Low Dose Naltrexone & Thyroid Disease Transcript

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Introduction and Doctor Kelly Haldermanu2019s background

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 Talks. Today we have an expert guest. Her name is Doctor Suzanne Turner. And she's going to talk to us today about LDN and her practice and how it fits in with hypothyroidism and thyroid patients.

Welcome, doctor Suzanne. Thank you Kelly. So nice to be on with you. Oh, great. Thanks so much for your time today. Well, let's begin by, telling the audience a little bit about yourself and your practice and, like, why, how did you get into medicine?

And you've gone beyond medicine, really? Your practice is so much more than, than that. And and the levels that you've taken a to. But just tell us about yourself.

Sure. So we have a practice in, Alpharetta, Georgia, which is just a suburb of Atlanta. There's a large population of people there. This is where the Falcons have their training camp.

It's where a lot of technology is. So there's a lot of people in that area that are interested in things like biohacking and taking care of their health.

Doctor Suzanne Turneru2019s practice and biohacking journey

So we have a great population of patients to, to work with. Our practice is primarily, 40 to 60 kind of year old patients who are active and, who have passion about things in their lives, their children, their families, their careers, whatever the things are that are, driving them.

Some of them, have created businesses from things that we've done with them. So I have a client who, used one of the peptides and created a whole skincare line based on using it.

Yeah. So super exciting to work with them and to have them as clients. So that's been really fun to work with them. I've been in practice for about 20 years, and about halfway through I realized I didn't have enough tools in my toolbox, and I needed to do some more things to figure out how to take care of patients, because there was, we were just mandating things for a long time.

And then, someone introduced me to bioidentical hormones and my, kind pharmacist compounding pharmacist

locally said, hey, it doesn't look like you know what you're doing.

Can I send you to a conference? And so I, I sent, they sent me to a conference, and then I would just. The world was opened up for all the things that are also available to us as providers for care.

So, went on and did a bunch of training and worked with a forum and, worked with, American College of Advancements in medicine and have learned and learned and learned and learned.

And every day I learn more and more from every person, even from getting your book. Kelly, it's been really great to learn more from you even. Thank you. Thank you so much.

Yeah, you're really eclectic in your background, and yet you're so cutting edge. You're so, so cutting edge. And we're we're on a group chat together with a bunch of doctors.

And Doctor Suzanne is always putting like, the latest and greatest out there. And again, you teach for a forum. You are, a biohacker yourself. You just want to tell the audience about the what you just want, what competition.

It's amazing. It's so fun. So I just, competed in my first powerlifting competition. It was, really great. And now I'm the record holder for my age and weight for bench press and deadlift.

Wow. So she walks the walk, everybody. She's not only talking as she's she's walking it and that's terrific. And I do want a quick circle back because people are going to ask what is the company that the peptide for the topical.

Can you just mention that real quick or Vitaly. Vitaly. Okay. Perfect. And I believe that's a g h k cop. It is. That's the best, right? I mean, that's the best kept secret.

So I hope it's not a secret any more. You guys, the, the that peptide really, really changes. It's a game changer for skin and, and and Doctor Suzanne, I'm sure you prescribe that as well. Subcu.

But, the topic today, you know, to kind of come back at it is, is thyroid health, because we could talk about peptides and I'd love to talk about that.

Maybe we can have you back and talk about peptides and thyroid health. But today we're going to focus on LDA and low dose naltrexone. Something that I only discovered probably about five years ago.

But I myself have Hashimoto's from Lyme and mold infections. And it really it really helped move the needle for me. I was a little bit hesitant because I just didn't know any information on it.

The doctors that I were working with to help for my health really weren't, you know, up to snuff on the research. But the research is rich. It's robust.

And I think that it's exciting for having you to come on to introduce us to that. So let's start by when you have a thyroid patient come into your office, what are your first steps.

And then we'll kind of move into your LDN and like in placement for that. Right. So the this patient that's going to come in with thyroid symptoms often they're going to report fatigue or weight gain that they're unable to get rid of.

They're going to tell me that they, are having difficulty with, even things like gaining muscle, thyroid hormone is involved in muscle mass gain. They may have high cholesterol.

So a thyroid is would be the first thing I would look at if their cholesterol was high. There are things that we can there are lots of reasons why patients would come in that would trigger me to think of thyroid, their periods being irregular, especially if they were in, you know, premenopausal, and, there's those would probably be the things that we would see first, not everyone comes in very symptomatic or even aware that their symptoms might be related to their thyroid hormone.

Thyroid patient evaluation and root-cause testing

But most of my patients are pretty smart, and they come in the door knowing, hey, I'm tired. I want you to check my thyroid. My hair's falling out. I want you to check my thyroid.

My skin is dry. I want you to check my thyroid. So, that's been really good to be able to partner with really smart patients. So that's what we'll start with.

And then if we discover we do a fairly thorough panel of thyroid hormones, and that will include four or 5 or 6 different lab tests. So it's not just looking at a TSH like a regular doctor might do.

We need to look at the whole panel of what they're doing, including antibodies. If they're producing antibodies, a reverse T3, which is sort of an T3 roid hormone.

So we're looking at a whole panel. We're also looking at some of their, sex hormone binding globulin to see how that is affecting whether their albumin is adequate.

All of these are, proteins that are involved in how thyroid hormone works. And we want to make sure that all of that is functioning optimally. We're going to take a fairly thorough history, because most of the time thyroid disease is not the primary disease.

Your thyroid is very sensitive. And the way that your body makes thyroid hormone is very sensitive to other illness that's happening. So your fatigue may not be primarily related to your thyroid hormone.

It may be related to the other illness and the expression of thyroid hormone, and the pattern of expression of thyroid hormone is in response to is your body's way of protecting you in the face of the things that the, that the body is dealing with.

So a lack of energy, a lack of nutrients that the cells need to function may be causing a change in the way that your your thyroid gland, your liver and kidneys are able to produce thyroid hormone appropriately for function.

Right. So we'll see. Some have that and then we'll ask them about their history. Things like viral illnesses, things like have they I have a patient who's in her 20s, sorry, who's in her 50s, who, when she was in her 20s, had a three month, history of a terrible mono case of mono.

She's extremely fatigued. And we know now from research that's coming out very recently that things like M. S, rheumatoid arthritis and atrial fibrillation are all directly correlated with the presence of, of Epstein-Barr virus.

So very interesting. And those are things that we're going to see with a correlation with their thyroid hormone. So so we want to find out what was their original illness, what may have happened to trigger them.

And then we do a bunch of other labs that are going to help us know what might be causing the thyroid hormone deficiency that we see. And so it's not always about just replacing thyroid hormone.

Sometimes it's about nutritional deficiency, like a selenium or iodine or zinc or sometimes it's about a protein deficiency. I can say a good majority of my patients over 40 aren't taking in enough protein to be able to make adequate amounts of a thyroid hormone.

So all of that comes together and we take a very thorough history. And then based on what we find out, we direct our treatment towards those things. At some point, we may use thyroid hormone to, to help act as a band aid.

In the meantime, while we're working on the underlying problem. But the underlying problem is really where we need to focus. That's great. And that that was highlighted in in the book that you mentioned that Doctor Eric.

Well, cabbage and I wrote, it's it's really about finding those root causes. And that's the, the care that if you're

listening and watching this, that's the care that you, you deserve.

You know, like your, your thyroid is not just broken. Your body is not just broken. There are there are root causes that skilled practitioners like Doctor Turner will help you uncover, because a life of being on a synthetic replacement and never addressing the cause and just going on and on and having more destruction be in place, have more, other outside the thyroid gland problems such as, high cholesterol, they, they just need to be rectified.

It just needs to be stopped in its tracks, slowed down, identified. And so it brings a lot of hope. Suzanne, when when you talk about the way that you practice, it brings hope to, I mean, thousands of people who continue to suffer and don't see a way out.

They just they see the medical model that you and I were both trained in. We know it's antiquated and we know that there's more that we can do. So, you know, that being said, tell us about LDA and low dose, no track stone in a patient that has, thyroid disease.

And when it's appropriate and when it may not be or, or any sort of information that you can direct someone who possibly can't come and see you, let's kind of go through all of that information or are so low.

So LDA refers to low dose naltrexone. Naltrexone. We probably know from from addicts. We use naltrexone to help with people to come off of narcotics. And if that's in a much higher dose, it's commercially available in 100 or 200mg for treating people who are narcotic addicted, getting them an alcohol.

There's a whole that's a whole other story for another day. But, so if you're doing research on naltrexone, you may find some articles or some information about using it to treat addiction.

Don't let that scare you. That's a very different, way to use naltrexone than what we're talking about here. The research on specifically low dose naltrexone and what we're talking about is, 0.25 up to about six milligrams, maybe as high as ten.

They're sort of, you know, debating whether that's appropriate or not. But the kind of sweet spot lives around three, four milligrams, 1 to 3, four milligrams, where we see that the binding to receptors really works on decreasing inflammation and specifically working on those antibodies.

So if we do your thyroid panel and we see that you are producing, antibodies, this is fairly significant thyroid disease. And so we we know that that you are the the antibodies that are being created are against both the way that the thyroid holds on to and creates thyroid hormone, but also the way it converts thyroid hormone from T4 to T3, which is a whole process.

But these antibodies are created just like you might have antibodies created after you get a vaccine. These are created, but instead against your own body's proteins, and specifically those that are created for making thyroid hormones.

So you can imagine if there's a problem with making thyroid hormone, if there's antibodies against making thyroid hormone. We're now talking about destruction of the whole mechanism of creating thyroid hormone, which is critical.

And so when I begin to see those antibodies created, one of the things I worry about is the creation of antibodies for other things and other autoimmune diseases, not just Hashimoto, which is enough of itself, but, then I get concerned about that.

So that's when we'll start to think about using something like low dose naltrexone. And, this the way that this chemical works is by blocking the entry, of, inflammatory signals into the nucleus to cause things to happen.

So this is sort of, it is it decreases inflammation in the cells so that there's still able to, to function optimally and producing thyroid hormone. So that's kind of great because one of the things that happens is this whole

inflammatory process in the thyroid gland.

We aren't able to produce hormones like we want to. And if we can decrease that inflammation, we decrease the whole process. We allow the cells to do what they need to do on their own.

So rather than replacing or mandating what we're doing is helping decrease inflammation. Now we also need to work on whatever the cause of the inflammation was to begin with.

But this can be a really good way to help, to have patients, able to function again and restore their own production of their own thyroid hormone. Great.

And is there a population that, is even more appropriate? I just did a long haul Covid summit, and, some of that activation in long haul or Lyme or mold.

Can you talk to us about that? Absolutely. So so the the way that this works is it, blocks the entry of inflammatory chemicals into the nucleus. So now we're decreasing that inflammatory response both in long Covid.

If you're talking about patients who have this, there's lots of great research. That's of course, just come out in the last five years about using LDN to help decrease that, those long Covid symptoms, because they are so inflammatory and so decreasing, that inflammatory trigger, this original trigger, it's called nuclear factor Kappa B will, increase the the all a lot of other inflammatory chemicals that the body will produce.

So if we can stop the, the original trigger, we then can stop the entire inflammatory process and keep your cells and your immune system from being overly responsive.

It can decrease that, stimulus for the immune cells. So you're not having this persistent immune response.

How low-dose naltrexone works for thyroid and inflammation

You should have an immune response when you have something like Covid that should kick in and then it should go away as soon as the, Covid is gone or the other illness is gone.

When we don't when we have this persisting in inflammatory response, that's what we're trying to stop or trying to reverse so that the immune system responds appropriately rather than in a persisting manner.

Okay. And that sounds a lot like Sears chronic inflammatory response. Yes, yes, absolutely. I did the presentation on the the link between long Covid in the Sears.

And it's like, are we talking about the same thing? So it's interesting. Yeah, that a lot of it is a chronic inflammatory response. And so I see LDN whether or not let's let's go back to thyroid.

You know, let's assume you don't have the long haul, but it's that chronic inflammatory response. Now if you look up the work of any human Richie Shoemaker, they're going to be calling Sears a specific, you know, thing.

When I was, interviewing, Doctor Eric Gordon, he's like, no, it's more of, like, a lot of things are chronic, inflammatory response. Right. And I tend to agree with that. Like we have that subset.

It's a subset definitely with water damage buildings and you know Macy's. But you could be looking at that chronic inflammatory response, with a thyroid patient.

And definitely it's something that we want to cool off. And so my first thought is someone may think, is this just another Band-Aid? But I think you nailed it when when you were saying, like, we're trying to shut we're working on all the other things.

We're we're not just handing in this prescription and walking away. Right, right. We're working on all the other

things. And so this can be just something, again, for me personally, my phenotype, it moved the needle for me.

And I can see what this with, you know, the biochemistry of what is going on in the body. I guess another question would be, are there any side effects?

So some people will have nightmares. That's probably the first thing I hear people have. And usually that's because the dose is too high. So what's interesting about using naltrexone, and this is one of the reasons why we get it compounded, is because it doesn't come in a dose as low as we need to use to do what we want it to do.

So you have to get this from a compounding pharmacy, the only available doses at your regular pharmacy or a 100 and 200mg. So we we need to get it compounded.

So we usually start at a very low doses like point zero,.25 or point five or a one milligram. And we'll say, let's slowly titrate this up. If you get to the point where you have nightmares, that's too much.

We back down on your dose. If you don't tolerate it and it gives you nightmares regardless of the dose, then we will give it to you earlier in the day so that it's not causing you that problem.

And these people say nightmares that my, my, delving into that a little bit more, it's not usually scary nightmares. They're more like vivid dreams. Yes. Right.

Where they can see things. They could hear things. It's it's, it's very intense. Situations around them. And so they are people are, excited about it.

Come to me excited about, oh my gosh, I have this very vivid dream and it seems to keep them from sleeping more soundly. That's right. One of the things I also talk to them about is maybe this is because you're actually getting REM sleep for the first time in months, and it may be a matter of persisting through it.

It depends on how severe and how uncomfortable they are, but if they're vivid dreams and not nightmares, it may be that you're actually getting some REM sleep for the first time.

And maybe what we need to do is persist with it so that your body gets its seal of REM sleep. Again, that's a whole talk for another day about how that will affect your thyroid hormone, right?

That is that it's very important. Everybody just prioritize your sleep. Right. We we've done a couple of podcasts on sleep. But interesting. I definitely had those vivid dreams.

Tapering up was something that actually the doctor who prescribed it for me didn't taper me up just put me on three milligrams. And so I had to move it to the morning.

So you don't see any downside of people if they're prescribed this, taking it in the morning. I haven't seen anyone have a problem if they take it in the morning.

Theoretically it would make you sleepy. In some people it would make you sleepy. But I think you're selecting those patients by the ones who tolerated it at night.

It makes them sleepy. The ones who get that, that more, excitable response to it. They tolerate it better in the morning. That's okay. And then recently, I read a paper that suggested that LDN be given five days a week, a week with a two day break because.

So we can reset the receptors. Are you a fan of this? I think that's a great idea. It's not how I practice. I'd love to see that article. That's a great that's a great piece of information.

I think it makes sense why you would want to do that. Because you don't want to shut off production of, nuclear or nuclear or Kappa B all the time. I think anything we don't really want to turn off all the time.

I think that's a great way to think about it. Yeah, I'll I'll send that over. It's absolutely new, brand new information to me. But I was like, wow, that actually does make a lot of sense to give those receptors some time to reset and then go back on and, and certainly work with your practitioner or whatever they tell you is probably appropriate, for, for you.

But really physiologic people do respond differently. And, I've seen people where they're trying to taper up and they get restless legs. I mean, some, you know, different symptoms where it's like, okay, you've met your you've met your, your dosing.

And so I also wanted to ask you, I know this is not, we're not our topic isn't cancer, but I've heard a lot of, doctors on podcasts and things saying I don't have I don't have Hashimoto's, I don't have thyroid disease or I don't have x, Z, but I'm taking it for cancer prophylaxis.

Can you comment on that? I would say it's for the same exact reason, because a cell under stress is going to respond in a way that is more cancer like than a cell that's not under stress.

So if we can decrease the inflammatory response, you know, cancer isn't caused by estrogen cancers caused by inflammation. Cancer isn't caused by, you know, this cancer is a whole topic for another day.

LDN side effects, dosing, surgery considerations, and wrap-up

But, but it's not caused by, testosterone or, whatever it's caused by in the inflammatory response and the cell under stress. So if we can make that cell less under stress, if the immune system can see what's happening, then we know that we can get the immune surveillance going.

That immune system will clean up whatever looks like it might try to be cancer. And then we can, clear it out that naltrexone makes sense because it is helping with decreasing the stress on the cell from inflammation.

That's happening around it. Okay, great. And sometimes when people hear that they have to get medications compounded, they think expensive, pricey, not covered, etc., etc.

can you just give us an idea of cost per month? And I know it varies. So I don't want to put you on the spot, but, sometimes like an idea because we talk about, or we listen to podcasts or we, we hear seminars and they talk about therapies, and then it's just way out of the price range.

So talk a little bit about cost and LDN. It's one of the reasons I really like LDN, because it's probably going to run about what your insurance copay would be for another medication.

You're probably going to pay between 30 and $50 a month, which is probably what you're paying for most insurance for a branded drug anyway. So, very affordable.

And the compounders are so nice and helpful and available, at least in my city. I love my compounder. Just a shout out to Josh Morgan at North Fulton compounding.

We love, love, love our compounder and they provide so much great information there really really valuable. Yes, I totally agree. Compounding pharmacies are a wealth of knowledge.

And definitely I love that yours sent you to a class that was that. It was great. You know, like, when we're out of our wheelhouse or like, I don't, I think we should do this.

Great. So I think we've covered a lot of really great aspects of LDN. My last question for you is, and then you can follow up with anything that we miss.

So if we're on LDN and we have, a procedure that's scheduled where we're, we're going to need pain meds, is that something that we should? I've actually had this happen where someone was on LDN.

They had a, I think they had nasal reconstruction, and then they never got taken off of the LDN. And then the pain meds didn't work. Right. So one of the ways it works is as an antagonist at that receptor.

So it's going to block the access of regular narcotics. The doses we give are probably small enough that it may not affect. And if this is really very beneficial for you, where you are very aware of the, of the benefit when you start taking it, then I would encourage you to maybe cut your dose in half and persist with taking it.

But, I think that's not usually the case. What we see is people are able to keep that inflammatory inflammation down for several days after not taking it, and we'll go ahead and have them stop around the time when they're requiring pain meds for for surgery.

Got it. Okay. Great. Because that, you know, LDN was actually even on their med list and their surgeon didn't have any idea that the two would, you know, that would one would block each other.

So just if you're going in for something and you're on LDN, you happen to be on it. Just just to have that in mind, like listen to what Doctor Turner said and click on it.

You may not notice some people don't notice a big benefit because this is a slow onset. So I don't even repeat, antibody levels for 3 to 6 months probably before I.

So this is something that's going to be slow. What people usually will notice is that they will stop if they say, I don't notice anything, I'm going to stop this.

And then 2 or 3 weeks later they call me up and go, hey, can you refill that? LDN definitely notice a difference because it's such a slow onset, gradual improvement.

It's hard to, notice it unless it's stopped. And then you go, oh wow, I definitely notice a difference. Right? Definitely. That's a great that's a great piece of information for people, because I have heard that over and over that's not doing anything.

And then they stop. And then of course, like, okay, I want to go back on that. Oh yeah, that's great. Super great. So is there anything else that we missed regarding just kind of, LDN 101.

Right. This is a yeah. Again, the probably the most important thing is this is one of the things we use in the whole treatment process to get patients, on the road to recovery, sometimes just decreasing that, immune response really makes a great, benefit for the patients in general.

So this would be prescribed by a, physician, and it would be something that you get from a compounding. Those are probably the biggest things to remember.

And, yeah, I think we covered it. You did a great job, Kelly. Thank you. You did too, Doctor Turner. I was like, yes, this is the perfect topic. People are starting to get really aware of this, and I want really good information.

And so it was it was just a blessing to have you on as, the expert in this area. So, before we go, let's wrap up by telling people where they can find you and your practice and are you on social media or you have a website and all that?

I'm outside Atlanta, Georgia. And so if you go to Vine medical.com vine is in grapevine medical.com. That's where we are. On Instagram I'm at DRC Turner Doctor Turner and on, LinkedIn.

Doctor s cellular medicine. I have a YouTube channel, which is doctor s cellular medicine. And, I think that's it. Cool. Very cool. Well, I'll be checking that out.

I did not know you had a YouTube, so I know what I'll be doing with my with my Saturday. And I was just we began this by as I was, kind of complaining about how there's been no sun.

And now we're getting more snow here in Minnesota. So nothing like a good YouTube channel to to park me up for today. But, it was a pleasure. Suzanne.

I'm so, happy that you could come on. And you were so generous with your time. And, you know, just thank you for for sharing your knowledge about this topic.

Great to see you, Kelly. Thank you so much for inviting me. Thanks. Take care. Thank you for joining me, 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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