Introduction and Guest Welcome

Hello and welcome back to Mastering the Menopause Transition Summit 4.0, our fourth year. I'm still your host, doctor Sharon Stills and all new talks.

So don't think it's the same thing because we've always got something new to say. And if we've got something old to say, you hear it with different ears.

You see it with different eyes. And you, you know, it's always good to hear some good stuff. So. But today I have a brand new guest who's never been on any of the summits or so.

I'm super excited because we've been trying to connect. And so we connected and I'm bringing him here to you, doctor Erica Sand Ski is a chiropractor.

He's a clinical nutritionist and a certified functional medicine practitioner, and he has been helping people like you with thyroid and autoimmune thyroid conditions for quite a while since 2009.

He's written a ton of books, and he personally was diagnosed with graves disease, which is something we don't talk about as much. We're always talking about Hashimoto's or hypothyroidism, so I'd love to chat about that.

And so he, you know, helped himself and now he helped others, which is a common story in our in our healing world. And so we're going to talk all about the menopause thyroid connection, which is a super, super important conversation because almost every patient I see who's dealing with perimenopause or menopause has some kind of thyroid issue going on.

So get ready to learn. Welcome to the summit. And it's really nice to have you here, Eric. And, if there's anything you want to say about yourself that I didn't say, say hello to the audience. Feel free to.

Yeah. No, you did great. Thanks, doctor. Sharon, appreciate you having me. And. Yeah, really excited to, to chat about thyroid health. And. Yeah, maybe talk a little bit about graves since probably past, speakers focused more on hypos.

So we could do both. We could. Yeah. Wherever you want to go. Yeah. Let's, you know, let's do both.

Thyroid Basics: Hypo, Hyper, Hashimoto's, and Graves

Because, I mean, I do think that hypo is much more common, but I do think definitely talking a little bit about graves and especially, you know, we don't hear a lot about natural treatments for graves disease, which is hyper overactivity for those of you that aren't familiar with it.

And it's an autoimmune disease. So I think it would be a great place to start. Like what is the difference between hypothyroidism, graves disease, hypothyroidism, Hashimoto's, whatever.

All the, you know, put it all together so the women listening have like a clear, clear little neck. Yeah. So let's start with hyper versus hypo. So you have thyroid hormones, the main thyroid hormones T4 and T3.

There's also t1, T2 but they you can't measure those on a blood test. So what hypothyroidism. You have the thyroid hormones T4, T3 low that now many times they're subclinical low.

They might be within the lab range but on the lower side. And then sometimes they're below the lab reference range. But but otherwise with hypo you get low thyroid hormones.

And then there's thyroid stimulating hormone or TSH which is a pituitary hormone. And so the pituitary gland communicates with the thyroid gland. And so when thyroid hormone gets too low it secretes more.

The pituitary gland secretes more TSH to let the thyroid gland know that we need more thyroid hormone. So and hypothyroidism usually you'll see thyroid hormones, low TSH, high hypothyroidism is the opposite.

With hypothyroidism you have too much T4 and T3, and as a result, the pituitary gland is telling the thyroid gland, let's not produce thyroid hormone, let's stop the production of thyroid hormone.

So there's very little TSH. In fact, in graves disease, it's almost all it usually is undetectable, like you see less than 0.001, for example, on a blood test.

And so that's hyper. And then both hypothyroidism and Hashimoto's usually are autoimmune. Most our conditions are autoimmune in nature approximately 90%.

So with autoimmune conditions you have autoantibodies. And there's three main types of autoantibodies, the most common being thyroid peroxidase or TPO antibodies more commonly associated with Hashimoto's.

But actually a lot of people with graves also have them as well. Then there's thyroid globulin antibodies, which are definitely more commonly associated with Hashimoto's.

And then the antibodies linked to graves are thyroid stimulating immunoglobulins, which are a type of TSH receptor antibody and bind to the receptor, causing the excess production of thyroid hormone.

And you could have more that like you could have both Graves and Hashimoto's antibodies. I would say probably about 20 to 30% of people I see do have some combination.

And many times all three of those antibodies. Yeah. If you could speak to because just because you start out as graves doesn't mean you're going to stay there.

And so if you could talk a little about how you could go from one to the other and what you see, and a little bit about treatment for graves, like what is standard treatment and how you approached it from a natural perspective.

Yeah, sure. So with. Yeah. So yeah. Absolutely. Right. Like if someone has the antibodies for Graves and Hashimoto's, they might initially present as hypothyroid.

And then in the background damage is taking place to the thyroid gland. And over time they might switch and become hypothyroid. And I've seen the opposite.

It's not as common, but I've seen people with Hashimoto's, someone who had Hashimoto's, for example, for many, many years. And then all of a sudden, they were becoming hyper and they thought maybe it's just because of the thyroid hormone replacement they were taking and they just maybe needed to reduce the dose.

But it turned out that graves disease and just out of the blue kind of developed, hypothyroidism related to the graves. Not and then they had to stop the thyroid hormone replacement.

So sometimes we do see that. And and then what was, the other question besides, like switching back and forth, yeah. Just how you treat graves. Now, the treatment, the standard treatment. Yeah.

Close to what you tend to do. Yeah. So the conventional treatment option. So. So what? Hashimoto's conventionally it's very easy that most medical doctors just will give thyroid hormone usually synthetic T4 like leave out the rocks.

And what what graves. There are three options. So there's anti-terror medication such as mathematical or proper theories, also known as P2 blocks the production of thyroid hormone.

Radioactive iodine is the next option, is another option. And at oblates, the thyroid destroys the cells of the thyroid gland and then the third option is a word ectomy to get your thyroid gland removed.

And those are typically the three different, conventional approaches as far as natural approaches.

Graves Disease Treatment: Conventional and Natural Approaches

So when I dealt with graves, I wasn't opposed to taking into thyroid medication, but prior to getting diagnosed, I learn of some herbs that could potentially help.

The main one, buga weed, which is an herb that has anti thyroid properties. And then there's another one, Mothersbaugh, which is like a natural beta blocker.

Obviously not exactly the same, but I figured I'd give the herbs a try. And when I was diagnosed, graves back in 2008, I was my first experience with graves.

I never knew anybody else who had it, let alone treated it naturally. So I honestly wasn't sure if the herbs would work. But in my situation and they thankfully did work, they work in a lot of people.

Not everybody. Some people, they just, for whatever reason, you know, not strong enough or just, there pretty much need to, in some cases, take the answer through medication.

I mean, there's other options like low dose naltrexone LDN as well. But, but yeah, so that, from a symptom management standpoint, there's a, those conventional medical, treatment options.

And then then there's the herbs results. Also, it's worth mentioning L-Carnitine, which people at Hashimoto's can take L-Carnitine, but in higher doses, like 2 to 4000mg.

The research shows and I've had some experience having patients take l-carnitine. It's been shown to block the entry of thyroid hormone into the cell when taking those, higher doses.

And so that's another option. If for any reason someone can't usually bugle it as well tolerated. But you could have a reaction to any herb just like you could have with other supplements.

So someone, for whatever reason, isn't tolerating, the bugle weed. Another option is to take higher amounts of l-carnitine. And I just want to remind you all that like hypothyroidism or even hypothyroidism is not a DIY.

It's not a you know, you want to be under someone's care because a thyroid storm can be a serious situation. And so definitely if this is something you think is going on with you, you know, take this information and, you know, go share it with your doctor or find a doctor that's going to be able to work with you.

So a couple of questions. You know, it's pretty epidemic that thyroid issues, like I said, when I introduced do you know almost every patient? It's almost to the point when I see a patient now who doesn't have a thyroid issue, I'm like, wait a second, let me double check.

Let me make sure to miss anything, because I'm so used to seeing it. And so I'm wondering what you think is driving it if you have, you know, from a toxicity perspective or nutrient or just what you have seen in your practice, what are the underlying causes?

Yeah, I mean, great question. There's it's unlike celiac disease, which is another autoimmune condition. You know, celiac you just avoid gluten and and then live happily ever after.

But, with, thyroid autoimmunity, there's multiple triggers, multiple multiple factors. And, I mean, food potentially could be a factor, like gluten could be a potential factor.

And also affecting the gut with all autoimmune conditions, there's that increase in intestinal permeability, that leaky gut component. That could could be a factor, stress.

I mean, when I dealt with graves, I mean, I know we all say stress is. And it is true, stress is a factor, but it's not just emotional stressors. So prior to my Graves's diagnosis, I was overtraining.

So a lot of people overdo it. I mean, obviously there are a lot of people that are sedentary as well, but some people just do too much. And I wasn't listening to my body.

So I definitely recommend listening to your body. Those who are watching this and because again, those, those physical stressors could be a factor. And yeah, you mentioned, like environmental toxins.

So environmental toxins could lead to a thyroid condition and a number of different ways. So one way is, just directly causing just regulation of the immune system.

Another way, it's been shown that, many toxins will affect, the gut, because either dysbiosis of the gut. So imbalance of the gut flora, cause a disrupt that intestinal barrier because a leaky gut.

We know that, like, with glyphosate. But even even xeno estrogens, can affect that. We'll talk about xeno issues is the nitrogen snacks. But, again, mercury, Mercury can affect thyroid directly.

But there's some studies that show that could also affect the intestinal barrier as well. And getting back to those xeno estrogen. So those fall into the category of endocrine disrupting chemicals.

And so we hear these days about I mean, we've heard for years about this phenol, a BPA. And then when people drink out of BPA free bottles, of course, there are other structural analogs like BPA, SPF.

So try to minimize plastic. And then you hear about the microplastics. So it's easy. Easier said than done because they're everywhere. But these these plastics, these endocrine disrupting chemicals, you know, again, they could directly affect the thyroid.

Root Causes of Thyroid Autoimmunity

And so that's another issue too. So when as far as having non autoimmune thyroid conditions, I think that's a big factor just being exposed to these these chemicals as well.

The flame retardants again they're you know they're all over and you can't completely eliminate your exposure. But you could do things to minimize exposure.

And then infections, certain infections can also affect the mainly the immune system, although some of them, like subacute thyroiditis, which typically is viral induced and will.

And so that's not autoimmune but that affect the thyroid. But then there are infections that affect graves and Hashimoto's viruses. And then there are other infections that affect the gut that will cause that leaky gut.

Other stealth infections like Lyme disease, Bartonella can sometimes be factors, molds and mycotoxins, could could be a factor. So, again, there's a lot of different things I wish I could say there was just, you know, like one or 2 or 3 things, but that's why, I mean, you always want to incorporate the foundations, of course, diet, stress management, sleep movements.

But many times we need to go beyond that, just, with all the different factors that can potentially be affecting thyroid health. Yeah. It's like any, any issue you gotta dig and figure out.

And definitely I know, I, you know, there's some biggies like you just want to knock out right away like gluten. And you know, I find I don't know what you see in your practice, but I find like gluten is a good first step.

But then you have all the molecular mimicry, whether it be other grains or rice or dairy that your immune system still thinks is thyroid is, gluten. And, you know, there's such a similarity to the thyroid cells and the gluten.

So often that gluten is the first step, but it's the first step, and there's going to be other things. And yeah, I just like thyroid. I find leaky gut now is also it's like a everyone's dealing with leaky gut to some degree.

Especially if you are not actively working on your gut health and Mercury is you know, I remember when I was studying over in Switzerland and like, they took like, thyroid cells and mercury and all in the Petri and, and you could just see it like attacking.

It's a, it's a, it's like a direct hit. And so you know and I always think like this, you know, your mouth is very close to this, your thyroid. And so yeah, there's some really big things you can do.

And I mean, honestly, who doesn't benefit from getting their mercury removed, getting gluten and inflammatory foods out of their diet, sealing up the gut?

These are all good things to do for health. So can you talk? Let's talk a little bit about symptoms because, you know, I give patients a list of like 100 symptoms that could be related to their thyroid.

And so could you talk about like what you can expect. You know, because you don't have to be overweight. I have plenty of patients who are 95 pounds and have low thyroid function.

And so like what are some of the common symptoms and what are some of the other symptoms that the listeners should be thinking about for their thyroid?

And then the difference between like thyroid symptoms, excuse me and menopausal symptoms. And how do they dig through all of that. Yeah. Let's let's talk about this.

So I mean I'm glad you brought up about you can't always go by the classic symptoms. I mean, when I dealt with graves, I lost 42 pounds. I was down to 140 pounds, which I was trying to lose weight, but not that much weight.

I was 182 to start with my normal weights, like 165 to 170. But I bring this up because also people with graves, some people gain weight, so you can't always go by losing weight.

And same thing you mentioned with like hypothyroidism. Hashimoto's like a lot of people do have issues with weight gain, but not everybody. But I mean, as far as I mean, some of the classic symptoms, I mean, yeah, weight gain with hypo weight, weight loss with hyper are classic, even though you could definitely have the opposite.

As we just mentioned, you have fatigue is common with hyper. I mean, I'm sorry. What hypo. What hyper. It depends. I mean hyper hypothyroidism does put a lot of stress on a mitochondria.

So a lot of people are fatigued. Like when I dealt with graves, it was honestly the opposite. Like I didn't feel fatigued, I felt hyper, I felt like my energy was fine.

But like I said, some people it does put more stress on the mitochondria than others. And, cold intolerance, very common with hypo with hyper. Again, the more classic symptom is more heat intolerance and heart rate.

So thyroid hormone affects the heart. With hypothyroidism again you usually see lower heart rate. The way I found out I had hypothyroidism wasn't the weight loss.

I wasn't I didn't catch on with the weight loss. I took my, resting heart rate, and it was 90 beats per minute, which, resting. And next few days I took it for a few days after, and it was anywhere between 90 and 110 and that.

Then I realized something was up. So elevated heart rate palpitations is also something I experienced. You know, brain fog. Pretty common. What more? More.

So with hypothyroidism and, constipation more common or hypo? Hypo loose stools, diarrhea more common with hyper hair loss. I see what both. I mean, see, it does seem to be more extreme, honestly, with the hyper patients, but again, it depends.

Everybody's different. There definitely people at hypothyroidism that have extreme, hair loss too. And so I mean, when you talk about thyroid and menopausal symptoms, it's tricky sometimes, you know, because there is that overlap.

So I mean, again, you could have what what menopause. You could have, low energy, you could have weakened. You could have the brain fog. And how do you know if it's thyroid related or if it's hormonal related?

And similarly, you could have hot flashes that could be due to low estrogen, but it could also be due to elevated thyroid hormone. You could have that would seem to be hot flashes and night, you know, night sweats and but again it could be due to the elevation thyroid hormone.

So there is that overlap and symptoms with both hypo and hyper and menopause. And and again hypothyroid I mean both thyroid hormone. If someone's like in perimenopause or around that age again I've seen people where and I'm sure you have two where their cycles stop and it's not it could be related to perimenopause or event person getting into post menopause, but it could also be related to thyroid hormones.

So really the only way to know for sure is by testing.

Thyroid Symptoms and Menopause Overlap

By testing the, you know, doing thyroid testing, and making sure you do a complete thyroid panel because unfortunately, a lot of doctors just will look at TSA.

Some will just do TSA agency for and and then doing hormone testing, which, again, I'm not sure what you recommend there. So there's different options out there.

I mean, some my patients, it's mixed. I mean, some of them will do blood testing, some of them will do dried urine testing, like Dutch testing, which I do like, because it also looks at how you metabolize using, the hormones metabolizing the estrogen metabolizing, the cortisol, which is also something to like in hypothyroidism.

You'll see the elevated, like, increased metabolism, especially of cortisol. With hypothyroidism, you just see lower, cortisol metabolism, you know, on the the Dutch test.

But yeah, I mean, again, I, I try I mean, obviously we, we need to pay attention to symptoms because we want people to get relief from symptoms. But as far as what's causing what I do like to test just to see, like, I mean, it could be both.

The person could have a condition. And also it could be related to, perimenopause or post menopause. Yeah. So I'm very staunch, on 24 hour wet urine testing for hormones.

And it's funny because when I do that with women and we, I give them like a checklist of what they're experiencing, actually, the lab gives it to them.

But I always am going over and trying to relate back, like what the symptom can be. And so by the end, I'm like, I know, I kind of sound like a broken record, right?

Because you can have joint pain, and joint pain can be from low estrogen, but it can be from low cortisol. It can be from low testosterone. It can be from low thyroid.

You can have, you know, all of these things. You can have fatigue could be from a low thyroid a lot of things. Yeah. Know it can be because you're not sleeping because you have low progesterone and low estrogen.

And so it is really important. And like Doctor Eric says to test and not guess. And more often than not it's like all the hormones need to be addressed.

I feel like as we start to go through perimenopause and menopause, we also go through thyroid pores. And so our thyroid tends to slow down as well. And so it's important that you address it all.

And sometimes, you know, if you're if you're younger then maybe getting your adrenals and your thyroid back on board is going to help bring back regular cycles and get rid of those early perimenopausal symptoms.

Whereas if you're older and more into menopause, you probably need to do it all. You know, brain fog is another one, right? Like, yeah, you know, okay, it could be low estrogen.

It could be low cortisol. Gonna be low testosterone could be a low thyroid. Like I, I hear myself saying this all day. And so like, you know, and often it's all of them.

It's not like you have to find one like often it's the whole combination. And they all work together. And you know, I know my I don't know what your patients say to you, but my patients like when you, when you, when you nail it, when you get it dialed in, it's like a light switch goes on and everything, whether it's the weight you've been carrying or the brain fog or the fatigue or not being able to sleep, or the joint pain, or the constipation, or the inability to tolerate the cold or hoarseness or heartburn.

I mean, there's like there's there's so much to choose from. That can be, you know, so I tend to and I totally agree with you. Right. Like, you have to kind of dig through, especially if it's autoimmune mediated to figure out what's driving the autoimmunity.

Is it a virus, is it a micro toxin, is it heavy metals, etc.. But I like to kind of just get my patients feeling good and give the hormones and the thyroid first and see how they feel and when they always feel better.

And then you can go digging and looking for it, because it drives me crazy when someone has an autoimmune condition and they're just given thyroid hormone and it's like, yeah, now you know, you're just banned dating, right?

And you may need that thyroid hormone, but you're not looking at what's driving it. And I think that's so common in mainstream medicine. And could you just speak to also like why giving T4, which is what a typical endocrinologist or primary care doctor will do, why?

You know why that's not a good idea and almost never works. Yeah, sure. I mean, T4 is mostly produced by the thyroid hormone, by the thyroid gland, but it has to convert into T3, which is the active form of thyroid hormone and what actually binds to the receptors.

And a lot of people have conversion issues. A lot of people are unable to convert the t T4 to T3. And it's crazy because not only do most medical doctors recommend synthetic T4, but they that's all they test for.

I mean, some some just test for TSH and not even T4. But, a lot of doctors don't look at T3. And if the as long as the T4 and TSH are within the lab range, so TSH could be a three and T4 could be on the lower side.

And again they're they're usually not going to I mean they might maybe they'll adjust the dose of thyroid. Again synthetic T4 levothyroxine typically synthroid.

But yeah I definitely agree. I mean if someone's going to want to take thyroid hormone replacement and there is a time and place for, for that, while addressing the autoimmune component of Hashimoto's.

Yeah.

Testing, Hormones, and Why T4 Alone Often Falls Short

I mean, either either give T4 and T3 simple like CML or I mean, there's desiccated like armor and thyroid. But I'm with you. Yeah, I definitely, definitely not a big fan of just doctors only recommending T4 and, and then, yeah, I wish they would do a full thyroid panel, but again, it wouldn't change.

It wouldn't change their approach. So that's why they don't test for T3, because they're probably would just, give T4 regardless. And and by the way, I like what you said earlier too.

It's important about the adrenals, like optimizing the adrenals and and as well as the thyroid when it comes to trying to optimize the sex hormones. Because, I mean, there's again, definitely a time and place for HRT as well.

But we want to also, like you said, we want to focus on optimizing the health of these areas. So I'm glad you brought that up as well. Yeah. I always say the thyroid and the adrenals go to the playground together and they like to get on the seesaw.

And if you're going to start raising your thyroid and you're not paying attention to the adrenals, they're going to go down. And I find that's why, like I typically, you know, I'll test and saliva to see the cortisol rhythm.

And I typically like to support the adrenals for at least three, four weeks, maybe longer. It depends how sensitive the patient is. But for giving thyroid hormone, because otherwise you're going to give the thyroid hormone.

And the patients and I have palpitations and not be able to tolerate it. And so you want to you want to stabilize your seesaw so that you can tolerate.

And yeah, I mean, nothing against, you know, any endocrinologists or primary care doctors, but I, I often wonder like, what the heck did endocrinologists do in all those years of med school?

Because like, this is their specialty. I think they could learn to incorporate a free T3 and a reverse T3 and understand the difference. And yeah, I don't know what they did all these years.

Like it's just always boggles my mind. I think of all the specialties, it's very hard to find a progressive endocrinologist who actually understands endocrinology to the degree that, you know, a physician like we are does.

And it's it's disconcerting because you feel like that's their specialty. And I mean, I've been practicing 23 years and I think I can I know I can count on one hand, and I don't think I've even hit all five fingers.

Patients that came in on synthroid that actually I was like, all right, you know, I'm big. If it's not broken, I'm not going to fix it. And you know they didn't have symptoms and their numbers looked okay.

And like, you know when you're working with thyroid it's definitely because a lot of times your numbers have to look like you're hypothyroid just for you to feel good from being hypothyroid.

And so you can't pay attention just to the labs. They use them as a guide. You have to see how you feel and stuff, but it's very few and far between where I've been able to say, all right, stay on your synthroid or not, have to add some bioidentical T3 or something to it.

And so it's, I mean, I banged my head against the wall at the time because so many women I think it's like that area in medicine where so many women are misled and they suffer and they don't have to suffer.

So, I'm glad you're, you know, we're having this conversation and bringing light to something that probably is applicable to almost everyone who's watching to some degree or another.

So great. Are there any, last words that you'd like to share with the audience? One other thing I'll say is also, estrogen is important for the immune system.

So we don't just because most or most of our conditions are autoimmune. And so I mean, again, that's another

connection to as far as, low estrogen. So say it again, post menopause.

So so again as estrogen gets a bad rap. But but it is and you don't want it to to be too low. And that's again since most cases of hypothyroid, my Hashimoto's in most cases of hypothyroidism are graves, I could definitely be a factor.

But other than that, I just want to, you know, let the people watching, everybody woman watching realize that there there's hope. I mean, again, there's a time and place for conventional medical treatments.

But the problem is, that's all they typically do. As you were just saying, most will just give synthroid for Hashimoto's.

Final Takeaways and Resources

And I come across the same with graves, where most are just given the answer to our medication or again, surgery or right activate on and and yeah, you definitely want to address do everything you can to try to address the cause of the problem.

Not not necessarily easy to do that. And a lot of people are looking for an easy fix, but hopefully most people watching this are I'm sure they have a more open mind.

And while doing what they need to do from a conventional medicine standpoint, hopefully they're they are taking action to try to address the root cause.

Awesome. Yeah. And around here we do not give us in bad rap. We we love clean estrogen. We we we love history. All for our immune system and for anti-inflammatory purposes.

So you've heard lots about estrogen. And for me. So, yeah. And where can, the ladies learn more about you? Yeah. Thank you. So I have a podcast, Save My Thyroid, which could they could visit, see my Wacom or just type and say, my thyroid.

On their, on their favorite podcast platform. I have three books, two related to hypothyroidism, one related to Hashimoto's called Hashimoto's Triggers.

And you can check that out on Amazon. And then I have a newsletter, a healthy gut healthy thyroid, which, they can check out by visiting, say, My thyroid.com/newsletter.

Awesome. Well, go check him out. And thank you for being here and for helping so many ladies and probably men too. Out there with their thyroid. So thanks for being here everyone and we will be back with another talk.

So stay tuned. Right. Thank you.