Podcast Introduction and Guest Background

And I know that sounds a little silly, but you hear people all the time. They're like, you know, every time I go to the doctor, my labs are up. They're down.

They're up. They're changing my dose all the time. I feel terrible all the time. You know, sometimes that's because the Hashimoto's attack is ongoing and it's damaging your thyroid progressively.

But sometimes it's just because you're going to the lab at a different time every day. and people have this idea that levothoraxin levels in your blood are the same all the time, and they're not.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Hello, welcome back to Truly Healthy MD. I'm Dr. Monica Harigee, and today I have a guest, Dr.

Dana Gibbs, She is a board certified ENT and a thyroid specialist. She focuses on integrative approaches to complex thyroid and hormone imbalances. This is going to be such a great conversation.

She is the founder of Consultants in Metabolism. She treats conditions such as Hashimoto's, Graves' disease, and other thyroid related metabolic disorders.

Her approach blends conventional medicine with holistic therapies, She addresses thyroid function and broader hormonal imbalances. So thank you so much for being here.

We are going to talk about many topics related to advanced treatment of hypothyroidism and Hashimoto's disease, which is such an important topic. So many, so many people in this world suffer from this condition.

And I think you'll agree with me in saying that there is so much more that as a medical community, we can be giving these patients and we need to educate people to advocate for themselves, get the best care possible.

So that's why I'm so happy to have you here on my podcast. Thank you for being here, Dr. Gibbs. Thank you so much for having me. That was an amazing introduction and I'm just so excited to get started.

I'd love to just blabber on, but, but please ask me, ask me questions. You know, I'm just gonna, I'm gonna, I am going to ask you questions just to make sure that we cover the basic stuff, but I know that you could just like start talking and you have your own podcast too.

So you're used to talking about this stuff, but let's stick to some of the questions just so that we make sure that we cover the basic stuff that we really want our public to, to hear about.

So the first thing that I want to ask you are about misconceptions because there are so many misconceptions out there. I see people all the time writing on Facebook stuff about thyroid and Hashimoto's.

And I'm just like people that, yeah, you've got it all wrong.

Common Thyroid Misconceptions

Plus not only people on Facebook, but sometimes I hear stuff from my conventional colleagues who haven't really read up on the more up to date things that are coming out on thyroid Hashimoto.

So I feel like they're a little bit behind the times. I absolutely love my conventional colleagues who don't do any holistic care or any integrative care.

I think they're amazing, but sometimes they're a little bit behind the times. So if you could help us clear up some of the common misconceptions between, you know, that happened with hypothyroidism, Hashimoto's disease, and how these myths impact diagnosis and treatment, I think that's a great place to get this conversation started.

Cool, thank you so much. Okay, so first one is the misconception amongst physicians, first of all, that if you have a normal TSH that automatically means there's nothing wrong with your thyroid gland.

That is so not what I see in my clinical practice and not what my mentors see and the people that are in my discussion group with me. You can have Definitely, if your TSH is elevated, then there's something going on.

Even if your TSH is high, but your T4 is not high, you still definitely can have something going on. But even if your TSH is normal or low and you have symptoms that really point towards thyroid, it does not mean something different is wrong with you.

It could still be your thyroid that's the problem or your thyroid hormone processing system and those are two different things. The second myth or misconception that I run into all the time and I like to say it's look hypothyroidism and Hashimoto's are two different arms of the same condition because you can have Hashimoto's and have your thyroid output be perfectly fine, perfectly normal.

You can have it for 20 or 30 years and it's still be fine, but you can have hypothyroidism for other reasons besides Hashimoto's disease. So there are two sides of what's going on for a lot of people with hypothyroidism.

Now it is the most common reason Hashimoto's is the most common reason to have low thyroid and low thyroid function for sure. But you can also with Hashimoto's, you can have normal thyroid output, normal thyroid function, and you can also have for a period of time, not forever and not steadily, but you can have hyperthyroidism as well.

like right in the throes of, okay, my immune system just attacked my thyroid and your thyroid is releasing the hormone that's stored inside it in quantities that are uncontrolled and much higher than normal.

And so you can have hyperthyroidism and it be Hashimoto's disease and not something else. So just to take a step back for those people who may be a little confused.

Let's let's start with the definition of what hypothyroidism is and what Hashimoto's is. I think that'll help in the entire rest of the podcast so that people are like, Oh, I get it now.

Okay, I'm pretty on the spot there. But if that's my definition, if you can't think of it, I'm sure you have it, you know, right away. So Hashimoto's disease is an autoimmune condition where your body and your immune system attacks your thyroid gland and damages it.

And when that happens, it not only basically, it's like punching holes in a bucket. It releases thyroid hormone uncontrollably. But in the later stages of that, there's damage to your thyroid gland.

And a couple of different things can happen. One of them is that as your thyroid tries to heal from that attack, It can grow nodules and those nodules are not tumors.

They are not necessarily anything wrong. What they are is there's bands of scar tissue throughout your thyroid gland and the healing tissue grows in between that and it makes ball shapes that you can then feel.

with your hands if your thyroid is high enough in your neck that you can feel it. So that's Hashimoto's disease. It can also damage your thyroid bad enough that it's not keeping up anymore.

And then the third thing that it can do is because it is releasing thyroid in irregular bursts is that it can trigger your body to start trying to protect itself against those high levels of thyroid hormone release.

And what that does is it leaves you with inadequate processing of the thyroid hormone that you do have, even if,

and especially if you go to a conventional physician and are given levothoraxin.

So that's Hashimoto's disease. Whereas hypothyroidism is defined as to me, my definition is inadequate processing or function or amounts of thyroid hormone in your body.

And if you go to a more conventional doctor, they're going to say hypothyroidism is when your TSH is high and your T4 is low. That's the only definition they use.

Mine is a little more broad. because I see plenty of people whose TSH is not high and their T4 not low and they still pretty obviously have hypothyroidism.

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Absolutely. And I think what we need to explain there is that the T4 is not what's active in your body.

Defining Hashimoto's and Hypothyroidism

T4 has to be turned into T3 and not into reverse T3, and that T3 has to be able to get into the cells and act in the cells. And so if there's any breakdown, the T4 can be stone cold normal, but if it doesn't turn into T3, if it doesn't get to where it needs to go inside the cells, You're going to be hypothyroid, even if your TSH and your pre-T4 are still cold normal.

So that's one more level of hypothyroidism that is something that we take into account as integrative physicians that not just be at the forefront of what the public understands and what commercial doctors are thinking about.

When they get somebody who comes in, they're like, I'm pretty sure something's wrong with my thyroid. I have every symptom in the book, but you're telling me TSH is normal.

So please explain this to me. And so I get an answer from their conventional doctor saying, you do not have hypothyroidism. Your TSH is normal. Whereas if they keep you know, trying to find answers.

They go to somebody who's more integrated like you or me. They, we might be able to find out that, yeah, their TSH is normal, but they absolutely are hypothyroid because that T3 is either an insufficient amounts or it's not doing its job.

Absolutely. So all of the above, absolutely. And I'll just say, in addition to that, so you mentioned two things. You mentioned T4 and T3 and reverse T3.

So I'm gonna take a little step back and talk about that. So your thyroid gland, which is in the front of your neck, releases thyroid hormone into your body.

And it's funny because if you go and read scientific literature, They say thyroid hormone, thyroid hormone, thyroid hormone. They don't say anything about thyroid hormone is a lot of different kinds of molecules.

So thyroid hormone is made from a protein in your body and then has iodine atoms stuck on it. And the most common one is T4. And as you mentioned, T4 is the pre-hormone.

It is released in highest amounts. It's the most stable. It circulates around in your bloodstream attached to protein molecules. And it's kind of a storage thing.

It's like, I don't know, it's like an Amazon distribution center. It's like your body can just go and grab some T4 and say, okay, I'm going to use this now.

And it has to then be made into T3 by knocking off one of the atoms of iodine. The problem is if there are

transiently too high of levels of T4 or if your body is under stress such that it feels the need to lower its energy output or hibernate, so to speak, then what your body will do is see all that T4 and go, oh my gosh, we need to inactivate that.

We need to make that into reverse T3. Reverse T3 is still one iodine came off. It's just the wrong one. So you can think about it as if it was a key that will fit in the lock, but it's not exactly right.

So the lock won't turn. So it won't activate your cells. And so, and the body does this intentionally. Some people think it's terrible if their reverse T3 is up and they're like, no, it is your protection mechanism.

We're not going to force this reverse T3 to come down until we find out why your body's making reverse T3. I'm sorry to interrupt you, but I think that's really important for people to understand.

They just feel like They vilify certain things. They feel like, oh my gosh, my cortisol is high. That's awful. Help me bring down my cortisol. And I'm like, sure.

Let's find out why it's high, right? Reverse T3 is high. Help me bring it down. Absolutely, we will do that. But let's find out why. I don't have a pill to bring down your Reverse T3.

I need to figure out why your body thinks it needs more Reverse T3. Yeah. Yeah, no, that's absolutely right. And you're right. There is not a pill to bring down reverse T3.

But there is a, I'm going to say a hack a little bit. There is a hack that you can use to bring down reverse T3. And that's only helpful if you have a person who is A, either on levithoraxin or has a low enough T3 that you can actually give them a little bit of T3.

Because if you bring down somebody's TSH, then their T4 will come down. If they have less T4, they can't make as much reverse T3. So you can hack it. But the problem with hacking it is if you don't address those other things that you said, it won't necessarily make the person feel better all on its own.

So all of the things that you were saying, all of the underlying triggers for that elevated reverse T3 have got to be addressed. And they are, you know, there are things that your body perceives as stress.

They are starvation. They are sleep deprivation, sleep apnea even. they are just mental stress or long hours or I mean there's so many different there's so many all the things that make us sick are going to make our body want to conserve energy and turn that T4 into reverse T3 so that it can conserve energy and heal.

So we need to heal the body first. And that naturally will bring down the reverse T3, bring up the T3, the normal T3, the normal T3. But we can't approach it by treating numbers.

We have to treat the patient. Yeah. You know, it's funny you're saying that, but I think to myself, wow, I treat a lot of numbers. But yeah, I use those numbers.

You use the numbers as a guide to treat the patient, let's say. Yeah, I absolutely do. I use a lot of numbers to tell me the safe and proper level because I do believe in replacing hormones when they are not adequate.

And so what I find is if I We'll use that reverse T3 and then compare it with something called the total T3, which is a lot of a lot of doctors don't order a total T3, even if they're ordering reverse T3.

I use that ratio to tell me, OK, we're doing good or we're not doing good because it's very consistent and it goes up and down. with the person's health.

And, you know, if I have a patient and I'm working on them and they kind of sort of feel better, but their reverse D3 is still really high and that ratio is off, I'm like, okay, we're missing something.

Let's go back. Let's go back and talk again. Let's go back into your history. Let's find out what's going on. So I use that.

T4, T3, and Reverse T3 Explained

I use that all the time. It's very, very helpful to me. Fatigue, brain fog, mood swings, weight gain. If you're a woman in your forties to seventies, You've probably been told that it's just aging.

But what if it's not? At TrulyHealthyMD.com, we look deeper. Hormones, nervous system health, hidden toxicities. You're not broken. You just need a doctor who really listens.

Visit TrulyHealthyMD.com and book a consultation today. It's time to feel like your real self again. It is. Yeah, absolutely. So getting back to the question.

I'm sorry that I saw you. I just get so excited about talking about this stuff. So we're talking about the misconceptions and myths and how these impact the diagnosis and treatment.

I will let you talk now. I won't interrupt you so much. Sorry. OK. Well, so here's the thing. Conventional medical doctors and DOs learn a set of guidelines that are supposed to manage the treatment of hypothyroidism.

And if you don't meet the guidelines, then they say, okay, well, I don't know what's wrong with you, but it's not your thyroid. And I have talked to doctor after doctor after doctor who's really unhappy with that system, unsatisfied, but then they go looking and there's nothing that tells them, okay, these are the other things that you need to do when you have a patient who has all the low thyroid symptoms.

And so, you know maybe we ought to just chat a second about what those are because you mentioned a couple of them I mean fatigue and and sleepiness when you're already getting enough sleep is a huge one and then there is constipation there is weight gain there is hair going thin and and I mean it's I'm pointing at my head if you're listening where you know when somebody sits in front of me and I can see the top of their scalp through their hair I'm immediately thinking thyroid I don't care what your numbers are I'm immediately thinking that the brittle nails, the dry skin, the itchy skin.

There's so many symptoms that I look at those. And if somebody is kind of meeting that symptom pattern, I'm going to check their thyroid in the more detailed way that I check it, looking for that T3 reverse T3 ratio, looking for their absolute hormone levels, regardless of what their TSH is and what their other doctors have told them in the past.

Yeah, absolutely. Absolutely. That's so important. Yeah, for sure, for sure. So, you know, the things that I think we can also let our listeners hear about is how advanced testing and diagnostics can help uncover some of these causes of both Hashimoto's, hypothyroidism, persistent thyroid symptoms.

So what are those advanced testing and diagnostics that you offer patients? Sure. It's funny, because my main test is actually an incredibly detailed history.

And you cannot emphasize enough how important that is. And I was trained as an allergist. And an allergist is like a house detective. You're looking at what are they eating?

environment do they live in? What is their work situation? What is their history? Do they have a big trauma history in their past? Did they grow up in an abusive situation or lose their parents at a young age?

I'm looking at all of this history, looking for their stress history. I know that sounds weird, but stress is super, super important in Hashimoto's disease because one, I think it may be a trigger.

for people to develop these autoimmune conditions. And two, stress and the high levels of cortisol that come on with it suppress your thyroid function in two ways.

One of them is that, like you said, it makes you want to conserve energy, so it pushes down on your TSH. And so you have to know whether that stress is there.

I do use cortisol and ACTH testing and I actually will order if I don't see something obvious wrong there, I will order a salivary cortisol test where you go and get samples at early morning and then noon and then wait late afternoon and then right at bedtime and look at the pattern that you get from that.

There is another version of that that's not, you know, put a swab in your mouth kind of a thing. It's you, you pee on a stick and then you just, you go that way.

There's a different one there. Yeah. But interestingly, a lot, I mean, most of the testing that I do lab testing is available from mainstream labs. and it's available with insurance coverage.

I do a lot of elimination diets looking for, what food is it that's making you feel terrible? Elimination and then challenge. I do a lot of oral glucose tolerance testing looking for, do you have insulin resistance?

If you do, Can we pinpoint why you have it? Is it just a family history kind of a genetic thing? Is it because of your stress? Is it because you've lost your estrogen?

For example, there's there's a lot that I do that's only indirectly related to the thyroid, but you don't get well if you don't look at it. Does that make any if that makes absolutely I mean, as a that's the whole point of being a holistic healer that we have to look at the whole person.

We can't just focus in on that one organ, the body, everything's connected, right? So it's so true. We have to look at everything when we're trying to just, even if people come to us just for thyroid or just for migraines or whatever it is, we cannot separate that from everything else that's happening in their body, in their, in their mind, in their emotional life, in their soul.

So we gotta, it's holistic medicine.

Symptoms and Advanced Thyroid Testing

We gotta see it all together. And that's why we get better results, let's say than somebody who goes to a, any kind of clinician who feels like they can heal a person by just looking at that one organ.

And that's it. That's all they're going to look at, right? They can't steal the person. It can maybe help them feel better long-term, but it's not healing.

Yeah, yeah, no, I agree with that a whole wholeheartedly. So I'll just give a couple of examples. So a couple of the things that happen with people who have hypothyroidism, and most of them are Hashimoto's patients, of course, so is that your lipid levels will be high, your, you know, your lipid panel will be your HDL will be bad, your LDL will be will be high, your triglycerides will be off.

You can even end up with liver damage like fatty liver disease as a result of that. And so that's, you know, okay, it's like, okay, here's a liver specialist over here.

They never bothered to look at the thyroid and it's like, okay, I fixed my thyroid. Now my liver's better. Very interesting. Or somebody who has heavy periods or irregular periods or even their periods even just left, you know, they don't have them anymore.

And they're, you know, they go to their GYN and you're doing it. Oh, well, you're in early menopause. You know, we got to do this and this. They never pay attention beyond just, OK, I'm just going to order TSH to make sure your thyroid is fine.

But what you and I are saying is you can't just know somebody's thyroid is fine by checking their TSH. It's not

enough. It's necessary, but it's not sufficient, if that makes any sense.

Yeah, that's a perfect way of phrasing it. So that's what I always tell people. It's like, there's nothing wrong with the guidelines. They're just not enough.

Exactly. Yeah. I mean, the guidelines are there for a reason and you and I follow them because we're both medical doctors and we absolutely have to. There's no way we can treat patients if we're not first following the guidelines, but also integrating all the other things that we've learned ever since we started integrating more things into our medical practice.

The fact that we're integrative doctors doesn't mean that we're not conventional doctors anymore. It just means that we have a broader toolkit with which we can help people.

And so sometimes that makes the people who don't understand what integrative medicine is think that we're quacks. We're trying to just sell supplements because they don't understand exactly what we do.

But no, we are just as evidence-based as anyone who is not integrative. If anything, we're more evidence-based because we're looking at the newer research that's coming out.

So I try to explain it to people. I'm like, no, don't, don't confuse me with somebody who is trying to use healing modalities that are not scientifically based.

Everything I recommend to a patient, there's a reason for it. There may not be a randomized clinical trial on it because those trials only happen when a pharma company gets involved and a lot of them are not pharma based.

So I may have to use different types of evidence, like putting together all of the patients that my, colleagues have seen that all have illness from mycotoxins.

That has to be a form of evidence that we use, but it is evidence. Yeah. So I mean, yeah, since, since when did clinical experience not, you know, become not evidence?

I'm just, that drives me absolute berserk. It's like, okay, if I use this tool and it's consistent, you know, every single time, how can I say that that's not evidence?

It is evidence to me. Yeah, absolutely. I believe strongly that those of us who are at the forefront of this cutting edge medicine do need to publish what we are seeing so that evidence so the science can grow and people can learn from us.

And then it becomes more concrete evidence as far as what conventional medicine sees. But but just because there's not a pharma based study on it doesn't mean that shouldn't be using it.

That is one of the big frustrations of my life. It's like, you know what, I would love to publish my data, but I don't know. I'm not an academic. I don't have access to that.

I don't have access to the prestige journals because I haven't got a long list of things I've already published. That frustrates me. It really does. That's why what we call science is so flawed because It's like they will only accept certain things and it's, we can't limit ourselves to those things that are from academics or from pharma industry to help our patients.

We have to be able to help them in more ways. Yes, I agree with though. So we're probably already talking about this, but the next question I had here that I wanted to ask you, and we've probably already touched on it a lot, but just to make sure that we've completely covered it is that I want to ask you the key differences between conventional and integrative approaches to treating hypothyroidism Hashimoto's.

I know we already started talking about it, but maybe let's let's re. Let's talk about that again, just to make sure that

we've covered everything. Sure.

Hashimoto's is kind of an orphan disease as far as conventional medicine goes. It's like, yes, there are mainstream tests that show whether you have the antibodies or not.

But it's kind of weird. It's like a doctor will say, yeah, well, you have these antibodies, but you don't have the disease because your thyroid is normal.

you know, because they checked your TSH and they said your thyroid is normal. And so, and the endocrinologists are like, Oh, yeah, you have Hashimoto's disease, but the only thing I'm going to do is give you levothoraxin.

And they don't work at all on okay, can we stop the autoimmune attack or at least do things that will We'll slow it down. Can we do some of that? They don't.

And it's funny, I have a great friend who's a rheumatologist and she calls herself an integrative rheumatologist. And the reason why is because she's learning to do this.

And rheumatologists are the doctors for autoimmune diseases, right? Okay. And they're, they're phenomenal, but sometimes they practice with blinders on.

Well, here's the deal. If there's not a drug that treats that condition and it doesn't affect your joints, and that's arguable with Hashimoto's, by the way, if it doesn't affect your joints in any way, that's not in their scope of practice.

That's not anything they're taught. So Hashimoto's disease is not taught It's not something that's addressed by allergists. It's not something that's addressed by endocrinologists, and it's not addressed by rheumatology.

Whose disease is it? If nobody claims it, then nobody studies it. That's been a big, big problem in with conventional medicine. I think I see a lot of people going to non MDs and DOs to get their Hashimoto's treated because it is such an important disease.

And as much as I absolutely love what health coaches and naturopaths and chiropractors have to add to medicine, I just don't think they should be the primary people teaching treating Hashimoto's.

I think this should be treated by MD and a DO and we can bring in the health coach to help with certain aspects and we can bring in the naturopath to help with other aspects.

But The first person you need to go to if you have Hashimoto's is a physician who understands what Hashimoto's is. And unfortunately, there are not very many of us.

Unfortunately, there are not very many of us. And I see that. And it's like, I get frustrated when I hear, oh, I went to this person, and their doctor this or doctor that.

And I look them up, and they're a chiropractor. Or they are a nutritionist. Or one of them that calls themselves a doctor is actually like a fitness model.

I mean, she's a fitness model and I'm like, how can you call yourself a doctor? I know legally a chiropractor is a doctor legally, a PhD is a doctor. So there are people who have PhDs in something and they're like, I'm doctor so-and-so, but that to me is misleading because you're, when you, when you call yourself a doctor in the medical system, people assume you're empty.

And so you should clarify, I'm Dr.

Conventional vs Integrative Treatment Approaches

So and so, but then at the end of your name, put PhD or DC and tell people, I know a lot of people, yeah, a lot of

people still just don't even realize there's, there's a difference.

Yeah. And I'm not, I'm not trying to say that I don't think that these people have a role in, in helping humans and society. They just shouldn't be, claiming they're a doctor and then giving medical advice in things that's practicing medicine without license.

Yeah. Yeah. Yeah, for sure. Anyway, let me get, let you get back to what you're saying. I know, right? We're so like in tune with these things that we're keeping off on tangents.

So are there any other key differences between conventional integrative medicine and the way that they treat hypothyroidism and Hashimoto's that you think are important for our public to know?

You know, I mean, that's the way they treat it is that they wait until your thyroid is damaged to the point that you're insufficient. And your TSH goes up and then they give you thyroid medicine and that's not, you know, like I said, the guidelines aren't wrong.

It's just not enough. And the problem with it is if somebody comes to a doctor and they really are frankly hypothyroid with those symptoms, and the TSH is still okay, you gotta look further.

And you gotta look with some more advanced testing like you were mentioning. And you've gotta look at the antibody levels and go, okay, well, yeah, your antibodies levels are 16 and 110 or 16 and 80 rather than somebody who's 1600 and this and that.

It's like, there are things you can do to slow down the autoimmune attack. and that should be done and why? Why should you do that? The only thing you're gonna do is give me thyroid hormone.

Well, what if you get another autoimmune disease? Can we optimize your health to the point that you don't go on to get lupus, rheumatoid arthritis, ankylosing spondylitis, one of these horrible conditions that there aren't fabulous drugs or there aren't fabulous drugs that don't just suppress your immune system.

Mm hmm. Yeah. Yeah. That can be a lot more debilitating and I'm not saying the house notice is not debilitating, but these other diseases can be a lot more rapidly debilitating, a lot more painful.

Rheumatoid arthritis there. Yeah. There are a lot of ways to treat it. And people with rheumatoid arthritis have a much better life now than they did 20 years ago, which is when my grandmother died of rheumatoid arthritis, but, or let's say, no, she died more than 20 years ago.

I think almost 30 years ago, she died. of severe, severe rheumatoid arthritis. She was very deformed. They did not have drugs then that they do now. Yeah.

All they had was steroids back then. Yeah. That doesn't mean that it's not still like terrible disease to have. That's, that's very crippling. And, and even if you do get one of those medications, it doesn't mean that it doesn't put you at high risk of something else.

I was just reading yesterday that the two drugs that are the biggest source of income for pharma companies are Keytruda and Humira between both of them.

Estimated in 2024, they brought in $39 billion for the pharma industry. Oh my goodness. And so the number three drug was, I think, statins. But just think about that.

I mean, the number of autoimmune conditions that are a part of people's lives worldwide must just be huge considering that it's the two of those. Who has an incentive to do research to stop people from developing autoimmune disease if it's that profitable for somebody to have an autoimmune disease?

If anything, the pharma companies want more people to, I know this sounds terrible, but why would it not be in their

interest to make more money? And so I'm not saying that they're doing that.

I'm just saying their research does not focus in on how to stop these diseases. And I can understand that that's not in their interest. We have to find another way to find research to stop these diseases from developing, from progressing.

And that's not just a drug that's going to bring in trillions of dollars to the pharma companies. And it's just, it's unfortunate, but it is what it is.

Absolutely. If you have rheumatoid arthritis, please see a rheumatologist psoriasis, but please also know that there's more that can be offered to you from an integrative physician.

Absolutely. Absolutely true. And we've been picking on rheumatoid arthritis, but you mentioned statin drugs. And I'll tell you, statin drugs are a phenomenally profitable thing.

And I mentioned it before. What is one simple thing that you can do to improve your lipids? How about get your thyroid balanced? Absolutely. And I have seen that over and over and over again.

It's like, Oh, you're on a statin. I see. Okay. Let's, let's get you on thyroid and guess what? You know, how about you decrease that statin by half? How about you decrease it again?

Oh, I guess maybe you don't need it after all. And the next thing you know, their joints don't hurt anymore. And it's like, Oh, well, isn't that interesting?

Yeah. Yeah. I have so many improvements that come to me where I'm able to I don't even, I don't even mess with their medications, even though I'm, you know, I'm an MD, so I'm capable of prescribing them a different dose.

I heal them to the extent where they go back to the doctor that first prescribed that medication. They start deescalating therapy. They come back to me and they're on less and less medications each time they come back to see me.

And that to me is the, you know, that's wonderful. That's the best thing I can do for patients. So, so, so some, some commercial doctors hate me because they feel like I'm messing with their treatment plan, but I'm not.

I tell, I tell my patients flat out, I'm not going to take you off of any of your medications that another doctor puts you on. I'm just going to help you heal so that that, when you go back to that doctor, they can take you off of them.

Yeah, that's a reasonable way to do it. And that brings up another thing, is I don't think that conventional doctors live to put people on more and more drugs.

I don't think that they get a kick out of having you on. And this is another myth, that a medical doctor gets some kind of kickback from a drug company when you go on a drug.

That's absolutely nonsense. Yeah, it's absolutely nonsense. And as much as you and I are sounding like we don't like conventional medicine, we actually do.

We love our conventional colleagues. I have several of the guests that have been on my podcast are 100% conventional. They don't consider themselves integrative, but they're lifestyle doctors.

And so they will talk to their patients a lot about what they're eating, how they're exercising, how they're managing their stress. but they don't consider themselves integrative because they don't know that that's integrated medicine.

So, and I- I think that's funny. I think that's really funny. It's like, you know, I'm talking to this person and they're lifestyle medicine certified and I'm like, yeah, I do that.

And yeah, I do that too. And it's just, it's amazing. So I don't want people, I don't want our listeners to get the wrong idea that we find, that we think conventional doctors are wrong or bad or not wanting to help people.

they only know what they know and sometimes the fact that they don't know what they don't know is what doesn't allow them to help patients as much as they possibly could if they just open their mind a little bit to the science that's out there.

You know, that brings up a funny story. Well, I don't know if it's funny or not, but it's like, OK, how did me, how did an ENT doctor get into doing what I do?

Well, I'll tell you. Why don't you tell us? Because I always ask people that when they come on my podcast, I was like, wait, why did we not start with that?

So tell us. So I went through my teenage years, my college med school residency life just as a tired human being, just tired. thought that was just the way I was, you know, it's a part of my, it's part of who I am.

And I mean, to the point that I almost didn't go to med school because I'm like, I don't think I can hack it. I don't, I can't not sleep nine or 10 hours a day.

I cannot do it. And I just thought that was who I was. I just thought, oh, well, I have really low blood pressure. Oh, I'm cold all the time. Oh, these are just parts of who I am.

And then, you know, made it through ENT residency by the skin of my teeth because I was just so exhausted all the time and got out in private practice and I was learning allergy because I was like, OK, just cutting on people's sinuses is not enough.

It doesn't get them all the way well. So I said, I got to go learn allergy. Went to a conference. And I'd been to this conference before, so I'd heard this one lecture before, went into another room, and the guy's talking about thyroid.

And he says, you don't have to have low TSH to have low thyroid. And he puts up this list of symptoms. And I had to pick my jaw off the floor because I had every one of those symptoms.

And he said, one, you don't have to have low TSH, two, you don't have to be fat. And that was two things that I absolutely did not know, and I'd been out in practice for a few years already when I heard this.

And so I went to this guy and I said, okay, what do I do? And he gave me thyroid medicine and I started taking it. And it wasn't the general, what everybody gets, it wasn't Levithroxine, but it was like this miracle for me.

It was like, boom, my eyes are opened. I can never unsee that list ever again. And here I am, I'm a surgeon. I'm taking out people's thyroid nodules all the time.

And then they come back, doc, I feel terrible.

Dr. Gibbs' Personal Thyroid Journey

I've gained 30, 40 pounds in a year. What's wrong? And look at their TSH. Oh, it's completely fine. They're on levothorax and their doc said they're totally fine, but they're clearly not.

And I'm watching the change happen. in these people. And I get the path back and it says chronic lymphocytic thyroiditis. I'm like, what is that? What does chronic lymphocytic thyroiditis mean?

That's something that I had encountered in residency because we were a tertiary referral center. We were getting people with this crazy cancer and this crazy cancer, and we were taking out thyroids left and right.

So I had to go to the books and I had to look it up. What is chronic lymphocytic thyroiditis? Oh, it's a sign of

Hashimoto's disease. Well, shit, what's Hashimoto's disease?

Oh, it's an autoimmune disease. Well, you don't do surgery for autoimmune diseases. Hello? And so I started trying to keep people from needing to have surgery by putting them on suppression medicines.

And for some people, it really worked. For some people, not so good. But I kept looking. I kept looking for why. Why do I feel so much better on this medicine but this other person doesn't?

Why, why, why? And I finally found integrative medicine. I finally found somebody who explained it to me in logical terms, showed me the papers, showed me the science, and said, here's why.

Here's what you do. And I started doing it. And consistently, my patients were getting better and better and better results. And so when I got to the point where I'm like, you know what?

My eyes are starting to go bad. I'm tired. I don't have the energy to sit with my head in a hole for four hours at a time. I think I'm just going to do hormones full time.

And here I am. This is it's amazing. And I think, I mean, I obviously don't know what your practice, you know, how many patients you've seen, but I'm sure you feel like you are helping people so much more now because you can save them from surgeries that they probably didn't need.

and they're feeling better and they're doing better than they did before. Am I wrong or am I right? No, you're totally right. And it's funny is that a lot of patients followed me from my ENT practice because as time went on, a word of mouth, you get a rep.

It's like, here's the doctor that can keep you from needing surgery. And so I got this bigger and bigger and bigger section of my patients that were not the sinus patients, that were not the allergy patients.

And, you know, and, and it was funny because as those folks started to get older and, and I'm starting to learn more about, you know, sex hormones and that kind of thing.

And they're like, why can't you manage my menopause hormones? And I'm like, because I'm an ENT doctor and I'm in an ENT practice. And so, you know, but, but curiosity and the fact that I went through menopause myself, I'm like, well, Dang, nobody knows this stuff.

Why can't I learn? Why can't I do this? And so last year I went and got menopause certified and realized, you know what, there's so much overlap. There's so much overlap.

They're not even overlap. They're both hormone systems and we actually need to look at both. And that's what is frustrating to me. It's like, okay, the endocrinologists only do thyroid and diabetes and the GYNs only do sex hormones and kind of they, you know, most of them still aren't super comfortable with it because for 20 years thyroid cause can't, you know, not thyroid.

Sex hormones, estrogen, estrogen causes cancer. You know, that's been debunked now. Thank goodness. But for years and years, it was like, you want hormones?

No, no, not writing that, not doing that. It's dangerous. It's awful. You're going to get cancer. I can't write that for you. So but meanwhile, I'm seeing that overlap and I'm seeing patients who thought that they could never get pregnant have a baby.

and another one. And it's because I put them on the right thyroid medicine. And I'm seeing patients whose sinuses were god awful and they've had three surgeries and I get their thyroid right and boom, they don't have sinus problems anymore.

They don't have allergy problems anymore. They don't have this. They don't have that. It's unreal how we silo

ourselves. We doctors. And we don't look beyond.

Yeah, not just doctors. I think everyone who is A scientist has to sell themselves to some extent because you become an expert in your field right so you can't afford you don't have the time to learn all the other fields and so the best best scientists out there are the most.

siloed. They're the most that really focus in and you couldn't have become, you would not have been able to become an excellent surgeon if you had not siloed yourself.

So that is true. You siloed yourself for a part of your career. You helped so many people who needed thyroid surgery. You saved many lives by taking out thyroid cancers, but now you had to pivot in your career because it was your calling, ISM.

And in a different way and you had to silo yourself, but the fact that you were a silo doctor means that you were able to help people in that field where somebody couldn't because they didn't.

So, so siloing is not bad. It just means that we have to have both people who silo themselves in the way that they practice. And those of us who choose to.

be holistic doctors. Yes. Well, and the point I wanted to make when I went into telling my whole story is for some people who are used to practicing a certain way, it takes a personal experience.

It takes a family member getting sick in a way that isn't addressed by conventional medicine or them personally experiencing a health challenge that doesn't respond and going, there's got to be a better way.

There's got to be a better way. And starting to look and finding out, Hey, there's stuff out there that I didn't know. That is so true. And you know what?

I feel like you and I are like, have so many similarities and we actually, our practices are pretty close together geographically. We've actually never met in person, but I know that's so weird.

So I am so sorry that I am running out of time here. I would absolutely love to have you on for a part two. I actually have three more questions that I wanted to ask you that I think our listeners want to hear.

I just, I think we need to cut it off. I think everybody has so much that they want to digest. And if you're, if you're willing to come in for a part two, please, please come for part two so we can finish this conversation.

But before you go, I want to ask you two things. Number one, please give our listeners your information as far as if they want to find you, they want to see you as their doctor.

What can they find you? And number two, I will, before we leave, I want you to tell our listeners if they are feeling overwhelmed with everything they heard today, what would be like the three main takeaways?

So number one, how can they find you? Sure, so I am on all the socials, Dana Gibbs, MD, I'm on YouTube, Twitter, Facebook. My practice is called Consultants in Metabolism.

But my website, which is where a lot of my videos live, is just DanaGibbsMD.com. And then I also have my own podcast, which is pretty new, and that is called Beyond the Thyroid, where I talk about thyroid and other hormonal-related topics.

So that's been a lot of fun, and we'll have to do a swap. You'll have to come online. You just got yourself a new listener here and probably a ton of my followers and my patients too, because I also treat Hashimoto's and I treat, I give home replacement, but it's not, I also treat so many other things that I'm sure you and I can share cases.

I can send some people to you that I'm like, I don't know, or at least, you know, pick your brain on some stuff and

help each other out. there's more than enough patients out there for both of us.

Right. No, it's so true. So my practice is in the Dallas area. I do see people in person, but mostly by telehealth. So I can see anybody in the state of Texas and incidentally also have an Iowa medical license and I'm getting ready to have Kentucky.

How to Find Dr. Gibbs and Key Takeaways

I know that's a weird combo, but that's where it is. That's awesome. That is amazing. So as far as some final little points about… Yes, some key takeaways just so that people don't go away and they're like, wait, I heard a lot, but I don't know what I heard.

Yeah. So these are some simple things that I tell people who are already on thyroid hormone and who are still having a lot of trouble to try doing. And the number one thing is to make sure that when you get your thyroid labs done, that you go to the lab at the same time a day every time.

And I know that sounds a little silly, but you hear people all the time. They're like, you know, every time I go to the doctor, my labs are up, they're down, they're up, they're changing my dose all the time.

I feel terrible all the time. You know, sometimes that's because the Hashimoto's attack is ongoing and it's damaging your thyroid progressively. But sometimes it's just because you're going to the lab at a different time every day.

And people have this idea that levothyroxine levels in your blood are the same all the time, and they're not. And so if you're taking your thyroid medicine in the morning, then for a couple of hours after you take it, your blood levels are going to be pretty darn high.

And then it's going to go down, down, down, down, down until right before you take your thyroid medicine, it's actually going to be below normal. And so if you always go to the lab, having skipped your thyroid medicine, It's going to be somewhere in that below normal range.

And if it's four in the afternoon and you skipped your thyroid, you're really going to be low. If it's nine in the morning, you're going to be kind of low.

But that's important to make sure you're going to the lab and taking your medicine at the same time of day, every single day. The second thing is kind of along that same line, which is if you're taking levothroxine and it's not doing well for you, but your doctor is saying, you know what, your numbers look really good, everything looks really good, here's a simple thing that you could do, and that is break your pill in half and take half of it in the morning and half of it at bedtime.

And what that does is it blunts that high and that low, which can make you really feel bad. The other thing that blunting that high and that low can do is that's one of the things I have people do to lower their reverse T3 that we talked about.

So that's kind of three things. First of all, same time of day. Second of all, don't, well, it's not three things actually, because I didn't get to the third one yet, did I?

same time a day to take your pills and then the same time a day to take your labs. And in my practice, I always do that. I always split the dose and I always have them go six hours after their morning dose because that gives me a middle of the road.

It's not the highest. It's not the lowest. I want to know where your average is all day long. And that's the average right in the middle. The final thing is, if I can remember what it was going to be, is that taking your medicine consistently is way more important than avoiding taking your medicine on top of a meal.

And this is what happens all the time. And people are like, oh my gosh, I got up and I had my breakfast and I

realized I forgot to take my thyroid medicine.

So I just didn't take it that day. And I'm like, good grief. OK, which do you think is going to mess up your levels more, taking your pill after breakfast or not taking it at all?

And so I always tell people, look, The limitations on when you can take your thyroid are probably way too strict. Soy is about the only thing that really impairs the absorption of thyroid medicine.

Calcium a little bit, but it's only like 15-20%. And so I tell people, look, take your calcium pill with your lunch. Take your thyroid medicine when you first get up in the morning.

And then if you need to eat 30 minutes after that because you got your shower, your makeup, you're ready to go, go ahead and eat. Go ahead and eat. It's fine.

30 minutes is plenty of time. And then that late dose, if you're like, oh, well, I just had a bedtime snack. Now I got to stay up two hours so I can take my thyroid medicine later.

Don't do that. Just take it on a schedule. Put it in your phone. Set an alarm. Take your medicine on a schedule. Same time of day, every day. That way you actually know whether it's doing what you needed to do or not.

So those are my three. Yeah. And those are such simple things that are probably giving people a ton. I think people spend a lot of money and emotional energy trying to fix themselves without doing the basics sometimes.

So thank you so much for sharing those really easy tips that may sound logical. But if people aren't doing that, they're going to not feel as good. They will notice a difference if they just do those things.

And they are extremely simple. Well, thank you so much. I'm really looking forward to our part two. So I will talk to you real soon. Okay. Thank you for having me.

This has been great. Thank you. Thank you for tuning into Dr. Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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