Introduction and Guest Background

Hello, everyone. Welcome back. Today, we are going to be talking about a really important topic. Is it menopause or my thyroid? Because this is a big deal, especially for aging women.

And we have the expert, Dr. Michelle Sands, to talk to us about this today. Dr. Sands is a naturopathic physician. She's the co-founder of Glow Natural Wellness, and she is highly sought after.

She has been on ABC, CBS, Mind-Body Green, NBC and Fox News, USA Today. So she is very sought after. So we're so excited to have her here to talk about thyroid and menopause.

Dr. Sands, thank you for being here. Could you please share with us a little bit about your story and how you came passionate and how you became a naturopathic position?

Yes, of course. And Jen, thank you so much for having me, first of all, and thank you for putting on this really important event. If I had had an event like this when I was growing up, it could have saved me a whole lot of trouble.

But, you know, back when I was a child, there wasn't like the Internet. There was the Internet, but we didn't have access to it. We didn't have all this information.

So as a as a child, I had kind of a sick childhood. My family was wasn't super privy to help my mom. She was the Italian mom from New York. So we ate a lot of pizza, pasta, pastries, bread at every meal and eating well in our family, eating a lot of food.

And so there wasn't the focus on anti-inflammatory foods and fruits and vegetables and to be quite honest, after a meal, my dad would always go lay down on the couch, unbuckle his belt and take a nap.

So I thought, oh, you know, everybody kind of feels crappy after they eat. That's normal. Because I always had, like, digestive problems. I always felt bloated after I ate.

And I just thought it was normal. And my mom, on the other hand, hardly anything. She would just take out food because she would also have digestive issues.

And so I just thought it was normal. I'd go to family affairs and aunts and uncles be popping tums and popping antacids and talking about their stomach hurting and, you know, just a very normal thing.

And then as I got to junior high, I developed a weight problem. So I, as overweight, had acne and I was self-conscious about myself. So like any girl, when I joined the track team, well, I tried to join the track team and I thought, well, at least I can like exercise and maybe I could lose some weight, but I cannot run.

I didn't have any shoes, but the track coach was super passionate about helping people, and she is kind of what I referred to as a hippie at that time because she had like her guardian and she was very like, I always like peace, love and everything and super sweet.

And that was the opposite of my family because my family was very negative. Everything was an argument or, you know, everyone was complaining about their health problems.

And so she was kind of like a beacon of light. So that's another reason why I wanted to join the track teams. I want to be near her. And she saw that was what I was doing.

And she left and I said, Michelle, you know, you can do anything you want to and you just have to feed your body, train your body, and believe in your body.

And I'm like, wow, that's like so different that my dad's life sucks and then you die. Sense of it. But I would hear all the time at my house. So she is like, Well, what are you eating for lunch?

And I showed her in my lunch that my mom passed and it was literally two cans of Coca-Cola, a bag of chips like Ruffles or Doritos. And then I'd have a hostess snack cake, either like a Twinkie or like knockoff, like Little Debbie snack cakes.

And then I have a baloney sandwich. And so she's like, Michelle, how are you expecting to run fast and to feel good when you're eating all this crap? And I didn't understand what she meant because that was food in my house.

The only vegetable we ever had was candy corn. So I was like, I don't know what you're talking about. So she brought me vegetables in her garden and then she just kind of convinced me that would be a good idea to trade in my lunch with some of the other kids.

So I'd trade. I was that bad kid that was giving your child the cupcake for their orange and the chips for their, you know, their carrots and celery. And so that was kind of how I got some of my nutrition in high school.

And I did feel a little better as I was eating a little better and I started running a little faster. I ended up getting a scholarship to college. I was the first person, both sides of my family to go anything past high school.

So it was like a big deal for me to be able to get one out of my house and out of that negative environment and into a positive environment. But I still had all my health problems, so I did change a little bit with my nutrition, but that was only at school lunch.

Early Health Struggles and Diagnosis

I still had all about nutrition when I went home and I was taking ibuprofen in the morning because I had track practice in the morning and I had track practice after class.

I was on scholarship. So as a special dorm and they kind of owned me when it came. So like I can choose like if I want to go to practice or not. I had to go to practice, otherwise my scholarship would be in jeopardy.

So I would have to take like 6 to 8 ibuprofen in the morning, just like deal with my joint pain. And then I would take a whole bunch of like energy like it was No Doz at that time.

It was caffeine pills. And I'd also drink Diet Coke, try to wake me up, and then I'd always have to be popping Tums or some type of antacid, just like keep my stomach settled and I would not eat at all until after my second track practice.

Because if I ate anything, I would probably poop my pants while I was running. So I went through this like cycle of basically looking from the outside.

She's on the track team, she's getting good grades, everything is perfect. Then inside I was like dying on the inside. So I was depending on all these over-the-counter, you know, pharmaceuticals, basically just to get me through the day, I took things.

Help me sleep, help me poop to help me stop pooping. I name it. I was taking it. And like the ibuprofen, I had no idea that that was causing more problems in my gut than it was helping, but I had to do it just to get by.

Freshman year I actually passed out during track practice, right? And the track we were running laps. It was actually a warm up and I just passed out is probably because I wasn't eating, I was dehydrated.

All the things I was doing, it just caught up to me. And so they took me to the like the, the dormitory nurse at the that the college clinic and they ran some tests and basically told me I was fine.

And I broke down in tears. I started crying. I started telling my whole story to anyone that would listen inside the clinic, the nurses, the physician assistants and I was just explaining how I was taking all these pills. And I had had my period in like four months, and I just didn't know what to do.

I have headaches all the time. I was tired all the time. All these things. And so they said, okay, you know, it's going to quiet me down. And they said, Well, why don't you make an appointment and we'll run some tests?

And so I came back, they ran tests, and then I got a phone call from one of the doctors telling me that he was hoping that I wasn't expecting to have kids because being a mom wasn't in the cards for me.

He told me I had ovarian failure and there was a menopause. And this is I was 19 years old. I was a freshman in college. This is when all my friends are trying not to get pregnant.

And then I heard that I would never be able to get pregnant. And that actually crushed me because I felt I felt like I was something like innately like I'm feminine about me now.

Like I was less of a woman. I can do the thing that every woman on the planet can do, having a child. And even though I was not planning to be a mom anytime soon, I had that dream like growing up as a little girl.

I always planned that I would get married and have kids and all those things, and that was kind of taken away from me. And on top of that, it's still don't explain all the problems I was having that fatigue, my hair was falling out.

I was like, I had pain in my joints all the time. Like my ankles hurt, my knees hurt. And yes, I wasn't running a lot because I was trapped. So I kind of attribute it to that, but I couldn't eat like normal food.

It was just a real big mess. And so I kind of kept quiet about it for a while. I didn't tell anyone about, like my infertility or anything and that and my mom and I would be like, Mother's Day would come around and I'd hear like the radio commercials and see like the ads for like, Oh, the child is the bond between mother and child is like the most important thing.

And I just, like, die inside. But one Mother's Day, I said, okay, I'm going to do something about that. So I started going to like all the different healers I can find Reiki specialists, chiropractors, homeopaths, dieticians, all the different people I can find have access to.

And even I was a marketing major at the time, but I went over to the medical side of my college and like started asking questions and I did learn a little bit about nutrition.

And actually the dietitian nutritionist was the one who helped me the most because she pulled gluten and dairy out of my diet. And I was like, Oh my God, this is amazing after because that was my whole diet basically for most of my life.

Italian girl from New York. We eat brat at every meal like a different type of bread. It's pizza. It's pastry, it's pasta. Right? It's all bread. And so pulling that out made a huge different difference in my digestion.

Like a lot of things, I felt improved, my skin cleared up, but I still wasn't feeling quite right. But I knew there is something to that. There was something more about what's going on.

The doctors that told me there's nothing I can do. I actually went to after that doctor at the clinic told me I had an ovarian failure. I went to like seven other doctors and they all confirmed that and none of them gave me any solutions.

They gave me antidepressants. They gave me stuff for my stomach. They gave me they told me I can beyond pain medication, but they never gave me any solutions for all the things that were going on. So the door kind of opened with an expression and then like when my dad had the life sucks and then he die sentiment.

But he also had the sense of it. If you want something right, done right, do it for yourself. So I decided to go back to school and just try to figure out some of the things going on with me.

I really just wanted to eat a meal and digest it. Normally that was like my goal. I didn't think I'd ever be able to do anything about my ovarian failure or any of the other things, the fatigue that I felt all the time.

I didn't think. I thought that was just going to be me. I thought I had chronic fatigue syndrome and all these other things. And little by little, going back to school for not having medicine, you learn about all the systems in my body.

So you learn about the gut and the immune system. You learn about your mitochondria, you learn about detoxification, you learn about nutrients and how different nutrients affect different organs in the body.

And it's really kind of just fascinating how it's all connected. And so that kind of turned on some light bulbs that I if I can heal my gut, I might be able to affect my thyroid, might be able to affect these other things.

And we also had access to so much testing, and I found out I had heavy metal toxicity, lots of mercury, and I found out that I had Hashimoto's thyroid.

I didn't even know what that was, never heard of it. And it's an autoimmune condition that affects your thyroid that is very much tied to eating gluten.

And we got in all these other things. And so I found that out. I found out how genetic propensity to be really, really sick from mold my body in it and detoxed mold very well and that I was exposed to mold most of my childhood.

And so these little things I started working on in about ten years, I was working little by little on these things. And eventually I met my husband, who I married today, and I told him, You don't want to marry me because I can't give you children.

And he's like, Oh, it doesn't matter, don't worry about it. And so we got engaged and we went on a trip and we went to Mexico and I started getting sick and I'm like, Oh, it's the water.

But after a few days, my husband's like, You're pregnant. I'm like, No, there's no way I can't get pregnant. So we go to the clinic in Mexico, which is really interesting because you just put your name on a Post-it note and then they do all the tests.

There's no like big form to fill out it. Just write your name down. They take you back to the test. And I came back, I was pregnant. So it's like, what in the world?

And we got like really good care for my pregnancy. Everything was completely normal. I have my son now. He's eight years old now. Paxton Sands completely normal pregnancy and and that's testament to the fact that don't let doctors tell you that there's that something is can never happen because it did but my periods started having normal and things just started working out again.

And, you know, one of the big things was finding out about the Hashimoto's because that was a huge auto immune condition that was really affecting so many different things in my life.

But it's it's a I know it's a long story and there's a lot involved, but the message from the story and I always like to tell my patients is never let anyone write your story for you.

They can write a prescription, but they can't write your future. And there's so many cases of there's never nothing you can do. There's always something you can do because your body is constantly rebuilding and repairing and healing and you're constantly getting new cells.

And so to say that there's nothing you can do to run from that doctor because it's something you can do. But there is like Hashimoto's, a lot of people will say, Oh, well, you know, once you have it, you'll always have it or even

hypothyroidism, you're always going to be on thyroid medication.

Well, that's not absolutely true. There is some cases where, yes, it might be in your best interest to stay on medication, whether you are missing part of your thyroid, you just don't have the ability to make it, but it's never a one.

And done is never a one size fits all situation. And we have many patients in our practice who have reversed Hashimoto's, who have reversed hypothyroidism and now are on no medication.

And so it's not a judgment about like whether you should be on medication or not, but there's always something you can do to feel better, have your energy back.

And the truth is, women in this country, like one in five women, have Hashimoto's Thyroiditis and a bigger number have hypothyroidism. And more than half the women who are being treated for their thyroid condition are still feeling like crap because they're ignoring all of the systems in the body.

All those systems I talked about earlier, like the immune system, detoxification in your liver, your mitochondria, your adrenals, all those things play into how well your body can make thyroid hormone, how well you can use your thyroid hormone, whether it gets into the cell, into a nucleus, actually acts on your cells, and whether you can convert it into usable form.

And all these things are so important for how you feel.

Healing Journey and Reversing Hashimoto's

So if you're listening right now and you're being treated for a thyroid condition and you still feel bad, just know that that's not how it's supposed to be.

Absolutely. Thank you for sharing your story. That is it's beautiful. And it's it's amazing when we can look back and be like, oh, my goodness, look at all these things that just played out.

And and I can't believe you had that awesome coach that kind of started doing. Yeah, that, that's just so beautiful. So I think that's another thing is share your story.

Anyone out there listening that has Hashimoto's that they're here because they are reversing it or they want to share your story with your mom's group, with your friends, with your church, wherever you are, because you never know who has that same story and just needs someone to talk about it because they're stuck.

So I love that. And. You know, it's it's unfortunate because I grew up, you know, the time I grew up, I was born in the seventies and early eighties. I you know, the thing is, I grew up at a time where, like, you did what the doctor said later.

You didn't question it. And I know a lot of people in my age group, a lot of women now in perimenopause and menopause, like that's what you think. So you go to the doctor like there's nothing you can do, and you're like, okay, you take that as gospel or take this medication, you know, like, okay, I'm going to be a good patient.

I'm going to take that medication and, you know. QUESTION But the thing is, I always. QUESTION Nobody knows your body better than you do. If you have that little inkling of like, what f or I wonder if there's possible there's something more.

Yes, there is something more. And don't just take it. They no doctor should be offended if you ask questions. No doctor should be offended if you ask for an alternative or you want to know how the medication works or what your options are.

And so I just always tell people, run the other way. If a doctor gets offended by your questions and just know it's

your body and nobody is going to care about your body more.

And so, yeah, that was one thing in the beginning. I was afraid to ask questions. I didn't want to. I even would sneak around when I was getting like second opinions.

They went to like seven doctors to confirm. I was fearful that the first doctor would find out that I was going to the next doctor because they're going to get mad at me, right?

Because they're this big doctor with this authority. And luckily now with the Internet and all the groups out there on these types of summits, I think people are starting to realize like, you really have to take your health into your own hands, like our health care system is there as an emergency like insurance, kind of.

If you think about your health insurance, it's not there to make sure that everything is bright and shiny and looks perfect and everything's functioning well.

Is there if your house burns down or there's a flood? And so that's really what your health insurance as far as there and gets a catastrophic something like catastrophic happens to your body that's not there to keep you running well to keep you functioning while I keep you vibrant and healthy.

That's our responsibility. That's like your own responsibility. And so, you know, a lot of times your thyroid testing will be very suboptimal. Doctors will just test your test your thyroid stimulating hormone, and they might just test your energy for but you really need your full thyroid test and it might not be covered under your insurance.

But if you're still questioning, like, is there more I can do if you're being put on a medication or a treatment plan that's not serving, you are not making you feel well, then look into even ordering the test yourself now and many services online you can you don't even need a doctor to order a test.

There are practices that people order, tests that they want without any having to talk to us first. Because I think it's really important that you you get that information for yourself and like a full thyroid panel, what that looks like is your test your test age.

But you want your your free T3, which is you're free and available after thyroid hormone, you want your free tier four and then you want something called reverse T3 and reverse T3.

It's kind of like putting the brakes on your thyroid and it inactivates that the active thyroid hormone, and that's there for a reason. It's there as a security mechanism in your body.

For some reason, the body feels like you're extending if there's like a famine or there is an emergency or there is like some type of catastrophic, like a bomb is on the planet and you need to conserve your energy.

Your body is going to lower your T3 so that you're not burning so much energy and you can stay alive longer. But it also happens in case of stress. In cases of infections, if you have toxicity like from heavy metals or mold that can turn on your reverse T3 and that can kind of inactivate the thyroid hormone.

So your thyroid might be putting out enough thyroid hormone, but you're not able to utilize that. And so just getting like a TFA or T4 is going to give you that information.

And of course, with autoimmune thyroid, the whole problem with autoimmune thyroid in the way it's treated in this country is it's treated as a thyroid problem.

So whether you have an autoimmune thyroid problem or just a low thyroid output, you're usually put on synthroid, which is synthetic T4 if the most popular prescribed medication in this country.

Unfortunately, that does nothing to address the fact that your your immune system is acting up and actually attacking your thyroid gland. That is an immune problem and that is not a thyroid problem.

Yes, it's attacking your thyroid. But in order to resolve that, you really have to address what's causing that immune flare. You have to heal and seal the gap so that you're not permeating the you have a kind of like a bodyguard bouncer in your gut.

And so there's a semi permeable membrane and it's supposed to let nutrients and and keep the bad stuff out. But in some cases that's not working well.

So it can open up and let the bad things in and then that can form those antibodies which then can attack your thyroid. So healing and healing we get is so important.

In the case of really overcoming Hashimoto's, I'm putting out that it's absolutely possible to reverse antibodies down. So nearly nothing by anybody is really over 401, almost 400 of them is 800.

And I got them down to like less than nine now. And so not to say that I couldn't fall back because if I started eating a lot of poor food, if I started exposing myself to a lot of toxicity, I started being under a lot of stress, then that could trigger again and I can fall back.

And so it's really a maintenance stance, really knowing your body and there's just so much you can do know. Those are amazing points. And I know when I was diagnosed with Hashimoto's they told me there is nothing I could do and I was in medical school so I thought that everything that the doctor said was, was what was true.

So I love that, that you just need to keep looking in, even ordering your own tests, being a part of your health and an advocate because it's your body.

It's not any of that. You say that because when they say there's nothing you can do, you they really are saying there's nothing they can do. Because the fact of the matter is, in the standard of care and medicine, any thyroid problem, whether it's due to just low thyroid output, hypothyroidism or autoimmune thyroid, that's treatment is the same.

Like when they look at the code, the treatment is the same. So there is no in conventional medicine, it really is about covering up symptoms, right? If you have depression, they're going to give you an antidepressant.

They're not going to say, hey, why are you to pass there? If you have diarrhea, they're going to give you something to stop the diarrhea, but they're not going to look at.

Are you drinking that water? Right. So there is this just the conventional medicine mentality and they're there to help you like they want to solve your problem.

It's just a symptom treatment instead of a system treatment. And in national medicine, we look at the systems of the body and we're looking to remove dysfunction and improve function so that we can actually treat the reason why you're having those symptoms.

And that's really where a healthy building plan is about and there's nothing wrong with treating the symptom at that's to do that while you're also looking at the root cause and while you're also addressing the substance.

But unfortunately, it usually ends with the medication. Right. And that's it. And there's no really inquiry or investigation or really the goal to solve the initial root cause problem and that's why a lot of people struggle with Hashimoto's.

Yeah. And it it's also frustrating because there, there's a lot of articles, studies on how diet and Hashimoto's are related and it's out there for, for these under cardiologist, these conventional medicine doctors treating these diseases, it's out there for them to read.

I share them when I lecture to primary care doctors. I've shared with them that there are things that you can do for Hashimoto's. You don't tell them that there isn't.

So I think that it will catch up eventually. In 20 years this will be normal. Maybe it will be even in the conventional plan. But this, these guidelines by these societies, they lie.

So seriously. 17 to 20 years. Exactly. Exactly right. If 17 to 20 years before the research gets into standard of care practice, that's just how long it takes.

That's unfortunate because even a really well-meaning, well-educated physician, they have to practice standard of care. Otherwise they can get hit with malpractise so they could even know that you should be changing your diet.

But they can't really counsel you on that because it's not their standard of care. They can kind of off label do it or as an aside, but they still have to prescribe the medication only.

Thyroid Testing and Optimal Ranges

So it's really that's why you see so many physicians switching over to functional medicine because it gives you more freedom to actually practice with what you know and what you need in your gut in the client's best interests.

Yeah, it's more in the toolbox, for sure. So let's talk about menopause and perimenopause. So sometimes Hashimoto's and hypothyroidism, they're missed in these women. Right.

And you know, and I hear that a lot, women will come in in perimenopause and they're like, oh, they just told me, I have to deal with it because I'm going through life changes and they don't even look at their thyroid.

Yeah, well, you know, it's it's so true because the typical symptoms, perimenopause and menopause, you're going to have fatigue, you have weight gain, depression, anxiety, digestive issues, muscle and joint pain, stiffness.

These are all hair loss. These are they're all like it's like symptoms of thyroid issues as well. But once a woman gets in that age range, she is kind of written off.

And really it's really, really frustrating to see women go to the doctor and get Gaslighted get kind of like brushed off because they're getting older.

It's really frustrating and unfortunately these doctors aren't even testing hormone levels or thyroid levels. So a lot of times women are just getting written off as being in perimenopause or menopause and they just have to suck it up, which they absolutely don't like.

In our practice, we we don't really have that at all. Definitely. We look at testing. We also do a symptom analysis to kind of see what it might be. But we're going to test your hormones and we're going to test your thyroid hormone to see what's actually going on.

And a lot of times, too, when clients drop, when estrogen and progesterone drop, that can also put a strain on the thyroid as well. In times of perimenopause and menopause, but also post pregnancy to the fluctuation.

The steep fluctuation in hormones can also be a trigger crashing motors as well. So it kind of puts women in that category in a huge, huge, you know, disadvantage if they don't have a doctor that's actually really working with them, really looking at what's going on and really helping them get to the root cause of what's happening with them.

And when you go in to see your doctor and ask for a thyroid panel, you touched on this a little bit more. You can't just ask for that. You need to specifically come in with the thyroid labs you want written down, I would suggest, or like you said, just order them on your own, because a lot of the times they're just going to order.

It's H and like you said, with these hormonal fluctuations, you want to check the antibodies. If your antibodies are up, you probably have intestinal permeability or leaky gut and need to fix that and look for root causes.

Yeah. So just so everyone knows, like when you're asking for a full thyroid panel to say it's thyroid stimulating

hormone, that's actually a pituitary hormone.

So that's a signal from your brain to your thyroid to make thyroid hormone. Now, if you're not making very much thyroid hormone, your brain's going to send that message stronger.

And so that's on your for go up. So it is does it give you a good a little bit of influence into what the thyroid is doing? But it's not actually even a thyroid marker.

It's a brain marker. So and the problem with PTS is that conventional medicine range, I believe it's like.0.4 or 5 to 4.5. So anywhere in that range you're considering your normal and in our practice, anything over 2.5 we're looking at as an issue.

So we like to see it between one and 2.5 and that is a like first indicator. But we're never just running into yes. By itself because like I said, you can have other things going on.

So you want to look at your TSA putting combination with your free and total T for your free t three area versus T3 and then your two antibodies. So thyroid peroxide as antibodies, sharp as TPO on your test and then you want your thyroid globulin antibodies as well.

And those T antibodies sometimes might come up not elevated and you might still have Hashimoto's and they might come up very elevated and it might be just a flex.

So I always will test those twice because sometimes with Hashimoto's especially, you can have a situation where you're making a lot of thyroid hormone at a period of time where like you're actually overproducing and then you sit down, now you're under producing so it can fluctuate a little bit.

And so one test might not be the be all, end all like your numbers might look okay in your doctors like, oh, you're fine. But if you have all the symptoms, if you how the hold hands and the hair loss if your eyebrows are thinning like I had to talk to my eyebrows on because I actually lost most of my eyebrow hair from years and years and years of undiagnosed Hashimoto's.

So that's why, especially at the outer third of your eyebrows going away, that's a pretty telltale sign that you probably have with thyroid function and hair thinning, especially it's all over your head.

That's pretty classic thyroid. If you're receiving at the hairline, that could be hormone like estrogen, testosterone balanced so that there is some overlap there of fatigue, constipation and just like dry skin, brittle nails, all of these things are pretty classic thyroid symptoms, sometimes even headaches can be part of it.

So if you have those symptoms and your tests show like normal, again with the reference ranges, you want to look at the functional reference ranges versus the standard reference ranges because functional ranges are going to be much more narrow because we're looking at where you're actually functioning well versus a snapshot of everybody who took the test.

Right? Because if you're taking a thyroid test, chances are you because you might have a symptom or to you. And so you don't want to be in the common normal range like the normal for everybody range.

You want to be in the optimal range. And so those are very different. And so it's really important to look at as well and you can easily match those up online.

I actually have a guy that gives you this as well on my website, so there's a lot of different resources to get optimal thyroid ranges and it's good for you to know these because when you're looking at your test or your doctor, it's nice for you to say, Oh, isn't it better if my test is over three, right or something?

That's good to say that, because in my practice I notice under a 2.9 or three on the free t three, that is like where you start feeling like not so good, but you can be two in your doctor will say, oh, that's normal and you get and so

it's really important to know like what optimal is and it's going to be different for everybody.

I have a client who she doesn't feel good unless her 483 is like 4.2. And she went to before she worked with me, she worked with many doctors and they were medicating her, but they're only let her get to three on her three and she never quite felt well.

Well, we did her genetics and her genetics show that she actually needs to have a higher amount of T three than the regular population. There's a lot of genes like the D three gene will be a gene that tells us whether you convert t 43 very well or whether you need help with that.

And so there's a lot of things going on in the body that you're born with that might make you maybe have to have a different level than your neighbor.

And it's where you feel good is where you want to be, not just what your doctor says you should be. Yeah, that's a great point, because your optimal thyroid labs are probably different than mine.

We both had Hashimoto's and just looking not in range, but also some patients, they're surprised when I'm like, right, we got your labs. I'm like, I'm not happy with where some of the numbers are.

And they're like, Really? They're all in range. And I'm like, But they're not optimal. So I think even now I have to do teaching about optimal ranges because, you know, we've just been kind of groomed in this medical community that this is the range and if you're in there, you're good.

And they did the DSH too, so they actually made the test h even higher. Yeah. Now it used to be like, you know, now it's like 5.5 and it you oh. Is it that high to oh my goodness.

That's not only because you've probably seen this too in your practice, but I can't tell you how many times I've been talking with a prospective patient.

And like we're going through like Holly, maybe they're telling me their symptoms, like, well, you know, it sounds like thyroid and they're like, Oh, now I have my thyroid tested a fine, right?

I hear that all the time. They're like, Well, why is Tammy your thyroid? So, so let's look at it and it's TFA, right? If that's, it's because their doctor is testing it.

So even if you had a test, it might not be a complete test. And then like you're saying, it might be in range, but that range is so ginormous and they do keep increasing it just like they keep increasing with the normal body fat percentage is for people.

And it's like as the population grows sicker, which we are and our population is more than 53% obese. Now, it didn't used to be that way, and that's just what's documented.

There might be more. And so as we're getting unhealthy, more unhealthy, they're increasing what's normal for their ranges to make you think that it's normal to be unhealthy, which is unfortunate.

Like we should really be going in the opposite direction. As technology improves, we have more access to all of this biohacking and all of these wonderful, you know, and grounding plates and all this cool stuff that we now can have access to.

It should be getting better, but it's actually getting worse if you allow yourself to just like listen to the masses and not do your research. But if you're watching this, you're doing your research security in the top 1%.

So chances are you're going to have much better outcomes. Yeah, you're totally right. We want you guys that are listening today to be in that top percent of people feeling healthy because yeah, I mean, Americans, we're chronically ill.

Perimenopause, Menopause, and Thyroid Overlap

And I think what's the hardest thing that I see is women that are going through perimenopause, which could be up to ten years, you know, in my age range.

And they feel like crap. They but it's okay. Like everyone complains about feeling tired, feeling like crap. Oh, I need three coffees a day. No, we are not.

This is not the normal we do not deserve to feel like this. We need to do better, especially women. And Hashimoto's is affecting mostly women. So that's what like this summit and talking to you, you know, we want to scream it from the rooftops like you can feel better and there's a way to do that.

So would you be able to talk a little bit more about perimenopause? So for those listening out there, like what age could it start out? How long does it last and how.

How is it? Actually, menopause doesn't get a lot of talk. You know, not many people are talking about perimenopause, that it's probably more life impactful than menopause is, because even though half the population works, variance hormone decline in on that weight or hormone decline before you hit menopause is once you haven't had a period for 12 months and your ovaries are no longer producing the time leading up to menopause, the time around menopause is perimenopause.

So that's the years when your ovaries stop producing optimally and they start going a little slower and now you're not making as much progesterone and estrogen and things are starting to decline.

That can be ten, 15 years and it can start as early as age 30 and some women younger. But the average age for menopause is 51 in our country. And so average age for starting perimenopause is about 3940.

And so the funny thing is, like I said, half the population will go through this, but still this giant surprise, women start feeling like crap and nobody is really talking about it.

Usually you start first. Symptoms are usually difficulty, sleep, a little bit of anxiety and then usually periods will start to get irregular. Maybe you'll get two periods in one month and they're like, What the heck is going on?

And then like, you won't get your period for a couple of months. You're like, Oh my God, and my pregnant. And then it'll get normal for while. And then they'll spread out, they'll get closer together, and then eventually you'll start skipping periods and start skipping months at a time.

And you might think, I've gone four months without my period on the menopause and boom you get your period and then you have to wait. The clock starts over, you have to have 12 consecutive months without a period you can be considered in menopause.

There's also other markers. You can measure your luteinizing hormone and your follicle stimulating hormone, and you can kind of know at just like TSA age, like FHA style or stimulating hormones.

So that's what tells the ovaries to make a follicle, to make an estrogen. And so when it's not doing that, then your FH gets out just like when your thyroid is not making thyroid hormone, your THC goes up.

So we can look at those as well. But most commonly, you're just going to know by whether or not you had a period. But perimenopause can be devastating because women think they're losing their mind.

They that because you start to get brain fog and you start to get aches and pains, you're not you're kind of irritable, like for people who you want to be around, then they're starting to annoy you and the skin care products that you want to use in the past that love, all of a sudden they're making your skin breakout.

Like, what the heck's going on? Because your skin texture changes the amount of oil and your skin changes and

you start to get dry skin. You started aches and pains.

And the funny thing is, we know this is going to happen to almost every woman and everybody will have every symptom. So there's a lot of things based on your lifestyle, your diet, your stress levels and how you're taking care of yourself, whether you exercise or not, how well you sleep.

Those will impact like how severe symptoms are going to be. It kind of is kind of a roll of the dice. I know women who are like the best sleepers, eaters work out.

They got all in line and then perimenopause hits and their life just gets turned upside down because the hormone fluctuations are so important. Estrogen is anti-inflammatory as surgeon helps your muscles contract so you can have muscle tone.

Estrogen helps your collagen and elastin your skin, helps support your bones, helps your body temperature regulation helps your serotonin in your brain.

So your feel good hormone, so many different things and they all are affected by these hormones. And so just like any woman on this and who's watching who may have had PMS before her period or fluctuations throughout the month, those heart fluctuations are real.

You can get weepy, you can get irritable, you can feel bloated, you can feel tired, lethargic and all these things. And that happens in very matter of highs.

And it's kind of unpredictable because it's not like, oh, it's only for a period. So now I know it can kind of be unpredictable, but, you know, in our practice we help a lot of women in perimenopause with some low dose hormone replacement therapy to kind of top them off.

So they don't have those fluctuations as that and they don't have to, like, gradually get worse as they lead towards menopause. And now they have osteoporosis and they have risk for Alzheimer's and heart disease and libido and their relationships are messed up and all these things.

But the thing is, when you hit menopause, that is oftentimes when your immune system go haywire, too. And so you can it can be a trigger for Hashimoto's thyroiditis or even just low thyroid because your body depends on progesterone to help your thyroid work and also depends on estrogen to rebuild the thyroid gland cells.

And so too much estrogen that can be bad because that can form a goiter that can be causing thyroid issues. And too little estrogen can make you not be able to produce enough thyroid hormone.

And progesterone is really important for progesterone and it helps the thyroid actually produce thyroid hormone and bind the thyroid hormones and bind to its carrier proteins so it can deliver throughout the body.

So everything's connected. Yeah. Now, when women go into menopause, what have you found with their thyroid? What happens then? What are the changes? So usually we see a lot of hypothyroidism if they don't have it already, a lot of times when they're in it, it won't happen.

Like the day they go into menopausal, usually b gradually happening as that because your hormones are gradually declining and then at menopause they're pretty low, almost zero.

They're never a zero, but they're pretty, pretty low and then they just stay that way. Post menopause. And we do see a lot of women through that transition, through that perimenopause transition, start talking about thyroid issues.

And so and hypothyroid is and whether it's Hashimoto's or just straight hypothyroidism, although most cases of hypothyroidism are Hashimoto's, it's the most common.

So we do see it quite a bit in. It's almost always next, it's almost always not diagnosed now. And that's the thing

that's kind of scary is that you're having all these overlapping symptoms, but the thyroid isn't being checked.

And when we say optimize hormones, thyroid hormones. Exactly. Even in the whole picture. Well, and the thing to note, too, about perimenopause and menopause and why it's triggering these thyroid problems, that because when you are experiencing, it's hard to decline, you're going to have trouble sleeping great.

So lack of sleep is a stressor to a thyroid emergence. You're going to have difficulty with digesting foods because your gut motility changes and estrogens, anti-inflammatory going to have increased inflammation.

And so it's not so much just the hormone levels like on the test, the hormone levels dropping, it's all of the ancillary functions in the body that are affected by this hormones dropping that also are a kind of trigger for that thyroid issue as well.

And vice versa too, when the thyroid is having struggles, you can have issues with ovulating, you can have issues with fertility Hashimoto's. It's very, very common cause of infertility.

And so it really is a two way street. It's not just your estrogen and progesterone, your testosterone affecting the thyroid, they affect each other. So think of your hormones like a baseball team.

So you got your thyroid hormones, you got your adrenal hormones, you got your estrogen, progesterone, testosterone, you got your pancreas. These are your players.

And so if one of your players is not doing this, like not doing anything, showed up drunk to the game, you're probably not going to win because the balls are in golf past them when they're in the field, they're not going to be able to hit the ball.

And so just have you think of it like a team, your endocrine system team, and they really do drive the body like it drives all function the body. Your hormones are so important for pretty much everything when you think about your heart healthy or bone healthy, your brain health and your mood, your libido, the way you work, your body composition, everything is connected to your hormones.

So it's not just about treating one. You really have to support all of them. And it's not just hormone replacement therapy for women in menopause. There's so much you can do.

Exercise like weight training can help to help put your blood sugar balance because muscles use your blood sugar to help reduce inflammation can help with muscle and it can help with energy, help you sleep better.

So like, that's just one component. Like we have our diet, we have our our stress reduction and our rest and recovery. We have our exercise and movement, we have our mindfulness meditation, we have our supplementation.

So all of these and you have your relationships and all of these components are kind of like the foundations.

Root Causes, Diet, and Lifestyle Support

And so just when working on all of those, you can definitely impact how you feel and how your hormones work with each other and your production, your how your hormones convert in the body, how they detox and so it really is multifaceted.

But the good news is you don't have to have a long list of, okay, you have to do these things from my thyroid. And then you have this other long list over here.

I have to do these things for my estrogen and then I can do these things for my adrenals. It's all the same things. They are help. And so it's not as overwhelming as it sounds.

You know, first step I would do would probably be to do an elimination diet, get rid of gluten. Gluten is often tied to you and actually Hashimoto's thyroid is because of the fact that gluten enhances the permeability of your intestinal permeability.

So it has something called Zombieland and that opens at the selective transfer. So the things that shouldn't be in your bloodstream get into your bloodstream.

And then also gluten has a very biochemical molecular structure shares thyroid hormone. So when your body is like, oh, that gluten is bad, it's tagging that as something to like get take away.

And then it also sometimes mistakenly tells the thyroid she is so gluten dairy case and the case in a dairy has a very similar effect for some people as gluten does.

And then soy can sometimes be quite organic, especially if you're using like not organic soy. It's not too much of a problem if you eat it in moderation, but too much of it can be a bad thing.

And the sugar, eliminating the sugar. So that's the first thing I would do. And then I would really look into my gut health because like I said, intestinal permeability is a huge thing.

So leaky gut. And what I found for Hashimoto's is you have to have a few things in place to have Hashimoto's actually happen. One of them is a leaky gut and another one is a genetic predisposition.

So you have to have some genetic predisposition to even have autoimmunity because some people will and some people have the luckiest guy in the world and they'll eat all the gluten. I'll never eat Hashimoto's because they have the genes that don't let that happen.

And so it's not something you can control. You either have it or you don't. But so if you have that genetic predisposition, you have to make sure that you don't get leaky gut.

And then you also have to avoid the triggers and triggers can be anything from stress to toxins to allergens in the environment to nutritional deficiencies.

And so those are all triggers. So you have them the trigger, the genetic propensity and the intestinal permeability or leaky gut in order for that Hashimoto's to happen.

But in order to get rid of it, you can't do anything about your genetics. You're more at home. That's fine here until the leaky gut remove the triggers and then you'll be glad. Yeah.

And it makes such a difference. So many patients I've seen, they've reversed their Hashimoto's, they've improved their thyroid, gotten off of meds by changing diet and lifestyle and stress, like you were saying, the adrenal glands.

I love how you brought up blood glucose balance because that if you're on a blood sugar rollercoaster all day long, up and down, then that's going to affect your adrenal glands because of cortisol. That's stress. That's a stress.

But also, if you're stressed out all the time, that can impact your blood sugar. So it's just actually since the pandemic, I have just seen hormones, a little bit of a mess just from all this external stress.

So what can you do? Like you said, control your diet, try an elimination diet, make sure you're just the basics. Sleep, make sure your exercising, doing breathwork and meditation so your health is in your hands.

It's right there. So don't let any anyone tell you it's. Not because it definitely is. Absolutely. Absolutely. And you know how to do it all at once, right?

You don't have to do all of that. Everything happens that way. If they start with eliminating gluten and dairy first, I just eliminate them. And I know it can sound hard, but there's just so many excellent gluten free options these days.

Like if you can just focus on whole real foods, it's going to help all your systems in your body. It didn't used to be like, you know, 50 years ago, we didn't have to say no to like a hundred different processed days because they're just whether they weren't around that.

Now, I just find, like in our world today, like there's so many things for convenience and we have to say no to so many things instead of like when my grandma was a little girl, they didn't have this.

They have like a cup, one brand of cereal, like one brand of like, I don't know, a couple of things, but like now we have piles and piles of like sugar packed processed foods that are not really even food.

It's like it's like a processed food, like material that's not actually a food. So I just think we have to say no a lot more to things that if we just focus on like whole real foods and focus on what is actually nourishing to our body and mind.

And that includes like, you know, watching the news that it's annoying you or they're scaring you about things or, you know, maybe prime like I don't know if you're religious, you can put on like a devotional.

If you're, you're not if you're spiritual, you can put on like a meditation. If you're not, you can put on a comedy show that makes you laugh. Like laughter is actually excellent medicine.

So there's something for everybody. It's not just one way, and you don't have to follow a paleo diet or a vegan diet or the latest intermittent fasting routine.

Just eat whole real foods, eat until you're satisfied. And that's going to take you really far because there's a whole real foods are also going to have the nutrients that you need.

The iodine is selenium, the magnesium, the omega threes, the probiotic foods, all those things, you know, help support your thyroid as well. So you don't necessarily have to take a whole, you know, list of supplements on the side of free eating those foods.

Of course, supplementing can be helpful and that can make things easier, especially if you have digestive problems as well. So that's something I like.

And but yeah, I can sound overwhelming, especially if you're watching and listening to a bunch of different people give you all these different protocols that it really is.

It's just no, it's so simple. If you just like listen to the basics. If you go on the foundations, a diet, the rest, the stress reduction, the mindfulness, and focus on relationships, focus on things that make you happy and that will take so far.

Love it. So beautiful. And if you're eating just unprocessed food, you don't have to spend hours reading all the different labels, right? Yeah, that's. A that's true.

That is the those labels. I'm like, it's hard. It's hard to read on. And to be honest, like in the beginning when I was dealing with Hashimoto's, I eliminated like religiously, religiously, because I knew it was like a poison to my body.

I just thought of it as that is not food that is like harm to me. However, it's like once I got it under control and like now once in a while there's gluten.

Make it into my life. It does, but I usually feel kind of crappy about it and then I don't do it again. But in from other things like 8020 rule is what we do in our practice.

We believe in like enjoying your life. And the whole reason why you're trying to have good health is so you can enjoy your life. So it's not about being a slave to your health routine.

So we practice the 8020 rule like is it? Will I ever have a check? Yes, I will. Like 20% of the time. I have things that are enjoyable and then 80% of the time I have my staples.

I know I'm getting all my nutrients, all my Omega as I'm getting enough protein and getting enough fiber. And then if I want to have a treat, that's okay, because now my liver is detoxed and it can it can process those things as we have this amazing detoxification system in our body so we can be exposed to some level of suboptimal things.

But I usually make better choices. Like if I have like a dessert, it's usually a healthier version of it, even though for me it's a treat. But I try necessarily cut junk in my body if at all possible.

It's just like if you had a baby, would you be, like, feeding it like Coca-Cola? No. You live either baby as pure food as you can. So why is that? When we're adults, we don't do that for ourselves. You know.

You're so right. And remember, if you just got diagnosed with Hashimoto's, there might be a, you know, maybe six months even of a phase where you do have to be a little bit more mature.

Then you can relax and do 8020. So when I. Do that, if you notice that it's not affecting you, right, because you might be like, okay, it's time for me to relax.

And then you have something that, you know, the symptoms come back. So that is like instant feedback from your body saying are your symptoms, are you just your body saying, hey, there's something wrong, you need to do something differently and so just listen to your body.

I think we've become so numb to like listening to our body signals, like ignoring them and just kind of sucking. And I feel like I think that like, just like listening to the doctors a lot of times in my childhood, I was told, like, you just don't complain, just suck it out, just deal with it.

But no, don't deal with that. Actually, listen and observe the signals of your body and that is your best clue. Yes, absolutely. So, Dr. Sands, thank you so much for this awesome interview and teaching us so much about perimenopause, menopause in the thyroid.

I would love for you to share where we could find you if you hang out on social media. Where is your website? All of that. Yeah. So you can find me at glownaturalwellness.com is my website.

I'm social I'm usually at Dr. Michelle Sands and then if you want to learn more about hormones, fixhormones.com and we have a lot of free resources there.

Awesome. We'll check that out. Thank you so much. You're welcome. Thank you so much for having me.