It's Not Just Your Sex Hormones That Need to Be Balanced - Mastering the Thyroid Adrenal Axis Transcript

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Introduction to Thyroid and Adrenal Health

Hi, ladies. Welcome back. Day five. I know your brains are exploding with all this new information, and it's just been so fun. And I have to tell you, I had seven days to pick the seven topics I wanted to share with you.

And of course, in my live program, Mastering the Menopause Transition. In the nine weeks, we're going to go deeper, we're going to go broader. We're going to bring in other things.

But when kicking what I wanted to talk about today's topic, the thyroid and adrenal, I call them the seesaw or the excess is super important. I wanted to make sure you heard a little bit about it from me.

So where do we start? I know when we're going through our hormonal journey, we are constantly focused on our estrogen, our progesterone, maybe sometimes our testosterone, which hopefully we are.

We think about our insulin and our blood sugar levels, which you're learning a lot about during this summit. And we have to think about our adrenals and our thyroid.

And so in my experience, these are two important areas that are constantly overlooked or misdiagnosed or not treated properly. And so I wanted to just bring you a little information today so you can be empowered and know what to ask your physician and know what to be looking for.

Understanding Adrenal Function and Cortisol Patterns

So let's start with the adrenal glands, because there is little nuggets that sit on top of your kidney that have so much to do with our sleep wake cycle, with our energy, with the inflammation in our body, with our immune system.

They just dictate so much allergies whether you're allergic or not. And so it's really important. And I know a lot of us have heard, oh, I have belly fat, I have high cortisol.

And that is just one NC teensy bit of this story. I can tell you that so many times the women I evaluate who are dealing with belly fat do not have high cortisol.

They actually may have low cortisol. So cortisol is our stress hormone, and a lot of us have a lot of stress or have had stress or we don't know how to handle our stress.

And so I always tell my patients and my students that we are going to get rid of stress only when we die. So the the deal is not to banish stress from your life.

That happens when we die, because stress is a normal part of life. The deal is to learn how to dance with stress, how to respond rather than react. And tomorrow I'm going to dive deep into mindfulness, which please, please, please join me.

Because even though it's on the sixth day, it is one of the most important pieces of how we heal. So that's coming tomorrow. So adrenals. And so sometimes we have been so stressed out that we have secreted all our cortisol and our bodily body finally says, you know what, I'm done.

I'm tired. I'm not secreting cortisol anymore. So by the time patients get to me and I check them, their adrenal, their cortisol levels are actually flatlined.

And so the goal then is not to reduce cortisol to get rid of belly fat. It's actually to bring up cortisol. And so cortisol, like so many things in our bodies in our lives is circadian.

It has a diurnal rhythm and it should be high in the morning. And as the day goes on, it should go down. So I describe it as a ski slope. 8:00 you're up on the top of the ski on the mountain and you're ready to go down.

And as you're going down, you're going down. And by the end of the day, you're at the bottom. You're exhausted. You want to take a hot tub, have a cup of tea and go to bed.

And that's where our cortisol levels should be at night. They should be low. And so the only way to really even see how this cortisol rhythm is happening is to do saliva testing, is to take four samples in the morning, the afternoon, the evening, and then at midnight so we can plot them and see.

Do you actually have that beautiful ski slope or do you have the raised versus are you low in the morning and get high as the day goes on, or are you flat lined or are you totally high, or are you sometimes at the right place, but then you drop down or you shoot up.

And so it really gives me a good look to see what's going on in your life. So usually when I run a saliva test on a patient, I say, okay, don't tell me anything.

And I'm going to kind of tell you how your day goes. You get up, but you are exhaust state.

Supporting Low Cortisol Before Thyroid Treatment

It takes you a while to get going. You finally get going. You crash in the afternoon, you get a second wind around 8:00, and then you're like, let's clean the fridge, let's scrub the floors, let's do the laundry.

And then you have a hard time falling asleep. And that would be someone who has low cortisol levels. And then they kind of came up, but then they crash and then they shoot up again.

So I'm able to predict it's kind of like the cortisol levels are my magic magic crystal ball. And I can kind of predict how your day goes and 9.9 times out of ten when someone does their cortisol readings, I can really tell them.

And it gives us a lot of information because cortisol levels need to be addressed appropriately. If you have too much cortisol and you give someone, let's say glycyrrhizin, which is licorice, which is a hormone, herb that extends the half life of cortisol, you're going to make them feel worse.

And so if you are have high cortisol levels at night, you don't need fast titles. Serene. You might need melatonin. You definitely need some stress reduction techniques.

You may need to have an orgasm bring those levels down. So there's lots of different ways to treat but it's really helpful. Remember I'm all about testing.

Not guessing. And so this simple saliva test can really give us a lot of information. And the reason why I'm talking about cortisol in the adrenals before I'm talking about the thyroid is because you always want to fix or balance or address or send some TLC to the adrenal glands before you balance the thyroid, because if you rev the thyroid and the adrenal is tired, you're just going to make it more tired.

Down goes the seesaw, up goes the thyroid. And so I will never put a patient on thyroid hormone replacement bioidentical. Of course, unless I've properly evaluated their adrenal glands and if their adrenal glands are in need of support, we support the adrenal glands for a minimum of four weeks before we add on the thyroid.

So we don't do more harm than good. We have to remember the hormones are a symphony, and they play the best music when they are all tuned up and all paid attention to the other thing I'd like to bring up before I move on to the thyroid with the adrenal glands is that if you do have low cortisol, one of the best things I utilizes bioidentical cortisol

for patients to bring their cortisol levels up.

And I had a patient ask me the other day, does that mean my adrenals are going to stop making cortisol because you're giving me some? And that was a great question to ask.

But the truth is no. If we keep it under 20mg and there's a great book called The Safe Uses of Cortisol by Doctor Jeffries.

Thyroid Testing, Symptoms, and Optimal Ranges

It's an old book, but it's a good reading. That book has helped me changed thousands of patients lives and their cortisol and their adrenals and their hormones and their energy and their immune systems and all that good stuff.

So if you're love to read, I highly recommend checking that book out. And so when I give bioidentical cortisol to answer that patient's question, know when we support the body with some bioidentical cortisol.

It's like telling your adrenal glands okay head out to the Bahamas. Head out to your favorite beach, hook up that hammock and go take a rest. Because we are going to support you while you rest.

So then you can come back from your vacation and you can start participating again. And so it's the equivalent of like going on a vacation and unplugging, getting rid of a laptop, getting rid of the cell phone and really chilling out.

And so that's what bioidentical cortisol can do for for someone who's adrenals are really shot. And remember the adrenals will secrete high cortisol. But at some point most people their bodies will get tired and then that high cortisol will just drop.

And so sometimes that's where I'm seeing you. And that's why it's so important to test and look at your levels through cortisol, through saliva, cortisol levels through saliva.

Because that is where the hormone is the most free and bioavailable. And that's where we can get the best readings on it. Okay. So that's my, my little, public service announcement on the adrenals.

And now let's just talk about the thyroid. And so the thyroid. Oh, it's an epidemic. It it is gotten to the point where if I have a woman come into my office and her thyroid is functioning optimally, I'm kind of shocked because I'm so used to seeing imbalances in the thyroid.

And so these imbalances can be coming from the pituitary gland in the, in the brain. And so it could be that the pituitary gland is not telling the thyroid what to do.

That the communications are shut off. It's the same. We didn't talk about it about the adrenals. But there's the hypothalamic pituitary axis. And so we need to make sure the brain is talking to the gland and that the gland can hear it.

There can be a problem with the gland itself where there is a lack of selenium or iodine or mercury toxicity and lack of vitamin D, there are so many issues that can throw the thyroid off.

And so it's not producing enough hormones. It can produce the T4 that it produces, but then in the periphery where it needs to be converted into T3, which is the free and active hormone, there's stress, there's toxins, there's too much hormones, too much estrogen.

There's things that are there's nutrient deficiencies. There's things that are interfering with the conversion. So we don't get the free active hormone.

We can be producing reverse T3 rather than regular T3, which looks like T3 but doesn't act like T3 and clogs the receptor sites and prevents our active hormone from making cellular changes.

There is Wilson's temperature syndrome, which is a low body temperature. Even if your blood levels look good, there's making sure you get the right blood levels.

And so I'll just rattle them off here real quick. You want your doctor to ask for a TSH, a free T3, a free T4, a reverse T3, an anti TPO and Spiro globulin antibodies.

Those are the basics. Six levels you want to have run to properly evaluate your thyroid. Don't let the doctor run a total T3 or a total T4. It needs to be a free because free is what's bioavailable and active in the body.

That's a mistake I see all the time. And then you want someone who understands optimal levels to really be evaluating. One of the things I see often is someone will have free T3 is usually the range is about 2.4 to 4.2, and if someone has a 2.5 or a 2.6, they'll be told it's okay because they're in range.

My experience again, of working with women for over 20 years is that a lot of women need to be up at the high end, or even sometimes over the high end, for them to be feeling good and feeling normal and have their thyroid symptoms reduced.

And so it's really important you work with someone who looks at you, who looks at your symptoms, who listens to you and doesn't just look at blood work.

I always first and foremost put you and your symptoms at the front of what I'm doing. And then we correlate the blood work.

Autoimmune Thyroid Triggers and Root Causes

And if the blood work correlates, we're like, yes, you and your blood work are matched and it makes sense. But if the blood work's a little off, I just remember you are an individual, and what is optimal for you may not be optimal for who they decided the range for.

So it's really important you have someone who listens to you and works with you and guides you and helps you to make those changes, especially if you are sitting there as the poster child for low thyroid function.

Your hair's falling out, your thyroid, your eyebrows are thinning, especially the outer third. You can't lose weight. Your body temperature is low. You have muscle pains, your nails are brittle, you're constipated, you have brain fog.

You're fatigued, and on and on and on. And we also have to remember that those antibodies I mentioned, the anti TPO and the thyroid globulin antibodies.

If those are elevated that means you have an auto immune condition that your body is attacking the thyroid. And so those treatments are very different than a primary hypothyroidism or an anterior pituitary that's under functioning.

These are these autoimmune issues need to be evaluated and treated differently. You need to look at the toxins in your body. You need to look at your diet and what your body is reacting to.

So a big one is gluten, especially with Hashimoto's. And so when you eat gluten, your body recognizes the gluten as a danger. But the gluten is so molecularly similar to the thyroid cells that it starts to attack your thyroid gland.

And we have to remember that molecular mimicry for gluten can occur from rice and dairy and other foods. So just because you've got the gluten now doesn't mean you've gotten everything out you need.

And that's why I do specific testing so we can really see and really get the foods out of your diet that are doing harm. Another big thing I see I mentioned before was mercury.

If you have a amalgams in your mouth or you've had them removed or they removed improperly, or you had them removed and you weren't detox properly, that mercury can be causing an autoimmune reaction against your

thyroid.

You also want to make sure your vitamin D levels are optimized. I like them between 80 and 90, especially with someone who's dealing with an autoimmune disease process, and you want to make sure you have optimal glutathione and your detoxing properly.

And so it's a lot different than just taking some thyroid hormone to give yourself some extra T3. So my time is up. I tried to get a lot in there. There's a lot more to be said, but this will give you a good foundation even if you, don't choose to join the nine week program with me, this is a good start for you to go and talk to your physician and really start getting to the root causes of your imbalances, so I trust that this is beneficial.

I am so grateful you were here and I will see you soon.