Light Deficiency Syndrome And Common Nutritional & Lifestyle Mistakes In Those With Thyroid Disease Transcript

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Introduction and Thyroid Health Mission

Hi, I'm doctor Kelly Halderman. I'm a former medical physician and author of The Thyroid Debacle. I'm now devoting my life to education, research and biotech because I realize we need educated people to bring us cutting edge information, especially when we find ourselves with a diagnosis such as hypothyroidism.

When I was practicing allopathic medicine, I myself became very sick, bedridden with what would be diagnosed as Lyme and mold infections. Along my health journey, I was also diagnosed with Hashimoto's thyroiditis, a condition I was told that could only be managed with medication.

Well, I'm here to tell you that there is more than medication to help you, as you will learn through my powerful interviews with several functional medicine practitioners.

There are tools that will help empower you to take charge of your health. Join me today as I interview leading doctors, naturopathic specialists to uncover the most useful health insights for you.

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Hi everyone. This is Doctor Kelly. Welcome back to Doctor Talk. So we're focusing on thyroid health. We have a very special guest. Our guest is Doctor Leland Stillman.

He is a medical doctor. I'm gonna let him tell, the audience all about himself. But welcome Doctor Stillman. Thank you for having me. It's great to be here.

I am a general internist.

Doctor Stillmanu2019s Background and Treatment Philosophy

I practice in Florida, and, I specialize in helping busy, successful people recover from chronic illness of all kinds and get back to living their best life.

That's what I do. Yeah, definitely. Your story is is very interesting. I was reading through your bio and I do follow you if you don't follow Doctor Stillman.

He is he is a machine when it comes to pumping out amazing content. But I was reading about your background in that even before you went to medical school as a child, you struggled with some asthma, maybe some ADHD.

And and really the that kind of lit the fire. But what really caught my eye and your bio is when you said you have little interest in treating disease and you're more determined to cure disease, can you talk to us about that?

Yeah, I find it very boring talking about how we're going to manage things. So medicine, you know, when I get the way I got trained. We're always talking about management.

What's the management of this? What's the management of that. And I always remember thinking, well, you know, why are we not getting rid of the problem.

Right. And if the plumber came over to your house and said, listen, you got a leak in your attic, we're going to manage it with some buckets and a dehumidifier you would like call another plumber retired, right.

When people have this idea like, oh, no, the thing is off, we'll have to live with it forever. We'll have to take pills and supplements and drugs and go to doctors and have surgeries and just forever and ever and ever and ever.

And it's really, really, I mean, I just it's what I love to do is getting people out of that nasty, kind of vicious cycle, with a real laundry list, combination of strategies and tactics.

Right. And that is really a great, focus because the topic is thyroid disease. And when I was diagnosed with hypothyroidism, Hashimoto's, I was trained in the medical model as well.

And, I thought it was just a life of measuring my TSH, my free T4, and being on medication. And it's such a, like empty system. Nothing burger is is right there.

You have hypothyroidism. Really? What is it? Well, your thyroid stopped working. Well, why? Well, we don't know. Oh, right. That we don't have a good answer right here.

Take these pills. Come back in three months. We'll recheck your DSH there and give you another prescription. Right. Okay. Very, very uninspiring. You know, really, we we we we make it a hopeless, hopeless situation in the allopathic model, which, you know, you practice and you're you're an internal medicine doc like you, you know how that goes.

And, you know, even when you're, doing rotations and things with endocrinologists, they don't have a better answer either. Right? I know, or they'll give you one really long, drawn out academic one.

And you kind of go to sleep and you wake up, you wonder what you missed. Yeah, for sure, for sure. So let's kind of kick this off by talking about the number one nutritional mistake.

People with hypothyroidism maybe making not getting enough protein. So I, I now do a combination of practicing medicine and teaching people and it's really coaching.

We kind of I don't know, it's the lawyers have these really like detailed semantic definitions of what these things are. I just explain how things work and then people fix themselves based on that.

And so what Jim's number one or maybe number two piece of advice for people is to eat more protein, because what he's found coaching and training people over the years is they don't eat enough protein.

And he and I were coming at this from very different, you know, parts of the or, I guess, perspectives. Before we started working together, he was a strength and conditioning coach.

And, you know, strength and conditioning coaches are often working with athletes who want to build muscle, increase their vertical jump, you know, increase in their bench or whatever.

And so they want to put on muscle. Right. But then there's all kinds of people coming into the gym, who want to lose weight and gain muscle. Or if they aren't gaining muscle, they least want to lean out.

And that basically means gaining muscle, which a lot of people don't realize. And he just started to, you know, tell people to eat more protein because he would look at what they were eating.

It was not adequate for them to do these things. And, you know, he noticed that people would start to do things like come off their thyroid meds.

Protein Intake for Hypothyroidism

And he wasn't telling them to do this. They just didn't need them anymore because they weren't eating enough protein. Animal protein in particular, is rich in the amino acid tyrosine.

Tyrosine is the precursor for thyroid hormone. And, you know, sure enough, we're running a thyroid hormone program, coaching program right now. And we're having people send us their nutritional reports.

And you look through the nutritional reports and you see, wow, you know, you had 200g of carbs today and you had 90g of protein. And you you will see that a lot of these people, if you test their tyrosine levels in their blood, have low tyrosine levels, not all of them, but a lot.

And you increase their protein load and a lot of problems go away. Their fatigue, their blood sugar ups and downs, their difficulty sleeping, their mood lability, their brain fog.

A lot of it gets better and then you start to see them pack on muscle. And then as the muscle comes on, things like their glucose intolerance or insulin, you know, resistance start to wane as the muscle comes back on line.

It starts burning that glucose. Start feeling better, looking better, looking better, makes them feel better. It's a beautiful thing. And all they have to do is sit down, really focus on getting solid, high quality protein.

Okay, so because we're Americans and we're always looking for a shortcut, I did hear you say that we need more tyrosine. So I know I'm going to get a question.

Yeah. We just take tyrosine in the pill form so you could do that. But what you'll see is that tyrosine because it feeds forward into these catecholamines and thyroid hormone pathways, it's going to turn on your metabolism.

And so if you were to do that and you drive that, that those tires seem dependent, pathways would with that amino acid, you could get into a state where you're feeling revved up and amped up and you great energy, but you're not gaining any muscle, and you might even lose muscle mass.

And that's one of the things about hypothyroidism, is those people need to eat a lot of food in order to just not drop weight and become malnourished.

And obviously you need to treat the hypothyroidism, you know, otherwise, you know, you can't treat hypothyroidism with like a lot of food, but you have to you can at least compensate for by eating a lot of food.

Do you have any? So. Oh, sorry. Go ahead. I'm just going to say that the other proteins that you need are amino acids that you need, or amino acids that drive fundamental physiologic processes that you're also low in.

And so your people will feel better with all of these on board. And so using the the tyrosine as a as a supplement alone is not the optimal strategy. Got it. Okay.

Would you give out a number of an ideal yes. Protein. So I like it does depend to some extent on on your weight and your height and your goals. So let's say you have a six foot tall, you know, 250 pound man.

Yeah. He will do well with 200g of protein a day, which is a lot. It's like five steaks, lean steaks, two not fatty steaks. Let's say that you're a 98 pound, cheerleader.

You may need, you know, three steaks, let's call it 90 90g of protein. And you have to take that into account because I'm not going to tell someone who's five foot two and 300 pounds to eat the same amount of protein as a guy who's six feet tall and 250, even though that person weighs more so, the key is, and a lot of us will use this sort of like rule of thumb, you know, 0.75, grams of protein per per pound of body weight.

But that falls apart when you're looking at people who are really overweight because you're going to be telling someone who's five, two, like I said, 300g of protein, that's not going to work. So gotcha.

Okay. Personalized. Right. Exactly. That's right. Yeah. I believe in, in principles, not protocols. I love that, yeah, it seems like you do too. So, yeah.

Moving on to then. Common nutritional deficiencies other than that nutritional mistake, which is is huge. I mean, that you can take that and run with it with protein.

I'm sure the majority of our, our audience is probably not paying attention because we're just look at the food that we're, you know, we're consuming.

And so again, that leads into those nutritional deficiencies in a patient with hypothyroidism. Yeah. And the number one nutritional deficiency I would say that I see in hypothyroidism.

And this is tough because there's a lot of very common deficiencies.

Key Nutrient Deficiencies in Thyroid Patients

And I'll give you the top and or the top sort of list. And then we'll go into exactly which one I think is tends to be the most common. But it would be zinc B6 sometimes, but rarely copper, magnesium, potassium and iodine.

Personally, if I had to pick one that I think is most commonly truly deficient, it would be B6. And I, you know, it's based on organic acid testing, not the serum levels.

For those who want to read more about this. And, it's remarkable how much you can improve someone's energy, their brain fog, their sleep just by giving them a little bit of this B vitamin back so that they can transform their nutrients into, active thyroid hormone.

And are you a fan of the P5PI love P5P yeah. Okay. Yeah, I think that's a far superior form when I'm telling people to look at the back of their, you know, vitamins and supplements and, I have a whole course on, you know, which ones to choose and why.

Some companies choose the cheaper forms and. Yeah, right. That so okay. B6 is at the top. What what would be the next one. Probably magnesium. But it's tough because it's got to be a tie between magnesium potassium and I mean I don't know which one I see more commonly.

Probably the magnesium is the most consistent. But the potassium in the iodine, I mean, if you don't get those right, people will just not get results.

And then you give somebody potassium and iodine together and you can just put people on cloud nine. I've even had somebody get I mean, they were actually getting like palpitations and hypothyroid symptoms from combining those two things.

Of course, they didn't tell them to stop, but yeah, it's it's it's very powerful. And people don't realize this. They don't realize that their levels of these things can get really, really low.

And then they need large doses in order to recover from that, let alone changes to the things that are causing them to waste them. It's funny. I just got back, lab testing on a woman who's had, like, 7 or 8 pregnancies or 7 or 8 children.

I don't know how many pregnancies she's actually had, and her mineral levels are extremely low, which is not surprising to me because she literally made, you know, a whole pack of other, you know, almost a soccer team of other people, and they require a lot of minerals in order to be made.

So a lot of women don't realize that. That's right. That's very true. So, so touching on iodine. This is a hot topic. This is, you know, one of those topics that is debated left and right.

And I think that I think it's because we're we're missing the point. We're I'm not in the no iodine. I'm not in the really high doses. Give us an idea of do you have, I know you're doing testing, which is fantastic.

Do you think people can get enough iodine from their food? And I know, again, that's a tricky question because you may have people come in and their levels are, you know, not too bad.

But can you talk a little bit more about that? So funnily enough, I actually don't get iodine levels very often in my practice. And there's a couple reasons for that.

One of them, it's very inconvenient. It's not that inconvenient, but the other piece of it is that I care more about how the patient responds there and the clinical picture in general, than what the iodine level is, because you can have a high iodine level in your urine, for example, because you're not hanging on to it.

And then you can have a high island level in your urine because you have a lot of it. And then you could have a low iodine level in your urine because you need all that you're absorbing, but you still don't have enough.

And then you can have a low iodine level in your urine because you're actually repeating yourself and retaining it. And so I don't tend to get lost in all that because it's it's such a small part of what I do for people when I'm looking at a case that I think Will and I want to go back to why iodine is so important.

People think when they hear iodine, they think thyroid hormone. That's actually very simplistic. The truth is that iodine goes into the cell and complexes with all these proteins and amino acids and constructs of the cell, and because it does that, it has all these other effects on our metabolism and our physiology and our cells.

That's why we see lots of benefits to having a higher iodine content in the diet. It's not that it's all just going into thyroid hormone, it's that it's going into these other processes and it's affecting how the cell functions.

And so I don't want my patients to have a low total body iodine level. In large part, that's because we live in a world with lots of cancer causing chemicals and iodine has got a very strong track record of reducing our risk of cancer, cancer and literature.

So that's one of the things I want my patients to have absolutely tiptop levels of. So what I'll do is I'll titrate people on to a dose that they can tolerate, you know, and see how they do, starting with, you know, one drop of blue balls or a little bit of seaweed here and there, I'll see how they respond.

And then obviously, if they have any kind of side effects, I say, look, stop it right away. And I tell them to get on some kind of maintenance dose, which is always through food.

I want them to be eating. You know what the Japanese eat, which is about 2.4, 2.5mg of iodine a day, and you get that from about five grams of seaweed, which is a big sheet of dried kombu, which you can throw into a soup or a stew, or you can get seaweed powders and you can drop them into sauces and put them on roasts or whatever you want to do.

And that's how I get my iodine. I experimented for a long time with high, high doses because I wanted to see what would happen. And I used, I think, 50mg daily for four weeks, and I get all my I get my thinking and the core of my knowledge on iodine from the book by David Brownstein, Doctor David Brownstein.

Iodine, I can't remember the subtitle. It's a great book, really goes through all the details and really, you know, showed me that he had already done the thinking and the hard work of really proving this out and testing lots and lots of people with high, high doses to make sure that it was safe, effective and well tolerated.

And it's really, it seems to me, based on my experience, that it's one of the biggest myths in medicine, that high doses of iodine are dangerous. I don't think it's fair to say they're dangerous and have lots of medications that cause far more adverse events than iodine.

And yet, you know, I rise over the counter and these medications are backed by, you know, prescription and controlled by doctors. They still may cause more damage than I do.

Iodine, Potassium, and Mineral Repletion

I mean, in my career, I've never seen anyone in the hospital admitted with an iron to iodine overdose. And I worked as a hospitals for 4 or 5 years after training.

So I had, you know, 7 or 8 years to, to pick up at least one case. Yeah. I think two very excellent points. And the first is how you laid out where the testing for iodine and in how it can be misleading.

I think that is so relevant to heavy metal testing because to do that. Yes the challenges and then there like your levels are high. But it's like well what if they're just excreting properly?

We live in a toxic environment. So I absolutely love that point that you are are really not in that reductionist view and that you're applying applying.

It's a safe, modality to having the patient be actively involved. Like how do you feel you're really, really helping to then teach them? Because that's like the definition of doctor, right, is to really teach teacher.

Yeah. How to be their, their, their own health guide. So I love I love that and then yes, Brownstein is definitely one of, the people that have a lot of great information out there, doctor Bernstein, about iodine and the safety.

But but yes, there's plenty more pharmaceutical medications that get us into trouble. But I and I think that, people are all over the place with their needs for iodine and I had I, too, have experimented with, you know, this low dose. Yeah.

And it's kind of honestly, it's almost like it changes too, as my as my body changed, you know, like in hormonal fluctuation. So again, it's it's not just apply this dose to rest of your life just like thyroid medicate.

Here's your dose and we'll maybe tweak it. But you know it's really not that paradigm. And so I really I really loved and appreciate that you practice this way.

This is the type of practitioner that I definitely want to highlight. And I want people, to be able to reach you, which we will do at the end. But you did also say potassium and I have not heard a guest on this podcast.

I've interviewed really, 35 amazing practitioners. Wow. I haven't heard anyone say that. And I will tell you, it's like something is is you really miss with us in potassium? It's.

So do you want to know why I do? I do okay. So potassium is the redheaded stepchild of the supplement industry. It gets no love out in supplement world doesn't.

And the reason is very simple. You can get 1600 milligrams of potassium from a large potato. And in order to equal that amount of potassium from a potassium supplement, you would have to take, let's say, potassium citrate.

You would have to take 16 capsules. Now, in order to really change the needle, move the needle on someone's potassium status, you have to change the amount in there.

They're intaking by like one to maybe three grams at least you might need to change it by 4 or 5. And someone is eating very little. And so people don't think about it.

They don't study it. My favorite book, one of my favorite health and wellness books, just for the title alone, is potassium Everything You Wanted to Know.

But we're too tired to ask a clever is title because that's the number one symptom of potassium deficiency, right? And it's one of those things that also doctors, I think when they look at the the magnesium and they look at the, the, the the calcium and the zinc and they're like, oh, know, it's low in the serum, but potassium is like never low in the serum.

And when it is low in the serum mean, big trouble. Oh, boy. Those people are really sick. Right? They're really they're like, in the hospital. They've got really big problems.

Lots, maybe lots of vomiting, gastroenteritis. But mostly that's that serum potassium stays, nice and buffered in a narrow window. And what people don't realize is how much the sheer quantity of potassium there is in the body.

There's loads of potassium in the body. I can't remember what it is off the top of my head, but it's quite a lot. And because of that, you can dig yourself a very, very deep potassium hole.

And so you might need three, 4 or 5, six months of potassium coming in at high doses in order to replete your body. Whereas if you take, you know, let's call it a two milligram dose of copper every day, your total body copper's max, about 120mg, right?

60 days. You can, you know, let's, you know, absorb all of it. Let's be clear. But let's just say you had a 60 milligram deficit and you absorbed 50%.

You could get to tip top levels. So with potassium and the other thing that people don't realize about it is it competes with sodium. Some more sodium you have in your diet.

The more potassium you're you may waste. And so that sodium potassium ratio really matters. And that's why that's one thing in the literature that I think is pretty clear.

You want this sodium potassium ratio to not be inverted. You want your your potassium intake to be higher than your sodium intake. And there's case by case, you know, examples where that I may not stress that for various reasons, but I think it's important for people to understand.

And so because no one's ever going to make a fortune off of potassium, you don't hear a lot about it. And no one's out there like researching all the wonders and benefits of potassium.

But when you start using it in clinical practice, it'll be part of this. You know, we have a protocol, protocols and regimens that you put people on. It really get you great results.

And one of the things that it does, and I really haven't had the time to go into the science on this, but I've seen it clinically, is that it seems to sensitize the cells to thyroid hormone.

And so you give somebody with low thyroid hormone levels, potassium, and all of a sudden they just wake up. And it's pretty powerful to see that happen.

I've never heard that either. So that was, quite a clinical referral for us. Doctor sun, thank you. And again, no one's ever talked about that. So it's just a case in point that we need to give potassium more love.

Of course, if you have kidney disease or you know that. Thank you for adding that disclaimer. Yes. If you're on dialysis, if you have chronic kidney disease, if you have problems processing potassium, please consult your doctor before making any changes to your diet, lifestyle, or supplement regimen.

So there you go. Perfect. Yeah. So then if we're going to look at the clinical results that one of your patients, let's say they come in, they have hypothyroidism.

They have all the symptoms, you know, not to be pejorative. And you know the echo chamber here of of allopathic approach. But how could a, a patient expect, you know, to be worked up and then to be, feeling after we are correcting these nutritional deficiencies?

Great question. This is a pretty great transformations. And a lot of what we do depends on what what the person wants. And I say person, because we have people who come in to the practice who are in states where we're not licensed.

And those people we coach and we do group coaching, which is if you've never tried group coaching, try it. It's amazing. You'll learn things from the other people.

You'll learn things from Jim and I. It's been really transformational in my practice, and a lot of people have come in skeptical and left very happy that they did it.

It gives you an opportunity to have way more touch points and time with the practitioner, that you just cannot get when you're doing one on ones. When we started doing it because we were just totally swamped with interest and I, there is no way I keep seeing people just one on one.

So we have this group coaching model where we really teach people what we know and how things work, and they put it into play on their own initiative.

Obviously, after consulting with, you know, appropriate practitioners. And then we have, you know, patients, obviously, who we work up with a variety of different tests.

And that does depend on, you know, because we can get pretty, pretty crazy with lab testing. You know, I have some people recently had a guy come in. He said, look, I just want all the tests.

I was like, well, you know, if you really want all of them, I guess we can do that. And I ran out of blood. Just kidding. But we, you know, I did a broad spectrum, right?

We did an allergy panel and we did some nutritional panels with organic acid testing and blood minerals and hair tissue mineral testing and, you know, hormones and biomarkers and anti-aging markers and all kinds of different things.

And that whole panel probably runs, 20 knots with the best pricing I can get retail. That would be for like 4 or 6000, depending on where you go. And then I have people coming in and say, look, I don't have a lot of money.

I want good functional medicine care. What can we do? They work with my pa NP and we get them however much they they want to. And we basically have sort of a hierarchy of which labs are most important.

And the good news is that most of the most important labs are pretty reasonably affordable. So I mean, if even if you just put $75 into lab testing, you can get, I mean, vitamin D, magnesium, routine labs, plus a bunch of markers that may be relevant to your case.

But we do tailor that, from patient to patient. And I'm sure you're not just looking at highs and lows. You're looking at patterns and things where your average.

That's right. Trained doctor would just be like, okay, you're good. So. Right. We talk about our labs appropriately normal or should they be abnormal?

Yeah. Because of the situation. And then they get missed. A lot of that we detail in the in the Thyroid book, that Doctor Eric Book Savage and I wrote about where it's, it's really it's much more than highs and lows.

So yeah you can spend a, a smaller amount of money with some practitioner who really knows how to understand your needs and understand what's going on physiologically. So.

Awesome. Yeah. Hear that. And I think a big part of that turned out to just be that after I'd seen enough patients, I kept saying the same things over and over again, and I knew that we were right.

I mean, it was 80 to 90% of people. I knew that what they needed, I knew what they needed before I got the lab testing. And that's why we moved into this group coaching model, is it's just people just haven't seen behind the curtain.

They don't know the secrets to how they're getting, what they're getting. They have a lot of information out there in the info space, which may be helpful, but they haven't had someone who's really taught a lot of patients sit down and really teach them.

And, that's how we get people results. Oftentimes we just give them insight and knowledge and then they look at what they're doing and they understand why they're getting what they're getting.

And, you know, to your point on labs, you really can't just look at what someone's eating, which is what mostly the labs get interpreted as, like a vitamin D isn't just about how much fishery, it's about how much sun you get.

And it's not just about how much supplementation you're on either. And the same thing with your minerals, right? The minerals are not just about, oh, well, do you have a lot of stress or do you eat a lot of magnesium?

It's do you go in the sauna or do you do cold plunges? Do you, you know, re mineralized your water or do you drink spring water if you drink well water. What's in your well?

Testing, Coaching, and Personalized Care

Water is an iron. Copper's manganese. Molybdenum is it you know, is it soft? Is it hard because all of that plays a role in the mineral balance, and that plays into the autonomic balance of the body, and it plays into your, you know, your basic fundamental structure of your cells and their function.

And that's why even, you know, Jim says, who I coach with, you know, Jim says, small hinges swing big doors. And he's really right, because you'll make a tiny, tiny adjustment.

What seems totally inconsequential for the right patient. And it'll be life changing. That's great. And I would expect with coaching with the group style, is that a lot of the questions are similar and that, you know, we we're struggling with the same things and that also they find support.

They find that they're not alone. And you know, the things that they're struggling with other people and and that's building community. And I mean, that's like the number one thing we need to rebound and accountability.

Yes. People, you know, they know that when they come in on, you know, Tuesday and say, hey, you know, how are you doing? How your habits, how your habits going, you're sticking to your habits are you fell off the wagon. All right.

What are we going to do this week to get your back on it. And a lot of that's troubleshooting. You know people just don't they don't think about the fact that the reason they fell off the wagon is that they had the wrong tactics.

And we need to give them good tactics. They stay on the wagon. Everyone knows they need to stay on the wagon. It's how you do it that counts. And everyone's got a slightly different wagon, you know, and it's a different life and different challenges.

Well, you perfectly teed me up for my next question. Which are the the tenants, the, you know, the lifestyle mistakes and factors that that people maybe with hypothyroidism or maybe just in general, like what are we what are we missing here?

The biggest thing that they're mostly not doing is getting adequate life. They need the stimulation of light on their skin, but also in their eye. And this isn't a well known or publicized area of the medical literature, mostly because were early research done in in the mid 1900s and early 1900s, never was properly followed up.

And because it didn't have a clinical application that made anybody a lot of money, it got forgotten. But it's very, very clear that hormone levels in mammals are strongly influenced by light.

And sure enough, when you get people who never get any sun, who who are wearing sunglasses all the time, they

never get in the sauna, they never do anything with light therapy out into the light, you'll see really big changes in how they feel, function, perform.

You know, they may be able to get off of some of their medications or reduce the doses. And it's because the the fundamental signal for our hormone production is light hitting the retina, which then creates an electrical signal through the retina into the hypothalamus, which then signals the pituitary.

What to make of your hormones. And people just don't think about the fact that when they're wearing a pair of sunglasses, they could be blocking 97% of the light that's hitting their eye.

I mean, when you really think about it, what is seasonal affective disorder? It's really light deficiency syndrome. That's how I look at it. And that's how I explain it to patients.

And it's very clear from the literature on seasonal affective disorder that the more morning light you get and the higher your tryptophan and certain other nutritional markers, right.

That you have in your diet, the higher your melatonin and serotonin levels are going to be. And that's just about, you know, what's going in and then how it's being activated by light hitting retina.

And you know, when you think about it, how are we not giving the world seasonal affective disorder? By living in very dark, very dim, very poorly lit offices and, you know, indoor spaces.

And people don't realize because they're people, you know, accommodates to the constricts and dilates in order to change the amount of light coming in so that you have consistent camera vision and you're rarely, if ever, blinded by the light, so to speak.

And because of that, you don't realize that you might go from a room that's 4 or 5 lux. That's a measurement of visible light that seems like it's brightly lit.

It's got tons of fluorescent lights. You can see everything. There's no dark spots or shadows like a modern day office, you know, space. It's indoor and, you know, cubicles or whatever.

And they go outside into bright sunlight and they don't even notice the difference. But that indoor office environment, maybe 4 or 5, maybe ten lux, very light, very low light.

And they may go outside and outside, maybe 100,000 or 200,000 lux. So the full difference, the amount of light to be exposed to is hundreds of thousands.

They never think about this because their pupil just accommodates or rather constricts and dilates in order to change the amount of light that they're getting. So it all looks the same.

But it's very important to understand this is not the same for your brain. And that's one of the keys to getting people well. It's helping them to understand how the light that hits their eye and their skin is fundamentally wiring their and driving their biology.

Because if you don't figure that out, you're going to have tons of incurable patients.

Light Exposure, Red Light, and Sleep

And so you just chase around with different doses of drugs and supplements, herbs and bio hacks and whatever. While, you know, other people are using light and getting better results.

Yeah, that's definitely something that's underappreciated. And I love your acronym. We're going to put that is, you know, one of the key points in this, let's discussion because I know I used to live in Florida and now I live back in the Twin Cities.

And you don't have to tell me, Doctor Stillman, I really do. I miss the sun. I mean, we really are designed to to be out in the sun, so I have to I have to specifically go outside, in the cold and really try and get the most that I can for several minutes beyond what I would get, you know, down, down where you're at in Florida.

So, I do what I can in that department, but I also use, a red light. I have a sauna. Can you comment on, red light devices? I love them, they're great.

They're very powerful. I so read an infrared light or two of the most healing frequencies out there. I will use, you know, I'll use red infrared lights in.

In any case where the patient is amenable to buying them. Pretty much. Okay. And I want them to start at five minutes and go up to 20. And that's usually pretty effective.

And it just depends on what we're trying to treat. You know we have different devices for different applications. You know the big panel behind me, you know, is better for large parts of the body.

I've got a little pen that, you know, is called the tend light. That's a small cylinder, that, you know, it looks like a big pen. And, you know, you can use that to treat headaches that are focal or joint pain or bruises, nicks, cuts, scrapes, whatever.

And so that's how I approach it. I try to incorporate it every in every case. Okay. So yes, absolutely. Light is important. Any other major lifestyle mistakes people are making and and how long do you plan.

Yeah I know like how about I mean you're you're really great at your content and I've noticed your, your sleep content really is actually improve my sleep.

I know we are both a fan of the aura ring and so objective objective measurement, but that's right. Just a little bit about sleep. The biggest mistake people make with sleep today is not understanding how powerful their light environment is, and affecting how well they sleep.

So, you know, I wear blue blockers, which are very dark red in order to block the blue light from my screen coming into my eye after dark. And that protects my circadian rhythms from the blue and green light from the screen, from, you know, pushing that back.

And that's really important for normalizing your circadian rhythms, normalizing your sleep, getting the most out of your sleep, optimizing your melatonin.

Many people are not aware of this, and it's leading them to have chronically poor sleep. And they don't understand why. And there's really nothing you can do to fix this problem.

Other than fix the light environment. And that's one of the things that, you know, where it really hangs people up. You know, let's say that you didn't get enough protein.

Well, you could take protein supplements. Let's say that you didn't eat red meat. Well, you could take all the different vitamins and minerals that you don't get from red meat in a pill.

Let's say that you don't go out in the sun. Well, you can buy a sauna and red light therapy device and a side light and a UVB light, and you can put them all together and you can use them at different times a day.

And I literally will do that in cases in like Minnesota, Washington, people who fly in to see me from, from cold places were very, very serious about getting them into the right light environment artificially because frankly, and this is where I take my cue from, from indigenous peoples.

No one has ever tried to survive in these cold places without sauna, sweat lodge and other means of getting really, really uncomfortably hot. Periodically it becomes like the focal point of life in these places is the point that, you

know, Finland.

Sauna is like a national pastime, like more popular in Finland than baseball is in the United States. And people just forget this, like, oh, I don't know why I'm sad and fatigued and I just wish I could move to Florida.

And it's like, oh, install sauna by UVB light will change your life. So, but all that stuff is ways that you can, you know, get around the fact that you don't have light, but you cannot get around blue and green light bombarding your eyes after dark, ruining your circadian rhythms, wrecking your sleep.

You just have to eliminate it. Pretty ruthlessly in a lot of cases, because people will get very sensitive to it. And when you do that, a lot of problems go away.

Yeah, I've become pretty ruthless about protecting myself and my kids after dark. Like you said, it's unbelievable. And, you know, we're talking about hypothyroid ism, but we all have families and we all have. We?

Yeah. You know, we know young children and I. And the screen I'm in how much they're being exposed to. It's a disaster. It's a disaster. And so I mandatory mandatory mom here made my kids install a filter on my phone that makes the screen with three clicks of the side button, makes the screen completely red.

I mean, it takes some getting used to to. Don't really see, but it's at least something for the kids because they don't want to wear those those glasses doctor some and they don't think they're very cool.

Yeah. So and sometimes I don't want to either. But I've really experimented with the help from my accountability partner, my aura ring with protecting myself more.

Yeah. Using that red light filter on my phone because it's there. Guys like figured, you know, there's a really great way you can just Google, like, how do I turn my phone to red?

For the background's really simple. You look at that and then you look at the data and it's like, very easy to understand how destructive it really is and how it's not that hard.

It's not that hard to really prioritize light. And I love how you took sleep and light and you brought them together because in order to get good sleep at night, I got to get outside and I have to get some exposure from that sunlight.

If it's cloudy, I'm still out there and I'm out there for a longer amount of time, and then at night I'm just being more respectful. I, I don't, I'm not, I'm not not a fan of nutraceuticals and supplementation, but this is so foundational and basic.

Yeah. I mean, you can't really get you can't supplement yourself out of a light issue. And, and I'm sure, you have probably a lot of great posts and content on that.

If you if you want to check that out, I'm sure you, you've, you've hammered that point home. But it is it's very, very important for over overall health.

And I think we, we take it for granted. So, you know, lastly, I want to I want to ask you about your book Dying to Be Free. I have it on on order. We I ordered on Amazon, but it didn't arrive before our interview, so I haven't gotten to read it yet.

But can you tell us about the book? Yeah, so I wrote it because I saw a lot of things going on in medicine that I thought were were wrong. Basically, obviously the conventional paradigm was totally ignoring natural integrative options and to the great detriment of people.

The American medical system, it's not some kind of, you know, it's not some kind of crazy claim to say that the system is collapsing. It's truly collapsing, and people are not getting good care.

They're not getting timely care. They care that they're getting is bad. Sometimes outright, often not because of any, you know, fault of the practitioner practitioners working in a very dysfunctional, overtaxed, overburdened system.

And, you know, every year Americans actually get sicker. And now the life expectancy is dropping. And yet the same people are in charge year after year, after year.

And they just tell us to give them more power and authority over our lives. And it's clearly not working. And so we should abandon the strategy. And then I talk about what the real problems are with America's health and what it's going to take for people to get healthy and well from their diet to their lifestyle to what they're eating, how they're eating, you know, how they're breathing.

They're I mean, sound and light and all kinds of different topics that I've studied and learned about over the years that I see making a difference in the lives of my patients.

And then I share last you and finally in the book, thoughts on how people can you know, take control of their health and how to find good doctors and things like that.

Excellent.

Dying to Be Free and How to Find Doctor Stillman

So it sounds like if someone could never come and see you, that you've really poured yourself into this, this text and that they can get some, some real good tips on how to, you know, really help their overall health.

Yeah. So not only that, but we have, you know, if people can't come and see me, they still the option of coaching to me, which is really the best place to start because on these calls you can ask me questions to try and understand what's the best way for you to get your care.

And that's one of the things that I realized is and people would come and see me and I would think, well, you know, if you had just known that you needed to get this, this and this by understanding this, this and this that I can easily teach you in ten minutes, you wouldn't have needed to buy a plane ticket and come to see me and whatever.

And then some people think they don't need to come see me and they can just do this or that. And the other thing and I say, look, the best option for you is really to come see me.

So come and see me. And the funny thing is, and part of why I live in Florida is that it's some of the busiest airports in United States. It costs like 60, 7100 bucks sometimes to fly into Tampa.

And, you know, you can get really ridiculous fares here and back. And we see so few patients in person that we actually do hotel visits. So Jim, my nurse, and I will come see you in your hotel, do a quick physical exam.

We'll do a quick interview or review labs if needed. And then the coolest part of this is the gym can actually coach you and train you in person, which for a lot of people is actually life changing.

They don't understand how they're in their posture or their biomechanics, their strategy. And the way that they're, they're using their body is really contributing to a lot of their problems.

And actually getting to see Jim in person, I've just I've seen him work in person. It's just it's really a profound and amazing. And so that's what we do for a lot of our patients.

And they come see us once a year. And, you know, do you really need an excuse to come visit Florida? We live in Wayne, so I live in Saint Pete, and it's some of the most beautiful beaches in the country.

So, you know, treat yourself. It's less than like a really fancy day at the spa. Honestly, between the airfare and, you know, affordable hotels. I think part two of this interview will be, down in Tampa.

So thank you for mutations drop by. We'd love to see you. So how do people find out more about you? Your practice. Give us your website, your social and everything.

So everywhere I'm Stillman, MD. Am as in medical doctor. And so it's Instagram, Facebook, Twitter. I have a Substack blog called Stem and md.substack.com.

That's where I have my most uncensored and candid thoughts. And I publish, I think, a lot of really interesting eclectic stuff there. It's not like other health and wellness blogs by any means.

There's also a premium subscription where you get more content, particularly more behind the scenes protocol type stuff that I actually use in my practice.

And then, we have a monthly Q&A for members as well, and that, and that subscription is only 20 bucks a month. And then for people who want to coach with us or become a patient, the website to go to is Stillman md.com.

And then you just apply for consultation in the top right hand corner. We get your application, you'll get an email or series of emails that will walk you through what your options are.

And you'll get a I'm working on a series of emails that really gives people concrete examples of different people we've worked with so that they understand, okay, you know, I need to be coached or I need I really do need a doctor.

So you know what to sign up for so that you're getting the best, care and training possible. Awesome. Well, it has been a pleasure, doctor Simon, thank you so much for your time.

And to avoid, adulation. A rant on my end. I would just say that you really. You've taken medicine exactly where it needs to go. You're really pioneering this.

I hope that young doctors and doctors all over really, looking at what you're doing because you're really revolutionizing medicine and the way that we really need, it's so desperately to go.

So thank you again for your time. Thank you. It's a pleasure to be here. Thank you for joining me. It's Doctor Kelly Hagerman on the thyroid series for the Doctor Talks podcast.

I hope you found this episode informative and engaging and if you did, make sure to subscribe to our podcast so you don't miss out on future launches.

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Thanks again for tuning in. We look forward to bringing you more valuable insights in our next episode. We'll see you next time on the Doctor Talks podcast.