Low Testosterone at 36? His Thyroid Wasn't the Whole Story. Transcript

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Bill's Health Background

I want to tell you about a patient that I want to tell you about a patient that I just saw. I'm going to call him Bill. I just saw. I'm going to call him Bill.

Bill is 36. He runs a business with his Bill is 36. He runs a business with his wife. He has a young son. And he's up wife. He has a young son. And he's up around 4:00 in the morning 5 days a week around 4:00 in the morning 5 days a week going to the gym working out. And this going to the gym working out. And this is even before most people are even is even before most people are even awake. On paper, Bill is doing awake. On paper, Bill is doing everything right. But when it came to everything right. But when it came to see me, he had low testosterone which see me, he had low testosterone which probably for years, an autoimmune probably for years, an autoimmune thyroid condition, a chronic gut symptom thyroid condition, a chronic gut symptom that came and went over the years, and that came and went over the years, and fatigue that no amount of discipline or fatigue that no amount of discipline or rest would fix. He had three different rest would fix. He had three different problems initially seeing three problems initially seeing three different specialists, a thyroid doctor, different specialists, a thyroid doctor, a urologist, a GI doctor. Except they a urologist, a GI doctor.

Hidden Root Causes and Gut Health

Except they weren't really all three separate weren't really all three separate problems. Here's what Bill's chart problems. Here's what Bill's chart looked like before he came to me.

looked like before he came to me. Hashimoto's thyroiditis, which is an Hashimoto's thyroiditis, which is an autoimmune condition where the body autoimmune condition where the body attacks its own thyroid.

attacks its own thyroid. He has already been on thyroid medicine, He has already been on thyroid medicine, but it really wasn't optimally treated. but it really wasn't optimally treated.

Low testosterone for several years. He Low testosterone for several years. He was tired, flat, not himself. And a gut was tired, flat, not himself. And a gut been a problem for him for a long time.

been a problem for him for a long time. Diarrhea, bloating, cramping, the kinds Diarrhea, bloating, cramping, the kinds of things that most people learn to just of things that most people learn to just plan their life around or just get used plan their life around or just get used to. If Bill had stayed with this to. If Bill had stayed with this conventional route, here's what probably conventional route, here's what probably would have happened. His thyroid gets would have happened. His thyroid gets managed by checking one number and managed by checking one number and adjusting the dose here and there. His adjusting the dose here and there. His testosterone gets treated by replacing testosterone gets treated by replacing it.

it. it. And his gut symptoms get handed a And his gut symptoms get handed a prescription to control the symptoms, prescription to control the symptoms, not explain it or why it's happening.

not explain it or why it's happening. Three separate problems, three separate Three separate problems, three separate treatments, three separate doctors who treatments, three separate doctors who never talk to each other. But here's the never talk to each other. But here's the question nobody's asking. Why does a question nobody's asking. Why does a 36-year-old healthy male with no other 36-year-old healthy male with no other medical history have an autoimmune medical history have an autoimmune condition, low testosterone, and a gut condition, low testosterone, and a gut that just doesn't work right all at the that just doesn't work right all at the same time? That's not bad luck. That's a same time? That's not bad luck. That's a pattern.

pattern. pattern. And patterns have a source. In my And patterns have a source. In my practice, there's a phrase

that I come practice, there's a phrase that I come back to constantly. Disease starts in back to constantly. Disease starts in the gut.

the gut. The gut isn't just where digestion The gut isn't just where digestion happens. It's the window to the rest of happens. It's the window to the rest of the body. It's where a huge share of the body. It's where a huge share of your immune system lives. It's where you your immune system lives.

Food Sensitivities and Symptom Improvement

It's where you absorb, or fail to absorb, the nutrients absorb, or fail to absorb, the nutrients everything else in the body depends on. everything else in the body depends on.

And when the lining of your gut becomes And when the lining of your gut becomes too permeable, what people call leaky too permeable, what people call leaky gut, your immune system starts reacting gut, your immune system starts reacting to things it shouldn't. The immune to things it shouldn't. The immune activation doesn't stay in the gut. It activation doesn't stay in the gut. It shows up everywhere.

shows up everywhere. For Bill, that meant a few things. For Bill, that meant a few things. It's a real possibility that his gut is It's a real possibility that his gut is the part that's driving his Hashimoto's, the part that's driving his Hashimoto's, and his ongoing immune activation in his and his ongoing immune activation in his gut is where all this is being produced.

gut is where all this is being produced. He wasn't absorbing the nutrients he He wasn't absorbing the nutrients he needed. His vitamin D was way below needed. His vitamin D was way below where it should have been. His omega-3 where it should have been. His omega-3 levels were too low. His B12 definitely levels were too low. His B12 definitely needed support among some other vitamins needed support among some other vitamins and nutrients. None of this happens in and nutrients. None of this happens in isolation from gut health. A gut that isolation from gut health. A gut that isn't working right can't absorb these isn't working right can't absorb these efficiently, no matter how well you eat.

efficiently, no matter how well you eat. So, what we have to do is fix the gut. So, what we have to do is fix the gut. We ran delayed food sensitivity testing We ran delayed food sensitivity testing on him, and you know what? So many on him, and you know what? So many things lit up strongly. Gluten, dairy, things lit up strongly. Gluten, dairy, egg whites, a number of other things.

egg whites, a number of other things. And once we started cutting them out, And once we started cutting them out, his gut symptoms started improving. It his gut symptoms started improving. It wasn't totally resolved, but it was wasn't totally resolved, but it was improving. And here's the piece that improving. And here's the piece that ties it all together. Bill also had knee ties it all together. Bill also had knee pain.

pain. pain. On the surface, that looked unrelated. On the surface, that looked unrelated. He just said, "Oh, I injured it at the He just said, "Oh, I injured it at the gym." But what we know is that chronic gym." But what we know is that chronic gut-driven inflammation doesn't stay gut-driven inflammation doesn't stay contained in the gut. It also absolutely contained in the gut.

Knee Pain and Gut-Driven Inflammation

It also absolutely shows up in joint pain. Once you see the shows up in joint pain. Once you see the gut as the source, a lot of unrelated gut as the source, a lot of unrelated symptoms stop looking so unrelated. Bill symptoms stop looking so unrelated. Bill is doing some of the work. He eliminated is doing some of the work. He eliminated things like gluten and dairy, and that things like gluten and dairy, and that did help. But he hasn't been consistent did help. But he hasn't been consistent in the gut with the gut repair support in the gut with the gut repair support that I recommended. And he's still We that I recommended. And he's still We have to talk about this some more have to talk about this some more because he's still having some problems.

because he's still having some problems. That's why the next step for him is a That's why the next step for him is a comprehensive stool test. I want to look comprehensive stool test. I want to look at his microbiome, the little bacteria at his microbiome, the little bacteria that controls so much in the body, that controls so much in the body, inflammation markers, and actually how inflammation markers, and actually how well are he's digesting food and well are he's digesting food and absorbing or not absorbing things. It's absorbing or not absorbing things. It's It helps me not just guess because this It helps me not just guess because this testing gives us so much information testing gives us so much information that helps me really target a little bit that helps me really target a little bit more than what we're already doing.

more than what we're already doing. Because I don't want to just keep Because I don't want to just keep treating symptoms one at a time. I want treating symptoms one at a time. I want to know what's really happening.

to know what's really happening. And why they're really happening. Now, And why they're really happening. Now, about his testosterone. The conventional about his testosterone. The conventional approach here is usually approach here is usually straightforward. It's low, then we straightforward.

Testing, Testosterone, and Recovery

It's low, then we replace it. replace it. But then I said, "I didn't want to just But then I said, "I didn't want to just start there with Bill because I know start there with Bill because I know that once you start replacing the that once you start replacing the hormones, it shuts off your own hormones, it shuts off your own production." And that doesn't always production." And that doesn't always serve men well. So I started coming up serve men well. So I started coming up with another way to really look at how with another way to really look at how can we naturally stimulate his own can we naturally stimulate his own testosterone? And yes, weightlifting, testosterone? And yes, weightlifting, strength training does help that a lot.

strength training does help that a lot. But I wanted to also support him in a But I wanted to also support him in a way without just shutting down his own way without just shutting down his own production, which causes other problems production, which causes other problems like shutting off his pituitary gland at like shutting off his pituitary gland at the FSH and the LH, causing testicular the FSH and the LH, causing testicular atrophy. And he's just too young for atrophy. And he's just too young for this. And you know what? For Bill, that this. And you know what? For Bill, that approach worked. His levels came up, his approach worked. His levels came up, his energy improved, he's sleeping better, energy improved, he's sleeping better, he's managing his stress better, he just he's managing his stress better, he just feels overall better. And we're feels overall better. And we're continuing to monitor his levels to make continuing to monitor his levels to make sure that the response holds, but so sure that the response holds, but so far, over doing this for several months far, over doing this for several months to a year, it has directly shown to a year, it has directly shown improvement. So, here's what I want you improvement. So, here's what I want you to take from Bill's story. I don't to take from Bill's story. I don't practice the pill for an ill medicine. I practice the pill for an ill medicine. I do use medicine as needed, but not that do use medicine as needed, but not that on a consistent basis. I don't just on a consistent basis. I don't just treat the lab value in isolation and treat the lab value in isolation and move on to the next thing. I like to move on to the next thing. I like to optimize things. I look at the optimize things. I look at the whole person, connect the dots, look for the person, connect the dots, look for the root causes, and I work to reverse them root causes, and I work to reverse them naturally whenever that's possible. But naturally whenever that's possible.

Takeaways and Call to Action

But with the real treatment where it's with the real treatment where it's really needed, not just throwing a really needed, not just throwing a blanket, but really targeting and blanket, but really targeting and optimizing and knowing each person cuz optimizing and knowing each person cuz every person's different and you need every person's different and you need different approaches. So, I ask why different approaches. So, I ask why things are the way they are instead of things are the way they are instead of just managing what shows up.

just managing what shows up. I know that Bill's working hard because I know that Bill's working hard because he's training in the morning. He was he's training in the morning. He was running a business. He's showing up for

running a business. He's showing up for his family. His lifestyle's never really his family. His lifestyle's never really been the problem. His gut has been the been the problem. His gut has been the problem. And once you understand that, problem. And once you understand that, then we can start working on getting his then we can start working on getting his thyroid condition better, his energy thyroid condition better, his energy better, even his testosterone. But even better, even his testosterone. But even more so, his knee pain has reduced by more so, his knee pain has reduced by addressing these. When we stop looking addressing these. When we stop looking at these as four separate issues and at these as four separate issues and start looking at the four symptoms as start looking at the four symptoms as the same root cause, I like to say this, the same root cause, I like to say this, don't let your first symptom be your don't let your first symptom be your last. Because Bill's story isn't last. Because Bill's story isn't finished. He's got a stool test ahead of finished. He's got a stool test ahead of him. Some consistency to build on that him. Some consistency to build on that gut repair side. And follow-up labs in a gut repair side. And follow-up labs in a few months to see how his thyroid's few months to see how his thyroid's improving, his nutrient levels are improving, his nutrient levels are improving, and his testosterone is now improving, and his testosterone is now even going up higher. And we want to even going up higher. And we want to keep following that. But he's already keep following that. But he's already sleeping better, managing his stress, sleeping better, managing his stress, and he just feels like himself so much and he just feels like himself so much better. If any part of the story sounds better. If any part of the story sounds like yours, the fatigue that doesn't add like yours, the fatigue that doesn't add up, the gut issues nobody's connecting up, the gut issues nobody's connecting to anything else, feeling like you're to anything else, feeling like you're doing everything right, but you're still doing everything right, but you're still not feeling right, that disconnect is not feeling right, that disconnect is worth investigating and not just worth investigating and not just accepting. If you want to know more accepting. If you want to know more about yourself or about my practice, about yourself or about my practice, take my longevity assessment. The link take my longevity assessment. The link is down below. This will help you figure is down below. This will help you figure out where you need to really target. And out where you need to really target. And we can also start figuring out how to we can also start figuring out how to connect those dots. Because when you connect those dots. Because when you start connecting the dots, look for start connecting the dots, look for those earlier red flags, it's a those earlier red flags, it's a game-changer. Well, I just want to tell game-changer. Well, I just want to tell you, thank you for being here. I'm Dr.

you, thank you for being here. I'm Dr. Myra Reed. I'm helping you to live Myra Reed. I'm helping you to live