can think of it as a triggering event, but it wasn't truly the trigger.

Kind of like you think more of the straw that broke the camel's back. Exactly. And a lot of women, they do get frustrated about that and it's seen it a lot with COVID, too.

COVID infections are really just kind of exposing the weaknesses is like what I like to say. I'm seeing a lot of emerging autoimmune diseases with that kind of like Epstein-Barr, you know, it can be like a trigger for Hashimoto's.

Like you said, it takes years for that autoimmune disease to develop, but other things can kind of accelerate it. So. So yeah, after childbirth is a big one.

I like to I'm not sure what you do. Dr. Eric I'd like to hear with pregnant women, I tell them 200 micrograms of selenium for two weeks postpartum. There was a nice study that showed that that had some protection for development of Hashimoto's postpartum.

Oh, I agree. Yes. Typically 200 micrograms selenium at Liaoning. Very. And then also making sure they have healthy vitamin D levels hopefully while, you know, during pregnancy, you know, and really just overall like nutrients, deficiencies, you know, just making sure that, you know, of course, that you're eating a healthy anti-inflammatory diet and, you know, stress management and incorporate the basics.

But yeah, selenium, there's been a number of studies showing that selenium not just like postpartum thyroiditis, you know, but just, you know, helping with elevated thyroid peroxidase, antibodies and you know, even in some cases of graves like graves, thyroid, eye disease graves off the map of the helping with that.

So yeah. Selenium. Yeah, definitely I agree with your strategy there. Good stuff. It's good stuff. The Brazil nuts right? Yeah. I mean, I will say yes, but like you, I usually it sounds like you, you know, like I think of Brazil nuts

more as like a maintenance strategy just because you don't know how much you're taking what the Brazil nuts are usually, you know, even that we want to do as much as we can through food.

But, you know, you might be taking anywhere from like 30 micrograms, you know, like eating it, you know, Brazil nut and who knows, maybe getting over a hundred micrograms, maybe a few hundred micrograms if you're loading up on the Brazil nuts or getting them from a, you know, good quality source.

But yeah, I, I typically start out with the supplements and then yeah, I think on a wellness basis, I mean I eat Brazil nuts and organic Brazil nuts from Costco.

So I do eat some of those. But you know, from a symptom management standpoint, I usually stick with the Selenium supplement. Yeah, absolutely. It's really crazy.

I went on a deep dove in PubMed about selenium, the exact amount and nuts and it depends on where they come from because the soil and that makes sense.

Right. So, you know, you can't you can't be exactly sure how much you're getting. And so that's kind of I agree with you, if you're trying to be more proactive, the supplements. Good.

But you can you can still have your Brazil nuts. So what how could someone determine if they have Grave's disease or Hashimoto's with hypothyroid symptoms?

What kind of tests would they ask for? Yeah. So I mean, obviously you want to get a thyroid panel, as I just mentioned, look at CSA. It's free T3. Free T4 is I mean, you could do total thyroid hormones too, but but definitely want to do at least the basics.

But then you want to go beyond that. You mentioned antibodies, you know, so you want to, you know, look at like if someone, you know, I mean, really not a bad idea to look at all three antibodies.

I mean, if someone is hyper or someone is not hyper, then maybe you don't need to do the Graves antibody. So the you know, I mentioned earlier the antibodies, those with Graves Disease, Taci thyroid stimulating immunoglobulins which is a type of CCH receptor antibody.

Sometimes they'll test TSA troops out there and see bodies t grab on a blood test. I usually just do CSI, but some doctors will, you know, do t rb some will do both CREB Taci and then you know the antibodies more commonly associated Hashimoto's the antiviral globulin antibodies and TPO or thyroid peroxidase antibodies, even though TPO antibodies are actually pretty common in graves.

When I had graves I didn't have elevated TPO antibodies. But, but depending on the source and the literature, anywhere from like I think 60 to 80% of graves patients will have, you know, tbo antibodies Hashimoto's it's you know, around like 90% and then again they'll have if they don't have that typically they have the anti globulin antibodies and it's not uncommon to have all three antibodies, you know, and then you know and that brings up the question of all three antibodies also have to have Graves disease or I have Hashimoto's and you know, so let me try to make it a little simple.

If you just have the antibodies like the TPO and or antiviral globulin to your body's a no Taci, then typically it's going to be Hashimoto's. So if you're hyper, even if you're hypothyroid and you have those negative.

Why Hashimoto's Can Look Hyper or Hypo

Tsai I mean there is a chance for false negative, but assuming it's not a false negative and it's hard to tell if it's a false negative, but usually it's going to be that.

Hashitoxicosis if you see hypothyroidism with the elevated TPO and or and that's our glob on antibodies unfortunately some endocrinologists don't know that and they'll diagnosed a patient with Graves Disease just

because they don't see a lot.

Some of them don't see a lot of graves. Patients are seeing mostly Hashimoto's and people with diabetes for four graves. You know, again, if someone's hyper and they're having those elevated CSI, then typically it's graves.

And if they have hypothyroidism elevated CCI and elevated TPO antibodies and our antar globulin antibodies that I mean, you know, I don't necessarily diagnose them, but to me, that's to me they're they're graves with Hashimoto's antibodies and and that's another way how someone could kind of swing back.

I mean, not that they commonly swing back and forth with that, but oftentimes what we'll actually see is someone be hyper and then again they're getting that damage to the immune system because of those other the Hashimoto's antibodies.

So eventually they will become hypo and that's a third way besides the Hashitoxicosis, the postpartum thyroiditis. But yeah, the was I clear or do you need any, any clarification you think that that made sense to the listeners.

Yeah. No, I think that sounds good. I think the big thing is make sure you're getting a complete lab. What Dr. Eric spoke of, you know, make sure you're getting all both antibodies, TPO and anti thyroid globulin antibodies and then ask for Taci.

Also, if maybe you have had different thyroid labs or different symptoms, like maybe one time you got them checked, you were kind of borderline high the last time you were at a time low and you're having symptoms.

And that's the thing. When you're in front of your doctor, you're having symptoms and you you want them investigated. That's the most important thing.

And that's kind of why we're here discussing this, because we went through this. I mean, I it doesn't sound like for you, Dr. Eric did was it kind of a battle with the endocrinologist?

Because for me, I remember I was in tears, you know, and they didn't find my Hashimoto's until a frozen biopsy, so they didn't even check my antibodies.

It was crazy. This was this was 2008 for me to. Oh, wow. Yeah. No, it wasn't a battle because, you know, when I went to the endocrinologist, it was pretty much my one and only appointments.

And I knew it was going to be in my one and only appointments because I just really wanted to get that diagnosis and get an ultrasound, which I accomplished both of those.

And and to be fair, the one I saw was really nice. Like she and I will say this with graves they commonly do test the antibodies at least I see. You know, like most people when they see me, they've already seen an endocrinologist and not all the time, but most of the time a majority of time they'll have the antibodies tested just to kind of differentiate, is it graves or is it subacute thyroiditis, you know, or is it toxic multinational goiter, which, you know, they'll do an ultrasound to see what.

Yeah, what Hashimoto's sometimes oftentimes they won't look at antibodies because it really doesn't make a difference. They'll put the person on thyroid hormone replacement regardless.

Whereas what graves is someone, you know, someone has graves. They'll again typically recommend radioactive iodine surgery. Maybe initially Antar meds, but if someone has subacute thyroiditis, they wouldn't want to like put the person through radioactive iodine.

So usually they are looking at antibodies or against some of them. Unfortunately, they rely on the uptake tests, which I you know, I'm not a huge fan of that, at least for just solely diagnosing Graves.

You know, to me, if someone has the antibodies that's, you know, usually conclusive, but but either way, so I do

see the antibodies tested more in graves or in hypothyroidism to to confirm or rule out graves.

But you are right. What Hashimoto's usually or it's not a surprise when they don't test the antibodies. Yeah. And another thing to bring up is a thyroid ultrasound is pretty important.

Testing: Antibodies, Labs, and Ultrasound

I know I've had some patients come to me years after they were diagnosed nosed with hyperthyroidism and this is just recently actually and I, you know, the history and physical and I go through their history and I'm like, have you ever had a thyroid ultrasound?

And they're like, No. I'm like, Let's get one. And she is positive for thyroid cancer. So another thing you want to do also is just get a nice baseline thyroid ultrasound.

I don't know if you've ever encountered that, but that's one thing I, I like to make sure it's, you know, it's just an ultrasound and it's not going to give you any radiation or anything like that.

So that's also nice to have sometimes. And Hashimoto's will have a certain appearance also on the ultrasound that will confirm the diagnosis if you're struggling, maybe deciding what diagnosis it is.

Yeah, I agree. What I mentioned when I went to Anacortes, allergist, I got, you know, I got the the testing, you know, I already knew I had hypothyroidism.

I was diagnosed, but, you know, got the antibodies tested. And then got an ultrasound. And I actually had to talk her into giving me the ultrasound just because she palpate on my thyroid.

And she felt like there were no nodules. And, you know, it's not that I didn't trust her, but still, you know, I was like, you know, and I was paying out of pocket.

I wasn't having ultrasound covered by insurance, but so like, yeah, I know, but I just want to have it done and, you know, just for peace of mind. And she was right.

She did the ultrasound. In my case, there was clear there was no nodules. But yeah, you're right. I mean, thyroid cancer, I mean, people do get diagnosed with thyroid cancer.

And, you know, I mean, thyroid nodules are very common. So I don't want to alarm anybody who's, you know, watching this and thinking if they have nodules, there's a good chance it's cancerous, there's a better chance that it's not cancer.

It's a real good chance they're not cancerous. There's certain characteristics that first they'll look look at on an ultrasound to determine if it needs to be biopsied.

But, you know, if you don't have that ultrasound, you can't determine if it has those characteristics. And so, yeah, I agree. Getting an ultrasound is a good idea.

Yeah, it's nice to keep an eye on it. And they have these v rad classification cards for the nodules and you'll, you'll know if it's something, you know, repeat ultrasound in a year for follow up or a fine needle biopsy.

But yeah, I went through the fine needle biopsy and all of that and then I had to have surgery. So it's it's an adventure, this thyroid stuff, that's for sure.

So let's talk about treatment options. What are some treatment options for those people out there experiencing hypothyroid symptoms? Yeah. So of course, depends on the situation.

So if it's you know, if it happens to be graves again, the three the three options are and that are medication,

radioactive iodine, thyroid surgery, at least the treatment options given by endocrinologist when I dealt with graves actually took an herbal approach.

I took the herbs, bugle weed and mother wore bugle weed as an herb. What anti thyroid properties. And it worked really well with me. It does. Does it work with everybody?

Some people do need to take the meds, but did work with me and it was still experiencing some palpitations. So I added Mother Ward, which works more in the cardiovascular system.

And you know, so those two herbs really worked wonders for me. If someone has harshly toxic persists, it's a little bit more challenging just because, again, it's transient and treatment approach really depends on the practitioner.

Like in conventional medicine, some doctors will give antiviral medication just. But the concern with that is, you know, once they become hypo, they might become super hypo if they're taking something like them.

As all more common approach would be like a beta blocker, especially one that affects convert like some of them affect the conversion inhibit that conversion of T4 to T3 like propranolol, for example, which is also commonly given in graves patients.

So if they're given like, let's say propranolol, that won't, it'll, it'll help. It'll stop that conversion. But it's not, you know, not as extreme as putting someone on antiviral medication.

A big thing. Also, obviously the beta blocker helping with the cardiovascular symptoms from a natural standpoint, it can also be a little bit challenging because again, puja, we can be an option.

But if someone, you know, someone's we don't know how long they'll be, you know, hyper for. So like someone might take bugle weed and then eventually make that transition.

And if you're hypo, you really don't want to be not only on anti-terror meds but on anti third herbs such as bugle weed. So again, it's it could be challenging everything's risk versus benefits.

I mean, sometimes the like like someone if they don't want to take any medication, they could take something like my mother ward I'm just mention a Hawthorne also works on cardiovascular symptoms but we also need to keep in mind even though it's temporarily temporary you know, also elevated thyroid hormone levels can decrease bone density.

So we, you know, if it's a few weeks, maybe not as big of a deal, but if it's a few months. So, you know, so again, sometimes being on a low dose of an satara meds, you know, or, you know, bugle weed might not be a bad idea.

Again, someone could try, you know, taking, you know, it's like working with a practitioner to, you know, be on Mother Ward or Hawthorne and see, you know, if that helps with the cardiovascular symptoms.

Treatment Options for Graves and Thyroid Fluctuations

Again, it won't do anything to help with, you know, with the thyroid hormone levels, higher doses of l-carnitine in the literature have been shown to lower thyroid hormone levels.

So that's another option, like 2 to 4 grams in the research. And yeah, and again, postpartum thyroiditis, I think the selenium is a good approach. The challenge with I mean it's an equal challenge with how she talks psychosis and postpartum thyroiditis.

But of course another thing also like if someone's breastfeeding then like, you know, bugle weed, for example, I would not recommend not only during pregnancy but during breastfeeding and then some women don't want to be on the anti wouldn't be want to be on anti third meds or a beta blocker, which obviously is up to them.

But that might be a little bit more challenging. So it does it I can't say it doesn't present which you know, there's definitely challenges when someone has hypothyroid and they're suspecting it's transient, you know, harshita toxic doses because you have no idea how long it'll be, you know, so you want to lower those thyroid hormone levels, but you don't want the person to become super hypo, you know, when they become, you know, when, when they make that transition.

But like I said, it's risk versus benefits. If someone has a resting heart rate of like 150 beats per minute might not be a bad idea. It's like be on antiviral medication even if they eventually become hypo.

You know, I just want to pay if it if that's the case or even a beta blocker that affects conversion of T4 to T3, you know, the person wants to be aware of their symptoms just, you know, usually, you know, you could feel the difference not all the time, but most of the time feel if you're, you know, becoming hypo, you know, if you're getting lower energy.

And again, that coldness may be gaining some weight. And then, of course, you would hope that the doctor is doing blood tests on a regular basis just to keep an eye and see, you know what?

They're not just like waiting three or four months in between blood tests. Yeah, absolutely. And like you said, women are kind of. Well, you didn't say women are complicated, but I will.

But you were talking about breastfeeding and yeah, I had some patients around, mademoiselle, because they were breastfeeding. And we do do all kinds of interesting things because I did not want to sever that relationship.

And really it was kind of a cool case study. She's on the mouth muzzle and we we are healing her gut healing her gut did a functional stool test. She did have parasites.

Didn't want to do an herbal parasite cleanse while she was breastfeeding because the baby was still young. So I did, you know, an FDA approved medication that was perfect for this parasite and that that was actually for her after we cleared her gut health of everything and fix the leaky gut got the parasite out her levels normalized and she was able to get off the meth muzzle, which is the medication that, you know, is used for graves.

So that was really an exciting story because it's a challenging it's challenging when women are pregnant or breastfeeding and you're dealing with these hyper thyroid issues.

And my work. Yeah, no, it is. I mean, it's a challenge overall, but especially if someone's been giving birth and breastfeeding is challenging the pregnancy even more so because again, like they're there's not a lot of natural options that I feel comfortable with, you know, I mean, I'm all about natural approaches, but, you know, I won't do anything that potentially can harm the baby or if there's anything that's, you know, even if it's unknown, like what bugha weed mother wore.

The problem is there's not really studies. It's not like there studies that show that it could cause harm to the baby. We just don't know. So there are you know, I've even tried in the case of hypothyroidism, this is actually worth mentioning here.

You know, there's you know, you're familiar with eugenic foods, you know, like the questions and, you know, and some will say, oh, maybe I could just eat like large amounts of cruciferous vegetables.

And I actually try that. I mean, I'm not a big believer in the cruciferous vegetables being quite eugenic. I mean, I recommend broccoli, kale, you know, all these for both my Hashimoto's and Graves patients.

You know, most people aren't eating like five cups of raw veggies. Maybe if they did, you know, grow, you know, broccoli, if they did, maybe they would have problems.

I don't know. But but I actually try that with, you know, like years ago with, you know, few pregnant women, because, again, there were women that I worked with who didn't want to take the answer.

Thyroid, midterm pregnancy. Typically they give like P2 actually during that first trimester, but they don't want to take anything. And again, I wouldn't recommend Buckwheat Mother Ward just because again, there's really no research.

So I tried actually. You know, I encourage them. I'm like, well, let's, let's, you know, test the eugenic theory and eat like larger amounts of like raw cruciferous vegetables.

And it honestly didn't really do much. It wasn't much of a help. So for those listening there, I get that question all the time. Well, am I allowed to eat vegetables, you know, or cruciferous vegetables?

You know, I get people asking both if they have Hashimoto's graves. And, you know, for those who are familiar with cruciferous vegetables, inhibiting thyroid hormone production, again, I have just not seen it in clinical practice where it will work as it would be great.

It would be great if you just say, yeah, just eat, you know, a few cups of broccoli per day and you know, that manage your symptoms, you know, not only during pregnancy and breastfeeding, but just in general.

But for me that hasn't been the case. I don't know if you have any experience with that. No, I. I think that should be debunked. It has to be really large quantities, you know, and I love, though, you talk about nutrition with pregnant and breastfeeding because that is one thing you can do and food is medicine and it makes such a big difference and put, you know, put those patients on an anti-inflammatory diet, start healing the gut.

Like you said, you you learned about how to treat graves, you know, in that nutrition class. So going kind of full circle, that's the cool thing is that you could kind of double down on nutrition.

And that's what I tell my pregnant women for trying to whether it's SIBO or thyroid stuff like let's go back to nutrition sleep, you know, get, get all of those things in line and then you might be better off than the people on medication in your body.

Might like that more. Yeah, I couldn't agree more.

Nutrition, Pregnancy, and Where to Find Dr. Eric

I mean, you you know what? Well, all my patients. So, I mean, diet and lifestyle, you know? Yeah. You might sometimes have to go beyond that. Like you mentioned the parasite example.

You know, sometimes you need to dig deeper, but without question, if you're eating anti-inflammatory foods, if you're stressed out all the time, if you're not getting sleep, you know, yeah, you're definitely there's a greater chance that you're going to be more symptomatic, you know, that those antibody is going to be higher.

So yeah, it's never going to hurt to eat a clean, healthy Whole Foods diet, do things to, you know, for stress management, block out time for mind body medicine, you know, and then you work on getting sufficient sleep.

I mean, those three things do definitely do wonders for one's health. Yeah. Awesome. Well, anything else you'd like to talk about, Dr. Eric, I had such a great time talking to you.

It's really fun to talk to other docs that treat thyroid patients because you know, it's just it's a special place in my heart and I love talking to people that have reversed their disease.

So why don't you tell everyone where they can find you where we can find your books and everything else? Yeah, sure. So my main website is naturalendocrineSolutions.com.

I have hundreds of articles, blog posts on, you know, Graves, Hashimoto's, even non autoimmune thyroid conditions and then I have a podcast saved my thyroid, so definitely check that out.

Also website associated that say my thyroid icon but you could just also visit you know Apple or Spotify and then also have a few books. One is actually Hashimoto's triggers is my most recent book.

As of this interview and you know, that was released in 2018. And then I also have a book, Natural Treatment Solutions for Hypothyroidism and Graves Disease and yeah, and those are the, the main, main ways that people could find me.

Awesome. Sounds great. Well, you're such a busy guy, and I really appreciate you coming on the summit and have a great night. Thanks, Dr. Jen.