Is It Menopause... or Your Thyroid? Transcript

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Introduction: Thyroid Health in Midlife

Welcome to day five of the Future of Menopause Summit. I'm Laura Frontiero, functional medicine expert and nurse practitioner and your co-host for this summit.

Today we're bringing it all together with conversations about exercise, thyroid function, skin and bone health, intimate wellness, and what it means to age well.

Let's begin our final day. Welcome back to the conversation. Today. We're talking about a topic that affects millions of women in perimenopause and menopause.

And even though it affects so many people, it's overlooked. It's misunderstood. It's blamed entirely on hormones. And I'm talking about thyroid health because so many women entry midlife suddenly begin experiencing symptoms like fatigue and anxiety and insomnia and heart palpitations and brain fog and hair loss and weight changes.

Heat intolerance feeling like their body just isn't functioning the way it used to. And often they're told it's just menopause or it's just aging. But for many women, there may be another important piece of the puzzle the thyroid.

Now, the challenge is that thyroid symptoms and menopause symptoms totally overlap, so that thyroid dysfunction is frequently missed dismissed for just inadequately evaluated, especially when routine lab work comes back normal.

My guest today is Doctor Eric Osansky. He's a functional medicine practitioner. He's a thyroid expert. He's spent years helping people with Hashimoto's, graves disease and other thyroid conditions, really help them uncover the deep root causes behind their symptoms.

And what makes doctor work especially powerful is his passion comes from his personal experience. After being diagnosed with graves disease himself, he was able to restore his own health naturally, and since then he's helped thousands of others navigate thyroid health through more root cause approach.

Welcome, doctor. It's wonderful to have you here today. Thanks so much, Laura. Excited to be here now. I've interviewed you many times and over the years, and you always bring such practical, easy to understand, applicable knowledge.

So I'm really glad that you said yes to come and speak again. And we're going to really give our audience some takeaways today.

Why Perimenopause Can Worsen Thyroid Issues

So what I'd like to start off with here is why do so many women seem to develop thyroid imbalances or even worsening thyroid symptoms during Perry and menopause?

And what changes are actually happening in the body during this transition that could contribute to that? Yeah. Great questions. I mean, first of all, we need to understand that most conditions are actually autoimmune conditions.

Most people would hypothyroidism Lothar to have Hashimoto's, most people would hypothyroidism have graves. And when you have shifts in these hormones, you also have shifts in the immune system.

Both progesterone and estrogen are very important for optimal immune health. And if really either one of these, although they could kind of set the stage for autoimmune condition to develop.

Now, it's not the only factor. It's just maybe a piece of the puzzle. So it's not I mean, where else we have I mean, we we do have a lot of people developing the autoimmunity, but there would be far many more people, far, many more women developing autoimmune conditions and other autoimmune conditions have was solely related to the hormone shift.

But that's I mean, that's really a big factor. But then, I mean, we also got to need to take into account, I mean, just as we get older, not to blame it on age, but we're exposed to so many more stressors as we get, you know, as we get older, you know, just many more years of toxic burden accumulation.

I mean, so all these so there's again, it's like multifactorial. There's not just one reason, but again, really a combination just I mean, stressed adrenals have a direct effect on the thought.

So years of stress will affect the conversion of T4 to T3. There's a number of things that affect the conversion of T4 to C3, and for those who aren't familiar, the T4 is the main thyroid hormone produced by the gland.

But then T4 converts into the active form of the normal, which is T3. And so yeah, I mean, again, it's really a combination. It's not just the hormone changes themselves.

Like I said, it's really a combination of the hormone fluctuations as well as the chronic stressors and as well as environmental toxins and toxicants that we've exposed to.

And I think we're going to unpack some of that today. So, you know, many wife and many women in midlife, they are experiencing symptoms like anxiety, fatigue, weight, you know, weight gain.

They're not sleeping well. They're having rapid heart rate, maybe palpitations. Their brain isn't working as efficiently as it used to. And they aren't sure whether it's menopause, stress or a thyroid issue.

So can you explain the difference between hypothyroidism hypothyroidism, and why understanding that distinction matters during this phase in their life?

Sure. So hypothyroidism. Again, I mentioned a thousand hormones. You have T4, T3, and with hypothyroidism you have those hormone levels low. Now they might be overtly low meaning they might be below the reference range, but a lot of times they're subclinical meaning there within the lab range.

But on the lower side. And then you also have what's called downward stimulating hormone or TSA which is actually pituitary hormone. And so it communicates with the gland.

In the case of hypothyroidism it tries to tell the glen, hey, we need more hormone. So its is actually increased while the hormones are decreased. With hypothyroidism it's the exact opposite.

So I mean my experience I personally would hypothyroidism. And so I had a depressed TSA and elevated thought hormones.

Hypothyroidism vs. Hyperthyroidism Symptoms

And when you have the elevated thousand hormones again that that is communicating with the gland telling it to slow down. We have too much hormone. So TSA as a result is depressed.

And as far as symptoms with hypothyroidism typically you'll get fatigue, you'll get weight gain, you'll get brain fog, you'll get coldness or some of the more common symptoms constipation, hypothyroidism, anxiety, increased resting heart rate, palpitations, loose stools.

Hair loss is kind of common with both, I'd say. I mean, I'd say it's more severe. It seems like in my and people I work with who have hypothyroidism. But I see but what hyper and hypo more heat intolerance insomnia.

And you're absolutely right. There's definitely an overlap with some of these symptoms with I mean, if someone has a menopause perimenopausal menopausal symptoms, they might also experience fatigue, weight gain.

But then on the other hand, they might have hot flashes and which are again can be associated with hypothyroidism as well. Night sweats. So sometimes it is difficult to differentiate the different symptoms.

And then as I mentioned most of these are autoimmune. Not all of these. But you also want to look at. Well I don't know if you want to talk about how to evaluate like the antibodies and all that and the testing. But.

Well I think that's important. I think it's confusing, especially because if you go to your Western medicine, you know, allopathic doctor, they're just going to order a TS and that's it.

And you might get a reflex, you know, order out of it. If it's abnormal. Another lab might be kind of reflex ordered, but they're never going to check serrate antibodies.

They're never going to check all the important thyroid numbers unless you ask for it. And I can remember in my years working in the Western medicine space and knowing more about what I wanted to check on my thyroid, my doctors that I'd have order for me, they just kind of looked at me sideways.

You want me to order? What? Why? Just order it for me, right? I was trying to play by the rules. Like, not order it on myself. Just have somebody else do it.

So maybe explaining those labs would be really supportive right now. Yeah, sure, sure. So I mentioned already TSA, T4, T3. Ideally I like to look at the free hormones, the free hormones, free T4, free T3.

Let's look at the hormones in the bloodstream. There's also total T4, total T3. Most of that is bound to a protein. A very small percentage of that is free.

The thyroid antibody. So there's three main types of antibodies. The most common type of antibody peroxidase or TPO antibodies more commonly associated with Hashimoto's.

But a lot of people with graves also have those antibodies and then globulin antibodies, the second type of antibodies. So that's what I should mention, that peroxidase is actually an enzyme that's important for the production of forward hormone.

So when you have those antibodies that means that the immune system is damaging the tower gland and actually affecting that process. Globulin is also a part of the thyroid gland.

So if you have elevated globulin antibodies potentially that also means the immune system is damaging that that part of the forward gland, which could lead to hypothyroidism.

And then what what graves you have what's called stimulating globulin, or TSR, which is a type of receptor antibody. And what happens when you have those is the immune system can attack the receptors or that the gland causing a stimulation of thousand hormone and lead into the excess production of thousand hormone.

So and and then it's also important to mention that a lot of people have 2 or 3 of these antibodies. So it's not like everybody has exclusively graves antibodies.

And others just have exclusively Hashimoto's. You could have a combination. And sometimes it confuses not just not just like regular people, but practitioners.

To some I've had people where they clearly have graves, but they've been diagnosed with Hashimoto's or sometimes vice versa, just because the doctors are either testing the wrong antibodies or again, kind of like kind of get confusing, like there's a condition called hoshi toxic where you have Hashimoto's with transient hypothyroidism.

Thyroid Testing and Antibody Labs

And so it kind of like yeah, presents as great, similar to graze, but you'll have the negative graves antibodies. So again sometimes it could get confusing.

But you really do want to test I mean if you if you test both antibodies. And I'm not saying everybody needs to test all three antibodies, but especially you know, if you're unsure, like if someone's presenting what hypothyroidism.

You definitely want to test those graves antibodies, not just those other antibodies which I see time and time again just testing TPO and orthogonal antibodies.

But yeah, it's actually, like I said, pretty common. Have 2 or 3 of those antibodies. Interesting. And overwhelmingly people tend to present more with an underactive than an overactive thyroid.

That's the most the problem we're faced with today. Right? Right. That's a probably for every eight people with Hashimoto's, there's like one person with graves and is graves one of those things where they go undiagnosed because they're not getting a thorough enough evaluation.

Sometimes it's not as commonly misdiagnosed or undiagnosed as Hashimoto's or Hashimoto's, as, you know, a lot of a lot of women, a lot of I mean, a lot of people, even men to that, you know, they're gaining weight, they have brain fog that they have fatigue.

And the doctor, if the sage is within the lab range, the doctor might dismiss it and say, oh, your thought looks fine. So. So yeah, it gets and it could be many, many years where someone before someone gets diagnosed at Oshima with graves.

I definitely have seen cases where they don't get diagnosed for a while, but usually doctors pay more attention when someone has a resting heart rate of like in the 90s and or in triple digits, and then they're having heart palpitations.

So usually they're more inclined to, you know, and then also it's more obvious, even if they just want to run, it's like, again, with Hashimoto's, a lot of times it'll be within the range.

It's not within the optimal range. Whereas with the TSA, with graves, probably like 90% of the time it's completely depressed. And when they see that, you know, usually the doctors will be like, okay, we got something going on.

And usually then they'll go on evaluate further. And I'm sure a lot of your practice is people with Hashimoto's and under active thyroid, you're supporting people solving that problem quite a bit.

Yeah. I mean, I see I wrote a book on Hashimoto's and I've written a couple of books on hypothyroidism. I see more people with hypothyroidism and graves, even though.

So I do see people with Hashimoto's. There's a lot, as you know, there's a lot. And as you mentioned, there's a lot more people with Hashimoto's, but there's not a lot of practitioners who focus on graves.

And because of my personal experience, I tend to see more people with graves. So I do see people in Hashimoto's as well. But it's more, more graves just because there's a lack of practitioners.

They come to you like you're the guy because nobody knows what to do with this. I do want to focus a little bit on the Hashimoto's for just a second. And the underactive thyroid.

Could you talk a little bit about the difference between treating somebody with inactive versus active thyroid? So T3 versus T4, I think it's worth it to talk about that because a lot of people are getting inactive T4 thyroid from maybe their regular allopathic doctor, and they're not even given a chance to take an active form of thyroid.

Yeah, it's unfortunate that pretty much a standard of care when it comes to Hashimoto's is just to give levothyroxine, which is synthetic T4. And again, some people do fine with synthroid and other types of legal Roxanne, but a lot of people have issues converting T4 into T3.

As we mentioned before, I mentioned stress. A lot of the conversion takes place in the liver and some of it in the gut. And we many people have disrupted gut microbiome.

So so I just wanted to highlight this Eric. So make sure everybody understands. So when you take inactive T4 levothyroxine synthroid now your body has to turn it into an active T3 form in order to for it to work.

And literally you've got an obstacle course for this to happen in your body to. It's like doing somersaults through an obstacle course to get the T4 to convert to T3 so that your body can utilize it.

And it's because of all those things you just talked about inflammation, stress, gut microbiome disruptions, all these little kind of checkpoints along the way of converting that can stop it from being able to work.

And if you just give active T3 now, you don't have to do the, you know, the gymnastics circus to get T4 to convert to T3, right? Exactly. I mean, you really want to do both.

I mean, you want to try to help the person with that conversion, but it takes time for that to happen. So, you know, it could take many, many months. And, you know, sometimes, you know, a lot longer than that.

So you're right. I mean, giving just T4. And what's crazy, as you mentioned, many doctors just look at TSA and then some of them will look at TSA and T4, and they won't see that T3 might be on the lower side and just giving more T4 if someone has normal T4 levels, but low T3 and all they're doing is just giving more T4, that just doesn't make sense if the person is unable to convert that T4 to T3.

So you're right, there's definitely a time and place for T3 as well, whether it's item L or something else. There's also desiccated thyroid which has such as NP, thyroid armor which has T4, T3, time and place for that.

But yeah, I agree. I mean, many people are just taking T4 just because they don't know any better and they feel lousy and they just just again follow the advice of their doctor.

But hopefully this conversation is, yeah, educating people and making them more aware of this. Totally. And then you have this niche of treating people with graves because there's very few natural, natural style or integrative style practitioners that do this.

So talk a little bit about what sets you apart and makes you different.

Treating Hashimoto's and Graves Naturally

What are the things that you're doing differently that maybe somebody is not getting when they go to their allopathic doctor, or maybe even a different functional doctor, that maybe graves isn't their jam?

Yeah. I mean, well, conventional doctors, we both know that regardless of whether it's Hashimoto's of Graves, they're not doing anything for the autoimmune component of the condition.

So they're just managing the symptom. And before we talk about what I do differently. The one thing we should mention, what's the risk of just taking levothyroxine or just taking thyroid hormone, even if it's someone's taking T4 and or in a case of graves, they're just taking anti-terror medications such as mathematical is that if you have one one autoimmune condition, you're at greater risk of developing other autoimmune conditions in the future.

And again, this is the literature. This isn't just me talking about this and just mentioning this. You know, it's proven and it doesn't guarantee you're going to develop other autoimmune conditions.

But still I think it's like 2,030% increased risk. Yeah. So that's the biggest, biggest issue is that most conventional doctors, including endocrinologists, most of them aren't doing anything for the immune system.

And then also, I mean, when it comes to graves, I'm not against the medication. There is definitely a time and place for anti-air medication, whether it's mathematical or propyl uracil, which is you again time and place for those.

But I was able to manage my symptoms naturally through herbs, the maner buga weed. And I'm sure we had this conversation previous talks, but I don't know if you remember this bugle weed, which is not the most popular herb.

It's an herb with anti properties and then the ward. I compare it to a natural beta blocker. It's obviously different mechanisms but it's a bugle motherboard.

And then Elkana Stein there's some interesting research showing Elkana tine I was going to say in higher amounts like there's older studies showing between 2000 and 4000mg can block the entry of thousand hormone into the cell.

But then 2025, there was a study showing that only 500mg of L carnitine, combined with, I think it was 83 micrograms of selenium, helped graves patients take less than is all helped with the lowering of antibodies.

Even so, I mean, there are definitely natural options. And again, I just mentioned this is the research. But most yeah most medical doctors endocrinologist there are exceptions, but most of them aren't looking at the research.

And to be fair not it doesn't work for everyone. I mean, there are people that will try the natural methods for symptom management and and it won't work.

And maybe they need the ancestor medication. But there are also people can't tolerate anti-terror medication. It could. And also it's harsh on the liver and has other side effects in a lot of people.

And then if they're unable to take the ants medication, in most cases the endocrinologist will recommend radioactive iodine, which is a bleeding the thought or surgery which is removed at the road.

And not to say there's never a time and place for those, but it makes sense to try to save your thought if you can. Yeah. And other. Exactly. So there are other options.

And that's from a symptom management standpoint. You know, I could give other options. And then of course I'm also trying to do things to find remove triggers, heal the gut, trying to actually restore the person's health.

I could see why you would get flooded with people wanting to have a natural way to support graves disease, when there's just nothing out there in the Western world to do that.

It's just, yeah, like you said, ablative therapy drugs. I want to go back to the carnitine for just a second. I was fascinated by that because when I think about carnitine and what I use carnitine for, I think about mitochondria energy production and shuttling lipids into the cell so that you can make energy from that perfect, you know, from that perfect fatty acids, I should say, from that perfect energy source.

So we think about the carnitine shuttle and moving carnitine into the cell. Is that similar with the thyroid or something completely different function.

Yeah. Like I said that the studies actually are showing. So yeah you're right. Mitochondria when you think about carnitine it's you know the role in fatty acid oxidation mitochondrial support.

But this at least the older studies the I don't remember the mechanism of the newer one even though it also involves selenium. So I'm thinking selenium is also reducing oxidative stress.

And I think the selenium probably more responsible for at least the antibodies. But some of the older studies show

that Elkhorn again in the higher higher doses.

So not necessarily 500,000mg which is commonly used to support the mitochondria. But if you're taking 2000 to 4000mg, somehow it blocks the entry of the hormone into the cell, so it prevents the hormone from binding to the receptors, essentially.

And I mean, there's one study. Again, it's an older study. And I'm not recommending this, but there's one study that suggests and again this is in the journal articles.

You could find this if you type it if you like, do a search on PubMed for carnitine and forward storm, which is a medical emergency. And there's one study that says, oh, carnitine might be you might be able to use it in cases of thousand storm.

Now, I personally wouldn't recommend taking it. If you have a thousand storm, then I would go to the emergency room and probably wouldn't just rely on El Carnitine.

But it's just I mean, just seeing that in the journal articles, it's pretty interesting that they would actually just even bring that up. I love it, it's fascinating.

Well, thanks for taking taking us down that road for just a second. I want to talk a bit about adrenals. I know this is a really important aspect of your thorough evaluation of thyroid, and this is definitely not something that happens in the conventional space.

I mean, I worked in Western medicine for over two decades, and I never, you know, you know, we didn't we didn't check cortisol health the way that we do.

I mean, we just do a singular blood test looking for Cushing's or Addison's, but any nuance in between that we we didn't do it. So, you know, our women listening today, they've got stress.

You know, they're in midlife. They're taking care of their, you know, young kids or teenage kids. They've also they're also taking care of aging parents.

They're also holding down jobs. They're also just dealing with a higher level of stress, probably ever than we can remember in our living history. So for women who are feeling exhausted and tired and emotionally overwhelmed or unable to fully recover from stress, what piece does the adrenal gland play in this whole thyroid loop?

Yeah. Great question. I mean, going back to my journey when I was dealing with graves, I was in denial as far as the impact stress had on my health.

Adrenal Stress, Cortisol, and Thyroid Function

I mean, I knew stress was a factor, but I thought I was doing a good job of managing it, even though I wasn't doing anything to manage it. I wasn't blocking out time for stress management, and it took an adrenal saliva test just to see how bad my adrenals were.

As my cortisol levels were in the tank, my DHEA was in the tank, and so healthy. Adrenals I mean, definitely important for healthy thought roid, but also important for healthy sex hormones too.

You can't have optimal sex hormones without optimal journals. So estrogen, testosterone, progesterone. Exactly. Yeah. Yeah. Exactly. So yeah. So you definitely want to optimize adrenals for sex hormones.

But then I also mentioned the conversion of T4 to C3, especially if cortisol more more so of cortisol is on the higher end. Let's let's unpack that again.

So remember everybody the conversion of T4 to T3 is inactive thyroid to active thyroid. The active thyroid is what

your body utilizes okay. Keep going.

Yeah exactly. So that could negatively affect that conversion of T4 to T3. The chronic stress higher cortisol levels. There's also something called Secretary IGA which lines to be close to surfaces of.

Yeah we test that on every single one of our clients. Yeah. So so stress chronic stress will tend to decrease Secretary IGA which again is a protective barrier.

And so if you have decreased levels of Secretary IGA that will make you more susceptible to infections. And I mean it's not a specific leaky gut marker.

But typically if you have a low you can have a low. Heck yeah. We don't even need to do as you go. Yeah. No I agree. So yeah. So if you see low Secretary Ige, you probably have a leaky gut and a leaky gut.

I didn't mention earlier, but that's part of what's called the triad or three legged stool of autumn unity, which is genetics, exposure to one or more environmental triggers and that leaky gut component increase in intestinal permeability.

So if you so stress could affect essentially stress can cause a leaky gut. And a leaky gut could at least be a piece of the puzzle when it comes to developing an autoimmune thyroid condition.

So, Eric, what happens when the adrenals are crashed out when you got low DHEA, low cortisol when you do that four point saliva test, which by the way is different than a blood test.

So, so different than a urine test. I would say that the saliva is superior to the year end. A lot of people do dried urine cortisol. So what is the what is the actual connection there between adrenals and thyroid.

And why is that so important from a natural medicine perspective? What are we going to do differently with that information then say a Western medicine doctor that wouldn't look at it.

What would you do differently when looking at, like a saliva test so important? Why is it so important for us to look at adrenals? I'm saying they're connected, right?

Adrenal and thyroid. Can you help our audience understand why, when you're working with a practitioner for your thyroid, we need to know what's happening with your adrenals, too.

Yeah, well, I mean, you need help again. I keep on relating it to the immune system because most of these conditions are autoimmune. And if you have, like my cortisol levels were in the tank again, DHEA was also depressed.

And so that's going to cause dysregulation of the immune system really. And not to mention potentially certain symptoms fatigue which is one of them you know as well.

But yeah, I mean if you have compromised adrenals, which a lot of people do, really just going to put your immune system in the tank as well. Yeah. And I mean, we could go on and on.

I mean then there's also a few have if your genes are on that bad batch, if it's if you have low cortisol loads, you know, you might also have dysregulated nervous system just due to the chronic stress.

And a nervous system controls the immune system. But I mean just think of what the adrenal the optimal adrenal health is very important for optimal immune.

I mentioned optimal immune system health as well. And then I mentioned sex hormone health as well. But as far as the thyroid, again if you don't have if you have adrenals that are not optimal, then that also could be setting the stage for graves Hashimoto's.

And one thing I should also mention too, which I'm sure I mentioned in previous conversations that we've had. In my case, it wasn't just emotional stressors, but it was overtraining that also put a lot of stress on my adrenals.

I wasn't listening to my body, and it wasn't like I was running marathons or triathlons. I was just in the gym and I was doing intense cardio, high intensity interval training without the interval, just high intensity training.

And again, I was just wiped out after my workouts. And to me, mentally that felt good. Hey, I was having a good, good workout and like I said, I should have known better, but I'm sure that was also a major factor in my adrenals being compromised.

Again, being a piece of the puzzle and development of my Graves's condition. Yeah, you mentioned toxins a couple of times in this conversation, so I want to unpack that.

So environmental toxins, we know that they can contribute to a lot of the symptoms that we attribute to menopause. Right. And thyroid dysfunction. So our women in perimenopause and menopause potentially more vulnerable to the effects of toxic burden and inflammation during this phase of life.

I mean, is this a time that we really need to be paying attention to toxic load? Well, I mean, I'd argue that regardless of the age, you want to pay attention.

So, yeah, I mean, I guess you could say maybe perimenopausal menopausal women more susceptible. But, you know, children, of course, are extremely susceptible.

I mean, so really, regardless of the age, I think you really want to pay attention to this. But yeah, I mean, you're right, because a lot of these toxins or really toxicants like toxin is more natural occurring toxicants is more synthetic.

So like the xeno estrogens and microplastics that were exposed to are actually toxicants. And they act as endocrine disruptors.

Toxins, Plastics, and Endocrine Disruption

They mimic our natural estrogens. But they're not natural estrogens or synthetic estrogens. And they binds interest and cause havoc and they disrupt the thought.

Roid so that's that's actually one mechanism non autoimmune mechanism. How someone could be exposed to certain toxicants that directly affect the thyroid.

And then also, you know, again lead to in most cases hypothyroidism. But then also these could also affect the immune system leading to graves Hashimoto's.

But you're right I mean the combination from at least from a symptomatic standpoint, it's like putting fuel on a fire for someone would carry menopause or menopause because, again, if they already have lower estrogen levels because of the, you know, because of the hormonal changes associated with menopause.

And then on top of that, they're being exposed to the xenos, which are disrupting their endocrine system. So you're right. I mean, the combination of someone is in perimenopausal menopause and a drinking, just to give an example, just drinking water out of plastic bottles on a day in, day out basis, you know, that alone might exacerbate some of the perimenopausal symptoms.

And, I mean, I hope that our audience is not drinking out of plastic bottles anymore, you know? So I work with with a group of, you know, health seekers, I would say that are pretty savvy on avoiding plastic.

And they're not storing their food in plastic anymore. They're not cooking and stuff in the microwave in plastic. They're not drinking out of plastic bottles. But here's the thing, Eric.

I run toxin tests on most of my community and what we see over and over again at sky high levels, even higher than the lab reports for the average American.

We see BPA at a crazy high level so that this phenol a so one of those phenols. And so this is this is what we're faced with, right? These women are coming to me for help because they don't feel good.

And of course we can see in their body, oh, you've got these high plastics and it's hurting the thyroid. It's hurting the adrenals, it's hurting mitochondria, it's hurting the gut.

It's hurting the ability for your body to make the energy and help the brain function and help you feel good day in and day out. So I just want to highlight what you said and how critical this is, because we've got the data to prove it, that it is rampant.

It is rampant. And I will tell you that it's one of the hardest things to get out of the body. And I think it's because they're being written. They're being written and they're getting they're getting exposed constantly, even though they're not necessarily using plastic in their environment.

I think it's somewhere else, like it's in receipt paper or it's somewhere else without touching or being exposed to. It's absolutely a problem. Plus there's also the structural analogs like BPF BS.

So if someone's using like BPA, BPA free products, they might be avoiding those. But still. But you're right, there's BPA not just with plastic water bottles, but paper receipts, thermal paper receipts and invitations.

It's in all kinds of things. Yeah, exactly. And then, you know, you think about, I mean, hopefully people's metal mouth devices don't have BPA in them.

Their retainers, their mouth guards. They're like, whatever. People are using their contact lenses. I mean, there's so many there's so many plastics in our world that are that we utilize every day and don't even think about it.

Right? Oh, I stopped drinking in water bottles, but where else is the plastic coming in from? So, Eric, you know, for women listening today who feel exhausted and probably dismissed, I feel like a lot of women feel dismissed.

Like, look, I don't feel good. I know you ran my thyroid levels and it looks okay, but I know it's not okay because our natural medicine, the way natural medicine looks at thyroid numbers, is a little bit different than than the conventional allopathic space.

Could you talk about that a little bit, like the threshold for your decision to put somebody on a medication, maybe completely different than what we're looking at in the Western space?

Yeah. You mean like optimal ranges talking about like optimal maybe talk about that a little bit. Sure. So yeah, we kind of alluded to it earlier where we gave the example of TSA but also applies with a thousand hormones.

So TSA an optimal range I would say is between 1 and 1.5. Some will say between 1 and 2. Many now labs will have different ranges. So for oh you're good. Yeah exactly.

I mean yeah most labs for is within the lab range. So you're right. Some of them will even go up to like 4.5 or 5. And so I mean yeah, if someone's over to again 1 to 1.5 optimal.

But everybody's different. So maybe some people their optimal is 1.8. But really you know what annoys me is with any test not just star, right. If something's on the higher side or lower side, I think you want to pay attention to it.

So if you see again the T4, T3 on the lower end of normal, on the higher ends of normal, you want to pay attention. Same thing at ion. If you see ion saturation you know, like or ferritin like one point away from being, you know, out of range, but it's in the range.

And then a doctor yeah says okay, everything looks good. No, all is happening there like it's about to it maybe didn't happen today but it's about to.

We better do something about this. Exactly. So yeah. And then you know, one thing we didn't talk about to is reverse T3, which is the inactive form at the hormone and, and kind of block starboard hormone from getting into the cell and not like a bouncer. Right.

It's like a bouncer at the club door. It doesn't let it in. Exactly. Yeah. So and that's something most doctors aren't testing for.

Optimal Thyroid Ranges and Reverse T3

And so wait wait, wait, Eric. So let's say doctor doesn't test for teeth for reverse reverse T3. Right. That's what we're talking about. Reverse T3 yes, yes.

Okay. So let's say a doctor doesn't test for it. And they're just basing the recommendation for inactive T4 based on the TSA. So now you're dumping T4 in.

Now it has to go through the gymnastics and the circus of turning into T3 like we talked about. Well, what happens if they've got too much of this reverse T3?

I mean, they could just be upping and upping and upping their dose and not getting anywhere. Right? Agreed. Yeah, exactly. So, so so if that's you, if you feel like you just keep having to up your dose, you got to get in the hands of a natural practitioner like Eric that can run all these labs and help kind of figure out the mystery puzzle of why your thyroid isn't working, because it could be an adrenal problem.

It could be a reverse T3 problem. What are some other common problems? Well, one other thing I should mention for those who have hypothyroidism are graves.

Especially if someone listens to this as work with me. I don't test reverse T3 in my hyper patients because if you're hyper, it's almost always elevated just because you have too much hormone.

So just want to mention if you have Hashimoto's or if you have nonot immune hypothyroidism, yes, by all means test reverse T3. If you have hypothyroidism, it's almost always going to be elevated because that's your body's protection mechanism.

You need the reverse T3 because you're making too much thyroid hormone. So that bouncer blocks the door to not let it in because you've got too much. So that's actually supposed to happen?

Yes. Absolutely. Yeah. Yeah. Exactly. Yes. I like to explain it in really simple terms. Thyroid is confusing, Eric. It's confusing, I agree, I like the bouncer analogy.

That's really good. Yeah, it's good stuff. Okay. So any more on thyroid labs on normal ranges I mean yeah. Well like I said T34 Connie one in the middle, it's not going to be exactly in the middle.

Antibodies are another thing which which drives me crazy because many medical doctors, they might do antibodies initially to come up with a diagnosis, but then they won't test them again.

And ideally, to me, someone's not in remission until the antibodies are normal. Now, it's not easy to normalize antibodies, and it doesn't mean that it's a failure if you don't normalize antibodies.

But you still, we got to keep in mind. These are immune system conditions most of the time. So I like to keep track of the antibodies okay great. Okay so I got a final question for you Eric.

And I just would really love with with all the information that you've shared with us and everything that you poured

into this audience for a woman, you know, experiencing Perry and menopause, what would you want her to understand about the body's ability to heal, rebalance, recover when the true root causes are finally addressed?

What would be your words of inspiration to her? Yeah, I mean, healing is definitely possible. And again, you don't have to suffer as what I'll say.

Hope, Healing, and Where to Find Dr. Eric

I mean, so many I'm sure if that's all there, speakers say the same thing when it comes to perimenopause and menopause is just these symptoms can be horrible.

And and again we mistake common mistake we think is normal, but it's just common and not normal. And yeah, definitely look at your dreams. I mean the best way is you definitely want to test.

You want to look at not just the thought, but I agree. I do like to look at the dream. And I mean we could assume everybody has adrenal problems. But again, some people like myself need convincing.

And you want to see how you quote as the level is too high. Is everything depressed. So look at your adrenals you know, look. Also there's a time of place we didn't talk about it here, but I'm sure other other stuff spoke about sex hormone testing, Dutch testing, things like that.

But I mean, again, there's definitely hope. You can not only balance your thyroid, your sex hormones, but you could balance your thyroid hormones. And if you have an autoimmune condition, whether it's Graves or Hashimoto's or the antibodies for both, there's definitely hope.

Regardless of what endocrinologist or primary care doctor tells you. If they say, nope, there's nothing that could be done. That's just the training that they receive.

So yeah, it just you might have to work with, as Laura said, whether it's with me, another there's plenty of other functional medicine practitioners, especially when it comes to Hashimoto's.

And so yeah, definitely don't just accept taking medication as the only option. Again, it's an option in some cases, but you definitely need to go beyond that to optimize your health. And you're the graves guy.

So if people want to get support with graves, how do they get Ahold of you? Eric? Where can they find you? So my my, I have a few websites, my main website, the easiest website to find.

Savemythyroid.com and I have the podcast, which you've been a guest on the same podcast I have, which actually is new on Substack. I have a Healing Graves Naturally newsletter, which Substack or visiting savemythyroid.com forward slash graves newsletter.

And I have three three books, one on Hashimoto's, Hashimoto's triggers, and then two of them on hypothyroidism, which you can find on Amazon. And those are probably the best, best ways to find me.

You know, I love it. You know, Eric, I've known you for a long time now. We've done lots of these types of projects together, and I get to see you in person at least once a year.

And, you know, you're one of the people that I trust to send our community to for thyroid help. So thank you for being here to speak some life into women here who are wondering, is there no end to this circus?

Can there be hope? And they're absolutely can be. So thank you for pouring in. And until next time everyone take good care now. Bye bye.