Optimize Thyroid Function For Fertility Success Transcript

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Introduction and Speaker Welcome

Welcome back to The Super Fertility Summit. I am very excited to introduce our next speaker with you, Dr. Izabella Wentz. You are a compassionate, innovative, and solution focused integrative pharmacist dedicated to finding the root causes of chronic health conditions.

Your passion stems from your own diagnosis of Hashimoto's thyroiditis in 2009, following a decade of debilitating symptoms. As an accomplished author, you've written several bestselling books, including the New York Times bestseller Hashimoto’s Thyroiditis: Lifestyle Interventions for Finding and Treating the Root Cause, the protocol-based. #1 New York Times best seller Hashimoto’s Protocol: A 90-Day Plan for Reversing Thyroid Symptoms and Getting Your Life Back, and the Wall Street Journal best seller Hashimoto’s Food Pharmacology: Nutrition Protocols and Healing Recipes to Take Charge of Your Thyroid Health.

Why Thyroid Testing Matters for Fertility

Your latest book, Adrenal Transformation Protocol, was released in April of 2023, and the book focuses on resetting the body's stress response through targeted safety signals and features a 4-week program that has already helped over 3,500 individuals.

Your program has an impressive success rate, with over 80% of participants improving their brain fog, fatigue, anxiety, irritability, sleep issues, and libido.

Those are just some of your incredible accomplishments. Dr. Izabella Wentz. We are so fortunate to have you here today. Thank you for joining us. Thank you so much for having me, Dr. Cleopatra, it's always such an honor and a pleasure to be in the same space with you.

I feel exactly the same way. So I absolutely love, love, love learning from you. I'm always soaking up everything that you're teaching, the depth of your knowledge about thyroid function and about Hashimoto's, even more specifically, is so incredible as someone who is dealing with people who have thyroid concerns and diagnoses every single day because that's so intimately tied to difficulties getting and or staying pregnant, I have so much knowledge.

And yet every time I listen to you, I learn something new. So I'm so excited for everyone listening to our summit to get to learn from you to. Thank you so much for having me.

I'm just so passionate about helping people. I know I was pretty sick myself in my 20s, and I just see too many women suffering because they have thyroid issues and they haven't been properly screened or tested or treated. So let's change that.

Absolutely. So I think that this is going to be your the one thing that you hope that people will take away. But let me ask you outright, when this conversation comes to a close in 30 minutes, what's the one thing that you hope that the person listening to us right now will take away from this conversation?

For anyone wanting to have a baby, I really would like for them to make sure that they get their thyroid properly tested to see if there's any abnormalities there, and so you can correct them.

Because hypothyroidism and myeloid autoimmunity, they can be positive of of multiple miscarriage. They can they can they can lead to fertility issues.

What a Full Thyroid Panel Includes

And I personally wish that every single woman who was trying to get pregnant, every woman that was pregnant, and every postpartum woman would have their thyroid screened and that they would get a full thyroid panel because that could be such a big game changer.

Thank you so much for that. So that is so compatible with what we teach in the Primemester Protocol and FPI. And I would love for you to talk about for anybody who's never heard the term thyroid panel before, or even if they feel like they have heard it.

Can you say exactly what you mean when you say when you refer to a full thyroid panel? Absolutely. So when doctors initially suspect somebody might have a thyroid condition, they usually will just test the TSH, the thyroid stimulating hormones.

And this is a very important test. But oftentimes that test could be normal or considered normal even when somebody has thyroid dysfunction. Just because doctors may not be looking at the other markers that can show us thyroid, dysfunction a bit earlier.

So one thing to mention about that test for optimal fertility. We're looking at under 2.5. I would say most women of childbearing age should have a TSH somewhere close to one for optimal fertility.

if you get your TSH tested, sometimes it can be like a four or a five or a 6 or 7 or an eight. And your doctor might still say that it's normal. Where oh my goodness, that can cause so many health issues and that can cause you to have trouble becoming pregnant and not keep a pregnancy and cause postpartum thyroiditis and postpartum depression and all of these things.

So this is one important test. The other test to look for would be thyroid peroxidase antibodies and thyroid globulin antibodies, as well as thyroid receptor antibodies.

So these are going to tell you if and your doctor if you have an autoimmune attack against the thyroid gland. This autoimmune attack can be found five, ten, sometimes 15 years before there's a change in the TSH.

And some doctors will say that thyroid antibodies don't matter. You know, very respectfully, I completely disagree. Having done this work for over ten years, thyroid antibodies are a marker of this inflammation in our bodies.

They can be associated with various symptoms. They can be associated with anxiety, panic attacks, obsessive compulsive disorder, feeling tired, and brain fog.

And they can be directly impacting your fertility as well so they can be toxic to to to eggs. They can they can potentially be also a cause of multiple miscarriage.

So they can impact, embryo quality. They can impact fertilization rates, pregnancy rates. All of these things can be much lower in women with, thyroid antibodies compared to healthy controls.

And unfortunately, doctors will say that you can't do anything about them. You know, my big body of my work is focusing on lowering and optimizing that thyroid function, including the thyroid antibodies.

And then the other test to really be mindful of would be free T3 and free T4. These measure the active thyroid hormones in the body. For some women these can these can be off, but that TSH might still be normal.

And then also reverse. T3 is is another type of test that I would consider doing. If you're having fertility issues, this is oftentimes a marker that something is happening with your body where your body is getting the message that this is not a great time to be fertile or reproduce, even in the absence of, quote unquote, like a thyroid disease that reverse T3 can be elevated and that can prevent your thyroid from working properly.

This is so, so beautiful and so helpful. And and we also recommend a TSH between 1 and 2 and closer to one. So we are we see that exact Li the same way.

Also very concerned about antibodies. And it's really incredible how many people asked to have their thyroid checked or say that they had their their doctor checked their thyroid as part of a routine physical and everything was fine.

But the only thing that was looked at is the TSH, which is actually a pituitary hormone and and is very limited in what it's telling you about the thyroid.

So this is really, really helpful and important. And I did not know that the antibodies can be indicative of a, forthcoming problem even 5 to 15 years earlier.

I didn't realize it could be that far in advance. So that's absolutely critical.

Thyroid Dysfunction, Anxiety, and Misdiagnosis

One thing I really want to underscore that you talked about was how antibodies, as well as other aspects of thyroid dysfunction, can be linked to anxiety, panic disorder, depression, a number of other things, fatigue, brain fog.

I think what's really interesting about this is that a lot of young women start to experience, and these symptoms may be around high school and certainly around college, and think it has to do with transitions.

I think that it has to do with their personality that maybe they have an anxious personality. And what's so interesting is that perhaps what's happening is that their thyroid function is changing as a result of experiencing a stressor or their other hormones in their bodies changing or dietary changes or sleep changes.

But it's so interesting to realize that there can be a whole host of problems, that the thyroid problems are really at the root of those other problems, and you don't have to be suffering with anxiety, depression, and all of these other things.

If someone is thoughtful enough to really look at you in great detail. Yeah. I mean, I could tell you the life, the life cycle of a woman who hasn't been diagnosed with Hashimoto's properly.

a lot of times women get diagnosed in their 50s when they start having some weight gain. Right? And so weight gain might be like a red flag that somebody has a thyroid condition.

But and of course, it's it's a very relevant symptom. But that's not actually the case for everybody. So I typically see women that are teenagers or, you know, in their teens and 20s, they're considered to have mental health issues and IBS.

And so they're anxious and they are thinking, you know, they internalize that. They're like, oh, I'm just an ancient per ancient, anxious person. Exactly.

And they think this is their reality, when in fact it's their thyroid antibodies, the thyroid antibodies. What they do is they, they lead to an attack against the thyroid glands.

And then parts of the thyroid gland are broken down. And this is releases thyroid hormones into the bloodstream, causing that anxiety because too much thyroid hormone is like drinking ten cups of coffee.

And so women can go through these transient anxiety, syndromes and panic attacks. These can come out of nowhere where you just were a calm person sitting, sitting at your kitchen table one day and all of a sudden you feel super anxious.

And then as time goes on, these anxious women in their teens and 20s, they may become women in their late 20s and 30s that are trying to get pregnant and have multiple miscarriages.

And, you know, it's just it's just heartbreaking to me that thyroid testing isn't part of a standard panel for women and

for trying to get pregnant, because I've seen so many women that have just become to me in their 50s or their 60s, and they're like, this has been going on for 20, 30 years, and nobody thought to test my thyroid, nobody thought to test my antibodies.

I was never able to have children because I kept having miscarriages. And it's it's just really, really heartbreaking. And, I've also worked with women who were mindful of the symptoms, and they've looked into their thyroid antibodies and they came to work with me or just really read one of my books or blogs, and they were like, oh my gosh, I got pregnant.

I thought I wasn't able to have kids. And it turns out it was their story. Yes. Tyler, it's it's so incredible. I as you were talking, I was thinking back to my college years and also I'm now a retired tenured professor at very recently retired.

But the most anxious places in the world are college campuses. And you feel it as a, as a student. I as an undergrad, I felt it as a doctoral student postdoctoral fellow I felt it.

But man, as a professor who, you know, you you who's into and paying attention to the students in the classroom, in her lab, etc. there's so much anxiety there.

And I was just thinking, we need someone like you going to educate the doctors in the health centers on these campuses, because so many more young people would be getting help that they need earlier so that they're not suffering physically and emotionally during these really special, beautiful years of their lives, and also so that they're not being set on this trajectory where there's they're going to be suffering more because they're going to be ready for a baby, and they can't have one.

They're not getting pregnant in the first place. They keep losing the pregnancies, etc.. so this is this is such an important conversation. And we teach you a lot about this, by the way, in the Prime Minister protocol and how to not only what to ask for to test your full fertility and pregnancy system, of which the the full thyroid panel is a part, but also giving you scripts, the language with which to request these things and advocate on your own behalf.

Autoimmunity, Inflammation, and Reproductive Health

So this is very, very important because doctors who lack, lack this education in context, as you said respectfully, will not think that this is necessary and yet, yet it is so necessary.

And it's it's up to us to speak up on our own behalf, to advocate for ourselves in, in a way, we call it allied advocacy. We're not doing it in an adversarial way, because that doesn't help us get anywhere, right?

We need to be thinking of ourselves as partners with our doctors. I think you have something you want to say here, Doctor Izabella. And then I want to ask you tell us.

Because for a lot of people, it's not obvious why the thyroid is so connected to getting pregnant and staying pregnant and making our super babies, making our healthiest baby.

So I want to hear what what you were just thinking of. And then I'd love for you to tell us more about these links. Oh my God. And absolutely. And I agree with everything that you said about really needing to be your own advocate in working with doctors and the scripts are just golden, right?

Because the way that you ask is sometimes can be the big difference. your health, the, the thing I did want to mention, I know a lot of times people focus on like thyroid function, thyroid function, thyroid function, but there's also the autoimmune component.

So there is some research that suggests, it's called the follicle hypothesis and that the thyroid antibodies can pass through the blood follicle barrier.

And they can create a cytotoxic sick environment that can potentially damage maturing eggs and reducing their quality and further fertilization potential.

So this is kind of that, mechanism where we think that might happen. And of course, hypothyroidism is is, you know, one of the big symptoms of it is infertility.

That is going to be a really big symptom. That's very well documented time and time again. And, really getting that thyroid hormone optimized, it's going to be a part of it.

And the other part of it is addressing that autoimmune component, too. Can you talk more about that so? Well obviously systemic inflammation and the gut lining are a huge part of this too.

I hope help people to put the pieces together. And then also if we can. I know this is a, a big, big, pie. There's it's not a, coincidence that your latest book is about the adrenals and the HPA axis, because those signals of safety get sent through the central nervous system and through the HPA axis, the hypothalamic pituitary adrenal cortical axis, more specifically.

And we need those signals of safety to quiet auto immunity, but also to let the body, brain, body and follicles know that they're safe for for reproduction.

So can you talk to us about the autoimmunity and talk to us about the role of the HPA axis in these safety signals? Please. Oh, so women do tend to have higher rates of autoimmune disease in general, as well as higher rates of Hashimoto's and hypothyroidism.

And part of you know, I've been research on this and studying it for over a decade. And I wondered, what is it about women that makes us more likely to have more autoimmunity, to have more thyroid disease?

And I thought about it from an evolutionary perspective. And so when we think about what the thyroid does from an evolutionary perspective is it helps us, kind of stay put when interestingly, looking at the thyroid function of hibernating bears, we know that they slow down.

Right? And so hibernating bears are, holding on to their fat. They're staying in their caves. They're not reproducing. Right. So that's not not a fertile time for them.

And with humans, my thought process was what is in our environment that is leading us to believe that we just need to stay put in our caves. So whenever we have hypothyroidism, the symptoms for anybody not aware are going to be things like hair loss, brain fog, loss of the eyebrows, puffy face, weight gain, a slowed metabolism so we could be eating, very small amounts of food.

But we're still going to be able to keep our weight on, symptoms like menstrual cycle problems, fatigue, irritability, depression, and really just being exhausted all of the time.

This would this is what would happen when a woman would have uncontrolled hypothyroidism. And so, you know, when would that be protective of us to to not be able to reproduce, to not be able to, to burn our calories properly, right.

To to not want to be out in the world exploring. And you know, what are the kind of situations that we've encountered historically? It would be something like a famine, right?

So in the exact. Way, when I was thinking, yeah. Yeah, yeah, the Irish Potato famine, there were more rates. The survivors had higher rates of hypothyroidism.

Right. Because they didn't have to like, eat so much. Right. Because hypothyroidism can be very protective when you don't have enough food in your environment.

And then when there's a war going on, it's more helpful to be staying in your cave, right? And not really be out in the world. And it's not really helpful to be having babies when, you need to run away from a threat.

And so my thought process was, what are we doing in our modern world and our modern day? That kind of sets off these, I guess, ancient genes that we have.

And there are simple things that a lot of women do and that can really lead us to kind of get this threat message. Right. So women are always scanning as women.

We're always scanning the environment. And when we feel there's a threat, that's not the best time to reproduce, both for ourselves, for our babies, for for the human race.

It's not a great idea. Right? And so things like overworking under eating, running on a treadmill, eating food that isn't really food. Right. So food that's inflammatory to us.

watching news, I know, some people call it fear porn, right? So watching scary things or being in situations that really set off our HPA axis, this can actually lead to a suppression of thyroid hormones through the path of, of the adrenal, where the, you know, the brain is picking up these danger signals so it can it can really offset the production of our stress hormones.

Stress, the HPA Axis, and Safety Signals

You know, something that's really interesting is that there are data that show that having characteristics that are thought of as type A, this, kind of hostility is, feature of this, but, feeling of time pressure and being just really, really driven.

And, it's interesting that these characteristics have been linked to greater likelihood of fertility challenges and when I see this, what I realize is that women today are being set up for reproductive failure and failure, and in general, because much of this space that we operate in, in which we operate requires these these sort of stereotypically male characteristics for us to survive and and succeed, push harder, you know, and and yet that is very much counter to our female reproductive biology, especially when it's time to reproduce.

But the thing is that the impacts are cumulative. So even if we settle down right now in this moment, it doesn't mean there's a lot we can do in this moment in the 120 day prime minister.

But it doesn't always mean that we can overcome the wear and tear, the accelerated wear and tear that our bodies have been experiencing month after month, year after year, trying to function as smaller men.

Or for some of us, we're not actually that smaller than men. But you know. But you know what I mean? So I think it's really interesting that taking taking care of our that's why we call everyone mama, even before they've had children, because not only do we want them to step fully into their identity as a mama, because when you become a mama, you are the mama bear and you do whatever it takes for your super babies.

That's what you do when they're out in the world with you. But we have to start doing that before we're even ready to conceive them. And we also call everyone mama because we want them to really internalize that they are creating the life and health that there are super babies are going to have long before they're ready to have them, long before they're ready to conceive them.

And when we can embody that, we make different choices. We live differently. We are different people, and it's almost it's almost requiring of us that, that we rebel against the world, that people are telling us that we have to live in and rebel against what the definition of being a woman is in the modern world, because we want something different for ourselves.

Right? You've said that so beautifully, and I'm very much in alignment with you. I know some people call the autoimmune community warriors, and I've heard that terminology before, but that can imply that, you know, when

you're a warrior, you're in that stress state, you're in a constant struggle and I love the name, root cause rebels.

Yes. You really go against the grain and you do what's best for you. You don't have to argue with somebody. You can be respectful of their opinion that was informed by their life experiences.

And you can choose to make a different choice for yourself, right? It doesn't have to be a war. It can just be a respectful, you know, if this is this is what I feel is right for me.

And this is the path that I'm going to follow. I love that so much. And actually, warrior is a big word in the fertility and infertility community. And we don't identify with it at all.

And I love that so much. Like we we can't be living in a state of war internally or externally. It's it's not going to benefit our fertility. And if we're so fortunate to live in a country where there is no war, then let's do everything we can to not be at war on the inside, even though it can be hard sometimes.

And I love I love what you said about Root Cause Rebels and how basically what you're saying is you can politely and respectfully decline the invitation and go do your own thing right there.

It doesn't have to be this effortful going against the grain. It can be like, this is I do me, you do you. And we're all good, right? And I think that that is so, so important.

So I just want to thank you. I want to thank you so much for that. Tell me, if there were just one thing that someone could do to take care of their fertility in their future super babies.

What's that most important? One thing in your eyes? So just the lens that I see the world through is women with thyroid issues. So for me, I would love for every woman trying to get pregnant to get that full thyroid panel.

And we can talk about the things you need to do to get that optimized, because you're going to feel better and you're going to have a much higher chance of having a successful pregnancy.

If you. Do a few these things. I love that. Do you want to talk about some of them? Do you want to give us maybe, 1 to 3 of them, the things that people can do to optimize their thyroid function.

So absolutely. I do, advocate for using thyroid medication, thyroid hormone, when somebody is deficient and definitely when they're trying to conceive.

So using even a low dose of thyroid hormone when somebody has thyroid antibodies and their thyroid function is still quote unquote normal, has been shown to optimize fertility and pregnancy outcomes.

So I do advocate for that. Some doctors might not, give a person thyroid hormone when their TSH is at like an eight.

Optimizing Thyroid Health with Practical Steps

But I would advocate to perhaps seeing a different doctor that may be a little bit more informed, that can get you some of that, hormone that can really benefit symptoms and fertility utilizing selenium.

This has been found to, at a dosage of around 200 micrograms per day to reduce thyroid antibodies in clinical trials, anywhere by from like 40 to 50% over three months is what I've seen.

And this is something that, you know, is a is a supplement. Definitely check in with your doctor about that. But that can be very, very helpful. And then one of my clients who had so many symptoms, she kept, this was when I first came up with like my Hashimoto's self-management program.

And she, was doing the program on her own, but she was also going to consult with me, and she kept moving our

consults, and I kept reviewing all of her symptoms.

And there was like 20 symptoms to start with. and I was like, why does she keep moving the consults? You know, I spend an hour or two getting ready for them, and then she would revoke right before the consults.

And and so finally, when I did consult with her, she said, you know, all of my symptoms went away. And so the only thing I want to talk to you about now is like fertility and pregnancy, because I never thought I'd be able to be a mom.

I had, you know, psoriasis. My hair was falling out, I was exhausted, I had X, Y, and Z symptoms, and the main thing she did was she went gluten free.

And so there is a big, percentage of women with Hashimoto's that have celiac disease compared to the average population. That's just going to be more common if you have hypothyroidism.

And celiac disease can of course be a cause of, miscarriage and not being able to have, to become pregnant. The other thing is, not everybody with Hashimoto's has celiac disease, but they might still benefit from a gluten free diet anywhere from like 80 to 90%.

In my experience of people with, thyroid condition can benefit from the gluten free diet. So these would be a few places to start with. And of course, looking at your vitamin D levels is also, very relevant for anybody with thyroid issues that's trying to conceive.

The most of the ladies that I have seen, in the kind of my remission ladies that we were able to get into remission, their vitamin D levels are going to be somewhere between 60 and 80.

And so you want to work towards that. And that's good for fertility as well. We fine. So I like that very much. And we we actually recommend that most people would benefit from going gluten free.

And there are a lot of people who say, but I don't have celiac and or, you know, they or their doctors, their, their primary care ObGyn or IVF doctors don't think that that's meaningful.

So I think it was really helpful for you to to point out that even if you don't have celiac, that it can still be up to 80 to 90% of people still benefit in terms of their thyroid function.

And, we also see for fertility as well. So these are some really good actionable steps. just to summarize, get your full thyroid panel. Dr. Izabella already told us what that includes.

We also have a list of that in the Primemester Protocol, as well as other fertility and pregnancy system testing that you can request from your doctor.

Selenium 200 micrograms. by the way, our fertile multi has 100 for you, so that's great. We don't include the whole 200 because not everybody needs it.

And because it can be toxic if you do it long term and you don't need to. So we have a lot of your need covered there in our, our our fertile multi. And so that's something to look at.

And then gluten free and then also your vitamin D levels okay one last question for you Dr. Izabella Wentz, what does super fertile mean to you. What what does it feel like.

What does it look like. What is it evoke in you and for you? I think what it feels like is effortless, and it feels like you are just in your zone and you feel great.

I mean, I think, being super fertile is important, even for women who maybe don't want to have babies right now because it's your optimal state, right?

This is how we all, if our health is optimized, this is where we're going to be. Unless, you know, we're in our 50s, so.

What It Means to Be Super Fertile

We we can still be super fertile in our 50s. We actually, I was telling you before we began, have our first 51 year old mama, but also the oldest verified natural conception is to a 59 year old.

Amazing. So what I love about that, and I've always, I always have had this personal challenge to myself. I think I shared this with our Primemester mamas in the last few years.

I've probably shared it a handful of times that I have a challenge to stay fertile until I'm 50 at least, and I just feel like everything that we do to stay fertile for as long as possible contributes to our lifespan and also our health span.

And that's so beautiful. I was telling you, Izabella, before we began, that I'm pretty sure we've completed our Super family at this point, which is hard for me to say because I'm I have super baby fever for sure.

I could go on and on and on and, but I think we are the right size and, you know, we're we're doing lots of amazing things and I'm excited and, even still, I still have that challenge myself to stay fertile for as long as possible.

And there there's a study that showed that among centenarians were four times more likely to have than the average person to have had children in their 40s.

And then there's another study that showed that women who conceive naturally after the age of 33 are twice as likely to live to the age of 95 because the more youthful we stay biologically, the longer we stay fertile, the more reproductive longevity we have, the more longevity we have.

And I also think that the things that we do to take care of ourselves, to stay fertile longer, also contribute to our longevity. I mean, that's that's a really obvious relationship.

And it's a good thing, right? Because those of us who are having our super babies later in life, like me in my late 30s and 40s and you with your super baby, we we want to be here with them for as long as possible, right?

We want to be here with them. We want to be here for a super grandbabies. So I think it's so beautiful. And and if you're listening and you've struggled with your fertility up until now, there is so much that is within.

We can't control everything. Or should we try? We would make ourselves crazy, but there's so much that is within your power to shape and to improve that can make it so that you don't struggle going forward so that you get to have your super babies and be here with them for as long as possible.

So thank you, Dr. Izabella Wentz, for just the magnificence that you share everywhere you go and that you shared here with us today. I'm so grateful. Thank you so much for having me.

And thank you so much for changing so many women's lives. Thank you. Thank you so much. And thank you to you listening. I will see you back here for the next interview.